

**To the Chair and Members of the
HEALTH AND WELLBEING BOARD**

**PROPOSAL FOR DEVELOPING DONCASTER'S PHARMACEUTICAL
NEEDS ASSESSMENT 2014/15**

EXECUTIVE SUMMARY

1. The purpose of this report is to present a proposal for the development of the Doncaster Health and Health Being Board's first Pharmaceutical Needs Assessment (PNA) outlining a proposal and timescale for delivery in 2014/15.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

2. The work programme of the Health and Wellbeing Board has a significant impact on the health and wellbeing of the Doncaster population through the Joint Health and Wellbeing Strategy, the Joint Strategic Needs Assessment and also the Pharmaceutical Needs Assessment.

EXEMPT REPORT

3. N/A

RECOMMENDATION

4. That the Board **RECEIVES** the report, **AGREES** the proposal for the 2014/15 Pharmaceutical Needs Assessment, and **CONSIDERS** and **AGREES** the proposed options for the Pharmaceutical Needs Assessment process.

PROGRESS

5. In 2011 a Pharmaceutical Needs Assessment report (2011-2014) in Appendix **A** was produced and disseminated to key stakeholders across Doncaster following an extensive consultation period. The report contained a number of key areas in terms of *current pharmaceutical service provision, locality mapping against health outcomes, local demographics, stakeholder and public engagement, consultation and future developments/recommendations*.
6. The Current Pharmaceutical Needs assessment expires in 2014. Since the Health and Social Care Act 2012 the responsibility of developing and updating Pharmaceutical Needs Assessments has now transferred to Health and Wellbeing Boards and, under the Act, the Department Health has powers to make regulations. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for this process.

7. According to the legislation (128A) each Health and Wellbeing Board in accordance with regulations must:
- *Assess needs for pharmaceutical services in its area;*
 - *Publish a statement of its first assessment and of any revised assessment by 1st April 2015;*
 - *Take account of the JSNA and other relevant strategies e,g Joint Health and Wellbeing Strategy; Children and Young People Plan, local Housing plan, crime and disorder strategy to avoid duplication through the engagement process;*
 - *Consult the bodies set out in Regulation 8 at least once during the process;*
 - *Have a minimum 60 day consultation period and provide access to a website containing the draft or provide hard or electronic copies on request;*
 - *HWB's will be required to publish a revised assessment within 3 years of publication of their first assessment.*

Under the 2013 Regulations, 'a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA' (*Pharmaceutical Needs Assessments: Information Pack for local authority Health and Wellbeing Boards*) .

8. According to the PNA guidance, 'Pharmaceutical services' include **essential** services (dispensing of medicines, promotion of healthy lifestyles and support for self-care), **advanced services** (medicine use reviews/New medicines Service for community pharmacists and the Stoma Customisation service) and **locally commissioned services** (enhanced services commissioned by NHS England). The following are included in a Pharmaceutical list: pharmacy contractors; dispensing appliance contractors; dispensing doctors and local pharmaceutical services (LPS) contractors who provide a level of pharmaceutical services in some Health and Wellbeing Board areas.
9. **Minimum requirements for PNA's:** when assessing local need it is important to note that general health need is not the same as the need for pharmaceutical services; there will be differences between those health needs met using pharmaceutical services commissioned by NHS England; public health services commissioned by local authorities and those that cannot be met by pharmaceutical contractors e.g minor surgery clinics

Key areas to include in the Pharmaceutical Needs Assessment:

- Current service provision by **all** providers of such services needs to be mapped (including those outside the HWB area but which are necessary to meet the need for pharmaceutical services in its area for Doncaster residents) e.g dispensing doctors, dispensing appliance contractors and non face-to face services);
- Identify any **gaps in service provision** and also gaps by **service type**;

- **Current need; future need; improvements or better access; future improvements or better access; unforeseen benefits;**
- Awareness of **potential new developments** which may impact on the need for services e.g housing developments;
- **Communications plan** including consultation plan and public/stakeholder engagement processes;
- **Locality mapping** should be conducted where appropriate – the PNA needs to take account of different segments of the population and to give due regard to the 9 protected groups (it may wish to mirror JSNA localities). Need to include a map identifying the premises at which pharmaceutical services are provided and keep that map up to date.
- The Board need to decide whether the PNA locality mapping will mirror the JSNA localities? *A proposal would be that we use the existing data from the 88 community profiles and information from the 4 neighbourhood areas (North, East, South West and Central) in line with other DMBC priorities.*
- To meet the PNA requirements there would need to be a **Core group** for overseeing and steering the PNA process and a **wider stakeholder** group to ensure a balanced and comprehensive approach to the consultation. The proposal for the Core group is as follows:

Proposed Membership of Core Group

DMBC Public Health
 NHS Area Team Primary Care
 DCCG Medicines Management
 Local Pharmaceutical Committee
 Health watch

- A proposal is that **Stakeholders** would need to include all representatives of those pharmaceutical organisations who should be involved throughout the process including community pharmacies, representation from dispensing GPs and wider dispensing appliance contractors. Wider consultation would also need to take place through those key stakeholders to consult with the wider public in the form of structured questionnaires/focus groups and user consultations as appropriate. *This would require essential buy in from key organisations and requires authorisation from the board to facilitate this process.* The Core group and wider stakeholder group would be established by February 2014. The board need to consider and approve the proposals for the work to commence .
- The **time-scale** for the development of the Pharmaceutical Needs Assessment will commence from January 2014 and will be a phased programme until February 2015 with time allowed for consultation (60 days) and time allocated for final production and dissemination of the report by 1st April 2015. A Gantt chart detailing the PNA journey will be produced in early 2014.

- The **Lead** for the PNA process needs to be determined through the Health and Wellbeing Board. Public Health are able to lead the process if required. **A decision needs to be made at this meeting for the work plan to go ahead early 2014 and to be on schedule for the target date of 1st April 2015.**

IMPACT ON THE COUNCIL'S KEY PRIORITIES

10.

	Priority Outcome	Implications of this initiative
1.	Doncaster's economy develops and thrives, underpinned by effective education and skills	
2.	Children are safe	The HWBB work programme contributes to this outcome
3.	Stronger families and stronger communities	The HWBB work programme contributes to this outcome
4.	Modernised and sustainable Adult Social Care Services with increased choice and control	The HWBB work programme contributes to this outcome
5.	Effective arrangements are in place to deliver a clean, safe and attractive local environment	The HWBB work programme contributes to this outcome
6.	The Council is operating effectively, with change embedded and sustained with robust plans in place to operate within future resource allocations	The HWBB work programme contributes to this outcome

RISKS AND ASSUMPTIONS

11. The delivery of the programme relies on the assistance of external stakeholders and assumes compliance from all the pharmaceutical providers.

EQUALITY IMPLICATIONS

12. The work plan of the Health and Wellbeing Board needs to demonstrate due regard to all individuals and groups in Doncaster through its work plan, the Joint Health and Wellbeing Strategy and Areas of focus as well as the Joint Strategic Needs Assessment. The Pharmaceutical Needs Assessment will need to give due regard to the 9 protected groups in its consultation process .

CONSULTATION

13. The draft Pharmaceutical Needs Assessment will need to go out for consultation for a minimum period of 60 days once produced.

BACKGROUND PAPERS

14. Pharmaceutical Needs Assessment (PNA) 2011-2014 1st February 2011
Produced by NHS Doncaster (available on the DMBC website and attached).

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