

Report title:	Pharmaceutical Needs Assessment (PNA)
Date of meeting:	6 March 2018
Sponsor:	Dr Louise Smith, Director of Public Health

Reason for the Report

This report requests the Health and Wellbeing Board (HWB) to approve and publish the new Norfolk Pharmaceutical Needs Assessment 2018.

Report summary

The HWB has a statutory responsibility to publish an up-to-date Pharmaceutical Needs Assessment (PNA) for Norfolk by April 2018.

The Deputy Director of Public Health, Suzanne Meredith, has led the delivery of the PNA, on behalf of the HWB, and Public Health provided the resources required to complete it. A multi-agency PNA steering group was established, and the legal requirements have been met.

As of 31 September 2017, Norfolk had a total of 164 community pharmacies, 56 dispensing GP practices (with 22 branch surgeries) and 1 dispensing appliance contractor (DAC). The Norfolk PNA 2018 concludes that the number and distribution of pharmaceutical service provision in Norfolk is adequate. There is no current need identified for more pharmaceutical providers at this time.

A key theme within the PNA is that the integration of pharmaceutical services and effective use of pharmacists' skills is seen as essential to enable delivery of the Sustainability & Transformation Partnership (STP) aims and supportive of the public health and primary care strategies. A series of additional recommendations are made in the PNA which support this.

Recommendations:

The Health and Wellbeing Board is asked to:

1. Approve the publication of the new Norfolk Pharmaceutical Needs Assessment 2018 by April 2018, in line with the HWB's statutory responsibilities
2. Endorses the PNA recommendations (para 2.3 below)
3. Celebrates the value of Community Pharmacies - the contribution they make to health and wellbeing and their potential for making a positive contribution in future.

1. Background

- 1.1 Every Health and Wellbeing Board in England has a statutory responsibility to publish a statement of the needs for pharmaceutical services for the population in its area, referred to as the Pharmaceutical Needs Assessment (PNA). This is the main reference document upon which commissioning of pharmaceutical services decisions are made, including the granting of NHS contracts by NHS England. It is a requirement of the HWB to publish a PNA every 3 years, or sooner if significant changes in need have been identified. The previous Norfolk PNA was published in March 2015. A new PNA must be published by April 2018.
- 1.2 This PNA was undertaken in accordance with the requirements set out in Regulations 3 to 9 of Schedule 1 of the Regulations 2013 and its development was overseen by a multi-agency PNA Steering Group.
- 1.3 As part of the process the views of a wide range of key stakeholders were gathered to identify issues that affect the commissioning of pharmaceutical services and to understand the need for, and provision of, pharmaceutical services in Norfolk. A public consultation was undertaken from 7th November 2017 to 9th January 2018.
- 1.4 The PNA 2018 represents a snapshot of information taken in September 2017. It sets out to identify any gaps in pharmaceutical services focusing predominately on those pharmaceutical services delivered in primary care, through community pharmacy, dispensing services provided by dispensing practices and dispensing appliance contractors (DAC).
- 1.5 The PNA will need to be reviewed and refreshed should any significant changes be required. Any updates will be published as supplementary statements as required by the regulations.

2. Key findings

- 2.1 Provision of pharmaceutical services was assessed against the demographic and health needs of the population of Norfolk. The information gathered was analysed and has resulted in a series of recommendations. The full Norfolk PNA for 2018 is available at: [Norfolk PNA 2018](#)
- 2.2 As of 31 September 2017, Norfolk had a total of 164 community pharmacies, 56 dispensing GP practices (with 22 branch surgeries) and 1 dispensing appliance contractor (DAC). **The Norfolk PNA 2018 concludes that the number and distribution of pharmaceutical service provision in Norfolk is adequate. There is no current need identified for more pharmaceutical providers at this time.**
- 2.3 A key theme within the PNA is that the integration of pharmaceutical services and effective use of pharmacists' skills is seen as essential to enable delivery of the STP aims and supportive of the public health and primary care strategies. In addition to the main recommendation in section 2.2, the PNA includes nine additional recommendations, some of which are aspirational:

Recommendations made by this PNA are as follows:

1. Commissioners should seek to maximise the potential of delivering prevention and medicines optimisation interventions by fully integrating pharmacy into current and emerging models of care to meet the range of needs of Norfolk's

population.

2. To harness the wide range of skills that community pharmacists and their teams have to support the delivery of the prevention and self-care agenda to support the long term sustainability of the Norfolk health economy.
3. The Norfolk HWB should agree a process to identify any significant changes in provision, assess the impact and publish supplementary statements to the PNA as required.
4. That local providers of pharmaceutical services have equitable (in line with other local healthcare providers) access to appropriate translation interpretation and British Sign Language interpreting services.
5. The HWB and commissioners should continue to work in partnership with existing community pharmacies to maximise opportunities for prevention interventions and to further support people to self-care within the easy to exclude community.
6. The HWB and commissioners should continue to work with existing community pharmacies to maximise the opportunities for improving population health; the management of long term conditions and the reduction of health inequalities by making every contact count.
7. To continue to work with GP practices and pharmacies to maximise the appropriate use of electronic repeat dispensing to derive maximum benefits for patients and providers of services.
8. STP/CCGs should further engage with community pharmacy leaders to enhance integration of nationally commissioned services to maximise patient benefits of optimal use of medicines.
9. STP and constituent CCGs to be mindful of the capabilities and skills within community pharmacy and ensure these are fully integrated into system redesigns to support positive patient outcomes.

Officer Contact

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