

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Pharmaceutical Needs Assessment 2022 Update
Date of meeting:	23 November 2021
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Health & Wellbeing Board Lead:	Dr Matt Tyrer

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is the report being brought to the board?	To notify the board of the statutory requirement to publish a new Pharmaceutical Needs Assessment (PNA) by 1 st October 2022 and formalise the process for development and endorsement of the PNA		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/> X		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/> X		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	<p>The Health and Wellbeing Board (HWB) approves delegation of the day-to-day authority for the development of the revised Pharmaceutical Needs Assessment (PNA) to the Director of Public Health. This will include the approval of the draft PNA prior to consultation.</p> <p>Contingency arrangements of endorsing the PNA virtually by board members in September are agreed in case the HWB meeting is cancelled, or the timing of the meeting is such that the PNA required publishing date precedes the scheduled meeting date.</p>		

<p>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</p>	<p>The report has been taken to the Cheshire East Council Adults, Public Health and Communities Directorate Management Leadership Team, and the Cheshire East Council Corporate Leadership Team, for information, prior to the submission to the HWB.</p>
<p>Has public, service user, patient feedback/consultation informed the recommendations of this report?</p>	<p>N/A</p>
<p>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</p>	<p>Ultimately, on completion of the PNA, the HWB and NHS will understand how current and future needs for pharmaceutical services are met by existing provision. PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies.</p>

1 Report Summary

1.1 Cheshire East Health and Wellbeing Board have a statutory responsibility to publish an up-to-date statement of pharmaceutical needs. A revised pharmaceutical needs assessment must be published on the 1st October 2022. This paper outlines the approach being taken to its production.

2 Recommendations

2.1 That the Health and Wellbeing Board approves delegation of the day-to-day authority for the development of the revised Pharmaceutical Needs Assessment (PNA) to the Director of Public Health. This will include the approval of the draft PNA prior to consultation.

2.2 That the Health and Wellbeing Board approves the formation of a working group to steer the production of the revised PNA.

2.3 The Health and Wellbeing Board will be presented with the final draft in September 2022 for final sign-off. Virtual sign-off is agreed as a contingency arrangement in case the September meeting is cancelled, or timing is not sufficient to meet publishing deadline of the 1st October 2022.

2.4 That the Health and Wellbeing Board note there is a cost implication in the production of the PNA, mostly for staff time which will be required across all partner organisations. The Department of Health did an impact assessment for the last PNA production in 2017/18 and estimated the maximum resource requirement is £61,000.

2.5 The PNA regulations have not changed since the production of the last PNA in March 2018.

2.6 As outlined below, the PNA will be presented for endorsement by the Health and Wellbeing Board in September 2022 (date not yet available). Due to the consultation requirement of 60 days and to enable the final draft to go through the council review

process, it is not feasible to present the final draft for endorsement at an earlier meeting. It is necessary to have contingency arrangements agreed in case the September meeting is cancelled, or the timing of the meeting is such that the required publishing date precedes the scheduled meeting date. If this happens the PNA can be endorsed virtually by board members.

3 Reasons for Recommendations

- 3.1** From 1st April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility (Section 128A of NHS Act 2006, as amended by Health Act 2009 and Health and Social Care Act 2012) to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). Delegation of day-to-day authority for the PNA's development to the Director of Public Health is a practical approach to ensure efficient production without the need to refer to the Board for every item of detail.
- 3.2** PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets.
- 3.3** PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.
- 3.4** Health and Wellbeing Boards need to ensure that the NHS England has access to the PNA.
- 3.5** Health and Wellbeing Board need to publish revised PNAs for its area every three years. This will require board-level sign-off and a period of public consultation beforehand. The last PNA was signed off by the Health and Wellbeing Board on the 27th March 2018. It is proposed that the next PNA is presented to Health and Wellbeing Board in September 2022. If not possible due to cancellation or timing, it is proposed that the PNA will be endorsed virtually by board members.
- 3.6** Cheshire East Public Health has secured relevant pharmacy support from NHS England to support this work.
- 3.7** Cheshire East Public Health representatives attend a Cheshire and Merseyside PNA which also has representation from other local authority colleagues and NHS England. This provides an opportunity to work collectively and share work load and best practice.
- 3.8** Analysis of pharmaceutical needs will be led by Cheshire East Public Health Team.
- 3.9** As part of the PNA development, there is a need to conduct a survey of community pharmacy contractors. This has already been undertaken over the summer via the PharmOutcomes¹ system. Cheshire East obtained a 100% response rate.

