

Health and Wellbeing Board

20 September 2022

Walsall Pharmaceutical Needs Assessment (PNA) 2022-2025

1. Purpose

- 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, is due 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 and Improvement 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 Integrated Care Board (ICB) will use the PNA to inform their commissioning decisions.
- 1.5 Walsall's PNA has been updated and presented to HWB previously. It has fulfilled its obligations, and the final assessment awaits approval.

2. Recommendations

- 2.1 That the Pharmaceutical Needs Assessment (PNA) 2022-2025 be approved as set out in Appendix A.
- 2.2 To note that the PNA will be published on the Councils website before the statutory deadline of 1 October 2022.

3. Report Detail

3.1 Introduction

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

- 3.2 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.
- 3.3 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.
- 3.4 The preparation and consultation on the PNA should take account of the JSNA and other relevant strategies. The development of PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and Improvement (NHSE&I) and Integrated Care Boards (ICBs). 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.
- 3.5 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.

3.6 Purpose of PNAs

The PNA will be used by NHS England and Improvement 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 E&I and ICBs.

3.7 Pharmaceutical Services

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.

3.8 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.

3.9 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.

4. Updating Process

4.1 The PNA is a key tool for identifying commissioning processes in NHS England, the Local Authority and the Integrated Care Board (ICB). This includes pharmaceutical services and other services that may be delivered through community pharmacies. The PNA maps current provision, assesses local need and identifies any gaps in provision.

4.2 A reminder of the key elements of the process for reviewing and developing the draft document are outlined in Table 1.

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	July-Sept 2022
PNA revision post consultation	August/September 2022
Final PNA to HWB for approval	September 2022
Publication of PNA	1 st October 2022

Table 1 – PNA Process – Key Elements

4.3 A PNA working group was set up in December 2021/January 2022 and met on a six-weekly basis. Membership consisted of representation from the following:

- Public Health - Walsall Council
- Walsall Clinical Commissioning Group (CCG) [later Black Country Integrated Care Board (ICB)]
- Local Pharmacy Committee (LPC)
- NHS England / Improvement (NHSE/I)
- Healthwatch Walsall

- 4.4 The development of the PNA was divided into steps within a project plan, as set out below:
- Walsall Health Profiles – to understand the health needs of Walsall residents
 - HWB priorities – to be clear on the committed priorities informed by JSNA
 - Identify pharmaceutical service provision – map current provision and services offered
 - Mapping and synthesising data – combining the data and evaluating its results, including potential gaps
 - Patient experience – utilising the results from the patient survey carried out by Healthwatch Walsall and how they help steer future decisions
- 4.5 The PNA is complete and is complimented by an **executive summary** outlining key findings as well as a **slide set**.
- 4.6 Included within the assessment are the survey results of local pharmacists to confirm all the services currently offered; as well as a survey conducted by Healthwatch Walsall to seek resident views of pharmacy services. Responses to the survey surpassed last time and reported an overall satisfaction of pharmacy and GP performance for receiving medication as very high. A number of recommendations were highlighted such as continue to offer patients choice and more promotion of pharmacy services.
- 4.7 From an intelligence perspective, the assessment incorporates the use of the market segmentation tool – Mosaic, to distinguish key features of our community populations. It also includes accessibility mapping (sourced via the Office for Health Improvement and Disparities (OHID) SHAPE tool), to better interpret access to community and 100-hour pharmacies using the walk, drive and public transport modes of travel.
- 4.8 The key recommendations from the updated PNA are as follows:
- All Walsall pharmacies provide ‘essential’ services, with sufficient coverage and comparable pharmacy / population rates and no deficiencies identified
 - Good coverage of ‘advanced’ services with additional pharmacies looking to provide over the next 12 months. Where there is low uptake, these are deemed specialist services with current provision in the most appropriate areas
 - Also good coverage of ‘enhanced’ services (commissioned locally by NHSEI)
 - Coverage for both Public Health and BC ICB commissioned services is good. Some services are specialist but deemed to be in the appropriate location or also available via other providers.
- 4.9 HWBs must consult the bodies set out as below at least once during the process of developing the PNA.
- any Local Pharmaceutical Committee for its area;
 - any Local Medical Committee for its area;

- any persons on the pharmaceutical lists and any dispensing doctors list for its area;

- any LPS chemist in its area with whom the NHSE has made arrangements for the provision of any local pharmaceutical services;
 - 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;
 - any NHS trust or NHS foundation trust in its area;
 - the NHSE; and
 - any neighbouring HWB.
- 4.10 Any neighbouring HWBs who are consulted should ensure any local representative committee (LRC) in the area which is different from the LRC 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.
- 4.11 A 60-day mandatory consultation period took place from Friday 8th July to Monday 5th September 2022 with a reminder sent at the midway point. Promotion was raised via the Walsall Council and Healthwatch Walsall websites, via the working group and through HWB in general. For ease, a simple survey was made available to capture any feedback / comments from the consultation phase. There were two comments received from a neighbouring area and a community pharmacy business.
- 4.12 Ongoing input was provided by Walsall LPC and Healthwatch Walsall as key members of the working group.
- 4.13 All feedback has been incorporated / actioned (where applicable) following the closure date with all answers to questions posed about Walsall's PNA, responded to positively.

5. Implications for Joint Working arrangements:

- 5.1 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.
- 5.2 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.

6. Health and Wellbeing Priorities:

- 6.1 This updated PNA has taken into account the Joint Health and Wellbeing Strategy priorities as illustrated within section '6. Health and Wellbeing Board Priorities' of the PNA. Many of the commissioned services provided by pharmacies have a direct impact on the emerging needs identified within the JSNA. In addition, pharmacies are an important asset within our borough, having a link to residents for conveying public health messages.

Background papers

Nothing to declare.

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Appendix A – Walsall PNA 2022-2015
Appendix B – Walsall PNA summary slide set