



Health and Wellbeing Board

5 November 2014

Report title	Pharmaceutical Needs Assessment: Update	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Wellbeing	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Public Health	
Accountable employee(s)	Dr Jane Fowles Tel Email	Public Health Specialty Registrar 01902 551497 Jane.fowles@wolverhampton.gov.uk
Report to be/has been considered by	N/A	

Recommendation(s) for action or decision:

The Health and Wellbeing Board is recommended to:

1. Note the findings of the draft Wolverhampton Pharmaceutical Needs Assessment.
2. Endorse the draft Wolverhampton Pharmaceutical Needs Assessment for statutory consultation (Appendix A).
3. Delegate authority to the Chair of the Health and Wellbeing Board to approve the final Pharmaceutical Needs Assessment for publication by 1st April 2015 after consultation and feedback.

1.0 Purpose

- 1.1 To inform the Health and Wellbeing Board of the findings of the Wolverhampton Pharmaceutical Needs Assessment and seek endorsement of the draft document for statutory 60 day consultation. It is recommended that the authority is delegated to the Chair of the Health and Wellbeing Board to receive a summary of the feedback received during consultation and ratify the final Pharmaceutical Needs Assessment for publication by 1st April 2015.

2.0 Background

- 2.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require Health and Wellbeing Boards to produce and publish a Pharmaceutical Needs Assessment (PNA) by 1 April 2015. A 60 day period of consultation on the draft PNA is required prior to publication. The Health and Wellbeing Board (HWB) is required to publish revised assessments within three years or when significant changes to need for pharmaceutical services are identified.
- 2.2 The PNA is a structured approach to identifying unmet need for pharmaceutical services. It is a tool to enable the HWB to identify current service provision and inform future commissioning of services from pharmaceutical service providers.
- 2.3 NHS England has an obligation to ensure that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied by holding pharmaceutical lists controlling market entry to NHS Pharmaceutical services. To be included on a pharmaceutical list, providers must prove they are able to meet a pharmaceutical need as defined by the PNA. Decisions made by NHS England regarding market entry based on the findings of the PNA are open to appeal and legal challenge.
- 2.4 The Wolverhampton PNA was undertaken in accordance with the requirements set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Development of the PNA has been guided by a steering group with representation from Public Health, Wolverhampton Clinical Commissioning Group (CCG), NHS England Local Area Team (LAT), the Local Pharmaceutical Committee (LPC) and patient groups. Nearly 300 residents responded to a survey on their usage and access to community pharmacies.
- 2.5 The attached draft PNA outlines key health needs, current provision of pharmaceutical services and identifies key opportunities for community pharmacies to contribute to health and wellbeing in Wolverhampton.
- 2.6 Community pharmacies provide a range of services defined as:
- Essential – all pharmacies must provide dispensing of medicines and safe disposal of medicines, promotion of healthy lifestyles, participation in health promotion campaigns and support for self-care.

- Advanced – some pharmacies may provide Medicines Use Reviews (MURs), New Medicines Service, Appliance Use Reviews (AURs) and Stoma Customisation Services (SCSs).
- Locally commissioned services – some pharmacies may provide additional services commissioned locally by either NHS England, the CCG or the Public Health department within the council.

- 2.7 Community pharmacy provision has improved since the last PNA in 2011. At this time there is adequate community pharmacy provision well distributed across the city which is sufficient to meet the needs of residents. There are 27 community pharmacies per 100,000 population which is comparable to Wolverhampton's LAT neighbours. Closing times indicate good evening coverage across the city, and weekend coverage is particularly good on Saturdays. The majority of respondents to the public questionnaire felt that pharmacies are open when they need them. Travel time mapping show most residents can access a pharmacy within a 20 minute walk or six minute car journey.
- 2.8 Current locally commissioned services include; emergency hormonal contraception, smoking interventions and nicotine replacement therapy, needle exchange and supervised consumption for substance misuse and a minor ailments service. There are opportunities to increase uptake and quality of current services offered through existing commissioning and contracting mechanisms.
- 2.9 New developments include the introduction of a free flu immunisation service and the Primary Eyecare Assessment and Referral service (PEARs).
- 2.10 There are wider opportunities to contribute to key local health priorities through community pharmacies, including the delivery of chlamydia testing and treatment, NHS Health Checks and brief interventions and signposting to services for both obesity and alcohol. The evidence base for community pharmacy contribution for these areas should be evaluated and reflected in future commissioning plans.
- 2.11 The impacts of housing developments and the Urgent and Emergency Care Strategy on community pharmacy provision will need to be monitored. The HWB will need to review developments on a six monthly basis and consider issuing supplementary statements.

3.0 Progress

- 3.1 The draft PNA has been reviewed by the project steering group and now seeks endorsement to begin the statutory 60 day consultation.
- 3.2 The 2013 NHS Regulations require the HWB to consult with the following groups; the LPC, Local Medical Committee (LMC), persons on pharmaceutical lists and dispensing doctors lists, Healthwatch and other patient, consumer or community groups with an interest in pharmacy provision, NHS Trusts and Foundation Trusts, NHS England and any neighbouring HWBs.

3.3 Draft PNAs are required to be made available to these groups in electronic format. More detailed consultation methodology is in development.

3.4 Consultation is planned to run for 60 days through late November to late January with comments to be incorporated into a final draft for publication by 1 April 2015.

4.0 Financial implications

4.1 There are no direct financial implications as a result of this report

4.2 Should any costs arise following the consultation process these will be contained within existing approved budgets under Public Health. [NM/23102014/H]

5.0 Legal implications

5.1 The PNA is a statutory requirement outlined in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Decisions made by NHS England regarding market entry based on the findings of the PNA are open to appeal and legal challenge. The purpose of a PNA is to identify the need in a specified area for pharmaceutical services, it should be noted that this is not always the same as an assessment of general health needs in an area. KR/22102014/C.

6.0 Equalities implications

6.1 The PNA outlines key health need in relation to community pharmacies and is intended to reduce health inequalities. The PNA explores wider dimensions of access to community pharmacies to ensure equality of access for key vulnerable groups. A public survey on access and usage of community pharmacies received nearly 300 responses and gathered equalities information on respondents to inform analysis. Equalities considerations will continue to inform the wider consultation and future work to develop services delivered in community pharmacies. The equalities toolkit initial analysis has been completed. There are no direct implications for equalities arising from this report.

7.0 Environmental implications

7.1 There are no direct environmental implications arising from this report.

8.0 Human resources implications

8.1 There are no direct human resources implications arising from this report.

9.0 Corporate landlord implications

9.1 There are no direct corporate landlord implications arising from this report.

10.0 Schedule of background papers

- 10.1 There are no preceding reports or documents that need to be considered alongside this report.