

From: Roger Gough Cabinet Member for Education and Health Reform
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To: Kent Health and Wellbeing Board.

Subject: Pharmaceutical Needs Assessment

Classification: Unrestricted

Summary

This document sets out the statutory requirement for the Kent Health and Wellbeing Board to have developed and consulted upon a Pharmaceutical Needs Assessment (PNA) by April 2015. The accompanying paper details the background, what the implications are and recommends an organisational structure to oversee development and publication of the PNA.

The Kent and Medway Public Health departments have agreed we should do the work once for Kent and Medway in order to avoid duplication and effectively use ours and partners resources.

Recommendations

Kent Health and Wellbeing Board are asked to:

1. Note the requirements for producing and publishing a Pharmaceutical Needs Assessment.
2. Agree the recommendation to set up a Joint Kent and Medway Steering Group to oversee the production, consultation and publication of the Kent PNA and Medway PNA.

1. Introduction

The Health and Social Care Act 2012 transferred responsibility for developing and updating Pharmaceutical Needs Assessments (PNAs) to health and wellbeing boards (HWBs) with a requirement to publish the first HWB Board Pharmaceutical Needs Assessment by 1st April 2015. This is a statutory obligation.

2. Purpose

The purpose of this document is two-fold;

1. To draw this to the attention of both the Kent Health and Wellbeing Board and the Medway Health and Wellbeing Board, to ensure both Boards are aware of the legislative requirements.
2. To seek agreement of how we jointly manage the process of undertaking the PNA and publishing the results in a Kent PNA and a Medway PNA.

Discussions between Kent County Council Public Health and Medway Council Public Health and NHS England have led to the agreement that we undertake this work once for Kent and Medway therefore avoiding duplication and effectively using our scarce resources.

The PNA will enable NHS England to make decisions on future applications for NHS pharmaceutical services after 1st April 2015, and thus the PNA will need to be fit for purpose and continue to be maintained and up-to-date for the next three years when the next PNA is expected to be published (i.e. 2018).

3. Background

Primary Care Trusts were required to carry out Pharmaceutical Needs Assessments (PNAs) that related to assessing need for pharmaceutical services. These needed to have been consulted upon and published by 1st February 2011 and indeed were for the three former Kent Primary Care Trusts, Eastern and Coastal Kent, Medway and West Kent.

The Health and Social Care Act 2012 transfers responsibility for developing and updating of PNAs to health and wellbeing boards (HWBs).

If a person (a pharmacist, a dispenser of appliances, or in some circumstances and normally in rural areas, a GP) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list.

Pharmaceutical lists are compiled and held by NHS England Area Teams. This process is known as market entry.

Market entry for NHS pharmaceutical services contracts has been evolving over the past number of years from a regulatory control system to a needs based system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services Regulations (“the 2013 Regulations”)), applications must now prove they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance selling (internet or mail order only) basis.

Pharmaceutical Services in relation to PNAs are defined as:

- “essential services” which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service; i.e. the dispensing of medicines, promotion of healthy lifestyles and support for self-care;
- “advanced services” which community pharmacy contractors can provide subject to accreditation as necessary – these are Medicines Use Reviews and the New Medicines Service for community pharmacists and Appliance Use reviews and the Stoma Customisation Service for dispensing appliance contractors;
- Locally commissioned services (known as enhanced services) commissioned by NHS England.

However, from experience, we do know that gaining a pharmaceutical contract is the essential foundation of community pharmacy and gives some financial stability; the previous system has been extremely litigious through the NHS Appeals Authority and through judicial review. As the PNA is the document against the need for a pharmaceutical services contract being granted (the test for market entry) it is important that the needs assessment is undertaken in an appropriate way and maintained between times.

4. Scope

The essence of the PNA is to undertake a service review of pharmaceutical service provision, making judgements about the adequacy of pharmaceutical services to meet local needs and consulting upon those judgements to ensure a fair and reasonable assessment.

