

PHARMACEUTICAL NEEDS ASSESSMENTS

Summary

The Pharmaceutical Needs Assessment (PNA) is critical to the future of pharmaceutical services and requires careful consideration, consultation, preparation and implementation involving all appropriate stakeholders, particularly pharmacy contractors and the LPC as their recognised representative body. It is imperative that, when consulted, pharmacy engages with the development of the PNA and thus the shaping of their future practice. The consequences of not delivering against needs are clear.

Background

PCTs should already have a PNA in place as part of their commissioning plan; however, this became more critical with the publication of the Pharmacy White Paperⁱ and the Health Bill 2009ⁱⁱ which indicate that not only will the PNA drive the future commissioning of pharmacy services, but also the decommissioning of services plus market entry and exit based on need and capability.

In January 2009, NHS Employers launched their guidance for PCTs on PNAs as part of World Class Commissioning (WCC)ⁱⁱⁱ; this was followed by the publication of the WCC guide on improving pharmaceutical services^{iv} in March 2009 and in July 2009 came the long awaited PNA Toolkit^v.

PNA Essential Building Blocks

- Identify needs at a local level to support commissioning intentions
- Contribute to the overall Joint Strategic Needs Assessment (JSNA) and commissioning strategy
- Ensure that the PCT has robust and relevant information on which to base decisions about market entry
- Commissioning high quality pharmaceutical services
- Ensure wide engagement across the PCT and with its stakeholders including LPC, LMC, pharmacy providers, Practice Based commissioners, patients and the public

PNA Guidance

The guidance is structured around five steps with supportive guides:

1. Getting engagement right

- A **Core Team** with seven key roles who meet regularly, understand the governance of the PNA process including SHA sign-off and ensure that the PNA is an integral part of the JSNA and commissioning process:
 - Board support – director level sponsor
 - Strategic support – internal champion in PCT
 - Operational support and project management – PNA lead
 - Partnership support – external champion for community pharmaceutical services
 - PBC Support – a PBC champion
 - Patient and public involvement
 - Technical support – a public health consultant or director of public health
- A **Stakeholder Steering Group** sponsored by a board member and including champions of the process and representation from patients, pharmacists, secondary care and GPs.
- A **Communications Plan** to ensure effective 2-way communication between those involved in its development and those likely to be affected by it
- A **Resource Plan** which identifies the resources required within the PCT and other stakeholder groups to make it happen within required timelines including future review and updating

2. Identifying local needs

These will be based on national and local priorities linked to the JSNA and Strategic Planning documents, should not be limited to traditional community pharmacy services and focus on issues where pharmaceutical services could:

- improve access and capacity in primary care
- reduce avoidable admissions and reduce bed days
- support the safe and effective use of medicines
- improve access to health and well-being services
- provide support for prescribers to make more clinically cost-effective use of resources

As the PNA will eventually provide the basis for market entry, they will need to be sufficiently detailed and relevant. Other sources of needs assessment data may include PBC groups, GP practices, community pharmacies and patients.

3. Mapping current provision

It is important that current Essential, Advanced and Enhanced services are consistently delivered by all contractors to the highest level of quality in order that current provision reflects current commissioning intentions. Key minimum data set:

- review of contractual monitoring data and existing service specifications for local services
- data on current service provision, premises, skills and facilities
- service provision by other providers, e.g. appliance contractors, secondary care, dispensing doctors, smoking cessation and sexual health services
- accessibility including public perceptions
- future services

4. Shaping the future

To be conducted in line with the objectives of the NHS Next Stage Review^{vi} and should:

- map current services to identified needs
- prioritise needs
- explore future provision and willingness and commitment to provide new services
- develop commissioning intentions
- use robust procurement processes based on the principles and rules for co-operation and competition

5. Action planning

An action plan should clearly set out what needs to be done by who and by when, contingencies and dependencies, and resources required. This will require board approval, must be in line with the WCC agenda and be communicated to the full range of stakeholders.

Options include:

- changes to local contract processes, e.g. promote innovation and/or stimulate local markets
- development of new services
- redesign existing services
- workforce development
- premises/infrastructure improvement
- decommissioning of specific services

ⁱ Pharmacy in England, building on strengths, delivering the future; Department of Health, April 2008

ⁱⁱ Health Bill 2009; House of Lords, January 2009

ⁱⁱⁱ PNAs as part of World Class Commissioning; NHS Employers, Ref: EGUI05101, January 2009

^{iv} Primary & Community Care - improving pharmaceutical services; Department of Health, March 2009

^v Developing Pharmaceutical Needs Assessments – a practical guide; NHS Employers, Ref: EGU105901, July 2009

^{vi} High Quality Care for All – NHS Next Stage Review Final Report; Department of Health, June 2008