¹ PharmOutcomes is a web-based system which helps community pharmacies provide services more effectively and makes it easier for commissioners to audit and manage these services (PharmOutcomes (2016). <https://pharmoutcomes.org>)

- 3.10** Regarding engagement with Cheshire East residents, a public survey will be collated by Liverpool City Council's Public Health. This will be open through November 2021. Cheshire East's Research and Consultation Team have already been approached regarding the promotion of this survey. Healthwatch Cheshire East have also been consulted and have included two questions relating to consumer experiences in recent consultation activity they are undertaking.
- 3.11 Cheshire East Public Health is engaging with representatives from both local CCGs, the Local Medical Committee and Local Pharmaceutical Committee to agree appropriate input and communication.
- 3.12 It is proposed that the statutory 60-day consultation on the draft PNA should run from April 2022. Neighbouring local authorities must be consulted as part of this process. Cheshire East's Research and Consultation Team will assist with this.
- 3.13 After the Pharmaceutical Needs Assessment has been signed off, the Health and Wellbeing Board will continue to have the responsibility of reviewing it to decide whether any major or minor changes are required.
- 3.14 Minor changes will require a "supplementary statement" to be issued whereas any major changes in pharmaceutical provision or need could require complete rewrite of the whole PNA (according to current Regulations).

4 Impact on Health and Wellbeing Strategy Priorities

- 4.1 The production of the PNA supports three Outcomes from the Health and Wellbeing Strategy 2018-21: Create a place that supports health and wellbeing for everyone living in Cheshire East, Improving the mental health and wellbeing of people living and working in Cheshire East and Enable more people to Live Well for Longer. It is a statutory requirement.

5 Background and Options

- 5.1** The previous PNA was published in March 2018: Cheshire East Health and Wellbeing Board, Pharmaceutical Needs Assessment. http://www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board/health_and_wellbeing_board.aspx
- 5.2** The Department of Health reviewed the Pharmaceutical Regulations during the production of the last PNA. The anticipated major change of frequency of the PNA did not happen and there have been no regulatory changes since.
- 5.3** There have been some major inter-linked developments that affect the transformation and delivery of community pharmacy service. The PNA will need to reflect on their impact on need and service provision. These are: -
- 5.3.1** The Pharmacy Integration Programme/Fund (PhIF) which aims to transform how pharmacists and community pharmacy will operate. It supports the development of clinical pharmacy in a wider range of primary care settings by driving the greater use of community pharmacists and technicians in new, integrated local care models.

This has resulted in setting up of an urgent medicines supply and minor illness schemes in conjunction with NHS 111, development of integrated care models to support care homes, digital developments, workforce education and development.

5.3.2 Community Pharmacy Contractual Framework (CPCF) for 2019/20 – 2023/24: Supporting delivery for the NHS Long Term Plan which sets out an ambition to develop the role of community pharmacy in managing demand for urgent primary medical services. It was expected that this would result in funding costs that would lead to pharmacies reducing opening hours, merging, or even closing down.

5.3.3 The Pharmacy Access Scheme (PhAS) was introduced to provide transitional relief to pharmacies in areas where there are fewer pharmacies with higher health needs thus ensuring continuity of services. An updated PhAS starts from January 2022, which has been capped to £20 million.

5.4 Finally, the PNA will need to reflect on the impact of the COVID-19 pandemic, both in terms of how it may have impacted on the health of residents of Cheshire East and also the role pharmacies played within the community.

5.5 Health and Wellbeing Board must publish a PNA by 1 October 2022. There is no other option.

6 Access to Information

6.1 The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

The background papers relating to this report can be inspected by contacting the report writer:

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