

**Report to Rutland Health and Wellbeing Board**

<b>Subject:</b>	<b>Pharmaceutical Needs Assessment 2018</b>
<b>Meeting Date:</b>	<b>28<sup>th</sup> March 2017</b>
<b>Report Author:</b>	<b>Mike Sandys</b>
<b>Presented by:</b>	<b>Mike Sandys</b>
<b>Paper for:</b>	<b>Note &amp; Approval</b>

**Context, including links to Health and Wellbeing Priorities e.g. JSNA and Health and Wellbeing Strategy:**

The Health and Well Being Board has a statutory responsibility to prepare and publish a Pharmaceutical Needs Assessment (PNA) every 3 years. The PNA is part of and informed by the JSNA. The process for undertaking and preparing the PNA is outlined in the paper and proposes undertaking this process jointly with Leicester and Leicestershire because many of the relationships required for the PNA are Leicester, Leicestershire and Rutland (LLR) wide.

**Financial implications:**

The purpose of a HNA is to ensure that the evidence base is effective and joined up to better support NHS England, CCGs and Local Authorities in their commissioning decisions and meeting the needs identified will be addressed through the commissioning cycle.

**Recommendations:**

The Health and Wellbeing Board is requested to:

1. Note this report
2. Approve the proposal to form an interagency LLR wide Working group and the draft terms of reference for the project team
3. Receive further reports on progress and the final PNA report for approval in March 2018

**Comments from the board:**

**Strategic Lead:** Mike Sandys

**Risk assessment:**

<b>Time</b>	L/M/H	A timetable and project plan is included
<b>Viability</b>	L/M/H	
<b>Finance</b>	L/M/H	
<b>Profile</b>	L/M/H	This will be subject to a statutory consultation process
<b>Equality &amp; Diversity</b>	L/M/H	The PNA will be subject to an Equality Impact Assessment

**Timeline:**

<b>Task</b>	<b>Target Date</b>	<b>Responsibility</b>

**RUTLAND HEALTH AND WELLBEING BOARD:**  
**REPORT OF THE DIRECTOR OF PUBLIC HEALTH**  
**PHARMACEUTICAL NEEDS ASSESSMENT 2018**

**Purpose of Report**

1. The purpose of this report is to highlight the responsibility of the Health and Well Being Board to publish a Pharmaceutical Needs Assessment (PNA), the timescale to do so, and the proposed governance structure to enable production of the PNA.

**Background**

2. The Health and Wellbeing Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Rutland and publish it by March 2018.
3. 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.
4. The last PNA for Rutland was produced in 2015. The responsibility for producing the PNA rests with 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/>
5. 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 receives a legal challenge to the services they commission based on the PNA, the local authority could also be part of that legal challenge. It is essential that the process that is followed meets the legislation that is set out and that the PNA is a robust document.

**Governance**

6. It is proposed that we establish a Leicestershire and Rutland project team to oversee the detailed production of the PNA documents for Leicestershire and Rutland. These documents will reflect local needs and priorities for Leicestershire and Rutland.

7. In addition, because many of the relationships required for the PNA are Leicester, Leicestershire and Rutland (LLR) wide – involving representation from NHS England, the Leicestershire Pharmaceutical Committee, Local Professional Network for Pharmacists and the Leicester, Leicestershire and Rutland Local Medical Committee - a PNA Reference Group will be established. This Reference Group will support PNA work across the three Health and Wellbeing Boards, identify any economies of scale that can be delivered through joint work and ensure that there is an effective process for consultation on the PNAs. However, there will be separate PNAs for Leicester, Leicestershire and Rutland and each will be signed off by the respective Health and Wellbeing Board.
8. Draft terms of reference and membership for the PNA Project Team are attached as Appendix A. The proposed membership for the Reference Group is shown in Appendix B. The terms of reference for this group are in development in consultation with Leicester City and Leicestershire and will be agreed at the first meeting.
9. It is proposed that the Integration Executive will approve the pre-consultation draft version of the Rutland 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 Integration Executive and submit the pre-consultation draft PNA for approval in September 2017.
10. The principal resourcing for the development of the Rutland PNA is provided by the Leicestershire County Council Business Intelligence Service, with information and advice provided through the PNA Project Team by NHS England, the LPC, CCGs and others.

## **Consultation**

11. The PNA is subject to a 60 day statutory consultation period which will start at the end of September 2017. 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 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
  - NHS England
  - any neighbouring HWB.
12. 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.

13. The draft PNA will be published on the Rutland County Council website and views invited more widely than that of only the statutory consultees.

