



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Formal details of the paper

- 1.1. Title of the paper
Pharmaceutical Needs Assessment – Final report and the process for future PNAs and supplementary statements
- 1.2 Who can see this paper?
All
- 1.3 Date of Health & Wellbeing Board meeting
24th March 2015
- 1.4 Author of the Paper and contact details
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2. Summary

- 2.1 This paper presents a final Pharmaceutical Needs Assessment (PNA) 2015 report and the process for future PNAs and supplementary statements for approval by the Health and Wellbeing Board (HWB).

HWBs are required to produce **the first PNA by 1 April 2015**. HWBs are required to publish a revised assessment within **three years** of publication of their first assessment. The Pharmaceutical Needs Assessment (PNA) is a comprehensive statement of the need for pharmaceutical services of the population in its area. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”) set out the legislative basis and requirements of the Health and Wellbeing Board for developing and

updating the PNA and responsibility of NHS England in relation to “market entry”.

A draft of the whole PNA report and the conclusions and recommendations section was presented to the Health and Wellbeing Board for discussion 14th October 2014. Recommendations from the October HWB meeting and feedback from the formal consultation period have been incorporated within the final report. The PNA Steering Group has also approved the final version of the PNA presented with this paper.

The process for future PNAs and supplementary has been discussed and agreed by the PNA Steering Group and is similar to processes other HWBs follow.

3. Decisions, recommendations and any options

3.1 Recommendations

3.1.1 The Health and Wellbeing Board (HWB) are asked to approve this final Pharmaceutical Needs Assessment (PNA) 2015 report

3.1.2 The HWB are asked to approve the process for supplementary statements and to delegate authority to the DPH working with the PNA Steering Group to identify and implement any future amendments to the PNA and to bring back a full revised PNA to the HWB in 2018.

4. Relevant information

4.1 Context / background information

4.1 The Pharmaceutical Needs Assessment (PNA) is a comprehensive statement of the need for pharmaceutical services of the population in its area. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”) set out the legislative basis and requirements of the Health and Wellbeing Board for developing and updating the PNA and responsibility of NHS England in relation to “market entry”.

4.1.2 The provision of NHS Pharmaceutical Services is a controlled market. If someone (a pharmacist, a dispenser of appliances, or in some circumstances and normally in rural areas, a GP) wants to provide NHS pharmaceutical services, they are required to apply to NHS England to be included on a pharmaceutical list. Since April 2013 pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.



- 4.1.3 Under the Regulations, applications for inclusion on a pharmaceutical list must prove that they are able to meet a pharmaceutical need as set out in the relevant PNA. There are two exceptions, one for services provided by distance selling (e.g. internet pharmacies), and the second is an application for needs not foreseen in the PNA.
- 4.1.4 NHS England will use the PNA when making decisions on applications. Such decisions are appealable and decisions made on appeal can be challenged through the courts.
- 4.1.5 NHS England must maintain up to date lists of persons within an area offering a pharmaceutical service. NHS England must consult, giving 45 days for a response, the relevant Health and Wellbeing Board when an application for a new pharmacy or change to an existing pharmacy is received within 2km of the area served by a Health and Wellbeing Board.
- 4.1.6 The requirements of the Health and Wellbeing Board are as follows:
- 4.1.6.1 HWBs are required to produce **the first PNA by 1 April 2015**. The Regulations set out the minimum information which must be included in the PNA, matters that must be considered when making the assessment and the process to be followed (including a statutory 60day consultation period). In the interim period the Regulations make provision for use of the PNA published by the HWBs former PCT(s) to inform market entry decisions.
- 4.1.6.2 HWBs are required to publish a revised assessment within **three years** of publication of their first assessment.
- 4.1.6.3 HWBs are required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes whereby a supplementary statement could be published. In addition the Health and Wellbeing Board is required to maintain an up to date map of provision of NHS Pharmaceutical Services.
- 4.1.7 The current position regarding the PNA is described below:
- 4.1.7.1 A PNA for Brighton and Hove was published by NHS Brighton and Hove in February 2011. A copy of the PNA can be found on the Brighton and Hove Connected website at <http://www.bhconnected.org.uk/content/needs-assessments>



