From: Peter Oakford, Deputy Leader and Cabinet Member for

Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health and Wellbeing Board

20 September 2017

Subject: Pharmaceutical Needs Assessment

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

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). The first PNA was published in spring 2015 and this document needs to be renewed by April 2018. The accompanying paper details the background, what the implications are and details the organisational structure to oversee development and publication of the revised PNA

Recommendations:

The Health and Wellbeing Board is asked to:

- **1. NOTE** the requirements for producing and publishing a Pharmaceutical Needs Assessment
- **2. AGREE** to the consultation on the revised PNA for 60 days commencing in October 2017. The consultation document will be circulated to all Health and Wellbeing Board members at commencement of the consultation

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 1 April 2015 and then refreshed and published every three years thereafter. This is a statutory obligation.

2. Purpose

- 2.1. The PNA enables NHS England to make decisions on future applications for NHS pharmaceutical services after 1 April 2018, and thus the PNA will need to be fit for purpose and continue to be maintained and up-to-date.
- 2.2. The purpose of this paper is two-fold:
 - To bring this to the attention of the Kent County Council Health and Wellbeing Board members and ensure the Board is aware of the legislative requirements.
 - To seek agreement of how we manage the process of undertaking the PNA and consulting on the revised Kent County Council PNA prior to publication in April 2018.

3. Background

- 3.1. The Health and Social Care Act 2012 transferred responsibility for developing and updating of Pharmaceutical Needs Assessment from Primary Care Trusts 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 locally. This process is known as market entry.
- 3.2. 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.

- 3.3. 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.
- 3.4. However we 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

- 4.1. 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.
- 4.2. 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.

5. The use of the 2015 Kent County Council PNA

- 5.1. NHS England have informed the steering group that the 2015 PNA has been used to inform decision for planning applications for new pharmacies and to assist NHS England in making decisions on appeals.
- 5.2. The intention is to refresh the existing PNA for 2018-21 rather than rewriting the needs assessment. The data, including maps, will be updated and the section on new housing developments will be updated to consider the impact of large developments such as Ebbsfleet Garden City and Garden Village developments.

6. Consultation

6.1. 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 will need to consult with the public more broadly as the users of pharmaceutical services.

6.2. The public consultation is required to last a minimum of 60 days.

7. Timeline

- 7.1. The Kent Health and Wellbeing Board are required to publish a PNA every 3 years
- 7.2. 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. It is the responsibility of NHS England to provide these updates to Public Health in order to publish them
- 7.3. 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).
- 7.4. The previous PNA was published in March 2015 and the 2018-21 PNA is due to be published in March 2018. .
- 7.5. The public consultation on the PNA takes 60 days and the intention is to consult on the 2018-21 PNA in October 2017.

8. Project organisational structure

- 8.1. The Kent County Council PNA Steering Group met on 4 July 2017 and agreed to consult on the 2018-21 PNA before the holiday season, in autumn 2017.
- 8.2. The membership of the PNA Steering group includes:.
 - KCC Public Health Deputy Director Public Health (Chair)
 - KCC Pharmacy Advisor (Consultant Pharmacist)
 - Kent Public Health Observatory (for mapping)
 - NHS England Area Team representative
 - KCC Engagement representative (for consultation)
 - Kent Local Medical Committee (officer and dispensing GP representative)
 - Kent Pharmaceutical Committee (officer and community pharmacist)
 - Kent Local Pharmacy Network representative
 - HealthWatch Kent
 - CCG representative(s)
- 8.3. Terms of Reference have been agreed by the group, broadly the group's responsibility will be to agree the following:
 - The final scope of the PNA
 - Detailed timelines in order for the Health and Wellbeing Board to sign off the PNA for publication by March 2018.
 - Geographical area at which PNA will make most sense to analyse (the Kent area is too broad, the last PNA analysed data at District 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

The Health and Wellbeing Board is asked to:

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10. Background Documents

10.1. 2015 PNA can be found at: http://www.kpho.org.uk/health-intelligence/service-provision/pharmacy/pharmaceutical-needs-assessments

11. Contact Details

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