

Health and Wellbeing Board – 26 April 2022

Walsall Pharmaceutical Needs Assessment (PNA)

1. **Summary:**

- 1.1 Health and Wellbeing Boards (HWBs) assumed statutory responsibility for publishing and keeping up to date a pharmaceutical needs assessment (PNA) from 1 April 2013.
- 1.2 The current PNA, published on 1st April 2018, needs to be reviewed and updated but will remain in use until a revised PNA is approved by the HWB. The National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services Regulations 2013 require every HWB to publish its first PNA by 1 October 2022 (delayed a year due to the Covid-19 pandemic).
- 1.3 The PNA provides a comprehensive, ongoing assessment of the local need for pharmaceutical services. This is different from identifying general health need. PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. It also informs NHS England of the need for pharmaceutical services within Walsall; this includes decisions on applications for new pharmacy and dispensing appliance contractor premises.
- 1.4 Walsall Council Public Health and Black Country and West Birmingham Clinical Commissioning Group (CCG) will use the PNA to inform their commissioning decisions.
- 1.5 The HWB should be aware that the PNA process is a significant and resource intensive piece of work which includes a mandatory consultation exercise involving a number of external organisations (refer to Appendix 2).
- 1.6 This paper will enable discussions at the Board with regard to actions that need to be taken to ensure that the Board are meeting their obligations under the regulations.

2. **Key requirements**

- 2.1 To produce an updated PNA by 1 October 2022.
- 2.2 To review, update as required, and produce a timely supplementary statement for the existing PNA.
- 2.3 To maintain an up to date (in so far as is practical) a map of pharmaceutical services for Walsall.
- 2.4 After the publication of a PNA, the HWB must publish a statement of its revised assessment within three years of its previous publication of a PNA.

3. Recommendations

- 3.1 An opportunity to review the 'draft work in progress report' to date.
- 3.2 Review the resident survey results, undertaken by Walsall Healthwatch.
- 3.3 To ensure input / comments / feedback is provided in line with the timeline (see section 10).

4. Introduction

- 4.1 Health and Wellbeing Boards (HWB) assumed responsibility for publishing and keeping up to date a pharmaceutical needs assessment (PNA) from 1 April 2013. Walsall's current PNA was approved by the HWB in March 2018 and is currently published on the Council's website - [Walsall's current PNA 2018-2020](#).

Legislative Background

- 4.2 The NHS Act 2006, amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make Regulations.
- 4.3 The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Health Assessments (JSNAs). The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment for the health and wellbeing needs of the local population. They will be used to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to improve health outcomes and address health inequalities.
- 4.4 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. The development of PNAs is a separate duty to that of developing JSNAs, as PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs). HWBs may therefore wish to note that PNAs, as a separate statutory requirement, cannot be subsumed as part of these other documents but can be annexed to them.
- 4.5 Community pharmacy is a valuable and trusted public health resource, accessed by thousands of people on a daily basis across Walsall. It has the potential to provide services that have a positive impact on public health outcomes, including healthy life expectancy and reducing health inequalities. Notably community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long-term partner.

5. **Purpose of PNAs**

5.1 The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements and it will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

6. **Pharmaceutical services**

6.1 Pharmaceutical services in relation to PNAs include:

- **‘Essential services’** which every community pharmacy providing NHS pharmaceutical services must provide (the dispensing of medicines, promotion of healthy lifestyles and support for self-care);
- **‘Advanced services’** - services subject to accreditation and are optional;
- **‘Enhanced services’** - commissioned by NHS England.

6.2 The following are included in a pharmaceutical list. They are:

- pharmacy contractors (healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use); and
- dispensing appliance contractors (appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc). They cannot supply medicines.

6.3 In addition, there are two other types of pharmaceutical contractor - dispensing doctors, who are medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities” and local pharmaceutical services (LPS) contractors who provide a level of pharmaceutical services in some HWB areas.

6.4 A local pharmaceutical services contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the 2013 Regulations. All local pharmaceutical services contracts must, however, include an element of dispensing.

