



Health and Wellbeing Board

Date: Wednesday, 24 September 2025
Time: 2.00 pm
Venue: Meeting Room 1, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 5)

Steve Robinson (Chair), Patricia Miller (Vice-Chair), Clare Sutton, Gill Taylor, Paula Bennetts, Jan Britton, Sam Crowe, Paul Dempsey, Stewart Dipple, Margaret Guy, Marc House, Martin Longley, Jonathan Price and Simone Yule

Chief Executive: Catherine Howe, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic Services
Meeting Contact 01305 224185 - george.dare@dorsetcouncil.gov.uk

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda. If you would like to attend this meeting and have any specific requirements please contact the Democratic Services Officer named above.

For easy access to all the council's committee agendas and minutes download the free public app called Modern.Gov for use on any iPad, Android, and Windows tablet. Once downloaded select Dorset Council.

Agenda

Item		Pages
1.	APOLOGIES To receive any apologies for absence.	
2.	MINUTES To confirm the minutes of the meeting held on 18 June 2025.	5 - 8
3.	DECLARATIONS OF INTEREST To disclose any pecuniary, other registrable or non-registrable interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.	

If required, further advice should be sought from the Monitoring Officer in advance of the meeting.

4. PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work, or represent an organisation within the Dorset Council area are welcome to submit either 1 question or 1 statement for each meeting. You are welcome to attend the meeting in person or via Microsoft Teams to read out your question and to receive the response. If you submit a statement for the committee this will be circulated to all members of the committee in advance of the meeting as a supplement to the agenda and appended to the minutes for the formal record but will not be read out at the meeting. **The first 8 questions and the first 8 statements received from members of the public or organisations for each meeting will be accepted on a first come first served basis in accordance with the deadline set out below.** For further information read [Public Participation - Dorset Council](#)

All submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 19 September 2025.

When submitting your question or statement please note that:

- You can submit 1 question or 1 statement.
- a question may include a short pre-amble to set the context.
- It must be a single question and any sub-divided questions will not be permitted.
- Each question will consist of no more than 450 words, and you will be given up to 3 minutes to present your question.
- when submitting a question please indicate who the question is for (e.g., the name of the committee or Portfolio Holder)
- Include your name, address, and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.
- all questions, statements and responses will be published in full within the minutes of the meeting.

5. COUNCILLOR QUESTIONS

To receive questions submitted by councillors.

Councillors can submit up to two valid questions at each meeting and sub divided questions count towards this total. Questions and statements received will be published as a supplement to the agenda

and all questions, statements and responses will be published in full within the minutes of the meeting.

The submissions must be emailed in full to george.dare@dorsetcouncil.gov.uk by 8.30am on Friday, 19 September 2025.

[Dorset Council Constitution](#) – Procedure Rule 13

6. URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

7. WORK PROGRAMME

9 - 12

To consider the Health and Wellbeing Board's work programme.

8. FUTURECARE PROGRAMME UPDATE

To consider a report by the FutureCare Programme Director, updating the Board on the progress of the FutureCare Programme to date.

Report to follow.

9. BETTER CARE FUND: QUARTER 1 TEMPLATE 2025/26

13 - 26

To consider a report by the Head of Service for Commissioning for Older People and Home First.

10. PHARMACEUTICAL NEEDS ASSESSMENT

27 - 144

To consider a report by the Consultant in Public Health.

11. THRIVING COMMUNITIES

To consider a report by the Deputy Director of Public Health and Prevention and the Thriving Communities Partnership Manager.

Report to follow.

12. AGE FRIENDLY COMMUNITIES

145 -
152

To consider a report by the Corporate Director for Commissioning and Improvement.

13. DEVELOPING A HEALTH AND WELLBEING STRATEGY

153 -
158

To consider a report by the Director of Public Health and Prevention.

14. EXEMPT BUSINESS

To move the exclusion of the press and the public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph x of schedule 12 A to the Local Government Act 1972 (as amended). The public and the press will be asked to leave the meeting whilst the item of business is considered.

There are no exempt items scheduled for this meeting.



HEALTH AND WELLBEING BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 18 JUNE 2025

Present: Cllr Steve Robinson (Chair), Patricia Miller (Vice-Chair), Cllr Gill Taylor, Paul Dempsey, Margaret Guy and Rachel Partridge

Present remotely: Cllr Clare Sutton, Paula Bennetts and Jonathan Price

Apologies: Jan Britton and Brad Stevens

Also present remotely: Cllr Alex Brenton, Cllr Chris Kippax, Cllr Kate Wheller and Cecilia Bufton

Officers present (for all or part of the meeting):

George Dare (Senior Democratic and Governance Officer), Alice Deacon (Corporate Director for Commissioning and Partnerships), Mark Tyson (Corporate Director for Adult Commissioning & Improvement), Sarah Longdon (Head of Service Planning) and Sarah Sewell (Head of Service - Commissioning for Older People and Home First)

Officers present remotely (for all or part of the meeting):

Paul Johnson (Chief Medical Officer, NHS Dorset), Julie Howe (Chief Superintendent, Dorset Police) and Louise Ford (Strategic Health and Adult Social Care Integration Lead)

1. **Apologies**

Apologies for absence were received from Jan Britton and Bradley Stevens.

2. **Election of Chair**

Cllr S Robinson was nominated by Cllr G Taylor, seconded by Paul Dempsey.

There were no other nominations.

Decision:

That Cllr S Robinson be appointed Chair of the Health and Wellbeing Board for the Year 2025/26.

3. **Election of Vice-Chair**

Patricia Miller was proposed by Cllr S Robinson, seconded by Cllr C Sutton.

There were no other nominations.

Decision:

That Patricia Miller be appointed Vice-Chair of the Health and Wellbeing Board for the Year 2025/26.

4. **Minutes**

The minutes of the meeting held on 19 March 2025 were confirmed and signed.

5. **Declarations of Interest**

No declarations of interests were made at this point in the meeting.

6. **Public Participation**

There was no public participation.

7. **Councillor Questions**

There were no questions from councillors.

8. **Urgent items**

There were no urgent items.

9. **Work Programme**

The Board noted its work programme.

10. **FutureCare Programme Update**

The Strategic Health and Adult Social Care Integration Lead introduced the update on the FutureCare Programme. The progress in the 4 workstreams was outlined, including an example of where the programme had been working particularly well in Wimborne. The programme would bring operational benefits to the health system, which included reducing the length of time people spend in hospital, and supporting people to recover better at home.

The Chief Executive of NHS Dorset felt that whilst the programme was about reducing the length of stay in hospitals, it was also more fundamental in improving people's experiences and outcomes because they were staying in hospital too long or not for the right reasons.

A member asked how the Programme used a performance dashboard and a benefits tracker which were used to measure quantitative information. The personas of people who have experienced the pathway have been reviewed; and the Voluntary & Community Sector Assembly reference group would be used to collect information on user voice.

In response to a question about the develop and implementation of new technology, members were advised that tools being developed were within the existing Dorset Intelligence & Insight Service and no additional expenditure on software was needed at this stage.

The Health and Wellbeing Board confirmed its support to progress to the next phase of the programme.

11. Draft Place Based Partnership Prospectus

The Acting Director of Public Health introduced the report, which sought feedback from the Board on the draft place-based partnership prospectus. The progress to develop the draft prospectus, which included a series of workshops with partners, was outlined.

The Board discussed the report and the draft Place-based Partnership Prospectus. The following points were raised:

- The prospectus signalled a direction of travel to self-driven communities.
- The use of the word ‘funding’ in the draft prospectus could be misleading. The wording of this part should be reviewed.
- The name ‘place based’ was quite technical and it would not be clear to the public what this meant. Consideration should be given to what the partnership should be called.
- Strategic priorities of the place-based partnership would help enable budgets to be pooled.
- Consideration needed to be given to outcomes and metrics of the place-based partnership to measure its success and impact.
- An action plan would be needed as a next step to develop the place-based partnership.

Further work was needed to refine and improve the draft place-based partnership prospectus, taking into account the Health & Wellbeing Board’s feedback. The prospectus would return to the Board at a future meeting for approval.