- 4.7.1.2 In March 2013 the PCT Pharmaceutical Committee reviewed the 2011 PNA and published a Supplementary Statement which states that a revised PNA was not required at that point (and would be a disproportionate response). A copy of the Supplementary Statement is available at: <http://www.bhconnected.org.uk/content/needsassessments>
- 4.7.1.3 A further supplementary statement, accurate as at 1st July 2014 was published October 2014 following approval by the Health and Wellbeing Board.
- 4.1.8 The HWB has instructed the Director of Public Health to produce a report PNA for approval by the HWB by 1st April 2015. The Director of Public Health established a PNA steering group in March 2014 to oversee this process. The steering group is chaired by a Consultant in Public Health. Membership of the group includes representatives of BHCC Public Health Directorate, East Sussex Local Pharmaceutical Committee, Local Medical Committee, NHS England, Brighton and Hove Clinical Commissioning Group and Healthwatch.
- 4.1.9 **A final version of the PNA report is presented here to the HWB for approval as requested by the HWB 14th October 2014.**
- 4.1.9.1 Recommendations made at the HWB meeting 14th October 2014 were incorporated within the draft PNA report prior to the consultation period and the final version was approved by the PNA Steering Group before it was published for consultation.
- 4.1.9.2 The statutory consultation period for the PNA report took place 1st November 2014 – 9th January 2015. There were nine responses to the consultation. Analysis of the responses was carried out and discussed with the PNA steering group. Significant themes were identified from the responses and the report was amended and updated in line with recommendations made. Respondents were from: members of the public (1), health and social care professionals (4), business /sole trader (2) and two were made on behalf of an organisation.
- 4.1.9.3 All responses considered the information contained in the PNA to be clearly explained and accurate and 85% of respondents agreed that the report reflected the current pharmaceutical service provision within the city.
- 4.1.9.4 Significant themes drawn from the comments focused on signposting, care and support for older people and carers. To address this feedback additional information has been added to the report on a pilot with pharmacies to support carers, the Care Act duty on local authorities to provide information and advice on care and support in the city and additional recommendations have been added regarding signposting and sharing of information. One detailed comment gave feedback on

substance misuse service and this information has been passed to the relevant commissioner of the service.

4.1.9.5 The responses from the two neighbouring Health and Wellbeing Boards did not raise issues that resulted in a change to this report. Both were satisfied that the report had considered pharmaceutical services within their areas that have an impact on the population of Brighton and Hove and agreed that the information in the report was accurate.

4.1.9.6 Other changes to the PNA report following the consultation period include an update on: a pilot with pharmacies to support carers, the CCG's work with community pharmacy and the potential changes relating to the essential small pharmacy contract for the pharmacy at the University of Sussex.

4.1.10 The process for revising future PNAs and supplementary statements is presented here to the HWB for approval.

4.1.10.1 The HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to:

- a) the number of people in its area who require pharmaceutical services;
- b) the demography of its area; and
- c) the risk to the health and wellbeing of people in its area, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

4.1.10.2 Pending the publication of a revised PNA, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its PNA. A supplementary statement should be issued where:

- a) the changes are relevant to the granting of applications and the HWB is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or,
- b) in the course of making its first or a revised assessment, the HWB is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

Any such supplementary statement becomes part of a PNA. Supplementary statements are statements of fact; they are not an assessment of need. Supplementary statements are a way of updating



what the PNA says about which services are provided and where. Once issued, a supplementary statement becomes part of the PNA (Regulation 3D (3)).

4.1.10.3 The proposed process of future PNAs and supplementary statements is presented within a flowchart in the supporting documents to this paper. As part of this process the HWB is asked to delegate responsibility to the Director of Public Health and the PNA Steering group, chaired by a consultant of public health and lead by the Public Health Directorate Pharmacy Advisor to review the provision of pharmaceutical services and to identify changes following the publication of the PNA and relevance to the granting of control of entry. Should a supplementary statement be required, the Director of Public Health would have delegated authority to publish this statement. If the DPH is satisfied that a revised PNA is required, the PNA is revised and submitted to the HWB for approval.

5. Important considerations and implications

5.1 Legal

The statutory requirement and prescribed process for the HWB to publish a PNA is set out in the body of the overall PNA report. The proposals in the report are consistent with ensuring that the HWB is in a position to discharge its duties.

Lawyer Consulted: Elizabeth Culbert Date: 16/01/14

5.2 Finance

The cost of producing the PNA including public involvement and consultation will be met by the ring-fenced Public Health Grant. There was £20k allocated for the PNA in the 2014/15 Public Health Business Plan for 2014/15.

