

North Tyneside Health & Wellbeing Board Report

Date: 22 September 2022

Title: Approving the
Pharmaceutical Needs
Assessment 2022 - 2025

Report from: North Tyneside Council and Integrated Care Board (ICB) for the North East and North Cumbria

Responsible officer: Wendy Burke, Director of Public Health, Tel 0191 643 2104
North Tyneside Council

Anya Paradis, Director of Place (North Tyneside), Integrated Care Board (ICB) for the North East and North Cumbria

Report author(s): Rachel Nicholson, Senior Manager Public Health, North Tyneside Council Tel: 0191 643 2880

Steve Rundle, Head of Planning & Commissioning (North Tyneside), Integrated Care Board (ICB) for the North East and North Cumbria Tel: 0191 2931158

Neil Frankland, Medicines Optimisation Pharmacist, NHS North of England Commissioning Support Tel: 0191 217 2778

Suzy Cooke, Public Health Registrar, North Tyneside Council

1. Purpose:

To provide the Health and Wellbeing Board (HWBB) with the final draft version of the Pharmaceutical Needs Assessment (PNA), 2022-25 for approval and sign off.

2. Recommendation:

The Health and Wellbeing Board is recommended to approve the final draft version of the PNA and publish it by the 1 October 2022.

3. Policy Framework:

There is a statutory duty under the Health and Social Care Act 2012 for Health and Wellbeing Boards to undertake a PNA. On 1st April 2013, Health and Wellbeing Boards of every local authority in England were required to develop a PNA for the first time and ensure that it was published by 1st April 2015.

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations) sets out the legislative basis for developing the PNAs. PNAs must be completely reviewed at least every three years. The current PNA has been reviewed, updated and a refreshed draft has been produced. This document has undergone a statutory formal consultation process, and further updates have been made. Following approval by the Health and Wellbeing Board the final version will be published by the 1 October 2022.

The purpose of the PNA is twofold:

- To determine if there are enough community pharmacies to meet the needs of the population of North Tyneside. NHS England uses the PNA to determine applications to open new pharmacies in the Local Authority area.
- To act as a commissioning guide for services which could be delivered by community pharmacies to meet the identified health needs of the population.

4. Information:

At the previous meeting of the Health and Wellbeing Board on 11 November it was agreed that the 2018 version of the PNA would be reviewed and updated, the refreshed draft consulted on, and the final version published by 1 October 2022 and the process would be jointly led by North Tyneside Council and the Integrated Care Board (ICB) for the North East and North Cumbria (formally NHS North Tyneside Clinical Commissioning Group until 30 June 2022)

A steering group with representatives from the ICB, NHS North of England Commissioning Support, North of Tyne Local Pharmaceutical Committee, Healthwatch North Tyneside, and North Tyneside Council have overseen the development of the refreshed PNA.

Following the consultation, the final draft of the PNA has been prepared and the Health and Wellbeing Board is required to sign it off and then publish it on the Council website to meet the deadline of 1st October 2022.

4.1 Formal consultation on the PNA

A 60-day consultation period with stakeholders and members of the public was carried out in line with the guidance on developing PNAs and section 242 of the National Health Service Act (2006), which stipulates the need for the NHS to involve the public and patients in decision making. The formal consultation period commenced on the 1 July 2022 and lasted for 60 days until the 31 August 2022.

In keeping with the 2013 Regulations the following stakeholders were consulted during that time:

- North of Tyne Local Pharmaceutical Committee (LPC)
- Newcastle and North Tyneside Local Medical Committee (LMC)
- All persons on the pharmaceutical lists
- All North Tyneside GP practices
- NHS North East & North Cumbria Integrated Care Board
- Tyne Health Ltd - GP Federation
- Healthwatch North Tyneside

- Northumbria Healthcare NHS Foundation Trust (NHCFT), Newcastle Upon Tyne Hospitals NHS Foundation Trust, and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- NHS England and NHS Improvement (NHSEI).
- Health and Wellbeing Boards in Newcastle, Northumberland and South Tyneside
- VODA (Voluntary Organisations Development Agency)
- NHS North Tyneside Clinical Commissioning Group Patient Forum
- North Tyneside Council Residents' Panel

In addition, a public link to the draft PNA and a response form was widely promoted via North Tyneside Council's website. The following questions were included:

- Do you think the PNA is accurate?
- Do you think there is anything missing from the PNA?
- Do you agree with the conclusions of the PNA?
- Please provide any further comments

4.1.2 Consultation Response

Following the consultation, the steering group reviewed the responses to the consultation and has agreed feedback to the points raised as outlined below.

13 responses were received.