7. **Information to be contained in PNAs**

7.1 The statutory minimum information requirements for PNAs are stated in **Appendix 1**.

7.2 When assessing local need for pharmaceutical services, HWBs may wish to note that general health need is not the same as the need for pharmaceutical services.

- 7.3 HWBs are required to include a map in their PNA identifying the premises at which pharmaceutical services are provided in the area of the HWB.
- 7.4 HWBs are required to keep the above map up to date, in so far as is practical (without the need to republish the whole of the assessment or publish a supplementary statement).

8. **Publication and updating of PNAs**

8.1 Timelines for publication of first and revised assessments:

- The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 commenced on 1 April 2013;
- HWBs are required to produce an updated final assessment by 1 October 2022;
- HWBs are required to publish a revised assessment within three years of publication of their previous assessment; and
- HWBs are required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

9. **Consultation**

The Regulations set out that:

- HWBs must consult the bodies set out in **appendix 2** at least once during the process of making the assessment on a draft of the proposed PNA. Any neighbouring HWBs who are consulted should ensure any local representative committee in the area which is different from the local representative committee for the original HWB's area is consulted;
- there is a minimum period of 60 days for consultation responses; and
- 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.

10. **Review and development process**

10.1 The key elements of the processes for reviewing and developing the PNA are outlined in the flow chart 1 below.

10.2 The inherited PNA should be made available on-line once revised.

10.3 The HWB is asked to consider and agree the following timeline:

Process	Timescale*
Establish PNA steering group	December 2021
Identify local need and map provision	January to March/April 2022
Present draft PNA to HWB for comment	April 2022
Consultation on draft PNA	May to July 2022
PNA revision post consultation	August 2022
Final PNA to HWB for approval	Virtual or 'special' meeting
Publication of PNA	1 st October 2022

* Please note – these dates may possibly change due to amendments to the HWB date schedule for the forthcoming year.

11. Risk management

11.1 Failure to deliver a PNA by 1st October 2022 will put the Council in breach of Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012.

11.2 Decisions on applications to open new premises may be appealed by certain persons to the NHS Litigation Authority's Family Health Services Appeal Unit and may also be challenged via the courts. It is therefore important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.

12. Equalities implications

An equalities impact assessment will be undertaken on the revised PNA.

Authors

Emma Thomas
Public Health Intelligence Manager

☎ 01922 653749

✉ emma.thomas@walsall.gov.uk

Hema Patel
Community Pharmacy & Public Health Lead Pharmacist
Public Health and Black Country & West Birmingham CCG

✉ hema.patel1@nhs.net

Stephen Gunther
Director of Public Health

☎ 01922 653752

✉ stephen.gunther@walsall.gov.uk

Appendix 1

Information to be contained in PNA	Explanation
<p>Necessary services: current provision</p> <p>A statement of the pharmaceutical services that the HWB has identified as services that are provided:</p> <p>(a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and</p> <p>(b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).</p>	<p>In order to assess the adequacy of provision of pharmaceutical services, current provision by all providers of such services needs to be mapped. This can be done, for example, by using NHS England’s list of pharmaceutical services providers for the relevant area. This will need to include providers and premises within the HWB area, and also those that may lie outside in a neighbouring HWB area but who provide the services to the population within the HWB area.</p> <p>Examples of this type of service provider are pharmacies, distance-selling pharmacies (those who provide pharmaceutical services but not face to face on the premises, dispensing appliance contractors and dispensing doctors). Data from the Information Services Portal at the NHS Business Services Authority (NHS BSA) can be used to assess the use of distance-selling pharmacies and dispensing appliance contractors by people residing within the HWB’s area.</p>
<p>Necessary services: gaps in provision</p> <p>A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-</p> <p>(a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;</p> <p>(b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.</p>	<p>Having assessed local needs and the current provision of services, the PNA needs to identify any gaps that need to be filled. Such needs might comprise a pharmacy providing a minimum of “essential services” in a deprived area, or pharmaceutical services of a specified type. The PNA may also identify a gap in provision that will need to be provided in future circumstances, for example, a new housing development is being planned in the HWB area.</p> <p>Gaps in provision are not just gaps in pharmaceutical health needs but also gaps by service type. For example, a locality may have adequate provision of essential services to meet the needs of the population, but have a need for more specialist services, such as the management of a long-term condition. Examples of gaps that HWB’s may identify, include:</p> <ul style="list-style-type: none"> • inadequate provision of essential services at certain times of day or week leading to patients attending the GP-led health centres being unable to have their prescription dispensed; • opening hours that do not reflect the needs of the local population;