Finance Officer Consulted: Anne Silley Date: 14/01/14

5.3 Equalities

We have incorporated Equality Act 2010 requirements throughout the PNA document. During the PNA process we have taken into consideration protected characteristics and vulnerable groups at each stage of the process and details relating to how services affect different groups are detailed in the main PNA report.

Equalities Officer Consulted: Sarah Tighe-Ford Date: 25/03/14

5.4 Sustainability

There are details in the PNA report regarding schemes aimed to improve sustainability of pharmacy services, such as the green bag campaign, inhaler recycling and reducing medicines waste.

CCG sustainability clinical lead consulted: Dr Rachel Cottam: 29/09/14

5.5 Health, social care, children's services and public health

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services. This will enable the provision of appropriate health, care and public health services as part of the delivery of local health and social care strategies, including the Health and Wellbeing Strategy, transforming primary care and the Better Care work.

7. Supporting documents and information

- 1) PNA Report 2015

Appendix 1: PNA Executive summary

This report sets out the draft Pharmaceutical Needs Assessment (PNA) for Brighton and Hove. The PNA is a comprehensive statement of the need for pharmaceutical services of the population in its area. The PNA aims to identify the pharmaceutical needs of the local population by mapping current pharmaceutical services, identifying gaps and exploring possible future needs. It aims to support efforts to reduce health inequalities and improve health and wellbeing of local people. The PNA will be used by NHS England to decide upon applications to open new pharmacies and it will inform all commissioners regarding the commissioning of pharmaceutical services.

Every Health and Wellbeing Board has the responsibility to carry out and publish a PNA by 1st April 2015. The development of this PNA included the analysis of health needs, local information, intelligence, plans and strategies; surveys with the public, pharmacies and GPs; interviews with key stakeholders and a focus group with pharmacists. A formal public consultation lasting 70 days took place between November 2014 and January 2015.

Local population

There are a number of demographic factors that affect the need for pharmacy services within the city. It is estimated that there are 272,952 people living in Brighton and Hove and this number is expected to increase by 4.5% by 2018. The city has a relatively younger adult population than the rest of England with higher proportions of people aged 16-64 years and lower proportions of children and older people aged 65-74. The proportion of the population aged 85 years or over is similar to the rest of the country.



Pharmacy services

Our population has better access than most to pharmacy services with more pharmacies per head of population than neighbouring areas. There are currently 60 community pharmacies within the city. This translates to 22 pharmacies per 100,000 residents which compares favourably with Kent, Surrey and Sussex overall where there are 19 pharmacies per 100,000. The PNA concludes that the current number of pharmacies is sufficient to meet future pharmaceutical needs of residents.

There is good coverage across the city of advanced and public health commissioned locally commissioned services such as smoking cessation in pharmacies. The PNA has not identified any significant gaps in the current pharmaceutical provision.

Residents on the whole are satisfied or very satisfied with pharmacy services however opportunities remain to maximise the role of pharmacies to support reducing health inequalities and improving health and wellbeing.

Respondents to the public survey were largely (83%) satisfied that existing pharmacy opening hours met their needs. However some respondents to the survey found it difficult to access a pharmacy between 9.00am and 5.00pm on a weekday. This report recommends that information about pharmacies opening after 6pm and during the weekends should be made more readily available to residents in different ways to ensure local people are aware of where and when services are available.

The survey with residents and GPs showed that there is a lack of knowledge and understanding about the services delivered by community pharmacies. This report recommends that information on all pharmacy services should be made more readily available locally to different audiences, including GPs and residents.

In conclusion

There are significant opportunities for maximising the role of pharmacies within primary care and public health as part of and in addition to the Better Care and enhancing primary care work in the city. The findings and recommendations within this report should support commissioners to design services to address local health and wellbeing needs and reduce health inequalities.

Appendix 2: Update on DRAFT PNA report recommendations and actions

Below provides a list of the recommendations presented to the Health and Wellbeing Board October 2014 and subsequent action. It has been agreed that these recommendations will also go to the CCG Primary Care Transformation Board for discussion and action. Healthwatch, BHCC Public Health Directorate, Local Pharmaceutical Committee and Local Medical Committee as well as the CCG are all members of the board.

