

# **North Somerset Health & Wellbeing Board**

**Date of meeting: 5 March 2020**

**Agenda Item: 11**

**Title of report: Pharmaceutical Needs Assessment 2020-2024**

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## **1. Recommendations**

The Health & Wellbeing Board is asked to:

- Note the Board's statutory responsibilities in producing a Pharmaceutical Needs Assessment (PNA)
- Approve the recommended approach for updating and reviewing the North Somerset PNA, as set out in section 3 of this report.
- Note the Board's requirement to sign-off and publish the final version of the PNA before April 2021.

## **2. Summary of Report**

The Health and Social Care Act 2012 transferred the responsibility to develop and update Pharmaceutical Needs Assessments (PNAs) to Health and Wellbeing Boards from April 2013. Prior to this time, Primary Care Trusts (PCTs) held this responsibility.

PNAs are relevant for NHS England when deciding if new pharmacies are needed in a Health and Wellbeing Board area. The PNA takes account of key characteristics such as the demography of its area, whether there is enough choice of pharmacy outlets, and any different needs of different localities in its area including future needs.

The PNA will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for substance misuse. It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring Health and Wellbeing Board areas that might affect the need for services in its own area.

The preparation and consultation on the PNA should take account of the Joint Strategic Needs Assessment (JSNA) and other relevant strategies.

A local steering group will be convened to oversee the production of the PNA. As part of the shared Public Health work programme across Bristol, North Somerset and South Gloucestershire, plans are already in place to work jointly where possible to ensure an efficient and consistent approach. Examples include in obtaining data from NHS England and a co-ordinated consultation across the area.

The final PNA will be published on the JSNA section of the North Somerset Council website along with future supplementary statements related to any updates or changes before the PNA is next revised.

### **3. Policy**

The PNA is a statutory requirement for the Health and Wellbeing board to produce and failure to do so would impact on corporate reputation. A failure to comply with the regulations would negatively impact on neighbouring local authorities, NHS England and the Clinical Commissioning Group.

### **4. Details**

The Health and Social Care Act 2012 transferred the responsibility to develop and update PNAs to Health and Wellbeing Boards from April 2013. Prior to this time, Primary Care Trusts (PCTs) held this responsibility.

PNAs are relevant for NHS England when deciding if new pharmacies are needed in a Health and Wellbeing Board area. The PNA needs to be robust to withstand legal challenges by applicants, including independent owners and large pharmacy companies.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail the minimum requirements for PNAs which include statements on:

- Current provision of necessary services;
- Gaps in provision in terms of necessary services;
- Current provision of other relevant services;
- Gaps in provision of services that would secure improvements and better access to pharmaceutical services;
- Other services;
- How the assessment was carried out including a report on the consultation undertaken.

In addition, Regulation 9 sets out the matters Health & Wellbeing Boards must have regard to when developing their PNAs as far as is practicable to do so. These are:

- The demography of its area;
- Whether there is sufficient choice with regard to obtaining pharmaceutical services;
- Any different needs of different localities in its area;
- The pharmaceutical services provided in the area of any neighbouring Health and Wellbeing Board which affect the need for pharmaceutical services in its area, or whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- Any other NHS services provided in or outside the area (not covered above) which affect the need for pharmaceutical services in its area, or whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- Likely future needs.

The PNA should include pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for substance misuse. It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring Health and Wellbeing Board areas that might affect the need for services in its own area.

The preparation and consultation on the PNA should take account of the Joint Strategic Needs Assessment (JSNA) and other relevant strategies.

It is proposed that the Director of Public Health in North Somerset Council will lead this process on behalf of the Health and Wellbeing Board in North Somerset with support from partners.

A local steering group will be convened to oversee the production of the PNA. This group will be led by the Public Health and Regulatory Services Team and include representatives from Medicines Management at the Clinical Commissioning Group (CCG), HealthWatch, NHS England, the Local Pharmaceutical Committee and the Local Medical Committee. The group will be supported by Business Intelligence analysis.

Engagement with providers in North Somerset will take place as required via the local professional network for pharmacy (the Avon Local Pharmaceutical Committee).

As part of the shared Public Health work programme across Bristol, North Somerset and South Gloucestershire, plans are already in place to work jointly where possible to ensure an efficient and consistent approach. Examples include in obtaining data from NHS England and a co-ordinated consultation across the area.

