

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH AND WELLBEING BOARD 8th September</p>
<p>PHARMACEUTICAL NEEDS ASSESSMENT</p>	
<p>Report of the Pharmaceutical Needs Assessment Task and Finish Group</p>	
<p>Open Report</p>	
<p>Classification: For Decision</p>	
<p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Tri-borough Executive Director of Adults and Health</p>	
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1. EXECUTIVE SUMMARY

- 1.1. This report sets out the progress being made by the Pharmaceutical Needs Assessment (PNA) Task and Finish Group to prepare a new PNA for the London Borough of Hammersmith and Fulham.
- 1.2. The report also seeks agreement from the Health and Wellbeing Board to undertake the statutorily required 60 day consultation on a draft PNA in the autumn.

2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board is asked to
 - a.) Note the progress in preparing the draft PNA for publication (as outlined in Appendix 1); and

b.) Agree that the PNA Task and Finish Group should commence with the 60 day statutory consultation once the draft PNA is ready. A statutory consultation plan is attached at Appendix 2.

3. REASONS FOR DECISION

- 3.1. Health and Wellbeing Boards are required to publish and maintain a Pharmaceutical Needs Assessment by virtue of section 128A of the National Health Service Act 2006 (pharmaceutical needs assessments) and the Health and Social Care Act 2012.
- 3.2. The London Borough of Hammersmith and Fulham Health and Wellbeing Board is required to publish a new Pharmaceutical Needs Assessment by 1st April 2015.
- 3.3. As part of the process for preparing a new Pharmaceutical Needs Assessment, the Health and Wellbeing Board are required to undertake a 60 day consultation with a set of statutory consultees.
- 3.4. To ensure that the Health and Wellbeing Board is in a position to publish a new Pharmaceutical Needs Assessment by 1st April 2015, the 60 day consultation will need to take place before the end of 2014. The current proposal is to begin the consultation on a draft PNA in October 2014.
- 3.5. A draft of the PNA will be circulated to the Health and Wellbeing Board by email for comments two weeks before publication to provide time for members to provide comment and steer.

4. INTRODUCTION AND BACKGROUND

- 4.1. Pharmaceutical Needs Assessments are a statement of the need for pharmaceutical services of the population in a defined geographical area.
- 4.2. Pharmaceutical Needs Assessments are used primarily by NHS England to inform market entry decisions in response to applications from businesses, including independent owners and large pharmacy companies. A Pharmaceutical Needs Assessment may also be used by commissioners to make decisions on which funded services need to be provided by local community pharmacies.
- 4.3. The responsibility for producing and managing the content and update of Pharmaceutical Needs Assessments transferred from Primary Care Trusts to Health and Wellbeing Boards on 1st April 2013.
- 4.4. When producing a Pharmaceutical Needs Assessment, Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once during the process of developing the Pharmaceutical Needs Assessment. These bodies are:
 - The Local Pharmaceutical Committee;
 - The Local Medical Committee;
 - Any persons on pharmaceutical lists and any dispensing doctors;

- Any Local Pharmaceutical Services chemist in the area with whom the NHS Commissioning Boards has made arrangements for the provision of any local pharmaceutical services;
- Any local Healthwatch or any other patient, consumer and community group which (in the opinion of the Health and Wellbeing Board) has an interest;
- Any NHS Trust or Foundation Trust
- The NHS Commissioning Board (NHS England); and
- Any neighbouring Health and Wellbeing Boards

4.5. There is a minimum period of 60 days for consultation.

5. PROPOSAL AND ISSUES

5.1. The PNA Task and Finish Group are developing the draft PNA for the London Borough of Hammersmith and Fulham. This requires the collection and analysis of data from a variety of sources. In particular, it has required the collection of information from pharmacies within the London Borough of Hammersmith and Fulham via a questionnaire.

Pharmacy response rate

5.2. In the London Borough of Hammersmith and Fulham, the response rate from local pharmacies was 87%. All efforts were made to maximise this response rate, including through joint work with the Local Pharmaceutical Committee. However, the response rate was a little lower than expected. This most likely reflects the change of responsibilities for PNAs from primary care trusts to Health and Wellbeing Boards which have less of a profile and relationships with the local pharmaceutical sector. The PNA Task and Finish Group have approached NHS England for advice as to whether this response rate is acceptable so that we can provide assurance to the Health and Wellbeing Board on this point.

Missing Data

5.3. The PNA Task and Finish Group are still awaiting two sets of data from partners which are required to complete the draft Pharmaceutical Needs Assessment. This data is required as soon as possible. These are:

- Comparison data on prescribing and dispensing trends to London and England. This data has been requested from North West London Commissioning Support Unit.
- A list of pharmacies from neighbouring boroughs which is required to complete some of the maps required to underpin the Pharmaceutical Needs Assessment. This has been requested from NHS England.

6. OPTIONS AND ANALYSIS OF OPTIONS

6.1. The PNA is a technical and factual document, which provides a statement of pharmaceutical need in the area (following strict regulatory guidelines) for use by NHS England. It is not a description of policy or intent, or a document which proposes changes to pharmaceutical services in the area.