- a) To improve the public's knowledge and understanding of the services delivered by community pharmacies. This could be achieved through a national campaign lead by NHS England to improve understanding of pharmacy services across the country. Brighton and Hove City Council and CCG should ensure information is available locally in a number of different ways to different audiences to ensure residents are aware of and have easy access to up to date information about what, when and where services are provided by pharmacies. Pharmacies should also actively promote the services they provide.

NHS England and CCGs have been working with pharmacies to promote the new Electronic Prescription Service. There are online materials for both pharmacies and the public health. NHS Choices continues to provide information on pharmacy services.

The public health pharmacy advisor has been meeting with local pharmacies to discuss how to promote their services with a particular focus on the 12 Healthy Living Pharmacies in the city.

- b) For there to be no significant reduction to existing opening hours for pharmacies across the city. Where there are pharmacies open in the evenings, late at night and throughout the weekend, more information should be made available to patients / residents using different avenues (web and non-web based). When a pharmacy is closed a clear notice should be put on the door to state where the closest pharmacy is open.

There has been no significant reduction to existing opening hours for pharmacies. Work is on-going regarding pharmacies placing notices on their doors when closed.

- c) To develop and deliver new initiatives including a local campaign regarding safe disposal of medications tailored to target groups as identified by the survey findings.

Lead by the public health pharmacy advisor this will be considered as part of the public health campaigns to be delivered by pharmacies.

- d) For NHS England to note that patients would like to know more about the home delivery of medications service that some pharmacies provide.

NHS England has noted this and will consider how share more information about the service, as it is a private service provided by pharmacies.

- e) Pharmacies to train staff to communicate well with younger age groups as well as older residents.

To be discussed with the CCG Primary Care Transformation Board.

- f) NHS England, Brighton and Hove City Council and CCG and pharmacies to work together to communicate clearly with patients regarding pharmacy services that are already available such as minor conditions advice.

Updated information is available on NHS choices. The public health pharmacy advisor is working with pharmacies to promote existing services in the city.

- g) NHS and public health commissioners to consider commissioning new services within pharmacies in response to a given need and to learn from good practice from elsewhere e.g. NHS Health Checks and advice regarding managing long term conditions

To be discussed at the CCG Primary Care Transformation Board.

- h) Brighton and Hove CCG to share information regarding Sussex Interpreting Service and for this to be shared widely with both pharmacies and residents to ensure arrangements are made for patients to communicate with pharmacies in their chosen language.

There are plans for the Public health pharmacy advisor to work with the CCG on this.

- i) To improve the GPs' and non-medical prescribers' knowledge and understanding of the services delivered by community pharmacies. Brighton and Hove City Council and CCG should also develop training and a local information campaign to ensure GPs and non-medical prescribers are aware of, understand and have easy access to up to



date information about what, when and where services are provided by pharmacies.

To be discussed at the CCG Primary Care Transformation Board.

- j) To review and evaluate the impact of the roles pharmacies played within the Expanding primary integrated care (EpiC) project alongside the findings from this PNA to inform future commissioning of services.

The EpiC project evaluation will be published summer 2015. These recommendations will be discussed at the CCG Primary Care Transformation Board.

- k) All pharmacies should have an understanding of the 2010 Equality Act requirements for their premises.

Information on the Equality Act has been included in the NHS England and Local Pharmaceutical Committee (LPC) newsletter in response to this recommendation.

- l) BHCC Public Health Directorate to further develop the Healthy Living Pharmacy scheme working with pharmacies to focus on efforts on reducing inequalities and addressing needs of vulnerable groups. This will include pharmacies actively promoting public health campaigns and information on access to local authority, voluntary sector and other primary care services including GPs and dentists and appropriate use of NHS services.

A plan for developing Healthy Living Pharmacies is in place and all 12 Healthy Living Pharmacies in the city will be actively promoting public health campaigns.

- m) For pharmacies to have more of a lead role regarding repeat dispensing. Pharmacists would inform GPs which patients could go onto repeat dispensing and receive prescriptions and medications directly from the pharmacy without having to go to the GP practice.

To be discussed at the CCG Primary Care Transformation Board.

- n) NHS England, Brighton and Hove CCG and City Council, pharmacies and patients to work together to reduce waste of medicines.

To be discussed at the CCG Primary Care Transformation Board.



