



Lewisham Pharmaceutical Needs Assessment 2018

Appendix A – Policy and Governance

- The Health and Social Care Act 2012 gave responsibility for PNA preparation, consultation and maintenance to Health and Wellbeing Boards
- Previously Primary Care Trusts produced the PNA
- The previous PNA was compiled and then published in Spring 2015
- It must be updated every three years
- The Health and Wellbeing Board should maintain the PNA in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s)
- Where a supplementary statement refers to a consolidated application this must state that the removal a pharmacy does not create a gap
- The Health and Wellbeing Board must make the PNA, and any supplementary statements, available to NHSE and neighbouring HWBs

Who is responsible for the PNA



Regulations published in 2013 regulations state that a PNA must include a statement of the following:

- Necessary Services – Current Provision: services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the borough as well as those in neighbouring boroughs.
- Necessary Services – Gaps in Provision: services not currently being provided which are regarded by the HWB to be necessary “in order to meet a current need for pharmaceutical services”.
- Other Relevant Services – Current Provision: services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”.
- Improvements and Better Access – Gaps in Provision: services not currently provided, but which the HWB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- Other Services: any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.
- the PNA must include a map showing the premises where pharmaceutical services are provided
- detail how the assessment was carried out

Minimum requirements of the PNA



The PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWB must consult:

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- The local Clinical Commissioning Group
- Any local HealthWatch organisation for the HWB area, and any other patient, consumer and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS Trust or NHS Foundation Trust in the HWB area
- NHS England
- Any neighbouring Health and Wellbeing board

Who must be consulted on the PNA



Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

In Lewisham the board is chaired by the directly elected Mayor Sir Steve Bullock

The additional members of the board are:

- The Council's Executive Director for Community Services;
- The Council's Executive Director for Children & Young People;
- The Council's Director of Public Health;
- 1 representative of the Local Healthwatch Organisation for the area;
- 1 representative of the Lewisham Clinical Commissioning Group;
- The Director of Voluntary Action Lewisham and a further voluntary sector representative
- Chief Executive of a local Housing Association

The Health and Wellbeing Board



Health and Wellbeing Boards are also responsible for producing and monitoring a Health and Wellbeing Strategy. Lewisham produced a ten year strategy in 2013, which was refreshed in 2015. The nine priorities for Lewisham identified in the strategy are:

- achieving a healthy weight
- increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
- improving immunisation uptake
- reducing alcohol harm
- preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
- improving mental health and wellbeing
- improving sexual health
- delaying and reducing the need for long term care and support.
- reducing the number of emergency admissions for people with long-term conditions

- Our Healthier South East London (OHSEL) is the NHS Sustainability and Transformation Plan (STP) for south east London, established in 2013
- The plan's remit is 'Improving health and care together' and aims to help people to lead healthier and longer lives, whilst improving access and quality of care
- Making the most efficient use of NHS funding
- For further details please see the [plan summary](#)
- [Public Health England](#) published a menu of preventative interventions for the STPs in November 2016, which outline evidence-based public health and preventative interventions that can help to improve the health of the population and reduce health and care services demand in the short to medium term. Within this, Pharmacy is highlighted specifically as playing a role in:
 - CVD secondary prevention
 - improving management of patients with high blood pressure
 - deliver effective brief advice on physical activity in clinical care
 - raise public awareness about reducing the risk of dementia
 - alcohol identification and brief advice