The review will therefore include pharmaceutical provision through community pharmacy, dispensing doctors and appliance contractors, make reference to mail order or internet pharmacies and include enhanced services.

The total scope of the PNA will need further work, as, at the time of writing, there appears to be some contradiction in the guidance about whether all services commissioned through community pharmacy (by CCGs and Local Authorities) will be subject to the PNA (as they were in PCTs) or just those commissioned via NHS England.

5. Consultation

The NHS (Pharmaceutical Services and Local Pharmaceutical Services Regulations (“the 2013 Regulations”)) sets out with whom and the minimum period for which the PNA should be consulted upon. The regulations also set out the minimum stakeholders that the draft PNA should be consulted with.

These include:

- Local Pharmaceutical Committee
- Local Medical Committee
- Any persons on the pharmaceutical list including dispensing doctors
- LPS Chemists
- Health watch
- NHS Trust or Foundation Trusts
- NHS England
- Neighbouring H&WB Boards

Kent County Council and Medway Council will also need to comply with other legislation and will therefore need to consult with the public more broadly as the users of pharmaceutical services.

6. Time line

The Kent Health and Wellbeing Board and Medway Health and Wellbeing Board are required to publish the first PNA by 1st April 2015 and thereafter every three years. There is also a requirement to publish a revised assessment as soon as is reasonably practical after identifying a significant changes to the availability of pharmaceutical services since the publication of the last PNA. There is also a requirement to publish supplementary statements of change where it is considered a full new PNA is not necessary (e.g. the granting of a new pharmaceutical services contract).

7. Resources

This is a large piece of work which will extend over a considerable period of time. As well as information gathering from the organisations commissioning services from pharmacies as to current and future needs, there needs to be extensive work done by public health teams mapping the health and social needs of the local population compared to provision of pharmaceutical services. Work also needs to be done

looking at future changes that could impact upon pharmaceutical need such as new housing estates, closure of local industry, and future commissioning plans for health and social care.

The resourcing of this work has been discussed and further discussions will be needed, however given the current financial situation it is likely that all parties will support the work being carried out by existing teams with no extra resources, and thus built into Public Health and Kent and Medway Public Health Observatory work plans.

8. Project organisational structure

In order to effectively manage the process of scoping and developing the Kent PNA and the Medway PNA it is proposed that a joint Kent and Medway PNA steering group is convened to oversee all elements of scoping, production and consultation. This paper has been shared with Medway Public Health department who are in agreement that we do the preparatory work together in order to be consistent across the NHS England Local Area Team geography.

Membership to include:

- KCC Public Health and Medway Public Health (to co-lead)
- Kent and Medway Public Health Observatory (for mapping)
- NHS England Area Team representative
- KCC Engagement representative (for consultation)
- Medway Council Engagement representative
- Kent Local Medical Committee (officer and dispensing GP representative)
- Kent Pharmaceutical Committee (officer and community pharmacist)
- Kent Local Pharmacy Network representative
- HealthWatch Kent
- HealthWatch Medway
- CCG representative(s)

Terms of Reference to be agreed by the group, broadly however the group's responsibility will be to agree the following:

- The final scope of the PNA
- Detailed timelines in order for the individual Health and Wellbeing Boards to sign off the local PNA for publication by March 2015.
- Geographical area at which PNA will make most sense to analyse (the Kent area is too broad, the last PNA were analysed at District levels but this may still be at too high a level).
- Data set requirements to assess pharmaceutical need.

- How best to publish to enable NHS England to make decisions on pharmaceutical list market entry applications.
- How subsequent amendments are to be handled (a statutory requirement).

9. Recommendations

Kent Health and Wellbeing Board and Medway Health and Wellbeing Board are asked to:

1. Note the requirements for producing and publishing a Pharmaceutical Needs Assessment
2. Agree the recommendation to set up a Joint Kent and Medway Steering Group to oversee the production, consultation and publication of the Kent PNA and Medway PNA.

10. Contact Details

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