

Report subject	Pharmaceutical Needs Assessment (PNA)
Meeting date	15 July 2024
Status	Public Report
Executive summary	<p>Each Health and Wellbeing Board must publish a pharmaceutical needs assessment (PNA). There is legislation that sets out the process for this. Part of this is regular review, with a new PNA for the Dorset system due by October 2025.</p> <p>This paper kicks off this process, with key questions for the Board. A proposed timeline is set out for agreement, and the Board should consider if this requires any delegated authority to ensure delivery.</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ul style="list-style-type: none"> (a) The start of the 2025 PNA process is noted. (b) The Board agrees to support a single PNA across the Dorset system as in previous PNAs. (c) The provisional timeline set out under section 4.1 is agreed, and the Board consider any need for delegation required to support this. (d) The Board consider: <ul style="list-style-type: none"> (i) The scope of the PNA, and (ii) Any other representatives required on the Steering Group
Reason for recommendations	To meet requirements set out in Regulations.

Portfolio Holder(s):	Councillor David Brown, Portfolio Holder Health and Wellbeing
Corporate Director	Sam Crowe, Director of Public Health, Public Health Dorset
Report Authors	Jane Horne, Consultant in Public Health, Public Health Dorset
Wards	All Wards
Classification	For Recommendation

Background

1. Regulations (2013) set out the need for each Health and Wellbeing Board to:
 - publish a **Pharmaceutical Needs Assessment (PNA)**,.
 - review and publish the PNA every three years,
 - include at least the prescribed Schedule of Information in the PNA, and.
 - consult with specified consultees for at least 60-days on the PNA before publication.
2. The purpose of the PNA is to:
 - assess the need for pharmaceutical services in the local area,
 - identify if there are any gaps in the current service provision,
 - understand if there are likely to be any future gaps in service provision,
 - consider how to ensure improvements and better access,
 - support the NHS in making decisions on market entry applications. This is where a service provider applies to open a new community pharmacy site.
 - Support the NHS in making other decisions about community pharmacies. For example, where a community pharmacy requests to change premises.
3. A national information pack (2021) gives guidance on the process. This recommends a Steering Group to oversee the process. It includes an indicative timeline of at least a year to develop the PNA.
4. The PNA does not, in law, provide an assessment of community pharmacy service quality. Service quality issues may arise during engagement and consultation. The Steering Group will consider any such issues and how they may be best taken forward if required.

Local Context

5. The current [PNA \(2022\)](#) covers both Health and Wellbeing Boards in the Dorset system. It looked at Primary Care Network footprints to consider need in more detail. There were 142 community pharmacies plus 2 distance-selling

pharmacies. For Bournemouth, Christchurch and Poole, there are 86 community pharmacies plus one distance-selling pharmacy.

6. The PNA used 20-minutes' drive time as the standard to identify any potential gaps. It concluded that:
 - there were no gaps in current provision,
 - there were no gaps in future provision,
 - working with current pharmacies was the best way to improve services and access. Integration with other services in an area would also help.
 - The pharmacy workforce challenge is a high priority for the Dorset system;
 - there should be a campaign to encourage patients to only order the medicines they need.
7. Since publication of the PNA in October 2022, eight community pharmacies have closed. Six of these were in the Bournemouth, Christchurch and Poole council area. Another site in Poole also closed when two Rowlands pharmacies were bought together (consolidated) onto a single site.
8. Of eleven community pharmacies that opened 100-hours a week, none continue to do so. The seven in Bournemouth, Christchurch and Poole are now open between 72 and 82 hours a week. 17 community pharmacies have changed hands, six in Bournemouth, Christchurch and Poole.
9. The many changes above, plus the expected time it takes to complete the PNA, mean we need to start work now.

