

Pharmaceutical Needs Assessment 2018

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Executive Summary

The three Health and Wellbeing Boards (HWBs) across pan-Lancashire have a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area. This is referred to as a pharmaceutical needs assessment (PNA) and needs to be published before 1 April 2018.

This paper outlines the PNA process in pan-Lancashire, summarises the findings and recommendations, provides links to the draft PNA 2018 documents and seeks the approval of the HWB to publish the PNA 2018.

Recommendations

The Health and Wellbeing Board is recommended to:

- i) Receive the Pharmaceutical Needs Assessment 2018.
- ii) Note the finding that there is currently no need for any further additional pharmacies as current pharmaceutical service provision is deemed adequate across pan-Lancashire.
- iii) Note the recommendations from the PNA 2018.
- iv) Approve the PNA for publication by 31 March 2018.

Background

For 2018, the PNA in Lancashire has been developed as a single set of documents covering the area of the three HWBs, managed by a steering group of Blackburn with Darwen, Blackpool and Lancashire council officers, and staff from NHS England, clinical commissioning groups and Community Pharmacy Lancashire.

The PNA describes the needs of the citizens of the pan-Lancashire area for pharmacy services. The PNA includes information on:

- pharmacies across pan-Lancashire and the services they currently provide
- maps of providers of pharmaceutical services across the pan-Lancashire area
- pharmaceutical contractors in neighbouring HWB areas
- potential gaps in provision and likely future needs for the population of pan-Lancashire
- opportunities for existing pharmacies to provide local public health services and join the healthy living pharmacy scheme

The PNA is used to support NHS England–North (Lancashire and South Cumbria) in making decisions to approve/reject applications to join the pharmaceutical list (also known as market entry), as well as applications to change existing pharmaceutical services. When making the decision NHS England is required to refer to the local PNA. As these decisions may be appealed or challenged via the courts, it is important that PNAs, both in their content and in the process of their construction, comply with regulations and that mechanisms are established to keep the PNA up-to-date. In accordance with these regulations, PNAs are updated every three years.

The draft [full PNA 2018 report](#) and appendices are published for reference.

Findings

- There are 26 pharmaceutical service providers per 100,000 registered population in pan-Lancashire, with the England average being 21.
- There is currently no need for any further additional pharmacies as current pharmaceutical service provision is deemed adequate across pan-Lancashire.
- Across the pan-Lancashire area there is a good coverage of pharmacies and over 98% of the population has access to a pharmacy within a 20 minute drive.
- The majority of citizens are aware of the different services available at the pharmacy, although most people are only able to mention a few of them.

Further findings can be found in the draft [PNA executive summary](#).

Recommendations

- 1) The pan-Lancashire area is well provided for by pharmaceutical services and there is no need for additional pharmaceutical contracts. However, additional services negotiated with Community Pharmacy Lancashire (CPL) from existing pharmacies would benefit the population.
- 2) The range of services pharmacies provide may not be fully known to citizens. There is an opportunity for all pharmacies and social and healthcare agencies to publicise and promote pharmacy services.
- 3) The extended opening hours of community pharmacies are valued and these extended hours should be maintained. All pharmacies and healthcare agencies should be encouraged to publicise and promote pharmacy services.
- 4) Commissioners are recommended to commission services in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

In conclusion, this PNA identifies that it should be the basis for all future pharmacy commissioning intentions, pharmacies provide a wide range of services above core contracts and there was no identified need for additional pharmacies.

Consultations

A 60-day public consultation was undertaken to seek the views of members of the public and other stakeholders, on whether they agree with the contents of this PNA and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback was gathered and logged and all necessary changes made to the PNA document.

Implications:

This item has the following implications, as indicated:

Risk management

Legal

Section 126 of the NHS Act 2006 placed an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the act also described the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

In 2012, the Health and Social Care Act was produced and superseded the NHS Act 2006. The 2012 act established HWBs and transferred the responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in regulations 3-9 schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The 2012 act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to joint strategic needs assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

Financial

There are no financial implications resulting from PNA 2018.

Equality and Cohesion

An equality assessment was completed as part of the PNA process and can be found [here](#).

List of background papers

N/A