

# **Dorset Health and Wellbeing 22 September 2021 Pharmaceutical Needs Assessment (PNA)**

## **For Decision**

**Portfolio Holder:** Cllr L Miller, Adult Social Care and Health

**Local Councillor(s):** Cllr

**Executive Director:** S Crowe, Director of Public Health

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**Report Status:** Public

### **Recommendation:**

That the Board approve the:

- i. development of a single Pharmaceutical Needs Assessment (PNA) that covers both the Dorset and Bournemouth, Christchurch and Poole Health and Wellbeing Boards
- ii. use of Primary Care Networks as the basic framework for the PNA
- iii. delegation of authority to the Director of Public Health to agree final content for publication by October 2022, following statutory consultation.

### **Reason for Recommendation:**

The Dorset Health and Wellbeing Board and the Bournemouth, Christchurch and Poole Health and Wellbeing Board are the bodies responsible for publication of PNAs. Previous PNAs have been developed and published for the whole of Dorset aligned with NHS Dorset CCG and the Dorset Integrated Care System.

Previous PNAs used 13 localities, aligned to the Dorset CCG localities, as the basic framework to discuss pharmaceutical services. Since then localities have been superseded by 18 Primary Care Networks. Views from the virtual PNA steering group are strongly in favour of using these Primary Care Networks as the basic framework in the next PNA.

The Board are required to publish the next PNA by October 2022, and to comply with regulations around consultation, ahead of publication. In view of timings of Health and Wellbeing Board meetings it is proposed that Health and Wellbeing members are involved virtually ahead of formal consultation as well as invited to respond as part of the formal consultation.

Delegated authority for sign-off to the Director of Public Health is proposed so that final content can be approved without the need for a further meeting of the Health and Wellbeing Board. Individual members will have already been consulted, and the Director would consult the Chairmen of both Boards on the proposed final content.

## **1. Executive Summary**

- 1.1 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 came into effect in April 2013 in line with changes in the NHS at that time. Commissioning for community pharmacies shifted to NHS England, whilst responsibility for developing, updating and publishing local PNAs shifted to Health and Wellbeing Boards in local authorities.
- 1.2 The Regulations require PNAs to be reviewed and published every three years, however due to COVID pandemic this was extended so that local authorities now have until October 2022 for publication of their next PNA. The current Dorset PNA, published April 2018, is available at [Pharmaceutical Needs Assessment \(PNA\) - Public Health Dorset](#).
- 1.3 Section 198 of the Health and Social Care Act allows two or more Health and Wellbeing Boards to make joint arrangements in how they discharge their functions. Both PNAs published since 2013 were developed as a single PNA to cover the Dorset Health and Wellbeing Board and the Bournemouth & Poole Health and Wellbeing Board areas (prior to the establishment of Dorset Council and BCP council).
- 1.4 The PNA provides an overview of local pharmaceutical needs and services and outlines any gaps in provision. It is used by NHS England to support commissioning intentions for pharmaceutical services and forms the basis for their decisions to:
  - grant applications for new pharmacies
  - grant applications to change the premises from which a listed pharmacy business is allowed to provide pharmaceutical services
  - change the pharmaceutical services that a listed pharmacy business provides.
- 1.5 The PNA can also be used to support local commissioning intentions for community pharmacies. Both the CCG and Public Health Dorset currently commission 'locally commissioned services' from pharmacies. These services are subject to different commissioning frameworks than are required by NHSE and there is no legal requirement to use the PNA.

- 1.6 There may be changes in local commissioning arrangements for services as Integrated Care Systems become statutory bodies, and we may therefore wish to use the PNA to signal these.
- 1.7 The Regulations set out a Schedule of Information that should be contained within the PNA, and a requirement for a minimum 60-day consultation with a specified range of consultees as part of the development process.
- 1.8 In order to ensure publication by October 2022 a virtual Steering Group is being set up to lead this work, with representatives from Public Health Dorset, Dorset CCG, Dorset LPC and NHSE. Board members are asked to consider whether there are other stakeholders that should be part of the Steering Group. As before, it is proposed that there should be a single PNA to cover both the BCP and Dorset council Health and Wellbeing Board areas.
- 1.9 Indicative milestones for delivery of the PNA are:
- Set up virtual Steering Group- August 2021
  - Dorset Health and Wellbeing Board approval of plan – 22 September 2021
  - BCP Health and Wellbeing Board approval of plan – 14 October 2021
  - First stage discovery work and data gathering Sep 2021 to March 2022
  - Initial draft complete – April 2022
  - Formal consultation May to July 2022
  - Further data or discovery arising from consultation – June to August 2022
  - Final draft complete August 2022
  - Dorset Health and Wellbeing Board see final PNA – September 2021
  - BCP Health and Wellbeing Board see final PNA – September/October 2021

## **2. Financial Implications**

Development of the PNA has no direct financial implications other than staff time. NHS England will take account of the PNA in making future commissioning decisions with potential budget implications in the future. Other local commissioners including the local authority and the CCG may also use the information within the PNA to help in informing commissioning and budgetary decisions in the future.

## **3. Well-being and Health Implications**

Community pharmacies are a vital community asset supporting health and wellbeing in a local place, as they see high footfall in places convenient to the local population.

Key conclusions from the 2018 PNA were that there were no gaps at that time in essential pharmaceutical services, that if all 149 community pharmacies remained open there would be no future gaps, and that there was a reasonable choice of pharmacies at that time and looking ahead three years.

Since the 2018 PNA was published three pharmacies have closed, two as the result of consolidation with another pharmacy close-by. Developing the PNA will provide the

opportunity to understand what impact this may have on access to pharmaceutical services, with consequent implications for health and wellbeing.

#### **4. Climate implications**

Maintaining good access to pharmaceutical services within local communities will minimise the need for travel to access services.

#### **5. Other Implications**

Community pharmacies in high streets and town centres can play a part in maintaining footfall within these areas.

#### **6. Risk Assessment**

Risk is likely to fall principally on NHS England, in that if the PNA is not sufficiently robust there is a risk of challenge to their decision making.

Having considered the risks associated with this decision using Dorset County Council's risk management methodology, the level of risk has been identified as:

Current Risk: **LOW**

Residual Risk: **LOW**

#### **7. Equalities Impact Assessment**

The PNA development work will include an Equality Impact Assessment.

#### **8. Appendices**

None

#### **9. Background Papers**

[Pharmaceutical Needs Assessment \(PNA\) 2018](#)

[The NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#)

#### **Footnote:**

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.