

**LEICESTERSHIRE HEALTH AND WELLBEING BOARD: 17 JULY**  
**2014**

**REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

**PROGRESS UPDATE - PHARMACEUTICAL NEEDS**  
**ASSESSMENT**

**Purpose of Report**

1. The Health and Wellbeing Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Leicestershire and publish it by March 2015. This paper presents information regarding the background and purpose, governance, consultation requirements and overview of proposed content and timescales

**Background and purpose of the PNA**

2. The purpose of the PNA is to:
  - Identify the pharmaceutical services currently available and assess the need for pharmaceutical services in the future;
  - inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be;
  - inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide a new pharmacy. The organisation that will make these decisions is NHS England.
3. The last PNA for Leicestershire was produced in 2010 by the then Leicestershire County and Rutland Primary Care Trust. The responsibility shifted to Health and Wellbeing Boards in the general reforms embodied in the Health and Social Care Act (2012). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>
4. The PNA is a statutory document that is used by NHS England to agree changes to the commissioning of local pharmaceutical services. As such, if NHS England receive a legal challenge to the services they commission based on the PNA, the local authority could also be part of that legal challenge. As such it is essential that the process that is followed meets the legislation that is set out and the PNA is a robust document.
5. There are specific requirements for consultation which will be considered below.

6. The PNA will need to be signed-off by the Health and Wellbeing Board by the end of March 2015.

### **Governance**

7. Arrangements for governance of the production of the PNA were approved by the Joint Health and Wellbeing Board / JSNA Steering Board. The key features are as follows:
  - Interagency PNA Project Team - Because many of the relationships required for the PNA are Leicester, Leicestershire and Rutland (LLR) wide – involving representation from NHS England Area Team, the Leicestershire Pharmaceutical Committee, Local Professional Network for Pharmacists and the Leicester, Leicestershire and Rutland Local Medical Committee - a PNA Project Team has been established to support this work across the three Health and Wellbeing Boards, provide mutual assistance, identify any economies of scale that can be delivered through joint work and to ensure that there is an effective process for the development of the PNA. It should however be clear that there will be separate PNAs which will reflect local needs and priorities for each of Leicester, Leicestershire and Rutland and each will be signed off by the respective Health and Wellbeing Board.
  - The terms of reference and membership of the PNA Project Team were approved by the Joint Health and Wellbeing Board / JSNA Steering Board.
  - Accountability and sign-off - the Joint Health and Wellbeing Board / JSNA Steering Board will approve the pre-consultation draft version of the PNA and provide assurance to the Health and Wellbeing Board that the final PNA is an accurate reflection of the pharmaceutical needs of the population and has been developed using robust processes. The PNA Project Team will report regularly to the Joint Health and Wellbeing Board / JSNA Steering Board and submit the pre-consultation draft PNA for approval in September 2014.
  - Resourcing - The principal resourcing for the development of the PNA is provided by the Leicestershire County Council Public Health Team, with information and advice provided through the PNA Project Team by NHS England, the LPC, CCGs and others
  - Conflict of interest - All members of the PNA Project Team have signed a declaration regarding confidentiality and any conflict of interest they may have.

## **Consultation**

8. The PNA is subject to a 60 day statutory consultation period which will start in the second half of September 2014. Regulation 8 of the Pharmaceutical Services Regulations specifies that the Health and Wellbeing Board must consult with the following :-
  - the Local Pharmaceutical Committee
  - the Local Medical Committee
  - any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services
  - Healthwatch, and any other patient, consumer or community group in its area which in the view of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area;
  - any NHS trust or NHS foundation trust in its area
  - the NHS England
  - any neighbouring HWB.
9. Health and Wellbeing Boards must consult the above at least once during the process of developing the PNA. 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. The draft PNA will be published on the Leicestershire County Council Website and views invited more widely than that of only the statutory consultees. The three local authorities have also commissioned engagement support to supplement the consultation mechanisms of each local authority through GEM CSU which will include an engagement plan that seeks user and stakeholders views as part of the development of the PNA and which fulfils the requirements of the statutory consultation.

## **Content and Timescales**

11. The regulations and guidance provide guidance on content and this has been reflected in the overview of proposed content of the PNA provided in Appendix B. Appendix B also provides the project timescales. The project plan is tight with respect to delivering a signed off PNA by the 31st March 2015. The PNA Project Team will monitor this and report any issues of concern to Joint Health and Wellbeing Board / JSNA Steering Board.

## **Equality Impact Assessment**

12. The PNA will be subject to an EIA.

## **Recommendations**

It is recommended:

- That the report be noted;
- That further progress reports be presented to the Board along with the final Pharmaceutical Needs Assessment report in March 2015 for approval.