12. Strategic Alliance for Children and Young People - Annual Report 2024/25

The Cabinet Member for Children’s Services Education and Skills introduced the report. The report highlighted partnership working and it followed positive outcomes of inspections of children’s services. The Corporate Director for Commissioning and Partnerships outlined the key areas of progress over the year, which included: multi-agency support through family hubs; school readiness and identifying needs earlier; and targeted support for care experienced people.

The Executive Director of People – Children raised that Ofsted highlighted the strength of Children’s Services working in partnership. The Council has also

developed a good model for the Families First for Children Pathfinder which would be beneficial for councils nationally.

The Board noted the Annual Report of the Strategic Alliance for Children and Young People.

13. Better Care Fund: 2024/25 End of Year Reporting Template & 2025/26 Plan

The Head of Service for Older People, Home First and Market Access introduced the report and gave a presentation to the Board, which is attached to these minutes. She outlined differences the Better Care Fund has made to Dorset residents over the past year and then outlined the key features of the Better Care Fund 2025/26 Plan.

At this point, Cllr G Taylor declared she was in receipt of a direct payment and would not take part in the debate.

A member asked whether there was a link between technology enabled care (TEC) and discharge hubs. The Head of Service confirmed staff were made aware of the technology enabled care which was available as it could help enable earlier discharge.

Proposed by Cllr Robinson, seconded by Rachel Partridge.

Decision:

1. That the Better Care Fund (BCF) Reporting Template for 2024/25 End of Year, approved under delegated authority, be endorsed.
2. That the current version of the BCF Plan for 2025/26, approved under delegated authority, be endorsed.
3. That further revision of the 2025/26 Plan may be required, pending resolution of financial dispute between Dorset Council and NHS Dorset, be noted.

14. Exempt Business

There was no exempt business.

Duration of meeting: 2.00 - 3.47 pm

Chairman

.....

Health and Wellbeing Board Work Programme

Meeting Date: 24 September 2025

Report Title	Description	Lead Officer	Cabinet Member(s)	Other Information
FutureCare Programme Update	Progress update on the FutureCare programme.	Dylan Champion – Programme Director	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Better Care Fund Quarterly Reporting Template	Endorsement of the Better Care Fund quarterly reporting template.	Sarah Sewell, Head of Service for Older People, Home First, and Market Access	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Age Friendly Communities	Update on the Age Friendly Communities Programme	Sam Poole – Corporate Director for Commissioning and Improvement	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Thriving Communities	Update on the Thriving Communities Programme	Dave Thorp – Thriving Communities Programme Manager	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Pharmaceutical Needs Assessment	To present the updated Pharmaceutical Needs Assessment 2025	Jane Horne – Consultant in Public Health	Cllr Gill Taylor – Health and Housing	
Developing a Health and Wellbeing Strategy	Process to develop a new Health and Wellbeing Strategy	Sam Crowe – Director of Public Health and Prevention	Cllr Steve Robinson – Cabinet Member for Adult Social Care	

Meeting Date: 19 November 2025

Report Title	Description	Lead Officer	Cabinet Member(s)	Other Information
FutureCare Programme Update	Progress update on the FutureCare programme.	Louise Ford – Strategic Health and Adult Social Care Integration Lead	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Better Care Fund Quarterly Reporting Template	Endorsement of the Better Care Fund quarterly reporting template.	Sarah Sewell, Head of Service for Older People, Home First, and Market Access	Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Dorset Safeguarding Adults Board Annual Report	Review and feedback on the annual report		Cllr Steve Robinson – Cabinet Member for Adult Social Care	
Place Based Partnership Prospectus	Approval of the final Place Based Partnership Prospectus	Rachel Partridge – Deputy Director of Public Health	Cllr Steve Robinson – Cabinet Member for Adult Social Care	

Meeting Date: 18 March 2026

Report Title	Description	Lead Officer	Cabinet Member(s)	Other Information

Meeting Date: Unscheduled items

Potential Item	Description	Lead Officer	Cabinet Member(s)	Other Information
Tobacco control work and switching to vaping	Update on tobacco control work in hospitals and the Swap to Stop programme.		Cllr Gill Taylor – Cabinet Member for Health and Housing	
Integrated Neighbourhood Teams Development	Continued oversight by the Board on the development of Integrated Neighbourhood Teams.			

This page is intentionally left blank

Health and Wellbeing Board

24 September 2025

Better Care Fund in Dorset: Quarter 1 Template 2025/26

For Decision

Cabinet Member:

Cllr S Robinson, Adult Social Care

Local Councillor(s): All

Senior Leadership Team:

J Price, Executive Director of People - Adults

Report author and job title: Sarah Sewell, Head of Service for Commissioning for Older People and Home First

Email: sarah.sewell@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public

1. Executive summary (maximum of 500 words)

1.1 This report presents Dorset's Better Care Fund (BCF) Quarter 1 2025/26 return. It reports on our performance against the 2025/26 plan and was submitted to NHS England under delegated authority on 15th August 2025. Retrospective endorsement from the Health and Wellbeing Board (HWB) is now sought.

1.2 In Quarter 1, Dorset is on track to meet all three BCF metrics, with good performance in Residential Admissions continuing. Expenditure is consistent with the planned budget, with no changes reported.

1.3 Work has commenced on the next year's BCF plan, focusing on longer term plans that may enable the reinvestment of existing funds into priority partnership schemes such as Intermediate Care and Integrated Neighbourhood Teams.

2. Recommendation

To endorse the Better Care Fund (BCF) Reporting Template for 2025/26 Quarter 1; approved under delegated authority

3. Reason for the recommendation(s)

- 3.1 NHS England (NHSE) require the Health and Wellbeing Board (HWB) to approve all BCF plans, this is one of the national conditions within the Policy Framework. This includes planning documents at the beginning of a funding period, and template returns reporting progress against the plans mid-year, and at the end of the year.
- 3.2 There is usually a relatively short window of time between NHSE publishing the reporting templates and the submission date. NHSE allow areas to submit their plans under delegated authority, pending HWB approval. At the HWB meeting on 12 January 2022 delegated authority to approve BCF plans, if a HWB meeting could not be convened within the NHSE sign off period, was granted to the Executive Director for People – Adults, following consultation with the HWB Chair.
- 3.3 The 2025/26 Quarter 1 (Q1) template submitted for endorsement today was shared with HWB Members by email on 8th August 2025, in advance of submission to NHSE to provide advance oversight and offer opportunity to comment; no comments or amendments were returned.
- 3.4 Submission of the template was made to NHSE on 15th August 2025 on behalf of Dorset Council and Dorset NHS in line with delegated approvals. Retrospective endorsement is now sought from the Board at its meeting on 24 September 2025.

The report

4. The Quarter 1 Performance

- 4.1 The Q1 template is at Appendix A and reports performance against the original plan submitted for 2025-26. The template format is in line with previous formats but NHSE have made improvements to streamline the contents and enable a more summarised approach to the Q1 return. The template required the following updates:
- 4.1.1 Confirmation that National Conditions are being implemented
- 4.1.2 Progress against the BCF Metrics, including an assessment of whether we are on track to meet the goals
- 4.1.3 Summary of Q1 year to date expenditure against the plan with opportunity to provide narrative.
- 4.2 Our Q1 performance is positive, we remain on track to meet our goals across all three metrics.

4.3 The amended approach to the templates now means it is possible to update our metrics mid-year if necessary. This may be the case for Residential Admissions as strong performance continued during Q1. If Q2 performance continues to perform better than our original plan, we may increase our target for the remainder of the year.

4.4 Q1 expenditure is in line with our plan, and we had no changes to report.

5. Update on 24/25 Funding Agreements

5.1 At the last HWB, the BCF paper outlined an outstanding funding dispute from financial year 2024/25 between Dorset Council and NHS Dorset, that relates to funding intended to extend the services within the BCF.

5.2 At the time of writing this report, the matter is yet to be fully resolved but progress has been made.

5.3 The Section 75 agreement, which is the legal framework associated with the BCF, is in the process of being re-drafted to include risk-share arrangements across all BCF scheme lines, to provide mitigation against future disputes.

