

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	PHARMACEUTICAL NEEDS ASSESSMENT (PNA)		
DATE OF DECISION:	1 ST OCTOBER 2014		
REPORT OF:	DIRECTOR OF PUBLIC HEALTH		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY			
N/A			

BRIEF SUMMARY

At its previous meeting on 30th July the Health and Wellbeing Board approved a process for meeting the obligation to produce a Pharmaceutical Needs Assessment (PNA) by 1st April 2015. Since that meeting preliminary work has been undertaken, and progress to date on a pre-consultation draft of the PNA is now presented to the Health and Wellbeing Board for approval, prior to the commencement of a 60 day consultation period.

RECOMMENDATIONS:

- (i) That the draft pre-consultation Pharmaceutical Needs Assessment be approved.
- (ii) That following consultation with the Chair and Vice-Chair of the Health and Wellbeing Board, authority be delegated to the Director of Public Health to finalise the consultation draft of the Pharmaceutical Needs Assessment, incorporating comments made by the Health and Wellbeing Board and any other drafting changes or additional information as required.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable a statutory 60 day consultation to be undertaken with the key stakeholders stipulated in the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None. A full programme of engagement and consultation is required to secure and deliver a robust PNA that secures the pharmaceutical needs of the citizens of Southampton.

DETAIL (Including consultation carried out)

3. At its meeting on 30th July the Health and Wellbeing Board approved a process to ensure that a Pharmaceutical Needs Assessment would be in place by 1st April 2015, as required by the National Health Service

(Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. As the previous report stated, the PNA is a tool for control of market entry and should only include those pharmaceutical services commissioned by NHS England. As the purpose of a PNA is to support market entry decisions, the document will not deal directly with the provision of public health activity within pharmacies but will link to relevant strategies and needs assessments.

4. Having agreed the process, the next stage for the Health and Wellbeing Board is to approve a draft PNA which will be the vehicle for undertaking an extensive 60 day engagement and consultation process. The draft PNA has been developed by the consultants, Primary Care Commissioning, who secured the contract to undertake the work to produce the PNA. The draft PNA has been reviewed by the PNA steering group (approved by the Board at its previous meeting) and actions agreed for its completion. The steering group includes representatives from Public Health, the CCG, NHS England and the Local Pharmaceutical Committee (LPC). Following a recommendation from the Health & Wellbeing Board on 30th July, a second community pharmacist was invited to join the steering group. As a result, Paul Bennett (new Chief Officer of the LPC) attended the steering group on 10th September.
5. The draft document attached at appendix 1 has been produced by PCC who will be at attendance at the meeting and will summarise the process and contents to the board. The draft report consists of the following sections:
 1. Introduction; including purpose of the PNA, regulations, description of pharmaceutical services and the PNA process including public and contractor engagement.
 2. Description of the Southampton locality including population demographics.
 3. General health needs (driven by the Southampton JSNA)
 4. Identified patient groups and health needs
 5. Provision and access to pharmaceutical services
 6. Other NHS Services
 7. Health needs that can be met by pharmaceutical services
 8. Necessary services: gaps in provision
 9. Improvements and better access: gaps in provision
 10. Conclusions
6. Some elements of the draft PNA are still under development and these are detailed below:
 - Engagement with patients and contractors is an important part of the PNA process and is currently underway. Complete results are not yet presented in the draft PNA as the steering group felt it important to give the maximum amount of time for patients and contractors to respond. To date, over 300 responses to the patient questionnaire have been received from the public, which is considered to be very

good compared to other areas supported by PCC. The questionnaire will remain open for a period of four weeks into the formal consultation period, although interim results will be analysed for inclusion in the final draft (section 1.6.3 and 5.1). The contractor questionnaire is also in progress with a third of pharmacies responding to date. Results will be analysed as part of the formal consultation and incorporated in the post consultation draft PNA (section 1.6.4).

- The maps referenced in the draft PNA have been provided in appendix 2. The final draft for consultation will incorporate these. The maps currently include Lloyds pharmacy in Townhill (labelled 30 on map 1). Although this was included in the previous PNA, it has since been highlighted as being part of Hampshire HWB so will be removed. Updated maps are being produced and will be included in the final draft for consultation. This is not expected to change the final conclusion of the PNA.
- Completed appendices and final formatting will be added once the final draft has been completed.

Recommendation (ii) will allow this information to be inserted into the PNA as it becomes available.

7. The 60 day engagement and consultation period will begin as soon as the draft PNA document has been finalised. The consultation is expected to run from mid-October to mid-December. Following completion of this, the PNA will be re-written by Primary Care Commissioning and reviewed by the Steering Group, prior to a post-consultation draft being presented to the Health and Wellbeing Board at its meeting on 29th January 2015. The final PNA document will then be adopted by the Board at its meeting on 25th March 2015, in time for publication on 31st March 2015.

RESOURCE IMPLICATIONS

Capital/Revenue

8. The costs for procuring the services of a private provider to conduct the PNA are being met from the 2014/15 Public Health budget. There are also resource implications in terms of staff time to manage the contract and collate some data. The stakeholder consultation has resource implications for the Public Health team, other SCC departments and for partner organisations.

Property/Other

9. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

10. The requirements for a PNA are set out in the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Other Legal Implications:

11. None

POLICY FRAMEWORK IMPLICATIONS

12. None

KEY DECISION? N/A

WARDS/COMMUNITIES AFFECTED:

The PNA covers the whole city but areas of disadvantage and their access to pharmaceutical services will be a major consideration.

SUPPORTING DOCUMENTATION

Appendices

1.	Pre-consultation draft Pharmaceutical Needs Assessment
2.	Maps and map index

Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None.	
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