

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Pharmaceutical Needs Assessment 2025 Update
Date of meeting:	2 July 2024
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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 2025 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 2025 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, Health and Integration Directorate Management Leadership Team, 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 by the 1st October 2025. 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 (DPH). 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 That the Health and Wellbeing Board agrees contingency arrangements of endorsing the PNA virtually by board members in September 2025 in case the HWB meeting is cancelled, or the timing of the meeting is such that the PNA required publishing date (before the 1st October 2025) precedes the scheduled meeting date. 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. This will be the boards only opportunity to review the results of the consultation and consider the impact of the results from the consultation.

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. Its production will impact on joint strategic needs assessment (JSNA) activity during 2024/5 and 2025/6. Any financial implications that arise as a result of any actions taken in response to this report are fully covered by existing funding, meaning that there are no changes required to the Council's existing Medium Term Financial Strategy (MTFS).

2.5 That the Health and Wellbeing Board note that the Pharmaceutical Regulations 2013 were amended in September 2023, however most of amendments are concerning 100-hour pharmacies, changes to contracted opening hours and arrangements regarding temporary cover these do not affect the content or timing of the PNA.

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. It is proposed that the next PNA is presented to Health and Wellbeing Board in September 2025. If not possible due to cancellation or timing, it is proposed that the PNA will be endorsed virtually by board members. 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. This will be the boards only opportunity to review the results of the consultation and consider the impact of the results from the consultation.

3.6 It is proposed that the PNA is produced by the Public Health Intelligence Team, this team has plenty of experience, having been involved in the previous PNA production. The work will be steered by a working group consisting of representation from the Council, the Local Pharmaceutical Committees (LPCs), Local Professional Networks (LPNs), NHS Integrated Care Board (ICB), acute trusts, Healthwatch and the Local Medical Committee (LMC). Overall responsibility for delivery and approval of the draft PNA prior to consultation will sit with the DPH.

3.7 Cheshire East Public Health has secured relevant pharmacy support from NHS England via Cheshire and Merseyside PNA Leads group to support this work.

3.8 Cheshire East Public Health representatives attend a Cheshire and Merseyside PNA Leads meeting which also has representation from other local authority colleagues, NHS England and LPC representatives. This provides an opportunity to work collectively and share work load and best practice.

3.9 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. Analysis of pharmaceutical needs will be led by Cheshire East

Public Health Team. This team also leads the Joint Strategic Needs Assessment (JSNA) process. As such, there will be reduced capacity for JSNA reviews during 2024/25 and the first half of 2025/26.

3.10 As part of the PNA development, a survey of community pharmacy contractors needs to be undertaken. The survey content has been agreed by the Cheshire and Merseyside PNA Leads group and will be available during June/July 2024 via the PharmOutcomes¹ system.

3.11 A public survey is also required. There are two options available:

3.11.1 Use the survey agreed by the Cheshire and Merseyside PNA Leads Group. This will be collated by Liverpool City Council's Public Health on the behalf of the Cheshire and Merseyside Local Authorities. The content is yet to be finalised but is likely to be live during this autumn. This is the approach we took for the 2021 PNA.

3.11.2 2. Develop our own survey in conjunction with the Cheshire East's Research and Consultation Team. This was the approach taken for the 2018 PNA.

3.11.3 The Public Health Intelligence Team are currently discussing the pros and cons of each option. We will continue to actively engage with the discussions at the C&M PNA Leads group in the interim.

Both Cheshire East's Research and Consultation Team and Healthwatch Cheshire East will need to be consulted regarding the promotion of this survey.

3.12 Cheshire East Public Health is engaging with representatives from ICB – Cheshire East Place, the Local Medical Committee and Local Pharmaceutical Committee to agree appropriate input and communication.

3.13 It is proposed that the statutory 60-day consultation on the draft PNA should run from April 2025. Neighbouring local authorities must be consulted as part of this process. Cheshire East's Research and Consultation Team will assist with this.

3.14 After the new Pharmaceutical Needs Assessment has been published, the Health and Wellbeing Board will continue to have the responsibility of reviewing it if notified of any changes in provision by NHS England. The Public Health Intelligence Team retain responsibility for supporting the Health and Wellbeing Board with the intelligence to make this decision.

3.15 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 all four outcomes from the Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023-2028: Community pharmacies have a vital role in achieve these outcomes. Outcome 1 - Cheshire East is a place that supports good health and wellbeing for everyone, Outcome 2 - Our children and young people experience good physical and emotional health and wellbeing, Outcome 3 - The mental health and wellbeing of people living and working in Cheshire

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>)

East is improved and Outcome 4 - That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen. It is a statutory requirement.

5 Background and Options

5.1 The previous PNA was published in September 2022: 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 Pharmaceutical Regulations 2013 were amended in September 2023 and for the most part these amendments came into force on 25 May 2023. Most of amendments are concerning 100-hour pharmacies, changes to contracted opening hours and arrangements regarding temporary cover such as the establishment a 'local hours plan' by the ICB with contractors. These changes will be explored in the new PNA. More detail on these changes can be found at [NHS England » Guidance on the NHS \(pharmaceutical and local pharmaceutical services\) \(amendment\) regulations 2023](#)

5.3 There are 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 A new CPCF is likely to be published during the production of the PNA.

5.3.4 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.

5.3.5 Pharmacy First service launched on 31st January 2024. It incorporates the previous Community Pharmacist Consultation Service and builds on it to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. It will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions.

5.4 The Health and Wellbeing Board must publish a PNA by 1 October 2025. 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/uksi/2013/349/contents/made>

6.2 The 2023 amendments to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013: [NHS England » Guidance on the NHS \(pharmaceutical and local pharmaceutical services\) \(amendment\) regulations 2023](#)

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

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