

<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">HEALTH AND WELLBEING BOARD</p> <p style="text-align: center;">21 NOVEMBER 2017</p>	
<p>PHARMACEUTICAL NEEDS ASSESSMENT</p>	
<p>Report of the Director of Public Health</p>	
<p>Open Report</p>	
<p>Classification - For Decision</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Lisa Redfern, Director of Adult Social Care</p>	
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1. EXECUTIVE SUMMARY

- 1.1. This report sets out the progress being made to develop the Health and Wellbeing Board's Pharmaceutical Needs Assessment (PNA) for Hammersmith & Fulham, and requests agreement to undertake the required statutory consultation.

2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board is invited to:
- Note the progress in preparing the draft PNA for publication (as outlined in Appendix A); and
 - Agree that the PNA Task and Finish Group should commence with the 60 day statutory consultation from 1 December 2017.

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

4. INTRODUCTION AND BACKGROUND

- 4.1. PNAs are a statement of the need for pharmaceutical services of the population in a defined geographical area.
- 4.2. PNAs are used by commissioners to make decisions on which funded services need to be provided by local community pharmacies. They are also an important tool in market entry decisions, in response to applications from businesses, including independent owners and large pharmacy companies.
- 4.3. The responsibility for producing and managing the content and update of PNAs transferred from Primary Care Trusts to Health and Wellbeing Boards on 1st April 2013.
- 4.4. All Health and Wellbeing Boards were required to publish a fully revised PNA by 1st April 2015. Hammersmith & Fulham Health and Wellbeing Board published their first PNA on 31st March 2015 to meet this requirement
- 4.5. The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require that the PNA is updated every 3 years, and so a new PNA is due to be published by the end of March 2018

5. PROGRESS TO DATE

- 5.1. A provider, Healthy Dialogues, has been commissioned to undertake the revised PNA. Healthy Dialogues have produced a draft PNA for the Health and Wellbeing Board. The PNA Task and Finish Group has provided a steer for this work, and includes representation from Public Health, the CCG, Healthwatch, and the Local Pharmaceutical Committee.
- 5.2. Health Dialogues has undertaken an analysis of the needs of the local population; have mapped current pharmacy service provision; and engaged with pharmacies as well as residents and local communities in order to provide a picture of pharmacy provision in the borough.
- 5.3. A survey of all community pharmacies in the borough was undertaken which generated a 93% response rate. This provides a picture of access to, and services provided by, pharmacies in the Borough.
- 5.4. A community pharmacy questionnaire was used to engage with 135 people to understand their use and experience of local pharmacies from September to

October 2017. Information obtained from these surveys informed the analysis of the use and views of pharmacies by people from the protected characteristics and vulnerable groups.

- Community survey respondents stated that they are happy with the pharmacy services they receive in the borough.
- Respondents mostly use the pharmacies to obtain prescription medication, repeat prescriptions and over the counter medication
- The top three services respondents would use if provided were health checks, new medicines service or medicine use reviews
- Suggestions for improvement included reducing waiting times and longer opening hours

5.5. The draft PNA report is included as background paper to this report

6. CONSULTATION

6.1. Health and Wellbeing Boards are required by law to consult a specified list of bodies at least once during the process of developing the PNA. 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

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

6.3. Appendix B provides an overview of the consultation plan for the PNA for the HWB to review.

6.4. 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 sets out any changes to pharmaceutical services in the area. However, consultation will be undertaken with resident, 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 is in-line with the regulations and guidance.

- 6.5. The PNA Task and Finish Group will be ready to begin the consultation on the draft PNA by the beginning of December. This will allow for the consultation to be completed early Feb 2018, with a final PNA to be completed and endorsed by the HWB for publication by 1st April 2018 in-line with legislation

7. EQUALITY IMPLICATIONS

- 7.1. Schedule 1 of the “2013 Regulations” includes a requirement of the PNA to assess the different needs of people in its area who share a protected characteristic

8. LEGAL IMPLICATIONS

- 8.1. Health and Wellbeing Boards are legally required to publish and maintain a PNA for their local area by virtue of Section 128a of the National Health Service Act 2006 (Pharmaceutical Needs Assessments) and the Health and Social Care Act 2012.
- 8.2. All Health and Wellbeing Boards were required to publish a PNA by 1 April 2015. After it has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a PNA.
- 8.3. PNAs must be developed in line with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
- 8.4. Verified by Kevin Beale, Senior Corporate Lawyer, Shared Legal Services

9. FINANCIAL AND RESOURCES IMPLICATIONS

- 9.1. Funds required to produce the PNA were identified from the 2017/18 Public Health budget and have been costed at £23,500.
- 9.2. Verified by Richard Simpson, Public Health Finance Manager

10. IMPLICATIONS FOR BUSINESS

- 10.1 Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), anyone who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on a pharmaceutical list, and prove that they are able to meet a pharmaceutical need as set out in the relevant local PNA.

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.	Draft Hammersmith & Fulham PNA 2018	Colin Brodie 02076414632 cbrodie@westminster.gov.uk	Public Health

[Note: Please list only those that are not already in the public domain, i.e. you do not need to include Government publications, previous public reports etc.] Do not list exempt documents. Background Papers must be retained for public inspection for four years after the date of the meeting.