## **Officers to Contact**

Mike Sandys, Public Health [mike.sandys@leics.gov.uk](mailto:mike.sandys@leics.gov.uk) 0116 3055439

Janine Dellar, Public Health [Janine.dellar@leics.gov.uk](mailto:Janine.dellar@leics.gov.uk) 0116 3054257

## **Appendices:**

Appendix A – Pharmaceutical Needs Assessment Project Team, Terms of Reference

Appendix B – Pharmaceutical Needs Assessment – Working Outline and Timescale

**APPENDIX A**  
**LEICESTER CITY COUNCIL, LEICESTERSHIRE COUNTY COUNCIL,**  
**RUTLAND COUNTY COUNCIL**

**PHARMACEUTICAL NEEDS ASSESSMENT**  
**PROJECT TEAM**

**TERMS OF REFERENCE**

**Purpose:**

The Pharmaceutical Needs Assessment (PNA) is a legal duty of the Health and Wellbeing Board (HWB) and each HWB will need to publish its own revised PNA for its area by 1<sup>st</sup> April 2015.

The purpose of this project team is to identify opportunities to work together across Leicester, Leicestershire and Rutland to jointly develop PNA across the three HWBs and to identify areas where there are key benefits to working together.

The team will set the timetable for the development of the PNA, agree the format and content of the PNA and ensure that each PNA fulfils statutory duties around consultation for the PNA.

The team will be a task and finish group, meeting between March 2014 and March 2015.

**Key responsibilities:**

- To oversee the PNA process across the three Health and Wellbeing Board areas
- To ensure that the development of the PNA meets the statutory duties of the HWBs
  - To support the three HWBs in the development of their PNAs by working collaboratively across the LLR area to ensure that the evidence base is effective and joined up to better support NHS England, CCGs and Local Authorities in their commissioning decisions
- To ensure active engagement from all stakeholders
- To communicate to a wider audience how the PNA is being developed
- To ensure that the PNA addresses issues of provision and identifies need
- To map current provision of pharmaceutical services
- To identify any gaps in pharmaceutical provision
- To map any future provision

**Governance:**

The three Health and Wellbeing Boards are each responsible for ensuring that there is a PNA for its area. The governance is as follows:

- Leicester City Council – The Leicester Joint Integrated Commissioning Board (JICB) has responsibility on behalf of the Leicester Health and Wellbeing

Board with ensuring the PNA is conducted according to the legislation. There will be direct reporting between this group and the JICB.

- Leicestershire County Council – the Health and Wellbeing Board have tasked the JHWS/ JSNA Steering Board with ensuring the PNA is conducted according to the legislation and there will be direct reporting between this meeting and the JHWS/ JSNA Steering Board
- Rutland County Council – the Health and Wellbeing Board have tasked the Executive Group with ensuring that the PNA is conducted according to the legislation and there will be direct reporting between this meeting and the Executive.
- The project team will be chaired by the lead for PNA at Leicester City Council.

**PNA Project Team membership:**

- Local Authority PNA Leads  
Rod Moore, Leicester City Council , Chair  
Janine Dellar, Leicestershire County Council  
Katy Lynch/ Gabi Price, Rutland County Council
- NHS England  
Salim Isaak, Pharmacy Contracts Manager, NHS England
- Local Pharmaceutical Committee  
Rosemary Plum, Chief Officer and Secretary
- Local Professional Network for Pharmacists  
Avril McDermot
- Clinical Commissioning Groups  
Phyllis Navti, Medicines Management, East Leicestershire and Rutland CCG  
Jasmeen Islam, Medicines Management, West Leicestershire CCG  
Lesley Gant, Medicines Management, Leicester City CCG
- HealthWatch  
To be confirmed
- Public Health Intelligence leads  
Helen Reeve, Leicester City Council  
Carrie Pailthorpe, Leicestershire County Council  
Gabi Price, Leicestershire County Council
- Local Medical Committee  
GP representative to be confirmed

NB: Membership will be reviewed regularly and may be extended by agreement of the Steering Board members

**Frequency of meetings:** five meetings to be arranged – March 2014, April 2014, June 2014, September 2014, December 2014.

Additional meetings may be required between March 2014 and June 2014 as this will be the main development phase of the PNA.

**Support arrangements:**

The meetings will be minuted with support alternating between Leicester City and Leicestershire County Council.

**Confidentiality**

An undertaking of confidentiality will be signed by non-Local Authority employed group members.

During the period of membership of the Steering Group members may have access to information designated by the Local Authorities or other members as being of a confidential nature and which must not be divulged, published or disclosed without prior written consent. Improper use of or disclosure of confidential information will be regarded as a serious disciplinary matter and will be referred back to the employing organisation. For the avoidance of doubt as to whether an agenda item is confidential all papers will be marked as confidential before circulation to the group members.

**Declarations of Interest**

Where there is an item to be discussed, where a member could have a commercial or financial interest, the interest is to be declared and formally recorded in the minutes of the meeting.

## **APPENDIX B**

### **PHARMACUETICAL NEEDS ASSESSMENT – WORKING OUTLINE AND TIMESCALE**

#### **Purpose**

1. To support local commissioners in deciding on the provision of NHS funded services through community pharmacies in Leicester. These services are part of the local healthcare provision and affect NHS and Local Authority budgets.
2. To support the NHS England-Leicestershire and Lincolnshire Area Team in the determination of market entry decisions.
3. To provide a robust governance framework should a market entry decision are contested or challenged legally by an applicant or by existing NHS contractors.
4. To provide a source of relevant reference to Leicester, Leicestershire and Rutland local authorities, clinical commissioning groups and NHS England for the commissioning of any future of local pharmaceutical services.

