


Health and Wellbeing Board Insert Date	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Tower Hamlets Pharmaceutical Needs Assessment Consultation 2015	

Lead Officer	Somen Banerjee
Contact Officers	Somen Banerjee, Director of Public Health (interim)
Executive Key Decision?	No

Executive Summary

1. Under the Health and Social Care Act 2012, there is a statutory requirement to produce, on behalf of the Board, a Pharmaceutical Needs Assessment (PNA) by March 2015. The PNA examines health needs in the borough, what is currently provided, what people think of services and how services could be improved in future.
2. The findings of the PNA inform NHS planning of local pharmacy services. Specifically, they are used by NHS England for informing decisions on; applications for new pharmacies, changes in premises for existing pharmacies, and changing services of existing pharmacies.
3. The PNA includes demographic and health data relevant to the need for pharmacy services, an outline of the current pharmacy provision and user views on services. The document was developed in consultation with a stakeholder group with representatives from the Council, Healthwatch, pharmacists, GPs, voluntary sector and NHS commissioners.
4. As discussed at the Health and Wellbeing Board in January, the PNA consultation document was published on 30th January and the consultation will conclude at the end of March. The documentation can be found on the Council website at: http://www.towerhamlets.gov.uk/lgsi/851-900/867_consultation/pharmaceutical_needs.aspx
5. The consultation report has also been distributed widely to the pharmacists in the borough, the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), the NHS Tower Hamlets Clinical Commissioning Group, NHS England, Public Health England and neighbouring borough.
6. The key findings are set out in the Executive Summary of the attached consultation document (p6-8). The overall conclusions were that overall there

is sufficient capacity of community pharmacy provision to meet need and no significant gaps were identified. However, the report highlights that population growth will increase need for services that could be met to an extent through increasing staff within existing provision and automating services to increase through throughput. Feedback from users on services was generally positive although some issues were identified around range of services provided, staff training and information provision (these are set out in chapters 7 and 8).

7. The core requirements around content and consultation is set out in DH guidance at <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>. The consultation document has been developed to meet these requirements and timelines.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Provide feedback and comments on the consultation document
2. Note that an amended version of the consultation document will be distributed electronically to Board members on the 23rd of March for final comments

1. REASONS FOR THE DECISIONS

- 1.1 Under the 2012 Social Care Act, there is a statutory requirement to publish a pharmaceutical needs assessment for the borough by the 1st April, 2015

2. ALTERNATIVE OPTIONS

- 2.1 None

3. DETAILS OF REPORT

- 3.1 The report is attached

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. There are no direct financial implications as a result of the recommendations in this report.

5. LEGAL COMMENTS

- 5.1. Section 206 of the Health and Social Care Act 2012 amended section 128A of the National Health Services Act 2006, to transfer the responsibility to the Health and Wellbeing Board for assessing pharmaceutical needs in the Council's area and publishing a Pharmaceutical Needs Assessment in respect of its findings.
- 5.2. The PNA must comply with the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 ('the Regulations'). Regulation 5 requires that the HWB must publish its first PNA by 1 April 2015, then revise this every 3 years (Regulation 6).
- 5.3. Schedule One of the Regulations require the PNA to address existing provision and any gaps in service in respect of pharmaceutical services which are either necessary or could be provided for the purpose of securing improvements to services. An explanation of how the PNA was carried out and a map of service in the Borough are also required.
- 5.4. Regulation 8 requires the HWB to consult with a number of persons and organisations during the course of the assessment, prior to publishing the PNA, including the Local Pharmaceutical Committee, the Local Medical Committee, dispensing doctors and chemists, NHS Trusts, the Local Healthwatch and neighbouring HWBs. Those consulted must be given at least 60 days to respond to the draft PNA.
- 5.5. The PNA should have regard to the needs and likely future pharmaceutical needs of the area, taking into consideration the demographics, risks to the health or wellbeing of people in this area, local variations and availability of choice across the Borough (Regulation 9).
- 5.6. The draft PNA Consultation documents on the Council's website and method of consultation appear to be consistent with the requirements of the Regulations.
- 5.7. The Equality Act 2010 requires the council in the exercise of its functions to have due regard to the need to avoid discrimination and other unlawful conduct under the Act, the need to promote equality of opportunity and the need to foster good relations between people who share a protected characteristic (including age, disability, maternity and pregnancy) and those who do not. The draft PNA gives due regard to the different needs of individuals in the Council's area who share a protected characteristic.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1. The report considers health inequalities in the borough and assess the extent to which pharmacy provision meets needs to address these.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

7.1 Limited relevance

8. RISK MANAGEMENT IMPLICATIONS

8.1. The risks to the council are minimal. The report is to support the NHS to make decisions about future provision (although these may well be made in discussion with the council)

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 Limited relevance

10. EFFICIENCY STATEMENT

10.1 Limited relevance for council

Appendices and Background Documents

Appendices

- Appendices to full report