Gloucestershire Health and Wellbeing Board

<table>
<thead>
<tr>
<th>Report Title</th>
<th>Pharmaceutical Needs Assessment: Supplementary Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item for decision or information?</td>
<td>Information and Decision</td>
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</tbody>
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Key Issues:

From 1st April 2013, every Health and Wellbeing Board (HWB) in England was given the statutory responsibility of publishing and keeping up to date a statement of the need for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Gloucestershire has a PNA in place which was published in February 2015. The regulations require the PNA to be updated every three years, with Supplementary Statements published when considered necessary to reflect changes to the availability of pharmaceutical services.

There have been relevant changes in provision of pharmaceutical services in the county since the publication of the PNA which have been covered by a Supplementary Statement. This Statement is expected to be read in conjunction with the PNA.

Recommendations to Board:

The HWB is asked to approve the Supplementary Statement.

Financial/Resource Implications:

None.

1 Introduction and background

1.1 The Health and Social Care Act 2012 transferred the responsibility to develop and update pharmaceutical needs assessments (PNAs) to HWBs from April 2013. Prior to this time, PCTs held this responsibility as well as the additional responsibility of considering applications from persons wishing to provide pharmaceutical services for inclusion on a relevant list, which has now transferred to NHS England. The pharmaceutical services to be considered in a PNA include: essential services, advanced services, enhanced services and locally commissioned services1.
1.2 Such services can be provided by:

- Pharmacy contractors (healthcare professionals who practice in pharmacy)
- Dispensing appliance contractors (suppliers on prescription of appliances such as stoma and incontinence aids, dressings, bandages etc.)
- Dispensing doctors – medical practitioners authorised to provide drugs and appliances in designated rural areas known as ‘controlled areas’
- Local pharmaceutical services (LPS) contractors who provide commissioned services tailored to specific requirements, but includes an element of dispensing.

1.3 The current regulations which make provisions for the conduct of PNAs are The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The regulations require HWBs to publish a revised PNA within three years of its previous publication of its PNA. The regulations further state that ‘…Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust’s pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment). The Gloucestershire PNA Steering Group advised that an annual Supplementary Statement be published as good practice.

2 Supplementary Statement

2.1 Supplementary Statements need to be published when necessary to reflect changes to the availability of pharmaceutical services e.g. the:

- Opening or closing of pharmacy and dispensing appliance contractors premises
- Commencement or cessation (either in total or to a particular locality) of the provision of pharmaceutical services by doctors
- Relocations of premises
- Determinations of areas that are, or are no longer, rural in character (controlled localities)
- Changes in opening hours
- Changes in the services that are provided by pharmacies and dispensing appliance contractors.

2.2 The proposed Supplementary Statement for March 2016 which covers information relevant to the above is provided as Appendix 2 to this paper. This Supplementary Statement is to be regarded as part of the published PNA.

3 Recommendation

1 There are specific definitions which relate to essential services, advanced services and locally commissioned services (see Appendix 1).
3.1 The HWB is asked to approve the Supplementary Statement.
APPENDIX 1: PHARMACUETICAL SERVICES

The pharmaceutical services to be considered in a PNA are governed by the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. They include: essential services, advanced services, enhanced services and locally commissioned services.

**Essential services** are those services which every community pharmacy must provide. These are:
- Dispensing of medicines
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting
- Support for self care
- Clinical governance.

**Advanced services** are those services that a pharmacy contractor (and a dispensing appliance contractor) can choose to provide (subject to accreditation of minimum requirements and standards). At present, there are two advanced services open to all community pharmacies meeting all aspects of essential services:
- Medicines Use Review and Prescription Intervention Service
- New Medicines Service.

Two further advanced services are available to both pharmacy contractors and dispensing appliance contractors, following compliance with the essential services:
- The Appliance Use Review (AUR)
- The Stoma Appliance Customisation Service.

**Locally commissioned services** are contracted via a number of different routes and by different commissioners, including Gloucestershire County Council, and Gloucestershire CCG. Any services that would improve health can be so commissioned.

Such services commissioned by NHS England are the only ones known as Enhanced Services.

Gloucestershire County Council currently commissions the following services:
- Supervised consumption
- Needle and syringe programme
- Emergency Hormonal Contraception (EHC) and contraceptive services
- Stop smoking
- Chlamydia testing and treatment.