6. Preparing for 2026/27 BCF Plan

6.1 Dorset Council and NHS Dorset Commissioners have started work on the next year's plan. The intention is to identify which new and additional schemes, many of which will cover key partnership work, such as Intermediate Care and Integrated Neighbourhood Teams, we wish to include in future year's plan. There is unlikely to be new money available, so plans for how we re-invest existing monies is central to our work, because of this, it is likely longer-term plans beyond 26/27 are needed in order to bring additional lines into core BCF investments. As the work develops the HWB will be kept updated.

7. Legal considerations

7.1 Work is underway to renew the section 75 agreement that underpins the Better Care Fund plans between the Local Authority and NHS Dorset.

9. Financial implications

9.1 The Council and Dorset NHS are required to work within the financial envelope and to Plan, hence continuous monitoring is required. Joint commissioning activity and close working with System partners, including Acute Trusts, allow these funds to be invested to support collective priorities for Dorset.

10. Natural environment, climate & ecology implications

- 10.1 All partner agencies are mindful in their strategic and operational planning of the commitments, which they have taken on to address the impact of climate change.

11. Well-being and health implications

- 11.1 Allocation of the BCF supports individuals with health and social care needs, as well as enabling preventative measures and promoting independence.
- 11.2 Dorset, like many other areas across the South West and nationally, is continuing to experience many challenges in providing and supporting the delivery of health and social care. For Dorset, the highest risks continue to be the increasing acuity of health, care and support needs of those being supported both in the community and in hospital. In addition the lack of therapy led care and support to promote the regaining and maintaining of longer term independence continues to challenge us.

9. Other implications

- 9.1 Dorset Council and Dorset NHS officers will continue to work closely with Dorset System Partners to plan measures to protect local NHS services, particularly around admission avoidance and hospital discharge to ensure flow is maintained to support and respond to additional demand.

10. Risk implications

- 10.1 Dorset Council and Dorset NHS officers are confident the report appendices provide appropriate assurance and confirms spending is compliant with conditions.
- 10.2 The funds provide mitigation of risks by securing continuation of essential service provision and provides preventative measures to reduce, delay and avoid demand.
- 10.3 Dorset is actively working to alter approaches that enable enhancement of provision to mitigate risks, and promote recovery, regaining and maintaining of independence.

11. Equalities

- 11.1 It is important that all partners ensure that the individual needs and rights of every person accessing health and social care services are respected, including people with protected characteristics so the requirements of the Equalities Act 2010 are met by all partners.

12. Appendices

A: Dorset's Better Care Fund 2025-2026 Quarter 1 Template

13. Background papers

[Better Care Fund policy framework 2025 to 2026 - GOV.UK](#)

Health & Wellbeing Board, 18 June 2025, [BCF 2024-25 Q2 report.pdf](#)

Health & Wellbeing Board, 19th March 2025 [HWB - 18 June 2025 Report.pdf](#)

14 Report sign-off

- 14.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)

This page is intentionally left blank



HM Government



Better Care Fund 2025-26 Q1 Reporting Template

2. Cover

Version 1.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Dorset	
Completed by:	Sarah Sewell	
E-mail:	sarah.sewell@dorsetcouncil.gov.uk	
Contact number:	1305221256	
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission? (Please provide name of HWB Chair)	No	
If no, please indicate when the report is expected to be signed off:	Wed 24/09/2025	<< Please enter using the format, DD/MM/YYYY

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2025-26 Q1 Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Dorset

Has the section 75 agreement for your BCF plan been finalised and signed off?	No
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	30/09/25
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	We are in the process of updating our new agreement, building additional elements, such as risk share agreements to ensure we have a robust arrangement fit for future working arrangements.

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC)	Yes	
4) Complying with oversight and support processes	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Better Care Fund 2025-26 Q1 Reporting Template

4. Metrics for 2025-26

Selected Health and Wellbeing Board:

Dorset

For metrics time series and more details:

[BCF dashboard link](#)

For metrics handbook and reporting schedule:

[BCF 25/26 Metrics Handbook](#)

4.1 Emergency admissions

Actuals + Original Plan		Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Emergency admissions to hospital for people aged 65+ per 100,000 population	Rate	1,457.9	1,522.0	1,432.2	1,479.2	1,539.1	1,393.7	1,581.8	1,436.5	1,547.6	1,522.0	1,346.7	1,398.0
	Number of Admissions 65+	1,705	1,780	1,675	1,730	1,800	1,630	1,850	1,680	1,810	1,780	1,575	1,635
	Population of 65+*	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0
	Apr 25 Plan	1,476.7	1,510.9	1,422.8	1,451.9	1,518.6	1,368.1	1,557.0	1,401.4	1,480.9	1,502.3	1,361.2	1,426.2
	Rate	1,476.7	1,510.9	1,422.8	1,451.9	1,518.6	1,368.1	1,557.0	1,401.4	1,480.9	1,502.3	1,361.2	1,426.2
	Number of Admissions 65+	1,727	1,767	1,664	1,698	1,776	1,600	1,821	1,639	1,732	1,757	1,592	1,668
	Population of 65+	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0

Do you want to update your Emergency Admission metric plan?

No

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

Updated Plan

	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan	What is the rationale behind the change in plan?
Rate	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Number of Admissions 65+													
Population of 65+	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	116,952.0	

Assessment of whether goal has been met:

On track to meet goal

If a goal has not been met please provide a short explanation, including noting any key mitigating actions.

N/A

You can also use this box to provide a very brief explanation of overall progress if you wish.

The future care programme has a workstream focused on alternatives to admission. The key metrics are 1) the number of SDEC starts per week, Number of patients referred to community services from ED front door and the number of H@H admissions per week. To achieve this the A2A is:

- 1) Improving the number of patients pulled from ED front door into SDEC's
- 2) Improving the flow from SDECs and ED to H@H
- 3) Established a front door to community MDT with community services to review and refer patients from ED to community services.

Did you use local data to assess against this headline metric?

No

If yes, which local data sources are being used?

4.2 Discharge Delays

Page 22

	Apr 24 Actual	May 24 Actual	Jun 24 Actual	Jul 24 Actual	Aug 24 Actual	Sep 24 Actual	Oct 24 Actual	Nov 24 Actual	Dec 24 Actual	Jan 25 Actual	Feb 25 Actual	Mar 25 Actual
Actuals												
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)	n/a	n/a	n/a	n/a	n/a	1.26	1.17	1.19	1.29	1.10	1.35	1.19
Proportion of adult patients discharged from acute hospitals on their discharge ready date	n/a	n/a	n/a	n/a	n/a	88.6%	87.2%	86.8%	86.8%	86.9%	86.1%	87.1%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	n/a	n/a	n/a	n/a	n/a	11.04	9.13	9.01	9.79	8.41	9.71	9.17
Original Plan	Apr 25 Plan	May 25 Plan	Jun 25 Plan	Jul 25 Plan	Aug 25 Plan	Sep 25 Plan	Oct 25 Plan	Nov 25 Plan	Dec 25 Plan	Jan 26 Plan	Feb 26 Plan	Mar 26 Plan
Average length of discharge delay for all acute adult patients	0.90	1.31	1.40	1.22	1.09	1.08	0.80	0.61	0.84	1.04	0.85	0.83
Proportion of adult patients discharged from acute hospitals on their discharge ready date	87.1%	85.5%	82.5%	86.4%	87.9%	88.0%	90.0%	91.3%	89.5%	88.5%	89.4%	89.6%
For those adult patients not discharged on DRD, average number of days from DRD to discharge	7.00	9.00	8.00	9.00	9.00	9.00	8.00	7.00	8.00	9.00	8.00	8.00

Do you want to update your Discharge Delay metric plan?

No

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the target aligns for locally agreed plans such as Acute trusts and social care. ↓

[illegible]

Proportion of adult patients discharged from acute hospitals on their discharge ready date													
For those adult patients not discharged on DRD, average number of days from DRD to discharge													

Assessment of whether goal has been met:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	On track to meet target, although we have queries around the metric guidance that we have raised with NHSE. Once resolved we may need to revisit the plan in the next quarterly update.
You can also use this box to provide a very brief explanation of overall progress if you wish.	The future care programme has a workstream focused on Transfer of Care (TOC). The TOC workstream has 2 key metrics: Reducing LOS for those with no criteria to reside and increasing the number of people returning home. To achieve this TOC has 3 key area of focus: 1) Improving early discharge planning. 2) Bringing decision making into one place where multi agency teams work together to increase efficiency around discharge planning. 3) Improving how we record and track what is happening for people requiring care and support to leave hospital so we have greater clarity on next actions for people.

Did you use local data to assess against this headline metric?	Yes
If yes, which local data sources are being used?	BI data captured across acute sites and

4.3 Residential Admissions

Actuals + Original Plan		2023-24 Full Year Actual	2024-25 Full Year CLD Actual	2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q2 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	493.4	411.3	114.6	113.7	110.3	89.8
	Number of admissions	577.0	481.0	134.0	133.0	129.0	105.0
	Population of 65+*	116952.0	116952.0	116952.0	116952.0	116952.0	116952.0

Do you want to update your Residential Admissions metric plan?	No
--	----

Please set out how the ambition has been reached, including analysis of historic data, impact of planned efforts and how the

Please enter plan number of admissions within the specific quarter

target aligns for locally agreed plans such as Acute trusts and social care. ↓

		2025-26 Plan Q1 (April 25- June 25)	2025-26 Plan Q2 (July 25- Sept 25)	2025-26 Plan Q3 (Oct 25-Dec 25)	2025-26 Plan Q4 (Jan 26-Mar 26)	What is the rationale behind the change in plan?
Updated Plan Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Rate	0.0	0.0	0.0	0.0	No change
	Number of admissions					
	Population of 65+*	116952.0	116952.0	116952.0	116952.0	

Assessment of whether goal has been met:	On track to meet goal
If a goal has not been met please provide a short explanation, including noting any key mitigating actions.	We are closely monitoring as Q1 performance is performing better than the planned target. If this trend continues we may revisit our targets.
You can also use this box to provide a very brief explanation of overall progress if you wish.	We are on track to meet metric

Did you use local data to assess against this headline metric?	No
If yes, which local data sources are being used?	

Better Care Fund 2025-26 Q1 Reporting Template

5. Income & Expenditure

Selected Health and Wellbeing Board:

Dorset

	2025-26		
Source of Funding	Planned Income	Updated Total Plan Income for 25-26	Q1 Year-to-Date Actual Expenditure
DFG	£5,152,517	£5,152,517	£1,303,237
Minimum NHS Contribution	£39,145,707	£39,145,707	
Local Authority Better Care Grant	£15,359,816	£15,359,816	
Additional LA Contribution	£59,440,839	£59,440,839	
Additional NHS Contribution	£36,997,733	£36,997,733	
Total	£156,096,612	£156,096,612	

	Original	Updated	% variance
Planned Expenditure	£156,096,612	£156,096,612	0%

		% of Planned Income
Q1 Year-to-Date Actual Expenditure	£34,697,702	22%

If Q1 Year-to-Date Actual Expenditure is exactly 25% of planned income, please provide some context around how accurate this figure is or whether there are limitations.

Planned % spend slightly below 25%, some areas are ahead of spend and some behind due to timings of invoices.

If planned expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.

No change to BCF plan since it was produced.

This page is intentionally left blank

Health and Wellbeing Board

24 September 2025

Pharmaceutical Needs Assessment

For Decision

Cabinet Member:

Cllr G Taylor, Health and Housing

Local Councillor(s): All

Senior Leadership Team:

S Crowe, Director of Public Health & Prevention

Report author and job title: Dr Jane Horne, Consultant in Public Health, Public Health Dorset

Email: jane.horne@dorsetcouncil.gov.uk

Statutory Authority: The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

Report status: Public

Executive summary (maximum of 500 words)

1.1 The Dorset Health and Wellbeing Board and the Bournemouth, Christchurch and Poole (BCP) 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.

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.

The Steering Group now seeks approval from the Health and Wellbeing Board to proceed with publication of the new PNA.

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).

1. Recommendation(s)

2.1 The Board are asked to:

- Note the outcome of the consultation
- Approve the new Pharmaceutical Needs Assessment for publication by October 2025.

2. **Reason for the recommendation(s)**

- 3.1 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.

3. **The report**

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% and 93.9% respectively 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.

3. Alternative options considered

- 4.1 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).

4. Legal considerations

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.

6. Financial implications

- 6.1 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.

7. Natural environment, climate & ecology implications

- 7.1 The development and publication of the Pharmaceutical Needs Assessment (PNA) is not expected to have any direct impact on the natural environment, climate, or ecology. However, the commissioning and delivery of pharmaceutical services informed by the PNA may present opportunities to support environmental sustainability and employing environmentally friendly practices e.g. responsible disposal of medicines.

8. Well-being and health implications

- 8.1 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.

9. Other implications

- 9.1 The PNA aligns with the strategic aims of the NHS Long Term Plan, the Joint Health and Wellbeing Strategy, and local transformation programmes.

10. Risk implications

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

Current Risk: Low

Residual Risk: Low

11. Equalities

- 11.1 Equalities Impact Assessment is not required.

12. Appendices

- 12.1 Appendix 1 - Consultation report

Appendix 2 - 2025 PNA and consultation draft of new PNA

13. Background papers

None

14. Report sign-off

- 14.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)

This page is intentionally left blank

Appendix 1: PNA 2025-28 Consultation Report

This report summarises responses to the formal consultation on the draft Pharmaceutical Needs Assessment (PNA) for Dorset. The formal consultation was open from 10th June 2025 to 14th August 2025, following the statutory requirements set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The Steering Group would like to thank all respondents to the consultation for taking the time to review the documentation and share their views.

Consultation Process

The draft PNA 2025 report and supporting locality data profiles were made available via the Dorset Council “Citizen space” consultation site from 10th June to 14th August 2025. An online form was provided to submit responses. Details on how to request paper copies and contact details for questions were also included on the webpage. The consultation was also signposted on the Bournemouth, Christchurch and Poole “Have Your Say” consultation site during the same period.

The online survey included some set questions around the accuracy of information and views on the recommendations and gap analysis, as well as opportunities to submit free text comments.

In line with the PNA regulations the consultation information was sent via email to the following organisations and stakeholders:

- Local Health and Wellbeing Board Members
- Neighbouring Authority Health and Wellbeing Boards
- Local Pharmaceutical Committee
- Local Medical Committee
- Local Healthwatch
- Local NHS trusts
- The Integrated Care Board and Integrated Care Partnership
- Local Pharmacies
- Local General Practice and Dispensing surgeries
- NHS England and NHS Improvement

The consultation was also promoted through several communication channels, including Dorset Council Public Health social media channels, and partner organisations newsletters.

Responses to the consultation were collated and analysed by the Public Health team in Dorset Council. All responses were considered, reviewed and the PNA amended as appropriate. A summary of the responses received, and any corresponding responses or actions taken are shown below.

As the PNA was produced on behalf of both Dorset Health and Wellbeing Board, and Bournemouth, Christchurch and Poole Health and Wellbeing Board, consultation respondents were asked if they were commenting on both areas, or one area only.

The analysis subsequently presents responses according to the area respondents were commenting on.

Consultation Responses

A total of 46 responses were received as part of the formal consultation. Forty-three were via the online consultation form, and 3 responses were submitted via email. Responses were received from the following stakeholders and organisations via the online form.

Table 1: Number of responses via the online consultation form

Respondent type:	Commenting on:		
	Both areas	BCP Only	Dorset Only
Personal view as member of the public	1	22	7
Community pharmacist or pharmaceutical provider	1	3	
GP surgery/dispensing surgery or federation			5
Neighbouring Health and Wellbeing Board			1
Representing the views of a business	1		
Representing the views of a community group, charity or social enterprise			1
Personal view as an employee of a Council		1	
Totals	3	26	14

The following sections summarise responses to the online form (43 respondents). Comments from email responses are incorporated into the text analysis.

1. Purpose and scope of the PNA

Thirty-seven respondents felt that the purpose and scope of the PNA were clear, 3 did not. There were no comments about the purpose and scope of the PNA.

Table 2: Online responses to the question 'Is the purpose and scope of the PNA clear?'

Is the purpose and scope of the PNA clear?	Both areas	BCP only	Dorset only	Total
Yes	3	22	12	86%
No		2	1	7%
Don't Know		2	1	7%

2. PNA Localities

Twenty-eight respondents felt that the PNA localities used presented an appropriate division of the area, and 5 respondents did not.

Table 3: Online responses to the question 'Are the PNA localities an appropriate division of the area, to provide an overview of the need for pharmaceutical services?'

Are the PNA localities an appropriate division of the area, to provide an overview of the need for pharmaceutical services?	Both areas	BCP only	Dorset only	Total
Yes	3	16	9	68%
No		3	2	12%
Don't Know		7	1	20%

Two comments were made about the locality alignment to Primary Care Network (PCN) or Integrated Neighbourhood Team (INT) areas. In this assessment, Integrated Neighbourhood Team (INT) Area boundaries were used in place of Primary Care Networks (PCNs) to simplify the complex and overlapping catchment areas of the 18 PCNs. During the development of the PNA, the definition of INT boundaries evolved—from being ward-based to aligning with PCN boundaries. However, the PNA Localities presented in this report remain ward-based and therefore differ from the current PCN-based INT boundaries. This distinction is important due to the inherent complexity and overlap within PCN catchment areas. Clarifying information has been added to the main report.

One respondent commented that locality areas contain both affluent and areas experiencing deprivation. Another respondent felt that the approach to the PNA is complex.

3. Information about the currently available pharmaceutical services

Twenty-five respondents felt the information was correct and 6 did not.

Table 4: Online responses to the question 'Is the information included about the currently available pharmaceutical services correct?'

Is the information included about the currently available pharmaceutical services correct?	Both areas	BCP only	Dorset only	Total
Yes	2	16	7	61%
No	1	1	4	15%
Don't Know		8	2	24%

Respondents highlighted several corrections or amendments, which have been reviewed and amended through the document where necessary. However, we note that as the PNA is a static document published once every 3 years information will always be in the form of a snapshot. Supplementary statements may be published from time to time to update what the PNA says about availability of pharmaceutical services. Once issued these become part of the PNA.

One respondent commented that it was not clear which pharmacies offer services like Covid Vaccines. There was also a comment about the availability of Pfizer vaccine for older people. The Pharmaceutical Needs Assessment (PNA) provides a strategic overview of pharmaceutical service provision across Dorset and BCP, including essential, advanced, and enhanced services. However, it does not list individual pharmacies or the specific services they offer, such as COVID-19 vaccinations. The COVID vaccine that is offered to different population cohorts is a national policy and is not set locally.

One respondent commented that including the Pharmacy Faculty workforce work was helpful.

4. Current or anticipated pharmaceutical service needs

Twenty respondents felt that current or anticipated needs were considered adequately. Ten felt that there were needs that had not been considered in the PNA.

Are any current or anticipated pharmaceutical service needs not considered in the draft PNA?	Both areas	BCP only	Dorset only	Total
Yes		4	7	26%
No	3	11	6	47%
Don't Know		11	1	28%

One respondent commented about the incorporation of future developments such as community pharmacy being mentioned extensively in the NHS 10-year plan, and upcoming changes to legislation around the responsible pharmacist mandate.

The Pharmaceutical Needs Assessment (PNA) is a statutory document that must be published every three years, following a defined timeline and consultation process. It provides a snapshot of pharmaceutical service provision and identifies potential gaps based on the best available information at the time of writing.

We recognise that service developments and commissioning decisions may continue to evolve after the PNA is finalised. There is scope within the PNA legislation to review changes as we are notified of them. We are aware of the focus on opening hours and dispensing in the 10-year plan. The potential impact on skill mix is noted. The document is intended to support strategic planning and inform future decisions, rather than to reflect real-time service changes.

Any significant developments that occur after publication will be considered through supplementary statements or future updates, in line with national guidance.

One respondent made suggestions around raising awareness of Pharmacy First and exploration of digital inclusion. These recommendations have been noted.

Current or anticipated needs in the Dorset area

Three respondents made comments about the consideration of housing development in the Dorset area within the PNA analysis, with specific areas of development mentioned including Blandford, Wimborne and Swanage. Two comments related to the location and choice of pharmacies within Wimborne Town Centre.

The PNA highlights projected population growth and housing development over the lifetime of the PNA. Overall, there is no indication that this will substantially change the driving time access maps across Dorset. An increased population is likely to mean increased dispensing activity, although this will be determined by the demographics of people moving into new housing developments. Where comments have highlighted specific locations, the analysis has been reviewed and confirmed that the stated housing developments have been included in the gap analysis. However, their size did not meet the threshold for specific mention within the PNA document. A clarification of the threshold level has been included in section 4.7.

The most important factor in whether existing pharmacies can meet any increased need is staffing capacity and skill mix within the pharmacy. The pharmacist workforce and skill mix has been highlighted within the PNA.

One respondent stated that the PNA needed to consider proposed pharmacy consolidation applications, and impact of this on future access.

The PNA analyses and comments on the current pharmaceutical services in the local area, at the time the PNA is written. Information on applications in progress at the time of production are not included, as these are subject to a consultation process and panel assessment to grant or decline them. We are consultees of any applications, and as part of our response we review the PNA analysis to assess the impact of a proposed consolidation.

Since the formal consultation period on the draft PNA, the commissioners circulated their decision that the application referenced was granted. The date of the consolidation has not been confirmed prior to publication. If formal notices and applications are granted after the publication of the PNA, supplementary statements may be published to update what the PNA says about availability of pharmaceutical services. Once issued these become part of the PNA statement of need.

One respondent commented on the complexity of population need in the Preston area, and ability to travel to the larger supermarkets in the area for weekend or lunch time hours when closer pharmacies are closed.

There are a variety of delivery arrangements made by community pharmacies and dispensing doctors to help people who are unable to collect their medicines, but these are not formally commissioned services. Online services can provide a valuable alternative for some people but will not be appropriate for everyone. There are also options available for prescriptions to be printed and collected by a family member or carer. Out-of-hours provision is covered in section 5 of this document.

Current or anticipated needs in the BCP area

One respondent asked about prescriptions that cannot be filled due to stock issues with pharmaceutical companies.

Whilst we acknowledge the impact of supply disruptions on service delivery, medicine supply issues are managed nationally and fall outside the formal scope of the Pharmaceutical Needs Assessment (PNA), which focuses on the provision and accessibility of pharmaceutical services. The Department of Health and Social Care (DHSC) and NHS England oversee supply chain resilience through mechanisms such as Serious Shortage Protocols (SSPs), national monitoring, and guidance to pharmacy teams.

One respondent commented on the use of community pharmacy for drug treatment services.

Pharmacies can provide additional services outside of those deemed essential in this PNA. One example of these are community health improvement services commissioned by Public Health teams. Pharmacies who provide these services play a crucial role in providing care for individuals who use substances, by acting as an accessible community hub for life-saving support through supervised consumption services in combination with specialist support provide to the person via substance use treatment services.

5. Criteria for the identification of gaps

Twenty-three respondents felt that the criteria to define 'necessary services' is appropriate to support gap identification. Nine respondents felt they were not, and suggested amendments or alternative criteria.

Are the criteria used to define 'necessary services' appropriate, to support the 'identification of gaps'?	Both areas	BCP only	Dorset only	Total
Yes	3	14	6	55%
No		4	5	21%
Don't Know		8	2	24%

Themes from comments

Drive time criteria

Four comments were received relating specifically to the Dorset area, highlighting concerns around the appropriateness of drive-time criteria for frail/elderly individuals and/or those unable to drive in rural areas with scarce public transport. One respondent noted that not all pharmacies offer delivery services, further limiting access.

One comment, specific to the BCP area, emphasised the need to consider individuals who rely on buses and public transport more widely.