#### **Publication Outline**

The PNA will review and include:

- Existing pharmacy provision and services including dispensing, health care and lifestyle advice, medicines reviews and information and implementation of public health messages and services.
- Dispensing by GP surgeries.
- Services available in neighbouring Health and Wellbeing Board areas that could affect the need for services.
- Demographics of the relevant population shown as a whole and more specifically by locality with clear indication of needs specific to each area.
- Gaps in the provision of services, taking into account future requirements, that could be met by providing more pharmacies or pharmacy services.
- Local area maps locating pharmacies and pharmaceutical services.

The PNA will not include:

- Prison pharmaceutical services;



- Hospital pharmacies.

**The published document will cover the following key areas of review (this list is a guide and will evolve alongside the development of report):**

1. Context for the Pharmaceutical Needs Assessment
2. Description of current services
  - 2.1. Essential Services
    - Dispensing
    - Repeat Dispensing
    - Disposal of Unwanted Medication
    - Promotion of Healthy Lifestyles
    - Sign Posting
    - Support for Self Care
    - Clinical Governance
  - 2.2. Advanced Services – these are optional services that are commissioned nationally by NHS England through the core contract
    - Medicine Use Review (MUR)
    - New Medicines Services (NMS)
    - Appliance use reviews (AUR)
    - Stoma Appliance Customisation Service
  - 2.3. Enhanced Services which are locally commissioned(list is an example)
    - Out of Hours Services
    - Supply of Palliative Care Drugs
    - Minor Ailment Scheme
    - Advice and Support to Care Homes
    - Emergency Hormonal Contraception (EHC)
    - Chlamydia Screening
    - Stop Smoking Services
    - Alcohol Brief Interventions
    - NHS Health Checks
    - Flu vaccinations
    - Supervised Consumption
    - Needle Exchange
    - Healthy living pharmacys
  - 2.4. Pharmacies facilities
    - Wheelchair access
    - Access to disabled car parking within 100m
    - Private consultation rooms
    - Customer toilets
    - IT facilities
    - Foreign languages spoken

## 2.5. Different types of pharmacy contract

- Internet/distance selling
- 100 hour dispensing
- Dispensing practices
- Dispensing appliance contractors
- One-Stop primary care centres
- Cross-border pharmacies affecting local population
- Hospital pharmacy discharge medication arrangements
- Prison pharmacy arrangements
- Rurality

3. Each local authority will produce an overarching health needs document as part of their JSNA process which will inform the PNA.

### 3.1. Local Health Needs

- This will be the section that identifies the health needs that need to inform the commissioning of the pharmaceutical needs assessment – so the interpretation of the health needs document into the services that can be commissioned through community pharmacy
- For example, mapping of teenage pregnancy hotspot wards to EHC provision.
- Include a review of patients that are not within a 10 minute drive time or a 20 minute walk time of a pharmacy
- Leicestershire and Rutland need to include a section on rurality and the changes to the areas designated as rural linked to the existing PNA

4. Changes to demography, services, etc that will effect pharmaceutical needs

- Demographic changes
- Planning intentions and housing developments
- Care homes and retirement villages
- Issues such as the impact of the co-operative pharmacy plans

5. Key Strategic Priorities

- Local Authority JHWS
- NHS England Primary Care Strategy
- Better Care Fund
- Better Care Together 5 year strategy
- CCG 5 year plans

6. Neighbouring and Regional Services

7. Engagement

8. Conclusions

9. Recommendations

- 10. Equality Impact Assessment
- 11. Table of Abbreviations/Glossary
- 12. Appendices

## **Implementation**

### **Project Schedule – Under Development**

#### **Stage 1 – Project implementation (1<sup>st</sup> - 31<sup>st</sup> March 2014)**

<b>Milestone</b>	<b>Complete</b>
Formally initiate project	24 <sup>th</sup> March
Establish Project Team	24 <sup>th</sup> March
Set up project templates	24 <sup>th</sup> March
Confirm recruitment of key project team members	31 <sup>st</sup> March

#### **Stage 2 – Stakeholder Consultation & Initial Document Drafts (1<sup>st</sup> April – 15<sup>th</sup> August 2014)**

<b>Milestone</b>	<b>COMPLETE</b>
Draft PNA template (contents) agreed	2 <sup>nd</sup> May 2014
Draft risk register	2 <sup>nd</sup> May 2014
Develop engagement plan	17 <sup>th</sup> June 2014
Equality Impact Assessment	
1 <sup>st</sup> draft PNA document	
Communications plan in place	

#### **Stage 3 – Final Document Draft, Approval & Publication (16<sup>th</sup> August 2014 – 31<sup>st</sup> March 2015)**

2 <sup>nd</sup> draft PNA – Full Document	
Start 60 day consultation	
End of consultation period	
Revised draft PNA document	
Health and Wellbeing Board sign off (Thursday	

26 March 2015)	
PNA document published	31 <sup>st</sup> March 2015