

Bath & North East Somerset Council

MEETING:	Health and Wellbeing Board
MEETING DATE:	4 December 2023
TITLE:	Supplementary Statement to the B&NES Pharmaceutical Needs Assessment
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
<ul style="list-style-type: none">• Supplementary Statement to the B&NES Pharmaceutical Needs Assessment	

1 THE ISSUE

The purpose of this paper is to inform the Health and Wellbeing Board about a change in local community pharmacy provision, which requires a 'supplementary statement' to the B&NES Pharmaceutical Needs Assessment, published on the Council's website.

2 RECOMMENDATION

The Health and Wellbeing Board is asked to note the supplementary statement and the changes outlined in it.

The Board are invited to receive a report from the BSW Pharmacy Task and Finish Group in January/February of 2024 relating to the wider context and pressures on community pharmacy.

3 THE REPORT

3.1 The B&NES Pharmaceutical Needs Assessment (PNA)¹ sets out an assessment of need for pharmaceutical services in Bath and North East Somerset (B&NES) for the three-year period October 2022 to September 2025

¹ <https://beta.bathnes.gov.uk/strategic-evidence/document-library/pharmaceutical-needs-assessment-2022>

- 3.2 The PNA is primarily used by B&NES, Swindon and Wiltshire Primary Care Board (BSW ICB) to decide whether any applications received by pharmacy contractors to develop new services will meet an identified need or not. It may also be used by the local authority and ICB to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need. Producing the assessment is the responsibility of the B&NES Health & Wellbeing Board.
- 3.3 Along with the duty to produce the PNA, the Board needs to determine whether it needs to issue a supplementary statement, based on national guidance. This responsibility is fulfilled by the Council's Public Health and Business Intelligence teams.
- 3.4 If proposed changes are very minor, such as a slight change of hours then these are published alongside the PNA as and when they occur, and recent ones can be found on the Council's website².
- 3.5 Earlier this year, an application was received by NHSE with a proposal to consolidate two existing community pharmacies in to one. This involved the closure of a pharmacy site at Combe Down Surgery in Bath and the consolidation with the existing Combe Down Pharmacy site.
- 3.6 Primary Care Support England emailed the Health and Wellbeing Board (hwb@bathnes.gov.uk) and the report author to inform us of the change and invite the Board to make representations about whether the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application to meet a current or future need for pharmaceutical services, or to secure improvements, or better access, to pharmaceutical services.
- 3.7 The correspondence included a supporting document from the applicants that set out a case for the change, highlighting:
- The context of increasing pressures felt by pharmacy contractors which has been accompanied by closure of hundreds of pharmacies across the country.
 - The proposal to consolidate with the alternative pharmacy in the area 0.6 miles away, which is a 15-minute level walk on pavements with drop curbs at crossing points.
 - The area around the alternative site being more densely populated, within a parade of shops, with parking spaces outside and closer to a more deprived neighbourhood.
 - A slight loss of access in the morning Monday to Friday, as opening time is moved from 08:30 to 09:00.
 - A slight loss between 13:00 and 13:30 in the afternoon Monday to Friday, as the remaining site is closed for 30 minutes over lunchtime.
 - The pharmacy closing at 17:30 rather than 18:30 Monday to Friday.

² <https://beta.bathnes.gov.uk/strategic-evidence/document-library/pharmaceutical-needs-assessment-2022>
Printed on recycled paper