As part of this process the Public Health team is also engaging with neighbouring PNA leads in Bristol, South Gloucestershire and Somerset and the NHS England area team to ensure progress across the area is co-ordinated.

The final PNA will be published on the JSNA section of the North Somerset Council website along with future supplementary statements related to any updates or changes before the PNA is next revised.

## **5. Consultation**

Regulation 8 sets out the requirements for consultation on PNAs, which must be undertaken for a minimum of 60 days (see Appendix 2 for details on bodies that must be consulted). It is anticipated that this process will be co-ordinated jointly across the Bristol, North Somerset and South Gloucestershire and if appropriate the wider South West area as in previous years and with one Council taking the lead on the consultation process.

## **6. Financial Implications**

The North Somerset Public Health and Regulatory Services Team will lead this process and write the report, so the majority of staffing costs will be met from within this team. The Public Health SLA with the Business Intelligence team will be utilised for mapping and analytical support. If it is more efficient then reporting writing and analysis may be combined at a sub regional or regional level but any contribution to this type of approach would be met from within the Public Health and Regulatory Services Team budget.

### **Costs**

Planned officer time as described above.

### **Funding**

Costs have been planned for and will be met from within the Public Health and Regulatory Services Team revenue budget.

## **7. Legal powers and implications**

The development of a new PNA will fulfil the duty of the Health and Wellbeing Board as set out under the Health and Social Care Act (2012). The PNA needs to be robust to withstand legal challenges by applicants, including independent owners and large pharmacy companies.

## **8. Climate change and environmental implications**

The PNA analyses access to pharmaceutical services in walking/cycling, public transport and driving time. No direct environmental implications are anticipated.

## **9. Risk management**

The PNA steering group will oversee progress of the North Somerset PNA and the Director of Public Health will alert the Health and Wellbeing Board to any changes to planned timeline (Appendix 1).

## **10. Equality Implications**

The purpose of the PNA is to map local need to ensure there is equality in the access and provision of pharmaceutical services. The regulations stipulate analysis by the protected characteristics.

## **11. Corporate Implications**

The development of a new PNA will fulfil the duty of the Health and Wellbeing Board as set out under the Health and Social Care Act (2012) and support the provision of pharmacy services to meet the health and wellbeing needs of our local population.

## **12. Options considered**

The development of the PNA is a statutory duty, therefore, must be delivered within 2020/21.

## **AUTHORS**

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## **APPENDICES**

1. Plan for completion of the PNA covering 2021-2014
2. Regulations relating to consultation

## **BACKGROUND PAPERS**

None



## Appendix 1: Plan for completion of the PNA covering 2021-2014

Timescale	Task
March 2020	Agree process locally including data sources and method to complete the PNA with Health and Wellbeing Board
March –July 2020	<p>Form local steering group.</p> <p>Obtain updated information from NHS England on opening times and locations</p> <p>Survey providers on pharmaceutical list and dispensing practices</p> <p>Obtain information on CCG commissioned and public health commissioned services.</p>
July- September 2020	<p>Produce draft report using data provided and local demographic data from JSNA.</p> <p>Steering group meeting to discuss consultation.</p>
September –November 2020	Consultation on draft PNA with Stakeholders (as listed in Appendix 2)
December 2020 – February 2021	Steering group to discuss consultation comments and finalise PNA.
17 February 2021	Sign-off by Health and Wellbeing Board
March 2021	Publication of PNA on council website

## **Appendix 2: Regulations relating to consultation**

Health and Wellbeing Boards must consult the bodies listed below at least once during the process of developing the PNA: <sup>1</sup>

- Any Local Pharmaceutical Committee for its area (including a Local Pharmaceutical Committee for its area and that of one or more other Primary Care Trusts)
- Any Local Medical Committee for its area (including a Local Medical Committee for its area and that of one or more other Primary Care Trusts)
- The persons on its pharmaceutical lists and its dispensing doctors list (if it has one)
- Any LPS chemist with whom PCT1 has made arrangements for the provision of any local pharmaceutical services
- Any relevant local involvement network, and any other patient, consumer or community group in its area which in the opinion of PCT1 has an interest in the provision of pharmaceutical services in its area
- Any local authority with which PCT1 is or has been a partner PCT
- Any NHS Trust or NHS Foundation Trust in its area
- Any neighbouring Primary Care Trust.

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<sup>1</sup> The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: Regulation 8: