

Report subject	<b>Pharmaceutical Needs Assessment</b>
Meeting date	6 <sup>th</sup> October, 2025
Status	Public Report
Executive summary	<p>The Bournemouth, Christchurch and Poole (BCP) Health and Wellbeing Board, and the Dorset Health and Wellbeing Board, are both required to publish a Pharmaceutical Needs Assessment (PNA) every three years. A new PNA has been developed as a single document covering both areas as agreed during transition and is scheduled for publication in October 2025.</p> <p>The Steering Group reviewed current population needs, future population growth, and current pharmaceutical services. They concluded that, although there have been changes since the last PNA, these are unlikely to significantly affect access to, or the provision of, pharmaceutical services. Therefore, no gaps in pharmaceutical service provision have been identified.</p> <p>The Steering Group now seeks approval from the Health and Wellbeing Board to proceed with publication of the new PNA.</p> <p>A statutory consultation was carried out to support the development of the PNA. Consultation responses were considered, and where appropriate, amendments were made to the PNA (see Appendix 1).</p>
Recommendations	<p><b>It is RECOMMENDED that the Board:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the outcome of the consultation</b></li> <li>• <b>Approve the new Pharmaceutical Needs Assessment for publication by October 2025.</b></li> </ul>
Reason for recommendations	To ensure that the Health and Wellbeing Board fulfils its statutory duty to publish a new Pharmaceutical Needs Assessment three years after the previous PNA, published October 2022.

Portfolio Holder(s):	Councillor David Brown, Portfolio Holder for Health and Wellbeing
Corporate Director	Glynn Barton, Chief Operations Officer
Report Authors	Dr Rohan Mongru (Specialist Registrar in Public Health) and Lee Robertson (Senior Public Health Analyst) – supervised by: Dr Jane Horne, Consultant in Public Health, Dorset Council <a href="mailto:jane.horne@dorsetcouncil.gov.uk">jane.horne@dorsetcouncil.gov.uk</a> and Paul Iggulden, Public Health Consultant, BCP Council <a href="mailto:Paul.iggulden@bcpcouncil.gov.uk">Paul.iggulden@bcpcouncil.gov.uk</a>
Wards	All wards
Classification	For: Recommendation

## Background

1. A Pharmaceutical Needs Assessment (PNA) is a statement of the need for pharmaceutical services of an area. PNAs are used by the NHS to aid in the consideration of applications to join the pharmaceutical list for the area under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended. The national legislations and regulations, and key concepts and definitions are outlined in Chapter 2 of the PNA: Introduction, along with the commissioning organisations involved in the development of this PNA. The localities developed for the PNA together with the process of creating the PNA are described in Chapter 3 of the PNA: Development of the PNA.

Both councils have low levels of ethnically diverse residents, (discussed in Chapter 4 of the PNA: Local Context), with 82.4% (BCP) and 93.9% (DC) identifying as white British, compared to 73.5% for England and Wales. The highest proportion of BCP Council's ethnically diverse population is classified as "White Other" at 40%, while Dorset Council's highest proportion is also "White Other" at 40%.

Currently there are a total of 132 community pharmacies within the Dorset area (66 in BCP Council and 66 in Dorset Council), and 3 distance selling pharmacies (1 in BCP Council and 2 in Dorset Council) all of which provide essential services, and some of which provide advanced and enhanced services, as defined in Chapter 5 of the PNA: Current services. Also detailed in this chapter are services from 3 dispensing appliance contractors (2 in BCP council and 1 in Dorset council) and locally commissioned services in the area and details on other services that could impact community pharmacy.

This chapter uses information on current services to determine whether there is, or is likely to be, during the lifetime of this PNA, a gap in pharmaceutical service provisions for this area. It also identifies areas where improvements could be made. The analysis considers factors such as accessibility in terms of location and opening hours, choice of provider, and housing growth. Driving time has been chosen as the key measure of accessibility.

In Chapter 7 of the PNA: Conclusion, it states that there is appropriate provision for the population that this PNA covers, with no current gaps and no future gaps

identified over the three-year lifespan of this document. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within local areas rather than through the opening of additional pharmacies.

## **Options Appraisal**

2. While no formal alternatives were considered for the overall development of this report, the Steering Group explored different approaches in two key areas of the PNA process: the definition of a gap in pharmaceutical provision and the geographical units used for analysis. We asked about the definitions used in the PNA report during the consultation and if there were any other alternatives suggested.

### **Definition of a Gap:**

The 2013 regulations require PNAs to identify necessary pharmaceutical services but do not define what constitutes a “gap.” To address this, the Steering Group developed criteria focused on accessibility, including a consistent 20-minute drivetime for both urban and rural areas. They also considered pharmacy opening hours in relation to GP Enhanced Access times. These criteria were tested through consultation, and feedback supported their use. “Necessary services” were defined as dispensing, essential services, and accessibility within the agreed travel time.

### **Geographical Areas:**

The Steering Group considered alternative geographical units for analysis. Initially, Integrated Neighbourhood Team (INT) Areas were used instead of Primary Care Networks (PCNs) to simplify the complex and overlapping PCN catchments. These INT Areas, based on 2022 ward boundaries, were later consolidated from 15 to 9 to improve planning and reflect local health needs more effectively. As the definition of INT boundaries evolved, the PNA localities were redefined to remain ward-based, ensuring consistency and better alignment with service access patterns across urban and rural populations. This approach was informed by data availability and shaped by feedback received during the statutory consultation, with adjustments made where appropriate (see Appendix 1).

## **Summary of financial implications**

3. NHS Dorset Integrated Care Board (ICB), as the local commissioner of health services, may use the PNA to inform planning and resource allocation for community pharmacy services. In addition, Dorset Council and BCP Council may draw on the PNA to support commissioning and budgetary decisions related to public health and locally commissioned pharmaceutical services.

## **Summary of legal implications**

4. The Pharmaceutical Needs Assessment (PNA) has been developed in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, which require Health and Wellbeing Boards to publish a PNA every three years. The Dorset and Bournemouth, Christchurch and Poole (BCP)

Health and Wellbeing Boards have exercised their legal right under Section 198 of the Health and Social Care Act to produce a joint PNA.

A statutory 60-day consultation was completed between June and August 2025, fulfilling legal obligations for stakeholder engagement. The PNA will inform NHS Dorset's commissioning decisions and regulatory assessments.

### **Summary of human resources implications**

5. This report identifies no gaps in current pharmaceutical service provision, and therefore no changes to staffing, roles, or ways of working are anticipated. There are no implications for redundancy, resourcing, or training, and no Equality Impact Assessment is required. As no service transfers or contractual changes are proposed, TUPE does not apply, and there is no impact on personal data, payroll, or pensions.

### **Summary of sustainability impact**

6. The development and publication of the Pharmaceutical Needs Assessment (PNA) is not expected to have a direct impact on the natural environment, climate, or ecology. However, by informing the commissioning and delivery of pharmaceutical services, the PNA may support sustainability goals through promoting environmentally responsible practices, such as the safe disposal of medicines and reducing unnecessary travel through accessible service provision.

### **Summary of public health implications**

7. The Pharmaceutical Needs Assessment (PNA) has direct relevance to the health and well-being of residents across Dorset and BCP. It provides a strategic overview of pharmaceutical service provision, identifying current access, potential gaps, and future needs. This enables commissioners to make informed decisions that support equitable access to essential medicines, public health services, and health advice through community pharmacies.

The PNA contributes to improved health outcomes, supports preventative care, and aligns with the priorities of the Joint Health and Wellbeing Strategy and the Integrated Care System. It also helps reduce health inequalities by ensuring services are responsive to local population needs.

### **Summary of equality implications**

8. An Equalities Impact Assessment is not required as there have been no significant changes from the last PNA published in 2022.

### **Summary of risk assessment**

9. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low

Residual Risk: Low

### **Background papers**

None

## **Appendices**

Appendix 1 – PNA 2025-28 Consultation Report

Appendix 2 - PNA 2025-28 Post Consultation Draft