- No change to weekend opening times, which are 09:00 to 13:00 Saturday and closed Sunday.
 - 12 pharmacies being within a two-mile radius of the pharmacy that was proposed to close, 3 of which trade for 7 days per week.
 - The proposal that there would be no material gap in provision created by the consolidation.
- 3.8 Taking this information in to account, as well as noting from the 2022 B&NES PNA that the alternative existing site offers a greater range of pharmaceutical services than the now closed site, it is very likely that we would have advised the Board that this consolidation does not create a gap in the provision of (local) pharmaceutical services.
- 3.9 Unfortunately, the opportunity for the Board to comment did not happen, due to an oversight by the report author. In late 2022, with a change in portfolios in the public health team the author had transferred responsibility for public health intelligence to a different public health colleague. In line with that change, they had notified the relevant Democratic Services colleague of this change, advising that correspondence relating to the PNA should be forwarded to the relevant lead officers.
- 3.10 In 2023, when Primary Care Support England emailed the Health and Wellbeing Board (hwb@bathnes.gov.uk) and the report author about this proposal, the report author did not respond due to the new arrangement in 3.9 above. However, unknown to them, the hwb@bathnes.gov.uk address was no longer a valid email and so would have bounced back to Primary Care Support England. No Democratic Services Officer was included in the email so had no sight of it and so would not have been able to follow up. Consequently, no one picked up this notification. To our knowledge, we did not receive any further correspondence about it until notification from Primary Care Support England that the consolidation had now happened.
- 3.11 As stated in 3.8 above, it's unlikely we would have advised proposing a different outcome to the Board, but nonetheless the Board did not get the opportunity to look at this application during the 30-day representation period and go out to gather feedback from interested parties, such as Public Health, Business Intelligence, HWB members, elected ward members, etc.
- 3.12 Since that time we have taken steps to minimise the risk of this happening again by updating Primary Care Support England to notify the following e-mail addresses, each of which has a clear process to follow when pharmacy correspondence arrives:
- The Council's Public Health Email Inbox
 - The Council's Research Email Inbox
 - The report author.
- 3.13 Separate to this specific issue, a wider piece of work is occurring across the B&NES, Swindon and Wiltshire area, led by the Integrated Care Board (ICB), to look at local community pharmacy provision.

- 3.14 ICB colleagues will be presenting a report to the B&NES Children, Adults, Health and Wellbeing Policy Development and Scrutiny Panel on 11th December 2023. This will include figures showing that the BSW area has a lower number of pharmacists per 10,000 GP patients than the England average and will outline plans to understand this further. We will be keen to understand whether we have the same position in B7NES and what the ICB can do to support community pharmacy to remain resilient and to consider opportunities to play a stronger role in preventative work on health and wellbeing as well.
- 3.15 A BSW Pharmacy Task and Finish Group is working on these issues and will be reporting to Health and Wellbeing Boards in Swindon and Wiltshire in January/February of 2024. The B&NES Health and Wellbeing Board is invited to receive a report at this time as well.
- 3.16 Healthwatch are members of the Pharmacy Task and Finish Group and are looking to do some public engagement work on community pharmacy during 2024. The learning from that should inform the refresh of the Pharmaceutical Needs Assessment in 2025.

4 STATUTORY CONSIDERATIONS

- 4.1 The legislation containing the HWB's specific duties in relation to PNAs can be found in the Health and Social Care Act 2012, which transferred responsibility for the developing and updating of PNAs to HWBs from the then Primary Care Trusts (PCTs).
- 4.2 The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and can be found on the government legislation website – www.legislation.gov.uk however in summary the HWB must:
- produce its first PNA which complies with the regulatory requirements;
 - publish its first PNA by 1 April 2015;
 - publish subsequent PNAs on a three yearly basis;
 - publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and B&NES PNA 2022 -2025
 - produce supplementary statements in certain circumstances.
- 4.3 The PNA was originally due to be renewed in April 2021. However, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed PNA was suspended until October 2022, the date at which the current B&NES PNA was published.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 There are no direct resource implications of this work.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

7 EQUALITIES

7.1 Consideration of pharmacy provision in relation to accessibility, and to location in or near areas of deprivation, is included in the PNA process.

8 CLIMATE CHANGE

8.1 There are no direct implications for climate change within this update.

9 OTHER OPTIONS CONSIDERED

9.1 None.

10 CONSULTATION

10.1 This report has been considered and cleared for sign off by the S151 Officer and Monitoring Officer.

Contact person	Paul Scott, Associate Director of Public Health, Public Health & Prevention, B&NES Council, 01225 394060
Background papers	