Another respondent, commenting on both areas, raised concerns about traffic and the increasing number of people who do not drive.

The 20-minute drive time is a practical and achievable distance for most people, used consistently in the 2018 and 2022 PNAs to ensure access to essential pharmaceutical services. In section 4.8 it is noted that 81% of BCP Council households and 86% of Dorset households have access to a car or van. Areas with low car ownership are near pharmacies, allowing easy access by walking, cycling, or public transport. Older residents are also conveniently located near pharmacies or have accessible transport options.

A 20-minute walk time was considered for urban areas, revealing gaps in north-east Bournemouth, north Poole, and a tourist caravan park on the west coast. These low-density areas, including the airport and industrial buildings, have good transport links and higher car ownership. The walk time covers 96% of Dorset's population over 65. Thus, a single measure was used in this report." People who are less likely to own a car live mostly in urban areas with good transport links, or are within walking distance of a pharmacy.

Residents of the most sparsely populated rural areas are eligible to access dispensing services from dispensing doctors. They can also access community pharmacies in larger villages or towns where they go to shop or work.

There are a variety of delivery arrangements made by community pharmacies and dispensing doctors, particularly in more rural areas, to help people who are unable to collect their medicines, but these are not formally commissioned services. Online services can provide a valuable alternative for some people but will not be appropriate for everyone.

Service efficiency

Two respondents commented that the PNA should consider the efficiency of pharmacy services and waiting time for patients.

The Pharmaceutical Needs Assessment (PNA) is a statutory document focused on assessing the availability and accessibility of pharmaceutical services — such as location, opening hours, and service types — rather than operational performance or individual contractor efficiency. Pharmacy efficiency (e.g. stock management, repeat prescription readiness) is important to patient experience and addressed through other means e.g. performance monitoring, service quality frameworks and patient feedback.

Out of hours provision

There were 2 comments related to considering out of hours/ weekend provision in the criteria.

While opening hours are not pharmaceutical services per se, the statutory requirements for PNAs do require consideration of access, including temporal access. Out-of-hours and weekend provision is relevant where prescriptions are issued by services without dispensing, such as NHS 111 or urgent care settings. The Steering Group have agreed that out of hours usage would more likely be due to an emergency where journey times and location e.g. seen in A&E are more flexible.

We acknowledge that applying a 30-minute drive time threshold, as used in Wiltshire, may highlight gaps in rural areas like south of Shaftesbury. As drive time thresholds are not prescribed in legislation, they must be applied with local context in mind: Dorset's approach balances accessibility with service viability, but we will consider whether further analysis or supplementary statements are warranted to address potential gaps in out-of-hours provision by bringing the comments to the attention of the Steering Group and HWBs.

Other services

One respondent commented on the availability of travel vaccine services.

Some travel vaccines are available free on the NHS through GP practices, including hepatitis A, typhoid, polio, and cholera. These are provided when required for travel and cannot be charged for.

Other travel vaccines—such as yellow fever, hepatitis B, rabies, and Japanese encephalitis—are not covered by the NHS and must be accessed privately. These are offered by private travel clinics, some GP practices, and community pharmacies.

6. Conclusions of the PNA

Dorset area

Nine respondents agreed with the conclusion of no current gaps in the Dorset area and 8 with the conclusion of no future gaps in Dorset. Seven disagreed with both statements.

Opinion on statement “the draft PNA does not identify any current gaps in the provision of pharmaceutical services in Dorset Council area”?	Both areas	Dorset only	Total
Agree	2	7	53%
Disagree	1	6	41%
Don't Know		1	6%
Opinion on statement “the draft PNA does not identify any future gaps in provision, if current service remain open”	Both areas	Dorset only	Total
Agree	2	6	47%
Disagree	1	6	41%
Don't Know		2	12%

Themes from comments about the Dorset area

Three respondents commented that the statements don't account for the impact of short-notice closures in the Dorset area, specifically experienced in Shaftesbury, and Swanage at weekends with no local service on Sunday.

The PNA is reflective of the formal notifications of any closures, market entries or alteration to operating hours that are received through the commissioners. However, if formal notification of closures are received after the publication of the PNA, we can issue a supplementary statement. Supplementary statements become part of the formal assessment of need once published. We have used supplementary statements in the past to update the PNA where there have been changes to pharmacy service provision. Under the legislation, quality issues are out of scope of the PNA. Service quality is the remit of the commissioner, and they work with any pharmacies affected by short notice closures.

One respondent commented that they needed to drive to larger towns to access services after 6pm and this might prohibit those without transport.

We acknowledge the inconvenience of driving longer distances or using public transport, but these areas are well-served during the day. There is at least one pharmacy in every locality open until at least 6:30 p.m. on weekdays, except in Dorset West PNA, where the pharmacy closes at 6 p.m. Additionally, every locality has at least one pharmacy open on Saturdays, and most localities also have at least one pharmacy open on Sundays.

Pharmaceutical services in the out-of-hours period are principally supported by 100-hour pharmacies. Although, in practice, these 100-hour pharmacies may have applied to reduce their core opening hours to between 72 and 100 hours.

One respondent commented on the choice of provision in Wimborne, with no location within the town square/centre due to a previous closure, and an increase in housing development.

Two respondents commented on medicine stocks and experiences with prescriptions being unfilled.

While the PNA does not directly influence national medicine supply chains, it plays a key role in identifying local impacts of supply issues and informing commissioning decisions. Healthwatch Dorset has highlighted similar concerns, noting that medicine shortages and sourcing challenges are affecting pharmacy workloads and patient access. Recommendations can be made via the HWB to representatives of - for example - NHS Dorset, the Local Pharmaceutical Committee, and GP practices.

One respondent commented that they agree with the statement on no future gaps, feeling it is an evidence-based and well-founded conclusion. They stated a preference for the extension of opening hours in areas of high population demand.

BCP area

Seventeen respondents agreed with the conclusion of no current gaps in the BCP area and 14 with the conclusion of no future gaps in BCP. Six disagreed with the statement on current gaps, and 4 the statement on future gaps.

Opinion on statement “the draft PNA does not identify any current gaps in the provision of pharmaceutical services in the BCP area”?	Both areas	BCP only	Total
Agree	2	15	59%
Disagree	1	5	21%
Don't Know		6	21%
Opinion on statement “the draft PNA does not identify any future gaps in provision, if current service remain open	Both areas	BCP only	Total
Agree	2	12	52%
Disagree	1	3	15%
Don't Know		9	33%

Themes from comments about the BCP area

One respondent agreed that the Poole locality is well serviced by a range of providers and that the service provision is adequate for the life of the forthcoming PNA.

Some respondents re-iterated comments about drug treatment services, and service efficiency issues which have been addressed in the previous sections.

Two respondents commented about the availability of medication stock from pharmaceutical companies, and the pressures this puts on pharmacies to source items that have been prescribed, which is also addressed above.

Two respondents made comments about funding arrangement for pharmacies, suggesting that they should be funded for providing services outside of 9-5 or to open for longer hours to address increases in demand from growing population need.

The PNA does not directly control funding but plays a statutory role in identifying gaps in access to pharmaceutical services, including those related to opening hours. Where limited hours restrict access—especially for working populations—the PNA can recommend improvements or highlight areas where extended hours would secure better access.

Comments relating to both areas

One respondent agreed with the acknowledgment of ongoing workforce challenges which could affect service sustainability and quality. They suggested including recommendations for ongoing workforce monitoring and resilience planning.

One respondent commented that whilst opening hours are generally adequate, some areas have limited evening or weekend access and the PNA might consider recommending flexible commissioning or rotational extended hours. They felt that embedding pharmacies into care pathways could be highlighted further in the PNA.

One respondent mentioned consideration of potential future changes such as introduction of integrated neighbourhood teams and increase in Pharmacy First provision.

A comment was submitted about changes to public transport in the Mudeford area meant pharmacies across the eastern Local Authority boundary were not accessible by bus.

A comment was also received that Local Authorities should provide funding to pharmacies, which is addressed in the previous section.

