

London Borough of Bromley

Briefing for Health & Wellbeing Board

30th March 2017

BRIEFING NOTE ON THE PHARMACEUTICAL NEEDS ASSESSMENT 2018

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1. THE BRIEFING

1.1. Background

The Pharmaceutical Needs Assessment (PNA) for Bromley is the formal document of the needs for pharmaceutical services in the area. It is intended to identify what is needed at a local level to guide the current and future commissioning of pharmaceutical services that could be delivered by community pharmacies and other providers.

Since April 2013, Health and Wellbeing Boards have been responsible for the development and maintenance of PNAs. There is a statutory requirement to publish a PNA every three years. Bromley Health & Wellbeing Board published their first PNA in January 2015.

1.2. Need for the PNA

A PNA is needed because:

- Provision of NHS pharmacy services is a controlled market
- Any pharmacist, dispenser of appliances (or GP in rural areas) providing NHS Pharmaceutical Services must be on an NHS Pharmaceutical List
- The NHS (Pharmaceutical Services) Regulations 2012 set out a system for market entry, whereby applications to open new pharmacies, move existing premises or to provide additional pharmaceutical services must be considered against the PNA for the area.

1.3. Regulations Relating to the PNA

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417) set out:

- The legislative basis for developing and updating PNAs
- The responsibility of NHS England in relation to the “Market Entry Regulations”

These regulations require the Health & Wellbeing Board to:

- Publish a PNA by 1 April 2015 and completely revise this every 3 years
Bromley HWB published its first PNA in January 2015; the new PNA needs to be published by January 2018.
- follow a PNA specific consultation process set out in the regulations with requirements for a minimum of 60 days’ consultation and specification of those persons and organisations that must be consulted such as the Local Pharmaceutical (LPC) and Medical (LMC) Committees, and other patient and public groups
- Maintain their PNA (or the legacy PNA) to reflect changes in pharmaceutical services
 - Either by issue of supplementary statements; or
 - Revise their PNA if changes that are relevant to granting of applications are identified
 - Respond to a PNA consultation by neighbouring HWB

The development of the PNA should be regarded as a separate duty to that of developing the JSNA and other relevant strategies. This is because the PNA will inform commissioning decisions by:

- NHS England i.e. market entry decisions, commissioning of enhanced services
- Local Authorities i.e. Public Health Services from Community Pharmacy
- CCGs e.g. locally commissioned services from Community Pharmacy
- Other NHS organisations

1.4. Current Status of PNA Process for Bromley

A PNA Steering Group was established in 2014 to produce the 2015 PNA, and in July of 2014 the Health & Wellbeing Board delegated responsibility for responding to PNA consultations from neighbouring boroughs to the Steering Group.

The Steering Group has been reconvened to produce the 2018 PNA

The Steering Group comprises representatives from:

- Public Health
- Local Pharmaceutical Committee
- Local Medical Committee
- Bromley CCG
- NHS England
- LBB Communications Team
- Healthwatch
- Voluntary Sector Strategic Network

Following a procurement process, a specialist provider (Webstar Lane) was awarded the contract to deliver the PNA starting in January 2017.

Work is ongoing to deliver the PNA.

1.5. Health & Wellbeing Board Actions

The Health & Wellbeing Board will receive updates on the PNA, and will be asked to approve:

- the draft document prior to the statutory consultation
- the final document for publication.

1.6. New Health & Wellbeing Board Responsibilities

Following an amendment to The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 (S.I. 2016/1077) on 5 December 2016, there are new responsibilities for the Health & Wellbeing Board in relation to market entry applications.

There are 5 types of market entry application:

- Current Need
- Future Need
- Improvements or better access
- Future improvements or better access
- Unforeseen benefits (i.e. the applicant provides evidence of need that was not foreseen when the PNA was published)

The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 (S.I. 2016/1077) came into force on 5 December 2016 and gave effect to a new “Excepted Application” called a “Consolidation Application”

A process has been set out for considering “Consolidation Applications” that impacts HWBs:

- NHS England will be required to notify the application locally and seek the views of the HWB
- The HWB is required to give a view on whether or not they see the application as creating a gap in provision
- NHS England will only grant the application if it considers that no gap in provision will be created
- NHS England must refuse any “Unforeseen Benefits Applications” that purport to fill any alleged gap resulting from a closure of premises under a Consolidation Application until at least the next revision of the PNA
- Following the closure, the HWB must publish a supplementary statement in relation to its PNA if in its view no gap has been created by the closure

If a “Consolidated Application” is refused, an applicant can still apply for closure using existing procedures (Regulation 67 S.I. 2013/349), but will not benefit from protection from future “Unforeseen Benefits Applications”