- 7 responses were from members of the public
- 6 responses were from members of organisations working in North Tyneside.
- 12 out of 13 respondents thought the PNA was accurate.
- 4 out of 13 respondents thought there were aspects missing from the PNA
- 12 out of 13 respondents agreed with the conclusions of the PNA

There were four comments made that felt there were gaps in the PNA. The Steering Group considered these comments, and the response is outlined below:

Comment	Response
A respondent did not think there was adequate smoking cessation provision in the area and existing provision was not promoted effectively.	The PNA concluded that there is adequate access to stop smoking services. Stop smoking services are available from more than half of community pharmacies across North Tyneside. While the point about promotion of stop smoking services is outside the remit of the PNA there is acknowledgement that continual promotion of stop smoking services is needed. The North Tyneside Tobacco Alliance provides a multi-agency programme to deliver the national smokefree ambitions. The Alliance takes a partnership approach to improving referral routes into local services, providing stop smoking advisor training and will have a renewed focus on promoting mass media campaigns such as Stoptober that aim to improve targeted awareness of the benefits of

	going smokefree and increase awareness of local stop smoking services.
A respondent thought that community pharmacies should have a role in annual medication reviews for over 75s.	This is outside the remit of the PNA, and Community Pharmacies are not commissioned to do annual medication reviews and do not have access to medical notes.
A respondent highlighted a gap in the PNA regarding services commissioned by the NENC ICS in December 2021 utilising Winter Access Funding that not been included in the PNA.	<p>The services commissioned through Winter Access Funding are part of the Think Pharmacy First provision as outlined in section 4.8.1 in the PNA.</p> <p>The Winter Access funding has not been specifically mentioned in the PNA due to the short-term nature of the funding.</p>
A respondent stated that there does not appear to be much included within the PNA that looks to exploit the clinical services that community pharmacy could provide to support the system now and, in the future, (e.g., building on examples which are included such as the PGD (patient group direction) for simple UTIA (urinary tract infection). The PNA makes no reference to the possibility that NHCFT may bring a General Practice onto one of its sites, creation of virtual wards (implications on clinical pharmacy services and supply of medicines), further development of the North Tyneside Urgent Treatment Centre, potential for hospital access to EPS and resulting opportunity to re-engineer supply of (a) outpatient dispensing services, (b) the supply of medicines to vulnerable patients following virtual clinics (as seen during COVID pandemic) and/or (c) supporting the supply of medicines to hospital patients when discharged back into community. There is little included within the document about how community pharmacy could contribute to achieving the sustainability aims of the NHS e.g., opportunity to re-engineer medicines homecare provision and thus reduce carbon footprint associated with transport (plus advantages associated with many of the potential re-engineered services listed above). There is no acknowledgement of the lack of capacity available within North Tyneside to get medicines dispensed into compliance aids when they are required.	<p>The PNA does mention the UTI PGD and does state that other PGDs could be introduced in future to broaden the scope of this service.</p> <p>While it is not the remit of the PNA to assess NHS or private hospital pharmacy services the Steering Group agrees that at a system wide level we need to maximise opportunities to identify additional clinical services to be commissioned and provided through community pharmacies.</p> <p>The Health and Wellbeing Board will work with the Trust and the LPC to look at these opportunities and understand that the Integrated Care Strategy is likely to place a greater emphasis on pharmacies providing a wider range of services.</p> <p>The Steering Group acknowledge that the respondent has raised the issue of difficulty in getting monitored dosage systems supplied by local pharmacies and have agreed that the Health and Wellbeing Board will work with the Trust and the LPC to understand this issue further.</p> <p>The Health and Wellbeing Board look forward to working with the Trust as they progress with developments such as GP practice within the hospital, virtual wards and any new approaches to discharge and outpatient dispensing especially if they change the need for community pharmacy services.</p>

--	--

A final draft of the PNA has been prepared which has taken into account the feedback comments received from the consultation as outlined above (Appendix A)

5. Decision options:

The Board may either:

- a) approve the PNA for publication on 1 October 2022; or
- b) approve the PNA subject to any amendments specified by the Board.

6. Reasons for recommendations

The Board is recommended to agree option a) as the final version of the refreshed PNA which meets the statutory requirements since it has been prepared based on extensive consultation with key stakeholders.

7. Appendices:

Appendix A – North Tyneside Pharmaceutical Needs Assessment

8. Contact officers:

Rachel Nicholson, Senior Public Health Manager, North Tyneside Council, 0191 643 8073

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:

- Pharmaceutical Needs Assessment: Information Pack for Local Authority Health and Wellbeing Boards (DH, 2013).
- The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013).

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

The development of the PNA has been managed through existing resources within North Tyneside Council, the ICB and NHS North of England Commissioning Support.

11 Legal

This PNA is a statutory responsibility which records the need for pharmaceutical services within a specific area. The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for this report.

12 Consultation/community engagement

The PNA has been developed in consultation with a range of stakeholders in keeping with the 2013 Regulations.

The consultation period commenced on 1 July 2022 and the draft PNA was placed on the Council website for 60 days in keeping with the requirement of the Regulations:

“a person is to be treated as served with a draft if that person is notified by the HWB of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the minimum 60-day period for making responses to the consultation”.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

The PNA identifies the health needs of the local population including issues around access to services, inequities in health experience and other inequalities experienced by specific groups in the population.

15 Risk management

If the PNA is not published by 1 October 2022, statutory obligations are failed to be achieved.

Health and wellbeing boards face the risk of a judicial review should they fail to develop a pharmaceutical needs assessment that complies with the minimum requirements for such documents as set out in the 2013 regulations, or should they fail to follow due process in developing their pharmaceutical needs assessment, e.g., by failing to consult properly or take into consideration the results of the consultation exercise undertaken or fail to publish by the required deadlines.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.

SIGN OFF

Chair/Deputy Chair of the Board

Director of Public Health

Director of Children's and Adult Services

Director of Healthwatch North Tyneside

ICB Director

Monitoring Officer