

Warwickshire Pharmaceutical Needs Assessment Development Working Group



Terms of reference

Date

May 7th 2014

Background

1. In 2009 all PCTs were required to prepare a Pharmaceutical Needs Assessment (PNA), for publication by February 2011, to present a picture of pharmaceutical service provision, reviewing access, range and adequacy of service provision and choice of provider.
2. The PNA is an assessment of the need for a type of service rather than a service provided by a particular type of contractor. Pharmaceutical services can be provided by Dispensing Doctors, Dispensing Appliance Contractors, Local Pharmaceutical Service Contractors as well as Community Pharmacies
3. PNAs are used to guide decisions on which NHS funded services need to be provided by local community pharmacies and other providers.
4. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications by applicants and existing NHS contractors can be open to legal challenge if not handled properly. As a consequence it is important to have an up to date and locally relevant PNA.
5. The NHS regulations of April 2013 state that responsibility has transferred (from PCTs) to Health & Wellbeing Boards (HWB) to produce their first PNA no later than 1st April 2015. This will require board-level sign-off and a period of public consultation beforehand.
6. In order to reflect local changes, PNAs must be updated every three years or earlier, if, any significant changes in pharmaceutical service provision occur within the PNA boundary.
7. The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:
 - A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
 - A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);
 - A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services

Aims and objectives

in the area;

- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out);
- A map of providers of pharmaceutical services.

8. The PNAs published by PCTs prior to 1 April 2013 remain in force until they are replaced by a PNA published by the HWB. Health and Wellbeing Boards have until 1 April 2015 to publish their own PNAs, unless there is a more urgent need to update the PNA. Because the PNA development goes through an extensive engagement and formal consultation, the process can take up to a year or even longer.
9. The development of the PNA will take into account the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy – and present information about current and future provision of services.
10. The purpose of the PNA Development Working Group is to ensure that Warwickshire County Council has an accurate, comprehensive and robust Pharmaceutical Needs Assessment (PNA) published by 1.4.15.
11. The PNA Development Working Group will agree the project plan and assure itself that the PNA meets the requirements of The Health and Social Care Act 2012 and NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and is in line with DH guidance.
12. The PNA Development Working Group will develop a robust Pharmaceutical Needs Assessment to satisfy control of entry regulations

Membership

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13. Membership of the working group:

Rachel Robinson – Consultant in Public Health, Public Health Warwickshire, JSNA lead, Warwickshire CC (Chair)

Primary Care Team – NHS England Arden, Herefordshire & Worcestershire

Caroline Eley – Warwickshire Local Pharmaceutical Committee

Gareth Wrench – Public Health, Warwickshire CC

Caroline Galloway - Associate: Medicines & Therapeutics NHS Arden CSU

Satyan Kotecha – NHS England AHW Local Professional Network Chair (Pharmacy)

Andrew Kennedy – Warwickshire Local Medical Committee

Laurence Tressler – Lead Pharmacist NHS Arden CSU

Kate Butler, Performance & Process Co-ordinator NHS Arden CSU
Kalbinder Dayal, Performance & Process Co-ordinator NHS Arden CSU
Len Mackin - Healthwatch Warwickshire Ltd

Principles and responsibilities

14. If a member is unable to attend a meeting they should arrange for a representative to attend in their place. However there only needs to be one appropriate representative from each organisation.
15. Other members with relevant expertise will be co-opted by invitation as appropriate
16. A quorum will be defined as at least seven members with at least one representative from the WCC, LPC and Arden CSU organisations

17. Members of the Working group are expected to:
 - Attend meetings or send a representative if appropriate (see point 14).
 - Respond with reasonable promptness to any requests for information, clarification, verification or other contribution in connection with the PNA development.
 - Read papers provided in advance of meetings and be in a position to contribute when said paper is discussed.
 - Work together and take collective responsibility for decisions except where that conflicts with other roles.
 - Honour any commitments made insofar as they relate to their own organisations.

Meeting frequency

18. Meetings of the working group will initially be arranged on a monthly basis but if considered appropriate this will change to bi monthly, although extra meetings may be convened if necessary.
19. Papers and items for inclusion in the agenda should be sent to the Administrator, Public Health Intelligence Team at least ten days in advance of the meeting date. Documents will be circulated between 5 days and one week in advance of meetings.

Support

20. Administration for the HWB will be provided by Public Health WCC

Relationship to other groups

21. The PNA Development Working Group will provide reports to JSNA Working Group which is a subgroup of the Health and Wellbeing (HWB) Board.