	<ul style="list-style-type: none"> • areas with little or no access to pharmaceutical services; and • adequate provision of dispensing services (by those GPs who dispense), but patients unable to access the wider range of essential services.
<p>Other relevant services: current provision</p> <p>A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided-</p> <p>(a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area;</p> <p>(b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;</p> <p>(c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.</p>	<p>This is related to the types of application that persons can make to be included on a pharmaceutical list or provide directed services. There are five types of market entry application (known as routine applications):</p> <ul style="list-style-type: none"> • current need; • future need; • improvements or better access; • future improvements or better access; and • unforeseen benefits (where the applicant provides evidence of a need that was not foreseen when the PNA was published). <p>The HWB will have identified those services that are necessary for the provision of adequate pharmaceutical services (See necessary services: current provision). There may, however, be pharmaceutical services that provide improvements to the provision or better access for the public whether at the current time or in the future.</p>
<p>Improvements and better access: gaps in provision</p> <p>A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied-</p> <p>(a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type, in its area,</p> <p>(b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area.</p>	<p>It is important that PNAs identify services that are not currently being provided but which will be needed to secure future improvements to pharmaceutical services – common examples of this are major industrial, communications or housing developments, service redesign as set out in, for example, the Joint Health and Wellbeing Strategy, or re-provision. Provision may also change where significant economic downturn is expected, i.e. a large employer moves their operations to Europe or Asia.</p> <p>HWBs can also identify those services, which are currently not being commissioned by NHS England, local authorities or CCGs but may be services that could be commissioned in the future.</p> <p>It should be noted that if a HWB identifies a need or improvement and better access, NHS England does not have to meet the need – this is because NHS England may have other factors to take into account, i.e. other commissioning decisions.</p>

<p>Other services</p> <p>A statement of any NHS services provided or arranged by the HWB, NHS CB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect-</p> <p>(a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its Information pack for HWBs – pharmaceutical needs assessments area; or</p> <p>(b) whether further provision of pharmaceutical services in its area would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.</p>	<p>There may be services provided or arranged by the HWB, NHS England, a CCG, an NHS trust (including foundation trusts) which could, if they were included in a PNA, be provided by pharmaceutical services contractors. For example, a large health centre providing a stop smoking service or immunisation service at a community hospital. Only those NHS services which affect the need for pharmaceutical services or potential pharmaceutical services need to be included.</p> <p>The PNA includes a statement outlining the services identified in the assessment which affect pharmaceutical needs.</p>
<p>How the assessment was carried out</p> <p>An explanation of how the assessment has been carried out, in particular</p> <p>(a) how it has determined what are the localities in its area;</p> <p>(b) how it has taken into account (where applicable) -</p> <p>(i) the different needs of different localities in its area, and</p> <p>(ii) the different needs of people in its area who share a protected characteristic; and</p> <p>(c) a report on the consultation that it has undertaken.</p>	<p>HWBs may wish to divide up their area to reflect different needs in different localities – for example, to identify needs for different segments of their populations. If so, HWBs may wish to designate any PNA localities to mirror JSNA localities.</p> <p>The PNA includes a statement setting out how the HWB has determined the localities; the different needs of different localities in its area including the needs of those people in the area sharing a protected characteristic, for example, a large travellers’ site; and a report on the consultation undertaken on the PNA.</p>

Appendix 2

Consultation on pharmaceutical needs assessments

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making;

1. any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
2. any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
3. any persons on the pharmaceutical lists and any dispensing doctors list for its area;
4. any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
5. any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
6. any NHS trust or NHS foundation trust in its area;
7. the NHSCB; and
8. any neighbouring HWB.