

Health and Well-Being Board



Report subject	Pharmaceutical needs assessment
Meeting date	14 October 2021
Status	Public
Executive summary	<p>The BCP Council Health and Wellbeing Board has a statutory responsibility for publication of a Pharmaceutical Needs Assessment (PNA) by October 2022.</p> <p>The paper sets out plans for how this will be delivered.</p>
Recommendations	<p>This report is to approve the:</p> <ul style="list-style-type: none"> • development of a single PNA that covers both the BCP and Dorset Health and Wellbeing Boards • use of Primary Care Networks as the basic framework for the PNA • delegation of authority to the Director of Public Health to agree final content for publication by October 2022, following statutory consultation
Reason for recommendations	This will enable publication of the next PNA by October 2022, in line with the HWB statutory requirement.
Portfolio Holder(s):	Cllr Nicola Greene, Portfolio Holder for Covid Resilience, Public Health and Education
Corporate Director	Sam Crowe, Director of Public Health, BCP Council
Contributors	Jane Horne
Wards	All
Classification	For decision

Background

1. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 came into effect in April 2013 in line with changes in the NHS at that time. Commissioning for community pharmacies shifted to NHS England, whilst responsibility for developing, updating and publishing local PNAs shifted to Health and Wellbeing Boards in local authorities.
2. The Regulations require PNAs to be reviewed and published every three years, however due to the COVID pandemic this was extended so that local authorities now have until October 2022 for publication of their next PNA.
3. The Regulations set out a Schedule of Information that should be contained within the PNA, and a requirement for a minimum 60-day consultation with a specified range of consultees as part of the development process.
4. Section 198 of the Health and Social Care Act allows two or more Health and Wellbeing Boards to make joint arrangements in how they discharge their functions. Both PNAs published since 2013 were developed as a single PNA to cover the Dorset Health and Wellbeing Board and the Bournemouth & Poole Health and Wellbeing Board areas (prior to the establishment of Dorset Council and BCP council).
5. The PNA provides an overview of local pharmaceutical needs and services and outlines any gaps in provision. It is used by NHS England to support commissioning intentions for pharmaceutical services and forms the basis for their decisions to:
 - grant applications for new pharmacies
 - grant applications to change the premises from which a listed pharmacy business is allowed to provide pharmaceutical services
 - change the pharmaceutical services that a listed pharmacy business provides.

Current position

6. The current Dorset PNA, published April 2018, is available at [Pharmaceutical Needs Assessment \(PNA\) - Public Health Dorset](#).
7. Previous PNAs have been developed and published for the whole of Dorset aligned with NHS Dorset CCG and the Dorset Integrated Care System. Both the CCG and Public Health Dorset currently also commission services from pharmacies. These 'locally commissioned services' are subject to different commissioning approaches than are required by NHSE and there is no legal requirement to use the PNA. However with the establishment of the statutory ICS there may be changes in local commissioning arrangements for services and opportunities for better integration of community pharmacies within the

local system, and it is therefore proposed that the PNA once again uses the Dorset ICS footprint.

8. Previous PNAs have used 13 localities, aligned to the Dorset CCG localities, as the basic framework to discuss pharmaceutical services. Since then localities have been superseded by Primary Care Networks. Views from the virtual PNA steering group are strongly in favour of using these Primary Care Networks as the basic framework in the next PNA.
9. In view of timings of Health and Wellbeing Board meetings it is proposed that Health and Wellbeing members are involved virtually ahead of formal consultation as set out in the regulations, as well as invited to respond as part of the formal consultation, with delegated authority for sign-off to the Director of Public Health.
10. A virtual Steering Group is being set up to lead this work, with representatives from Public Health Dorset, Dorset CCG, Dorset LPC and NHSE. Board members are asked to consider whether there are other stakeholders that should be part of the Steering Group.
11. Indicative milestones for delivery of the PNA are:
 - Set up virtual Steering Group- August 2021
 - Dorset Health and Wellbeing Board approval of plan – 22 September 2021
 - BCP Health and Wellbeing Board approval of plan – 14 October 2021
 - First stage discovery work and data gathering Sep 2021 to March 2022
 - Initial draft complete – April 2022
 - Formal consultation May to July 2022
 - Further data or discovery arising from consultation – June to August 2022
 - Final draft complete August 2022
 - Dorset Health and Wellbeing Board see final PNA – September 2022
 - BCP Health and Wellbeing Board see final PNA – September/October 2022

Summary of financial implications

12. Development of the PNA has no direct financial implications other than staff time. NHS England will take account of the PNA in making future commissioning decisions with potential budget implications in the future. Other local commissioners including the local authority and the CCG may also use the information within the PNA to help inform commissioning and budgetary decisions in the future.

Summary of legal implications

13. This report outlines how the BCP Health and Wellbeing Board will fulfil its statutory duty as regards PNA.

Summary of human resources implications

14. There are no specific HR implications other than staff time from across the system to deliver the PNA.

Summary of environmental impact

15. Maintaining good access to pharmaceutical services within local communities will minimise the need for travel to access services and consequent environmental impacts.

Summary of public health implications

16. Community pharmacies are a vital community asset supporting health and wellbeing in a local place, as they see high footfall in places convenient to the local population.
17. Key conclusions from the 2018 PNA were that there were no gaps at that time in essential pharmaceutical services, that if all 149 community pharmacies remained open there would be no future gaps, and that there was a reasonable choice of pharmacies at that time and looking ahead three years.
18. Since the 2018 PNA was published three pharmacies have closed, two as the result of consolidation with another pharmacy close-by. Developing the PNA will provide the opportunity to understand what impact this may have on access to services

Summary of equality implications

19. The PNA development work will include an Equality Impact Assessment.

Summary of risk assessment

20. Risk is likely to fall principally on NHS England, in that if the PNA is not sufficiently robust there is a risk of challenge to their decision making.

Background papers

[Pharmaceutical Needs Assessment \(PNA\) 2018](#)

[The NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)