### **Content and Timescales**

14. The regulations and guidance documents provide information on the PNA content. This has been reflected in the overview of proposed content of the PNA provided in Appendix C. We propose a similar approach to that taken in the 2015 PNA, but may seek more innovative ways to present and visualise the data which might also facilitate easier updating.
15. It should be noted that during the period leading up to the finalisation of the PNA 2018 the Government's decisions regarding "Community pharmacy in 2016/17 and beyond" will have started to be implemented. The impact of these changes will become apparent as 2017 progresses and there will need to be a thorough understanding of the new emergent system and an assessment of its implications for the PNA 2018.
16. Appendix C also provides the project timescales. The project plan is tight with respect to delivering a signed off PNA by the 31st March 2018. The PNA Project Team will monitor this and report any issues of concern to the Integration Executive.

### **Equality Impact Assessment**

17. The PNA will be subject to an EIA.

### **Recommendations**

18. The Health and Wellbeing Board is requested:
  - to note this report
  - to approve the delegation of the assurance role to the Integration Executive
  - approve the proposal to form a project team and an interagency LLR wide reference group and the draft terms of reference for the project team
  - to receive further reports on progress and the final PNA report for approval in March 2018.

### **Officers to Contact**

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## **APPENDIX A**

### **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 2018.

The purpose of this project team is to develop the PNA for Leicestershire and the PNA for Rutland.

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 2017 and March 2018.

##### **Key responsibilities:**

- To oversee the PNA process
- To ensure that the development of the PNA meets the statutory duties of the HWBs
- 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:**

- Leicestershire County Council – the Health and Wellbeing Board will task the Integration Executive with ensuring the PNA is conducted according to the legislation.
- Rutland County Council – the Health and Well Being Board will task the Integration Executive, with overall responsibility resting with the Health and Wellbeing Board.
- The project team will be chaired by the Public Health Director, Mike Sandys.

##### **PNA Project Team membership:**

###### **Local Authority PNA Leads**

- Mike Sandys, DPH Rutland County Council, Leicestershire County Council, Chair
- Caroline Boucher, Business Intelligence, Leicestershire County Council
- tbc, Rutland County Council

###### **Local Pharmaceutical Committee**

- Chief Officer and Secretary

### **Clinical Commissioning Groups**

- Medicines Management lead, East Leicestershire and Rutland CCG
- Medicines Management lead, West Leicestershire CCG
- Medicines Management lead, Leicester City CCG

### **HealthWatch**

- To be confirmed

### **Public Health Intelligence leads**

- Stephanie Webb/ Natalie Greasley, Leicestershire County Council
- Tbc, Rutland County Council

### **Local Medical Committee**

- GP representative to be confirmed

NB: Membership will be reviewed regularly and may be extended by agreement of the Project Team members

**Frequency of meetings:** five meetings to be arranged – March 2017, April 2017, June 2017, September 2017, December 2017.

Additional meetings may be required between March 2017 and June 2017 as this will be the main development phase of the PNA.

### **Support arrangements:**

The meetings will be minuted by 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 Project Team, 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**

### **LEICESTER CITY COUNCIL, LEICESTERSHIRE COUNTY COUNCIL, RUTLAND COUNTY COUNCIL**

#### **PHARMACEUTICAL NEEDS ASSESSMENT REFERENCE GROUP**

##### **TERMS OF REFERENCE**

More detailed terms of reference will be developed at the first reference group meeting. The main purpose of the reference group will be to identify economies of scale by joint working across Leicester, Leicestershire and Rutland, to share good practice and to plan effective consultation.

##### **PNA Project Team membership:**

###### **Local Authority PNA Leads**

- Mike Sandys, Rutland County Council, Leicestershire County Council, Chair
- Caroline Boucher, Business Intelligence, Leicestershire County Council
- tbc, Rutland County Council

###### **NHS England**

- Pharmacy Contracts Manager, NHS England

###### **Local Pharmaceutical Committee**

- Chief Officer and Secretary

###### **Local Professional Network for Pharmacists**

- To be confirmed

###### **Clinical Commissioning Groups**

- Medicines Management lead, East Leicestershire and Rutland CCG
- Medicines Management lead, West Leicestershire CCG
- Medicines Management lead, Leicester City CCG

###### **HealthWatch**

- To be confirmed

###### **Public Health Intelligence leads**

- Leicester City Council
- Stephanie Webb/ Natalie Greasley, Leicestershire County Council
- Rutland County Council

###### **Local Medical Committee**

- GP representative to be confirmed

## APPENDIX C

### 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 pharmacies

## 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 (March 2017)

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

#### Stage 2 – Stakeholder Consultation & Initial Document Drafts (April – August 2017)

<b>Milestone</b>	<b>COMPLETE</b>
Draft PNA template (contents) agreed	May 2017
Draft risk register	May 2017
Develop engagement plan	June 2017
Equality Impact Assessment	
1 <sup>st</sup> draft PNA document	
Communications plan in place	

#### Stage 3 – Final Document Draft, Approval & Publication (August 2017 – March 2018)

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 (March 2018)	
PNA document published	31 <sup>st</sup> March 2018