- 6.2. The PNA is unlikely to be of interest to the wider public and the PNA Task and Finish Group advise that the cost of a public consultation would be disproportionate to the likely response received. Therefore, the PNA Task and Finish Group do not recommend undertaking a full consultation with members of the public.
- 6.3. However, it is important that the views of patients and service users are gathered as part of the consultation process. As such, consultation will be undertaken with patient and consumer groups to ensure that the user's perspective is referenced where appropriate within the PNA. The draft PNA will also be available on-line (with a hard copy on request) for members of the public who may have a particular interest. This approach aligns with the relevant regulations and guidance.
- 6.4. The PNA Task and Finish Group will be ready to begin the consultation, on behalf of the Health and Wellbeing Board, in October. This represents a slight delay from the original deadline of September, agreed by the London Borough of Hammersmith and Fulham Health and Wellbeing Board in March 2013. This delay has been caused by the difficulty in obtaining data sets from partners, as outlined in paragraph 5.3
- 6.5. While the delay is unfortunate, it should have no impact on the ability of the Health and Wellbeing Board to publish a new Pharmaceutical Needs Assessment 1st April 2015.

7. CONSULTATION

- 7.1. As set out above, a 60 day statutory consultation must be undertaken with a list of statutory consulted. Appendix 2 provides an overview of the consultation plan for the draft Pharmaceutical Needs Assessment which the Health and Wellbeing Board may wish to review.

8. EQUALITY IMPLICATIONS

- 8.1. The regulations governing the development of a Pharmaceutical Needs Assessment require the Health and Wellbeing Board to have regard (as far as is practicable) to compliance with the duties under the Equality Act 2010, specifically relating the following protected characteristics:
 - a.) Age
 - b.) Disability
 - c.) Gender Reassignment
 - d.) Marriage and Civil Partnership
 - e.) Pregnancy and maternity
 - f.) Race
 - g.) Religion or belief
 - h.) Sex
 - i.) Sexual orientation
- 8.2. The regulations also require the Health and Wellbeing Board to take account of future needs such as changes in demographics with regards to people who share a protected characteristic and the risks to health or

wellbeing of people in its area, particularly to those who share a protected characteristic.

9. LEGAL IMPLICATIONS

- 9.1. The Health and Wellbeing Board is required to publish and maintain a Pharmaceutical Needs Assessment by virtue of section 128A of the National Health Service Act 2006 (pharmaceutical needs assessments) and the Health and Social Care Act 2012.

10. FINANCIAL AND RESOURCES IMPLICATIONS

- 10.1. None

11. RISK MANAGEMENT

- 11.1. N/a

12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 12.1. None

LOCAL GOVERNMENT ACT 2000 **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	London Borough of Hammersmith and Fulham Pharmaceutical Needs Assessment		

LIST OF APPENDICES:

Appendix 1: Skeleton Pharmaceutical Needs Assessment with progress update

Appendix 2: Pharmaceutical Needs Assessment Statutory Consultation plan

Appendix 1

London Borough of Hammersmith and Fulham Pharmaceutical Needs Assessment outline and progress update

Chapter	Description	Current state	Any further data required?	If yes, source
1 - Background	PNA definition and purpose, policy background, methodology (defining localities, demographic sources, needs), consultation process	Almost complete – compilation of previous PNA and DH PNA guidelines		
2 - Demographic & Health Needs	Mostly data and content based on the JSNA, including maps	Almost complete – Public Health Analysts completing data		
3 - Location of current health services	Maps with data from the pharmacy survey	Base map created. Awaiting list of neighbouring pharmacies to complete	List of pharmacies from neighbouring boroughs.	Requested from NHS England
4 - Prescribing and dispensing trends	Maps and graphs of prescribing within the borough	Data received from NWL CSU (ePACT) – ready for mapping	Comparison data to London/England	Requested from NWL CSU
5 - Access to pharmaceutical services	Pharmacy choice within each ward, opening hours, languages spoken	Ready for mapping	List of pharmacies from neighbouring boroughs.	Requested from NHS England
6 - Premises characteristics	Features such as private consultation rooms, handwashing, wheelchair access etc	Ready for mapping		
7 - Relationships, opportunities and skills	Relationships with GPs, LA, NHS – from survey	Ready for mapping and graphs		

8 - Services provided by pharmacies	Categorisation of services: necessary services: current provision, necessary services: gaps in provision, Other relevant services: current provision, Improvements or better access: gaps in provision	Text to be updated	Categorisation of services – currently assuming this has not changed since previous PNA	
Appendix A - Needs mapping: existing enhanced services	Table with list of pharmacies which provide enhanced services Maps and tables comparing need and current supply of services deemed necessary	Ready for mapping		
Appendix B - Needs mapping: potential new services	Maps and tables of services considered to secure improvement or better access	Ready for mapping		

London Borough of Hammersmith and Fulham Health and Wellbeing Board Pharmaceutical Need Assessment Statutory Consultation Plan

Holly Manktelow
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20th August 2014

