

<b>MEETING</b>	<b>B&amp;NES HEALTH AND WELLBEING BOARD</b>
<b>DATE</b>	<b>25/03/2015</b>
<b>TYPE</b>	<b>An open public item</b>

<b><u>Report summary table</u></b>	
<b>Report title</b>	<b>Bath and North East Somerset Pharmaceutical Needs Assessment 2015-18</b>
<b>Report author</b>	Joseph Prince, Senior Public Health Research & Intelligence Officer (01225 394070) Presented by Paul Scott, Assistant Director of Public Health
<b>List of attachments</b>	Appendix One: Draft Bath and North East Somerset Pharmaceutical Needs Assessment 2015-18
<b>Background papers</b>	NA
<b>Summary</b>	The Bath and North East Somerset Health and Wellbeing Board has an obligation to produce a Pharmaceutical Needs Assessment (PNA) for the area by 1 <sup>st</sup> April 2015.  Following a 70 day consultation process, the PNA Steering Group has now prepared a Pharmaceutical Needs Assessment document for consideration and approval by the Board prior to publication.
<b>Recommendations</b>	The Board is asked to: <ul style="list-style-type: none"> <li>• Consider and adopt the key findings set out in the Bath and North East Somerset Pharmaceutical Needs Assessment 2015-18 (Appendix 1)</li> <li>• Agree the proposed arrangements for maintaining and keeping the PNA up to date, including an annual PNA Steering Group review meeting</li> <li>• Agree that representatives of the Health and Wellbeing Board meet with the Avon Local Pharmaceutical Committee through an informal intelligence-sharing meeting</li> <li>• Confirm which of option 1 and 2 should be adopted for responding to notifications of new pharmacy applications from NHS England.</li> </ul>
<b>Rationale for recommendations</b>	It is a statutory requirement to publish a PNA for Bath and North East Somerset by 1 <sup>st</sup> April 2015.
<b>Resource implications</b>	The Bath and North East Somerset Pharmaceutical Needs Assessment 2015-18 has been managed within existing Council

	<p>capacity and budgets.</p> <p>The key findings contained within the PNA will help inform the future commissioning and delivery of local pharmacy services by NHS England, Clinical Commissioning Group and Council.</p>
<b>Statutory considerations and basis for proposal</b>	<p>The Health and Social Care Act 2012 established Health and Wellbeing Boards and transferred responsibility to develop and update Pharmaceutical Needs Assessments from Primary Care Trusts (PCTs) to HWBs.</p> <p>The requirements for a PNA are set out in the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.</p>
<b>Consultation</b>	<p>In order to test the findings set out in the draft Bath and North East Somerset Pharmaceutical Needs Assessment 2015-18, a 70 day consultation period was undertaken – starting on 8th December 2014 and ending on 15th February 2015.</p> <p>A range of methods were used to promote the consultation period including:</p> <ul style="list-style-type: none"> <li>• A letter to key stakeholders inviting feedback (including HWB members, Wellbeing Policy Development and Scrutiny Panel members, neighbouring authorities, CCG colleagues, dispensing doctors and those on the pharmaceutical list, Ward Councillors, Connecting Community Forum Chairs, key officers, providers and community groups)</li> <li>• An online questionnaire and promotion through Twitter</li> <li>• A number of local e-bulletins, newsletters and websites</li> <li>• Presented for discussion and feedback at a number of meetings (Independent Equality Advisory Group, Your Health Your Voice, Joint Commissioning Committee).</li> </ul> <p>In addition to the range of feedback collected through meetings and emails, 26 responses were submitted to the consultation questionnaire from a range of people (including members of the public, commissioners, GP's, pharmacy providers and community organisations).</p>
<b>Risk management</b>	<p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p>

## THE REPORT

### Background – purpose of the PNA

- 1.1 Responsibility for developing and updating Pharmaceutical Needs Assessments (PNA) was transferred to Health & Wellbeing Boards in 2012 as a result of the Health and Social Care Act - previously a responsibility of Primary Care Trusts. The B&NES Health and Wellbeing Board has a statutory obligation to produce a PNA for the area by 1<sup>st</sup> April 2015.
- 1.2 The PNA is a statement from the B&NES Health and Wellbeing Board which assesses local pharmaceutical related health need and describes the provision of pharmaceutical services across the area. It reflects the needs of the local population which are described in detail in the B&NES Joint Strategic Needs Assessment. It also considers whether the level of provision will be right for local communities over the next 3 years.
- 1.3 The PNA will be used by NHS England when making decisions on pharmacy applications, articulating what the pharmacy needs look like across B&NES so that there is a clear understanding of what service provision is required (for example - whether there is a need for a new pharmacy in a proposed location, or whether current provision is adequate). However, it is the role of NHS England through the application process and not the PNA, to assess what the best delivery mechanism for a pharmacy service would be.
- 1.4 The PNA will also contribute to the delivery of local strategic priorities set out in the Joint Health and Wellbeing Strategy and Clinical Commissioning Group plans, highlighting opportunities where pharmaceutical services can be better targeted to meet local need and enable greater health independence, self-care and self-management, as well as help to reduce health inequalities. Findings from the PNA will also be used to help inform future plans and strategies.
- 1.5 The PNA will also inform interested parties of the pharmaceutical needs in the area so that services can be planned, developed and delivered in the most suitable way for local people.

