







READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	15 JULY 2022		
REPORT TITLE:	Reading Pharmaceutical Needs Assessment		
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report is being presented to Reading Health and Wellbeing Board (HWBB) to achieve sign off of the Reading Pharmaceutical Needs Assessment (PNA) 2022-2025. This will enable the publication of the PNA by the statutory deadline of 1st October 2022 on the Reading Council website.
- 1.2 The purpose of this HWBB report is to summarise the PNA methodology, governance overseeing its production, and the PNA conclusions to support the HWBB in formally agreeing to publish the PNA.
- 1.3 Each HWBB has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population; this is called the Pharmaceutical Needs Assessment. The primary purpose of PNAs is to inform the decision-making process managed by NHS England regarding applications for new pharmacies; the assessment is used in determining market entry applications by pharmacists for new, additional or relocated premises, hours or pharmaceutical services.
- 1.4 PNAs can also inform commissioning of services that may be provided within pharmacies such as those funded by the NHS and local authorities.
- 1.5 The PNA process is also statutorily defined, including details such as when the PNA must be published, how needs should be assessed and the consultation process. It is also strongly recommended that a PNA steering group is formed to deliver the PNA on behalf of the HWB.
- 1.6 Typically, Directors of Public Health (DPH) are delegated as the lead HWBB member responsible for overseeing the PNA. In Berkshire, the two DPHs for the six local authorities in the area agreed to commission the production of the six Berkshire PNAs to a third-party provider. This was to ensure timely delivery, to a good standard, mitigating against the COVID-19 pandemic pressures on local public health teams. The provider was selected based on a three quotes process with a 60:40 quality:price ratio. Healthy Dialogues won the contract and have delivered the six Berkshire PNAs (including for Reading HWBB). The service specification that Healthy Dialogues delivered to included responsibility for undertaking the statutory PNA processes and writing of the PNAs.
- 1.7 Management of the contract with Healthy Dialogues was delegated to the Berkshire East Public Health Hub. There is also a Berkshire West Public Health Hub that supports Reading, Wokingham and West Berkshire local authorities, however for the purpose of managing the PNA provider, one of the hubs was nominated.
- 1.8 It is considered best practice to establish a PNA steering group early in the PNA process to advise on and quality assure the PNA production process and comment on draft

versions of the PNA report, particularly pre consultation. Healthy Dialogues were therefore supported by a single Berkshire PNA steering group.

- 1.9 Members of the Berkshire PNA steering group included Thames Valley Local Pharmaceutical Committee (LPC), a Consultant in Public Health from the Berkshire East Public Health Hub; a regional representative from NHS England; Healthwatch (all six Healthwatch teams were invited to attend); a representative from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (ICS) and one from Frimley ICS, and a patient and public representative (a volunteer from one of the Healthwatch teams).
- 1.10 The Consultant in Public Health was the conduit between Healthy Dialogues and the local authority public health teams, responsible for updating the teams on the delivery and quality of the PNAs as they were developed. The Consultant also signposted Healthy Dialogues to staff in each local authority to ensure the public survey was appropriately targeted to the local community, especially local priority groups relevant to the PNA.
- 1.11 Healthy Dialogues produced a PNA delivery plan, which was signed off by the PNA steering group and the group met approximately once every six weeks to discuss the PNA assessment process at each stage. Key decisions of the steering group have included:
- 1.11.1 A request for Healthy Dialogues to produce a public engagement survey relevant to each local authority's population.
- 1.11.2 Approval for Healthy Dialogues to apply two commonly used measures to assess the adequacy of access to pharmacies within each local authority area, including a one mile walk and a 20-minute drive of a pharmacy. The former measure is typically used in urban areas and the latter is more often used in rural areas. There is no statutorily defined access measure, nor are any indicated in national guidance; the measures used need to balance the need at a population level for good access to pharmacy services, with the population size within a given radius to sustain a community pharmacy service.
- 1.11.3 Approval of the draft PNAs to be published for their 60 day consultation, following a period of feedback from the PNA steering group to enhance the quality and accuracy of the reports.
- 1.12 In addition to this governance mechanism, the Health Intelligence leads for each of the Berkshire public health hubs reviewed the draft PNAs relevant to their local authority areas for accuracy of the population demographic and health needs.
- 1.13 It is under the oversight of these governance mechanisms that the Reading PNA was produced. The methodology applied by Healthy Dialogues followed the mandated stages, including gathering of health and demographic data, public and contractor engagement, gathering information about pharmaceutical services currently in place in the local authority area, analysis and drafting of the PNA report, review by the PNA steering group and sign off as draft for the 60 day consultation, delivery of the consultation and finally, refining of the PNA based on consultation feedback to finalise for the HWBB.
- 1.14 On this basis, the Reading PNA has drawn the following conclusions:
- 1.14.1 Reading is well served in relation to the number and location of pharmacies. There are 29 community pharmacies, one dispensing appliance contractor and one distance selling pharmacy located within Reading. There are a further seven community pharmacies located within a mile of Reading's border.
- 1.14.2 There are no gaps in the provision of: essential, advanced (NHSE commissioned) and other NHS pharmacy (locally commissioned) services in Reading.
- 1.15 Appendix A: Reading Pharmaceutical Needs Assessment
- 1.16 Appendix B PNA Public Engagement Strategy