Public Health Dorset

Pharmaceutical Needs Assessment

2025 – 2028 Draft

Produced by: Public Health Dorset

60-day consultation period:

Contributors: Jane Horne – Consultant in Public Health

Lee Robertson – Senior Public Health Analyst

Wilson Ottonaiye – Public Health Data Scientist

Rohan Mongru – Specialist Registrar in Public Health

Fiona Arnold - Community Pharmacy Integration Clinical lead

Louise Bate – Healthwatch Dorset Manager

Natasha Morris – Team Leader Intelligence

Version Information:

v1.0 5/3/25	Initial draft completed.
v1.1 10/3/25	Consultant review
v1.2 19/3/25	Healthwatch Dorset and pharmacy data added
v1.3 26/5/25	Authors confirmed and added
v1.4 4/6/25	Drivetime rationale added into section 6.1.
V1.5 5/9/25	Post-consultation amendments.

Contents

1. Executive summary	5
2. Introduction	6
2.1 Purpose of a pharmaceutical needs assessment (PNA).....	6
2.2 HWB duties in respect of the PNA and pharmaceutical services	7
2.3 Contractors within the scope of the PNA	7
2.3.1 Pharmacy contractors	7
2.3.2 Dispensing appliance contractors (DACs)	8
2.3.3 Dispensing doctors.....	8
2.4 Services within the scope of the PNA	8
2.4.1 Essential Services	9
2.4.2 Advanced Services	10
2.4.3 Enhanced Services	11
2.4.4 Clinical Governance.....	11
2.5 Pharmaceutical services provided by dispensing appliance contractors	12
2.5.1 Services Provided by All DACs	12
2.5.2 Advanced Services	12
2.5.3 Clinical governance	13
2.6 Pharmaceutical Services Provided by Dispensing Doctors	13
2.6.1 Eligibility	13
2.6.2 Services	13
2.6.3 Clinical Governance.....	13
2.7 Opening hours.....	13
2.7.1 Pharmacy Contractors.....	14
2.7.2 DACs	14
2.7.3 Dispensing doctors.....	14
2.8 National Context	15
3. Development of the PNA	16
3.1 PNA Steering Group	16
3.2 PNA development timeline	16
3.3 Localities.....	17
3.4 Data collation and mapping	18

3.5 Data Limitations	19
3.6 Public and Pharmacy engagement.....	19
3.7 Other sources of information.....	20
3.8 Identifying gaps	20
3.9 Equality and safety impact assessment	21
3.10 Formal Consultation.....	22
3.11 Review and Supplementary statements	22
4. Local Context.....	23
4.1 Dorset Council and BCP Council.....	23
4.2 Public Health Dorset	23
4.3 NHS Dorset	24
4.4 Our Dorset.....	24
4.5 Local Demographics	26
4.6 Our Dorset Joint Strategic Needs Narrative	31
4.7 Housing Growth	33
4.8 Car or Van Ownership	33
4.9 Identified patient groups	34
4.9.1 Asylum seekers and refugees.....	34
4.9.2 Ethnic Minorities	34
4.9.3 Disabilities	34
4.9.4 People with Learning Disabilities	35
4.9.5 Sex Workers.....	35
4.9.6 People who are Homeless or Sleeping Rough	35
4.9.7 Gypsies, Travellers, and Roma Groups	35
4.9.8 Prisoners	35
4.9.9 Students	36
4.9.10 Tourists.....	36
4.9.11 Military.....	36
5. Current Services	37
5.1 Health needs that can be met by pharmaceutical services.....	37
5.2 Number of Pharmacies and Access.....	37
5.3 Dispensing GPs	38

5.4 Essential Services	39
5.5 Advanced Services	39
5.6 Enhanced services.....	40
5.7 Locally commissioned services	40
5.8 Access to pharmaceutical services on public and bank holidays.....	42
5.9 Other Services	42
6. Gap Analysis	44
6.1 Access to Pharmaceutical Services in Dorset.....	44
6.2 Opening Hours	47
6.3 Choice of service provision	48
6.4 Meeting the needs of specific populations.....	48
6.5 Community pharmacy workforce	49
7. Conclusion	51
7.1 BCP Council necessary services – current provision	51
7.2 BCP Council necessary services – future provision.....	51
7.3 BCP Council other relevant services - current provision.....	51
7.4 BCP Council improvements and better access – gaps in provision.....	52
7.5 Dorset Council necessary services – current provision	52
7.6 Dorset Council necessary services – future provision	52
7.7 Dorset Council other relevant services - current provision	52
7.8 Dorset Council improvements and better access – gaps in provision	52
7.9 Our Dorset – local recommendations	53
8. Appendices.....	54
Appendix 1: Acronyms and definitions	54
Appendix 2: Legislation relating to PNAs	55
Appendix 3: Enhanced Service list (2025).....	62
Appendix 4: Maps of PNA localities	63
Appendix 5: Consultation report.....	69
Appendix 6: List of community pharmacies and opening times.....	79
Appendix 7: List of distance selling pharmacies and opening times	99
Appendix 8: List of dispensing appliance contractors and opening times.....	100

1. Executive summary

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 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 Development of the PNA.

Both councils have low levels of ethnically diverse residents, (discussed in Chapter 4 Local Context), with 82.4% and 93.9% respectively 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 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 than 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 Conclusion, the PNA 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.

2. Introduction

This chapter introduces the PNA and examines national legislation and regulations, along with key concepts and definitions that define the PNA's scope.

This document has been produced by the Public Health and Communities Team at BCP Council and the Public Health and Prevention Team at Dorset Council for Bournemouth, Christchurch and Poole (BCP) Health and Wellbeing Board, and Dorset Health and Wellbeing Board. When referring to both geographical areas as one whole, the name Dorset will be used. When discussing commissioning organisations within these areas, they will be referred to by their full titles, such as BCP Council, Dorset Council, Our Dorset, NHS Dorset, or Public Health Dorset. Further discussion of these organisations can be found in Chapter 4.

2.1 Purpose of a pharmaceutical needs assessment (PNA)

The purpose of the PNA is to assess and outline how pharmaceutical services can meet the health needs of the population within a Health and Wellbeing Board's area for up to three years. It closely links to the Joint Strategic Needs Assessment (JSNA), which focuses on the general health needs of the Our Dorset Integrated Care System. The PNA specifically addresses how these health needs can be met by pharmaceutical services commissioned by the NHS.

If a pharmacy or dispensing appliance contractor (DAC) wants to provide pharmaceutical services, they must apply to the ICB - via Primary Care Support England (PCSE) - to be included in the pharmaceutical list for the Health and Wellbeing Board's area where they wish to have premises. Generally, their application must offer to meet a need identified in the relevant PNA. However, there are exceptions for applications offering unforeseen benefits not anticipated when the PNA was published.

The PNA may also identify the need for additional premises, additional services, or improvements to existing services. These needs, improvements, or better access could be current or arise within the PNA's lifetime.

Whilst the PNA is primarily a document for the NHS to use in making decisions about pharmacies entering the market and other commissioning processes, it may also be utilised by local authorities to inform their own commissioning activities. With Integrated Care Boards (ICBs) taking responsibility for community pharmacy commissioning arrangements, supported by regional commissioning hubs, there may be changes over time in how ICBs and community pharmacies collaborate.

2.2 HWB duties in respect of the PNA and pharmaceutical services

The legislation containing a HWB's specific duties in relation to PNAs can be found in Appendix 2: Legislation Relating to PNAs. In summary, a HWB must:

- Produce a PNA that complies with regulatory requirements.
- Have published their first PNA by 1 April 2015.
- Publish subsequent PNAs on a three-year basis or as directed by amended regulations. In 2021, the need for an updated PNA was moved to October 2022 due to the COVID-19 pandemic.
- Publish a subsequent PNA sooner if it identifies significant changes in the need for pharmaceutical services, unless doing so would be a disproportionate response.
- Produce supplementary statements in certain circumstances.

Given their role in developing the PNA, HWBs will also be consulted when pharmacies make applications to the NHS to:

- Provide pharmaceutical services from new provider premises.
- Move the location of their existing provider premises.
- Consolidate two or more pharmacies on one site.