Revision History

Date of this revision: 20th August 2014
Date of next revision: TBC

Revision Date	Previous revision date	Summary of Changes	Changes marked
20 th August 2014	First version	First versions	First Version

1. OBJECTIVES OF THE CONSULTATION

The high-level objective of the London Borough of Hammersmith and Fulham Pharmaceutical Needs Assessment (PNA) statutory consultation is to ensure that statutory consultees are provided with a 60 day period between October 2014 and January 2014 in which to consider the draft PNA for Hammersmith and Fulham and provide their views to the PNA Task and Finish Group. The list of statutory consultees are:

- The Local Pharmaceutical Committee;
- The Local Medical Committee;
- Any persons on pharmaceutical lists and any dispensing doctors;
- Any Local Pharmaceutical Services chemist in the area with whom the NHSE has made arrangements for the provision of any local pharmaceutical services;
- Any local Healthwatch or any other patient, consumer and community group which (in the opinion of the Health and Wellbeing Board) has an interest;
- Any NHS Trust or Foundation Trust
- The NHS Commissioning Board (NHS England); and
- Any neighbouring Health and Wellbeing Boards

2. KEY AUDIENCES

Audience	Approach	Responsibility
Local Pharmaceutical Committee	<ul style="list-style-type: none"> § Letter and Email (on behalf of the Health and Wellbeing Board) § LPC are represented on the PNA Task and Finish Group 	HWB Chair PNA Task and Finish Group
Local Medical Committee	<ul style="list-style-type: none"> § Letter and Email (on behalf of the Health and Wellbeing Board) § Offer of a meeting if required 	HWB Chair PNA Task and Finish Group
Individual Pharmacies	<ul style="list-style-type: none"> § Email and link to the online PNA § Support from the Local Pharmaceutical Committee if required (through their membership on the PNA Task and Finish Group) 	PNA Task and Finish Group
Dispensing GPs	<ul style="list-style-type: none"> § Email and link to the online PNA § Work with WLCCG to put out information through their channels of communication with GPs 	PNA Task and Finish Group HFCCG
Healthwatch	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team § Offer to attend meetings or public events if required 	HWB Chair PNA Task and Finish Group
HFCCG User Panel	<ul style="list-style-type: none"> § Information provided to the user panel through WLCCG channels § Offer to attend meetings if required 	PNA Task and Finish Group
Other patient or consumer group	<ul style="list-style-type: none"> § Healthwatch to support the provision of information to their organisation or institutional members 	Healthwatch
Sobus (Community	<ul style="list-style-type: none"> § Letter and Email sent to the Chair 	HWB Chair

Development Agency)	<ul style="list-style-type: none"> § Offer to attend meetings or public events if required 	PNA Task and Finish Group
Chelsea and Westminster NHS Trust	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
Imperial NHS Trust	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
Ealing NHS Trust	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
West Middlesex Hospital Trust	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
Central London Community Healthcare	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
West London Mental Health Trust	<ul style="list-style-type: none"> § Letter and Email sent to the Chief Executive and Chair, and communications team § Offer to attend meetings if required § Request that the information is shared with the trusts patient user groups 	<p>HWB Chair</p> <p>PNA Task and Finish Group</p>
Wandsworth Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board
Brent Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board
Ealing Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board
Hounslow Health and Wellbeing Board	<ul style="list-style-type: none"> § Letter and Email sent to the Chair and support team 	Chair of the Health and Wellbeing Board

Richmond Health and Wellbeing Board	§ Letter and Email sent to the Chair and support team	Chair of the Health and Wellbeing Board
RBKC Health and Wellbeing Board	§ Email sent to the Chair and support team (Shared support team RBKC, LBHF and Westminster HWBs)	Chair of the Health and Wellbeing Board
NHS England	§ Letter and Email sent to NHS England London Region	Chair of the Health and Wellbeing Board
Relevant Scrutiny Committee (not required by legislation but good practice)	§ Letter and Email sent to the Chair and support team	Chair of the Health and Wellbeing Board

4. COMMUNICATORS	
Communicator	Responsibilities
London Borough of Hammersmith and Fulham Health and Wellbeing Board	All communications to statutory consultees will be delivered in the name of the LBHF Health and Wellbeing Board
Healthwatch	Support communication with wider patient and consumer groups
NHS Trusts	Support communication with their patient and consumer groups
Hammersmith & Fulham Clinical Commissioning Group	Support communication with individual dispensing GPs Support communication with their patient and consumer groups
Local Pharmaceutical Committee	Support communications with individual pharmacies
Sobus	Support communications with relevant community groups

6. METHODS OF COMMUNICATION	
Email and Letters	Emails and letters will be the primary form of communication to statutory consultees
Presentation	May be used occasionally to support communications with patient and consumer groups (if required)
Website	The draft PNA, details on the scope of the consultation and how to provide feedback will be placed on the LBHF council website, and the www.jsna.info website
Reports	Available on request (for example by NHS Trusts, Healthwatch and CCG governing body) A report will be presented to neighbouring Health and Wellbeing Boards for information
Stakeholder Group Meetings	Available on request.
Other meetings	Available on request
One-to-One meetings	Available if required due to concerns