- o) To share practice and pharmacy email addresses between practices and pharmacies. Pharmacists should use an nhs.net¹ email account for communication.

There are currently challenges for some pharmacies to be able to use nhs.net email accounts. Pharmacies are working with NHS England to resolve this by July 2015.

- p) To improve more integrated ways of working linked with the Better Care and enhancing primary care work, joint meetings between GPs and pharmacists within local areas should take place. Exchanges and joint meetings should also happen between practice and pharmacy staff to help share understanding of different roles and issues pharmacies and practices both face.

To be discussed at the CCG Primary Care Transformation Board.

New Recommendations

The below recommendations have been added as a result of feedback from the formal consultation or a change in circumstances following October 2014.

- q) Should the status of the current pharmacy at the University of Sussex change, BHCC, CCG and NHS England with the local professional representative/s to work together to look at primary care provision at the University of Sussex, both the GP practice and the pharmacy, to ensure sufficient primary care provision is available.
- r) Pharmacies use the new online portal being developed by the Council as part its Care Act (2014) duties to provide up to date information to patients and carers in the city. Pharmacies to also use the council website for signposting information, for a wide range of services, such as addressing social isolation and weight management. The links for these key websites to be provided by Brighton and Hove City Council (BHCC) Public Health Directorate. BHCC Public Health Directorate to share web links for information on signposting, emailed to pharmacies with all GP practices.

¹ September 2014 NHS England invited all pharmacies, that didn't already have an nhs.net email account to make a request for one in order to facilitate sharing of information between professionals securely.

Appendix 3: The process for future PNAs and Supplementary Statements 2015

A Health and Wellbeing Board (HWB) must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—

- (a) the number of people in its area who require pharmaceutical services; .
- (b) the demography of its area; and
- (c) the risks to the health or well-being of people in its area, unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

Pending the publication of a revised PNA, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its PNA. A supplementary statement should be issued where:

- a)** The changes are relevant to the granting of applications and the HWB is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or,
- b)** In the course of making its first or a revised assessment, the HWB is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

Any such supplementary statement becomes part of that PNA. Supplementary statements are statements of fact; they are not an assessment of need. Supplementary statements are a way of updating what the PNA says about which services are provided and where. Once issued, a supplementary statement becomes part of the PNA (Regulation 3D (3)).

Each HWB must, in so far as is practicable, keep up to date the map which it includes in its pharmaceutical needs assessment (without needing to republish the whole of the assessment or publish a supplementary statement). After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

In Brighton and Hove the HWB delegates authority to the Director of Public Health (DPH) working with the PNA Steering Group to: identify and implement any future amendments to the PNA, publish an up to date map and supplementary statements and to bring back a full revised PNA to the HWB in 2018.

Key
 Blue – process
 Green - yes
 Red - no

Notification Received from NHS England regarding a change

Notification Decision - enter details onto the PNA Notification Spreadsheet (Supplementary Statement Folder, Notification Folder)

PNA Steering Group – (chaired by Public Health Consultant and lead by Public Health Pharmacy Advisor)
 PNA lead to review the provision of pharmaceutical services to identify changes since the publication of the PNA. Is it relevant to the granting of control of entry

Major changes, which are relevant to the granting of control of entry application:

- a) Opening or closing of pharmacy and dispensing appliance contractors premises
- b) Commencement or cessation (either in total or to a particular locality) of the provision of pharmaceutical services by doctors
- c) Relocations of premises
- d) Changes in opening hours
- e) Changes in the services that are provided by pharmacies.

Minor changes, which are not relevant to the granting of control of entry applications:

- Minor relocations
- Change of ownership
- Change in trading names

Is the Director of Public Health (DPH) currently revising its PNA?

Is revising the PNA a proportionate response?

Start the process of developing a revised PNA. This includes full consultation

Does the DPH need to issue a supplementary statement explaining the changes to the availability of pharmaceutical services?

Incorporate change into PNA when next revised. No Supplementary Statement needed

a) DPH issues a supplementary statement explaining the changes to the availability of pharmaceutical services

Incorporate change into PNA when next revised

Is the DPH satisfied that it needs to immediately modify the PNA in order to prevent detriment to the provision of pharmaceutical services in its area?

Continue to revising the PNA

b) DPH issues a supplementary statement explaining the changes to the availability of pharmaceutical services