LIST OF APPENDICES:

Appendix 1: Hammersmith & Fulham PNA outline and progress update

Appendix 2: Hammersmith & Fulham HWB PNA Statutory Consultation Plan

Hammersmith & Fulham PNA outline and progress update

Chapter	Description	Current state
1 - Introduction	Role of Pharmacies Purpose of the Pharmaceutical Needs Assessment Policy Background Relating to the PNA	Draft Complete
2 – Local Health and Wellbeing Priorities	Includes local drivers	Draft Complete
3 – Pharmacy Needs Assessment Process	Includes: Methodological considerations Governance and steering group Regulatory consultation process and outcomes	Draft Complete
4 – Demographics and Health Needs	Includes: Population Characteristics and Projections Wider Determinants of Health and Inequalities Risk Factors for Mortality and Morbidity	Draft Complete
5 - Patient and Public Engagement and the Protected Characteristics	Includes: Results of the Community Pharmacy Questionnaire Protected Characteristics	Draft Complete
6 - Access to Pharmaceutical Essential Services	Features such as private consultation rooms, handwashing, wheelchair access etc	Draft Complete
7 - Advanced, Locally Enhanced and Locally Commissioned Services Provided by Pharmacies	Includes: Categorisation of pharmaceutical services Advanced Services Locally Enhanced Commissioned Services Public Health Commissioned Services Improvements and gaps in access to Public Health Services Other skills and services identified in the Pharmacy Contractor Survey	Draft Complete
Appendices	Appendix A – Terms of Reference Appendix B – Community Questionnaire Appendix C – Community Engagement Plan Appendix D - Pharmacy listings	

Hammersmith & Fulham HWB PNA Statutory Consultation Plan

Revision History

Date of this revision: 01 November 2017

Date of next revision: 21 November 2017

Revision Date	Previous revision date	Summary of Changes	Changes marked
1 November 2017	First version	First versions	First Version

1. OBJECTIVES OF THE CONSULTATION

The high-level objective of the Pharmaceutical Needs Assessment (PNA) statutory consultation is to ensure that statutory consultees are provided with a 60 day period between December 2017 and January 2018 in which to consider the draft PNA 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 resident, 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 	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 	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 CCGs to put out information through their channels of communication with GPs 	PNA Task and Finish Group WLCCG
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 	PNA Task and Finish Group
CCG user panels	<ul style="list-style-type: none"> ▪ Information provided to any user panel through CCG 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	<ul style="list-style-type: none"> ▪ Letter and Email sent to the Chair ▪ 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 	PNA Task and Finish Group
Imperial College Healthcare 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 	PNA Task and Finish Group
London North West Healthcare 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 	PNA Task and Finish Group
West Middlesex University Hospital 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 	PNA Task and Finish Group
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 	PNA Task and Finish Group
West London Mental Health 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 	PNA Task and Finish Group
Wandsworth Health and Wellbeing Board	<ul style="list-style-type: none"> ▪ Letter and Email sent to the Chair and support team 	PNA Task and Finish Group
Brent Health and Wellbeing Board	<ul style="list-style-type: none"> ▪ Email sent to the Chair and Board Members 	PNA Task and Finish Group

Ealing Health and Wellbeing Board	<ul style="list-style-type: none"> Email sent to the Chair and support team 	PNA Task and Finish Group
Hounslow Health and Wellbeing Board	<ul style="list-style-type: none"> Email sent to the Chair and support team 	PNA Task and Finish Group
RBKC Health and Wellbeing Board	<ul style="list-style-type: none"> Email sent to the Chair and support team 	PNA Task and Finish Group
NHS England	<ul style="list-style-type: none"> Letter and Email sent to NHS England London Region 	PNA Task and Finish Group
LBHF Health, ASC and Social Inclusion PAC	<ul style="list-style-type: none"> Email sent to the Chair and support team 	PNA Task and Finish Group

4. COMMUNICATORS	
Communicator	Responsibilities
Hammersmith & Fulham Health and Wellbeing Board	All communications to statutory consultees will be delivered in the name of the Hammersmith & Fulham Health and Wellbeing Board
Public Health	Communications to residents will be delivered in the name of the Public Health Department via the Communications Team
Healthwatch	Support communication with wider resident, patient and consumer groups
NHS Trusts	Support communication with their resident, patient and consumer groups
CCGs	Support communication with individual dispensing GPs Support communication with their resident, patient and consumer groups
Local Pharmaceutical Committee	Support communications with individual pharmacies
Sobus	Support communications with relevant community groups

6. METHODS OF COMMUNICATION	
Email	Emails will be the primary form of communication to statutory consultees, alongside a letter.
Presentation	May be used occasionally to support communications with resident, 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 council website, and the www.jsna.info website
Social media	Social media will be the primary form of communication to residents, alongside any resident e-newsletters or newspaper which coincide with the consultation period
E-newsletters	Potential to be used alongside the newspaper if these forms of communication coincide with the consultation period

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