### Health and Wellbeing Board responsibilities

#### 1.6 Publishing the PNA by April 1<sup>st</sup> 2015

A draft Pharmaceutical Needs Assessment 2015-18 for Bath and North East Somerset is attached as Appendix One.

The document identifies a number of key findings which the Board is asked to consider and adopt:

- Key Finding 1: Necessary Services are defined as all Essential Services (as defined in 1.1.6 of the PNA)
- Key Finding 2: Current pharmaceutical provision in B&NES, including out-of-hours provision, appears to be sufficient to meet the needs of the population from the three Bath GP clusters of Bath West, Bath East and Bath Central, and the Norton Radstock GP cluster. Furthermore, there appears to be sufficient pharmaceutical provision during the day until at least 18:30 Monday to Saturday that serve the Chew/Keynsham GP cluster

- Key Finding 3: There is a gap in the provision of easily accessible local community pharmaceutical services that serve the Chew/Keynsham GP cluster in the evenings after 18:30 Monday to Saturday, and on Sundays
- Key Finding 4: Within existing pharmaceutical provision there is an identified gap in the number of community pharmacies that currently do not have wheelchair accessible 'closed' consultation rooms
- Key Finding 5: It is anticipated that current pharmaceutical service provision from existing pharmacies will be able to cope with the demand from new populations for the coming few years. This will be reviewed during 2017/18 (at the latest)
- Key Finding 6: There are various locally commissioned pharmaceutical services that could potentially be expanded or improved, these include: an expanded role in testing for a greater range of common STIs; improved signposting for people with substance misuse problems for BBV testing; pharmacies working with a greater range of partners; and individual pharmacies providing a greater range of commissioned services in order to provide a holistic package of care
- Key Finding 7: There are various other locally commissioned services that could potentially be commissioned, for example, an NHS Health Checks Service
- Key Finding 8: There are no known planned additional 'Other Services' (as defined in 1.2.5 of the PNA) that could significantly alter the need for pharmaceutical services in B&NES.

#### 1.7 Maintaining and keeping the PNA up to date

If the Health and Wellbeing Board identifies any significant changes to the availability of pharmaceutical services following publication of its PNA, it is required to make the necessary updates (either through revision to the PNA if deemed appropriate or through a supplementary statement). As a minimum, a new PNA must be published every 3 years.

In addition, the Health and Wellbeing Board is required to keep a map up to date of the provision of NHS pharmaceutical services within the area.

1.8 To meet this requirement, it is recommended that the PNA Steering Group holds an annual review meeting in order to consider whether anything has substantially changed since the publication of the PNA document and to update one another on key work being undertaken which may impact on our understanding of local pharmaceutical services and need.

1.9 In addition, it is proposed that representatives of the Health and Wellbeing Board meet with the Avon Local Pharmaceutical Committee (LPC) through an informal intelligence-sharing meeting in order to consider pharmacy related activity and issues in B&NES and discuss the role pharmacy could play in supporting key priorities identified in the Joint Health and Wellbeing Strategy.

#### 1.10 NHS England notifications about pharmacy applications

Upon receiving a pharmacy application (to amend or open a pharmacy premises), NHS England notifies interested parties of the application and Health and Wellbeing Boards are included as part of this. NHS England invites written representation to be made within 45 days of circulation of the application.

Two options are presented for responding to such notifications and the Health and Wellbeing Board is asked to comment on its preferred option.

*Option 1*

1.11 It is proposed that representatives from the following teams be given delegated authority for responding to consultations on pharmacy applications on behalf of the B&NES Health and Wellbeing Board:

- Public Health team, B&NES Council
- Research and Intelligence team, B&NES Council
- Strategy and Plan team, B&NES Council
- Ward councillor(s) impacted by application
- BaNES NHS CCG
- Healthwatch B&NES

Upon receipt of an application, it will be circulated to the above contact list for feedback and a single response to NHS England will be co-ordinated by Strategy and Performance.

As part of this process, all those included will be asked to highlight any potential conflicts of interest which may arise in response to an application.

If a clear response cannot be easily identified and agreed electronically, the above group will be invited to meet to discuss and co-ordinate a response.

*Option 2*

1.12 It is proposed that a board member, such as the Director of Public Health, be given delegated authority for coordinating application responses back to NHS England, on behalf of the B&NES Health and Wellbeing Board.

As part of this process, Public Health will be responsible for circulating applications electronically within 7 days of receipt to representatives from the below teams for their input and feedback before preparing any response:

- Public Health team
- Research and Intelligence team
- Strategy and Plan team
- Ward councillor(s) impacted by application
- BaNES NHS CCG
- Healthwatch B&NES

As part of this process, all those consulted will be required to highlight any potential conflicts of interest which may arise in response to an application.

If a clear response cannot be easily identified and agreed electronically, the above group will be invited to meet to discuss and co-ordinate a response.

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