

## **Pharmaceutical Needs Assessment (PNA) Requirements Overview and Scrutiny Commission: Briefing Paper 21 June 2010**

### **Summary**

Pharmaceutical Needs Assessment (PNA) plays an essential role in equipping the PCT to deal with applications to provide pharmaceutical services under the Control of Entry processes, and to reduce any associated risks to the PCT. It also provides a framework to enable the strategic development and commissioning of community pharmacy services to help meet the needs of the local population.

The PCT has a statutory duty to publish its first pharmaceutical needs assessment (PNA) by 1 February 2011. This paper provides information on PNAs and the action the PCT will need to take.

### **Background**

The White Paper *Pharmacy in England: Building on strengths – delivering the future*<sup>1</sup> was published by the Department of Health in April 2008. It highlighted the variation in the structure and data requirements of PCT PNAs and confirmed that they required further review and strengthening to ensure they are an effective and robust commissioning tool which supports PCT decisions.

The Health Act 2009 amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations<sup>2</sup> were consulted on in 2009/10 and came into force on 24 May 2010.

### **The duty on the PCT**

The regulations place a statutory duty on each PCT to develop and publish their first PNA by 1 February 2011. The regulations set out the minimum requirements for the first PNA produced under this duty, and these include such things as data on the health needs of the PCT's population, current provision of pharmaceutical services, gaps in current provision and how the PCT proposes to close these gaps. The PNA will also consider the future needs for services.

PCTs will be required to undertake a consultation on their first PNA for a minimum of sixty days, and the regulations list those persons and organisations that must be consulted e.g. the Local Pharmaceutical Committee, Local Medical Committee, LINks and other patient and public groups.

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<sup>1</sup>

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083815](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815)

<sup>2</sup> [http://www.opsi.gov.uk/si/si2010/uksi\\_20100914\\_en\\_1](http://www.opsi.gov.uk/si/si2010/uksi_20100914_en_1)

## **Action to date**

To date a core group has been established, with agreed Terms of Reference. Extended membership needs to be considered. Trish Thompson has been identified as the director responsible for the development of the PNA.

A Communications and Engagement Plan for the development of the PNA has also been agreed.

## **Market entry**

In addition to being a tool to commission pharmaceutical services, PNAs will in future be used to consider applications from pharmacy and appliance contractors to open new premises in the PCT's area, or to move to new premises. This will replace the current system whereby the PCT decides if it is necessary or expedient to approve an application in order to secure access to pharmaceutical services in a particular area (also known as the Control of Entry system). It will therefore help the PCT to commission pharmaceutical services to meet the health needs of its population. It is important that the PNA is a robust document and that it links to the PCT's Joint Strategic Needs Assessment.

## **Commissioning of Pharmaceutical Services**

The PNA will provide a framework to determine which pharmaceutical services should be commissioned in order to support the delivery against identified health needs of the local population.

Pharmaceutical Services do not necessarily need to be delivered by Community Pharmacies (i.e. Smoking Cessation, Emergency Hormone Contraceptive)

## **Consultation Process**

As part of the process the PCT will carry out a consultation process with all the key stakeholders identified within the regulations. This includes professional bodies, pharmacy and appliance contractors, neighbouring health agencies, Local Authority, patient groups and Foundation Trusts.

This Consultation will be for 60 days, as required within the regulations, during September and October, to enable the final document to be revised accordingly and submitted to the PCT Board in January for final sign off.

## **Timeline**

The timeline for the development of the PCT's first PNA is attached.