2. RECOMMENDED ACTION

- 2.1 Formally approve Reading's Pharmaceutical Needs Assessment for 2022 to 2025.
- 2.2 Approve publication of Reading's Pharmaceutical Needs Assessment 2022 to 2025 on the Reading Council website. This should be made accessible for the lifespan - noting that if local pharmaceutical services change during this time, the Local Authority will publish supplementary statements to the website.

2.3 Note if significant changes occur during the lifespan, the HWB will be notified.

3. POLICY CONTEXT

3.1 As outlined in the Health and Social Care Act 2012 - as of the 1st April 2013 every HWB has had statutory responsibility to publish, and keep up to date, a statement of the needs for pharmaceutical services in their area. This is referred to as the Pharmaceutical Needs Assessment (PNA). The first PNA had to be published on the 1st April 2015 and revised every three years after that, or sooner if a HWB is made aware of a need to do so. Otherwise, supplementary statements may be published for small changes. This requirement was updated in statute in response to workforce capacity demands associated with the COVID-19 pandemic, allowing publication of the current revised PNAs by the 1st October 2022, rather than April 2022.

4. THE PROPOSAL

- 4.1 Reading's current PNA has expired and the HWB are required by law to ensure an updated version is published by 1st October 2022.
- 4.2 The HWBB are asked to approve this PNA and agree to its publication on the Reading Council website.
- 4.3 The alternative option is that the HWB do not approve the PNA content and request amends, however this risks not meeting the statutory publication deadline.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 The PNA's aims contribute to the Berkshire West Health and Wellbeing Strategy (2021-2030), by contributing to the following priority:

"Support individuals at high risk of bad health outcomes to live healthy lives"

5.2 The PNA will support this by offering commissioners insights regarding the availability of health promoting services based in pharmacies and this may influence commissioning that supports individuals to live healthier lives.

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

- 6.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).
- 6.2 There are no environmental or climate implications arising from the decision, because the needs assessment does not indicate any changes that would impact on environmental or climate hazards positively or negatively.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 The PNA has been published for the statutory 60 day consultation on Reading Councils website. In addition, a public engagement survey was undertaken and used to inform the assessment of pharmaceutical needs.

8. EQUALITY IMPACT ASSESSMENT

8.1 An Equality Impact Assessment (EIA) is not relevant to the decision as the PNA has not identified any inequitable needs affecting the protected characteristics groups; these were assessed via a public survey to assess need including analysis of responses from

these groups. An engagement plan was prepared (see Appendix B) to help target the survey to groups the local Healthwatch, public health and communications teams identified as being priority groups to access responses from in the context of a PNA.

9. LEGAL IMPLICATIONS

9.1 The HWBB have a statutory responsibility to refresh the PNA and publish it by 1st October 2022.

10. FINANCIAL IMPLICATIONS

10.1 Not applicable

11. BACKGROUND PAPERS

11.1 There are no background papers supporting this HWBB paper (other than the two appendices listed).