

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health
DATE:	20 March 2018

SUBJECT: Pan-Lancashire Pharmacy Needs Assessment 2018

1. PURPOSE

The purpose of this paper is to update the Health and Wellbeing Board on the pan-Lancashire Pharmacy Needs Assessment (PNA) following a period of public consultation and to seek approval of the final document.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board is asked to

- Receive the Pharmacy Needs Assessment 2018.
- 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.
- Note the recommendations from the PNA 2018.
- Approve the PNA for publication by 31 March 2018.1

3. 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.

4. RATIONALE

From 1st April 2013 every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmacy services for its local population, known as the Pharmacy Needs Assessment (PNA).

A published PNA has a maximum lifetime of three years.

A pan-Lancashire steering group was set up to review and update the current PNAs published in spring 2015 for each of the three Health and Wellbeing Boards.

5. KEY ISSUES

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.

6. POLICY IMPLICATIONS

There are no direct policy implications

7. FINANCIAL IMPLICATIONS

There are no financial implications resulting from PNA 2018

8. LEGAL IMPLICATIONS

The statutory responsibility for PNAs transferred from PCTs to the Health and Well-being Boards on the 1 April 2013, as a result of the changes introduced by the Health and Social Care Act 2012. At the same time, the responsibility for market entry decisions transferred from PCTs to NHS England. In particular, the Health and Well-being Board had a duty to deliver a Pharmaceutical Needs Assessment before April 2015 under Section 128A of NHS Act 2006 (as amended by the Health and Social Care Act 2012). Thereafter this assessment needs to be delivered every 3 years. The regulations setting out the responsibilities are contained in Part 2 National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ('the Regulations').

The PNA assists in the commissioning of pharmaceutical services for local priorities and will be used by NHS England when making decisions on applications to open new pharmacies. These decisions may be appealed by pharmacies and challenged via the courts. Therefore it is vital to comply with regulations and that systems are put in place to keep the PNA up to date. The Regulations prescribe the matters which the Health and Well-being Board must have regard to when undertaking the PNA.

Regulation 8 sets out consultation requirements.

9. RESOURCE IMPLICATIONS

The resources for producing the PNA have been incorporated into Public Health plans and therefore there are no additional resource implications.

10. EQUALITY AND HEALTH IMPLICATIONS

The PNA aims to

- Identify gaps in provision or accessibility, including by area or population group
- Help support a healthier population

An equality impact assessment has been undertaken.

11. 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.

VERSION:	0.2
CONTACT OFFICER:	Dr Gifford Kerr, Consultant in Public Health
DATE:	22 February 2018
BACKGROUND PAPERS:	Full PNA 2018 report PNA executive summary Equality impact assessment