Scope of the PNA 2025

10. There has been a single PNA in 2015, 2018 and 2022 to cover the whole Dorset system. Section 198 of the Health and Social Care Act allows this type of joint arrangement. The Board should consider whether it wants to take the same approach to the 2025 PNA.
11. The regulations require the PNA divides the area into smaller local areas. This allows more detailed analysis. The 2022 PNA used Primary Care Networks footprints. This was confusing because of overlaps in the geography that each network covers. Integrated neighbourhood teams are being established across the system. Footprints are still in development but would provide a good level of clarity and detail. This would also support improved integration of community pharmacies within local teams.
12. The PNA must identify what the standard of service should be so that it can determine whether there is a gap. There is no definition set out in the regulations,

nor is there a clear national benchmark. For the 2022 PNA the Steering Group considered various criteria before agreeing this. The standard set was access to a community pharmacy within a 20-minute drive time. With changes since the 2022 PNA this standard has come under scrutiny. Initial engagement with the public will explore this in more detail. The Board may wish to take a view on what standard to apply.

Timeline and delivery plan

13. A provisional timeline for delivery of the PNA 2025 is set out below. National guidance and experience from development of the 2022 PNA fed in. There are key points where progress may come back to the Board. Delegation of sign-off to the Director of Public Health, in discussion with the Chair, would help if timings do not line up with meeting dates.

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| • Set up Steering Group | June to July 2024 |
| • Initial approval and governance | June to July 2024 |
| ○ Dorset Health and Wellbeing Board, | 26 June 2024 |
| ○ BCP Health and Wellbeing Board, | 15 July 2024 |
| • First stage discovery work | June to Sep 2024 |
| • Data gathering | June to Dec 2024 |
| • Collation of content and first draft | Sep 24 to Feb 2025 |
| • Agree consultation draft | Jan to March 2025 |
| ○ (at Health and Wellbeing Boards?) | |
| • Formal consultation | April to June 2025 |
| • Final PNA completed and signed off | July to Sep 2025 |
| ○ (at Health and Wellbeing Boards?) | |
| • Publication | No later than Oct 2025 |

14. The Steering Group will invite representatives from:

- Public Health Dorset,
- other local authority representatives,
- NHS Dorset,
- the Local Pharmaceutical Committee, Community Pharmacy Dorset,
- the Local Medical Committee,
- Healthwatch Dorset, and
- consider any other representatives as needed.

Summary of financial implications

15. Development of the PNA has no direct financial implications other than staff time. The NHS takes account of the PNA in making commissioning decisions. Findings from the PNA may have budget implications for NHS Dorset in the future. The local authority may use the information from the PNA to inform commissioning. This could lead to budget implications in the future.

Summary of legal implications

16. The requirement for the Health and Wellbeing Board to publish a PNA every three years is set out in [The NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#).

Summary of human resources implications

17. Development of the PNA has been co-ordinated through Public Health Dorset, a shared service between BCP and Dorset councils. BCP council has given notice to end the shared service arrangement by 1 April 2025. The council will therefore need to give thought to who will deliver this after the shared service ends.

Summary of sustainability impact

18. Implications may depend on the standard of service used to determine whether there is a gap. Further assessment should be considered as part of the PNA development.

Summary of public health implications

19. Community pharmacies are key local community assets that support health and wellbeing. Since the 2022 PNA service provision has changed. Developing a new PNA will help to understand any impact of these changes.

Summary of equality implications

20. The PNA development work will include an Equality Impact Assessment.

Summary of risk assessment

21. Risk is likely to fall principally on NHS England, in that if the PNA is not sufficiently robust there is a risk of challenge to their decision making.
22. Having considered the risks associated with this decision using Dorset County Council's risk management methodology, the level of risk has been identified as:
- Current Risk: LOW
- Residual Risk: LOW

Background papers

[Dorset Pharmaceutical Needs Assessment \(PNA\) October 2022](#)
[Pharmaceutical needs assessments: National guidance pack October 2021](#)
[The NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#).

Appendices

There are no appendices to this report.