The HWB will be informed of other changes where pharmacies are only required to give notice:

- Closure of a pharmacy (unless it is part of a consolidation application).
- Change of ownership.

Although Section 128A of the NHS Act 2006 required that each HWB publish a PNA, Section 198 of the Health and Social Care Act allowed two or more HWBs to make joint arrangements in how they discharge their functions. The 2015, 2018 and 2022 PNAs were all developed and published as a single PNA to cover the Dorset ICS in accordance with the statutory provisions. The Dorset HWB and the BCP HWB both agreed in 2024 that the 2025 PNA would again be developed and published as a single PNA document to cover the Dorset Integrated Care System.

2.3 Contractors within the scope of the PNA

The NHS must keep lists of contractors who provide pharmaceutical services around the HWB. The principal types of contractors are:

2.3.1 Pharmacy contractors

Pharmacy contractors can be individual pharmacists (sole traders), partnerships of pharmacists, or companies operating pharmacies. The Medicines Act 1968 governs who can

be a pharmacy contractor. All pharmacists and pharmacy premises must be registered with the General Pharmaceutical Council. Within this group, there are:

Community pharmacies – these provide in-person services from locations such as high street shops, supermarkets, and adjacent to doctors' surgeries. They dispense medicines and can sell non-prescription medicines under a pharmacist's supervision. They may also dispense appliances, though it is not mandatory. Community pharmacies operate under national terms of service as specified in Schedule 4 of the 2013 regulations and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Local pharmaceutical services (LPS) contractors – A small number of community pharmacies operate under locally agreed contracts. These contracts always include the dispensing of medicines but can also cover a broader or narrower range of services, including those not traditionally associated with pharmacy. This flexibility allows services to be tailored to the specific needs of the area they serve.

Distance-selling pharmacies (DSPs) – These pharmacies cannot provide most services face-to-face. They operate under the same terms of service as community pharmacies, providing essential services and participating in the clinical governance system. However, they must provide these services remotely. For example, patients may post their prescriptions to a DSP, which will then dispense the item and deliver it to the patient's address by post or courier. DSPs interact with customers via telephone, email, or a website, delivering dispensed items to the preferred address. They are required to provide services to anyone in England and cannot limit their services to specific patient groups.

2.3.2 Dispensing appliance contractors (DACs)

DACs supply appliances such as stoma and incontinence aids, dressings, and bandages. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service as set out in Schedule 5 of the 2013 regulations and the 2013 directions.

2.3.3 Dispensing doctors

Medical practitioners authorized to provide drugs and appliances in designated rural areas known as "controlled localities." Dispensing doctors can only dispense to their own patients. They operate under national terms of service as set out in Schedule 6 of the 2013 regulations.

2.4 Services within the scope of the PNA

The services that a PNA must include are defined in the NHS Act 2006 and the 2013 regulations.

Unlike GPs, dentists, and optometrists, The NHS does not hold contracts with most pharmacy contractors, except for Local Pharmaceutical Services contractors. Instead, these contractors provide services under terms set out in legislation.

Pharmacy contractors provide three types of services that fall within the definition of pharmaceutical services and may choose to supply appliances (see section 2.5 for appliance services).

For this PNA, 'necessary' services are defined as essential services. All other advanced, enhanced, and locally commissioned services are not considered necessary but secure improvements or better access to pharmaceutical services.

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24 is the NHS's latest statement on what is expected of pharmacies providing NHS services. It supports the delivery of the NHS Long Term Plan and outlines schemes to support quality and sustainability. A revised framework from 24/25 is still in negotiation.

2.4.1 Essential Services

All pharmacies must provide these services:

- **Dispensing of prescriptions:** Supplying medicines and appliances ordered on NHS prescriptions (electronic and non-electronic), along with information and advice for safe and effective use by patients and carers. This includes maintaining records and the urgent supply of drugs or appliances without a prescription at the request of a prescriber.
- **Repeat Dispensing Service (including eRD):** Managing NHS repeat dispensing prescriptions, including electronic Repeat Dispensing (eRD), which allows patients to receive repeat supplies for up to 12 months without needing a new prescription each time, subject to clinical checks. Pharmacy teams ensure each supply is needed and assess whether the patient should be referred back to their GP.
- **Disposal of unwanted drugs:** Accepting unwanted medicines for safe disposal from households and individuals.
- **Promotion of healthy lifestyles:** Providing opportunistic healthy lifestyle and public health advice to patients with specific conditions and participating in national/local public health campaigns.
- **Signposting:** Offering information and referrals to other health and social care providers or support organizations when further support, advice, or treatment is needed.
- **Support for self-care:** Advising and supporting patients and their families to care for themselves, including advice on over-the-counter medicines and lifestyle.
- **Discharge medicines service:** Referring patients to community pharmacies upon discharge with information about medication changes made in the hospital to support patient outcomes, prevent harm, and reduce readmissions.
- **Healthy Living Pharmacies framework:** Meeting Level 1 requirements, which include workforce development, local engagement, and factors related to pharmacy premises to promote health within the community.

Note: If a pharmacy contractor chooses to supply appliances as well as medicines, they must also meet the requirements for dispensing appliance contractors (see section 2.5).

Pharmacies may also enhance essential services with:

- **Dispensing of electronic prescriptions (EPS):** Receiving prescription details electronically from GP surgeries. EPS Release 1 involved paper prescriptions with a bar code for retrieving electronic copies, while EPS Release 2 involves fully electronic prescriptions sent directly from the GP surgery to the nominated pharmacy.
- **Access to the NHS Summary Care Record:** Accessing an electronic summary of key clinical information about a patient, including medicines, allergies, and adverse reactions, to support care and treatment. This can confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

2.4.2 Advanced Services

Advanced services are optional for pharmacies that meet required standards. These include:

- **New Medicines Service (NMS):** Provides early support to patients prescribed new medications for long-term conditions, aiming to reduce problems and side-effects while enabling lifestyle changes and self-management.
- **Influenza Vaccination Service:** Annually commissioned to provide flu vaccinations to designated cohorts, such as people aged 65 and over and at-risk adults, to increase access and uptake.
- **Hepatitis C Testing Service:** Focuses on point-of-care testing for hepatitis C antibodies in people who inject drugs and are not in treatment for drug use. Initially ran until 31st March 2022 and extended until 31st March 2023.
- **Pharmacy First:** Launched in January 2024, this replaces the Community Pharmacist Consultation Service (CPCS). It enables community pharmacies to manage minor illness consultations and urgent repeat medication requests, relieving pressure on GP and urgent care services. Referrals can come from NHS 111, general practices, and other healthcare settings.
- **Hypertension Case-Finding Service:** Started in October 2021, improves access to blood pressure checks and refers patients with high blood pressure to general practice.
- **Stoma Appliance Customisation Service:** Customizes stoma appliance parts for proper use, comfortable fitting, and improved duration based on patient measurements.
- **Appliance Use Review Service (AUR):** Enhances patient knowledge, concordance, and use of appliances through one-to-one consultations.
- **Pharmacy Contraception Service (PCS):** An Advanced Service enabling community pharmacists to initiate and continue the supply of oral contraception, including via confidential consultations.

2.4.3 Enhanced Services

The 2013 directions contain a list of enhanced services that The NHS may commission, describing the purpose of each one (see Appendix 3: Enhanced Service List).

The NHS may commission enhanced services from all or selected pharmacies to meet specific health needs, developing appropriate service specifications if necessary. Some services may be specifically commissioned for the NHS Dorset area. Currently, these include:

- Pharmacy First Service: Launched nationally on 31 January 2024, this advanced service enables community pharmacists to provide NHS-funded consultations and treatment for seven common conditions (e.g. sore throat, sinusitis, uncomplicated UTIs in women) either via referral or walk-in.
- Community Pharmacy PERT Service: Commissioned from 1 November 2024 in response to national shortages of Pancreatic Enzyme Replacement Therapy (PERT), this service enables four designated community pharmacies in Dorset to dispense imported PERT stock against electronic FP10 prescriptions issued by Dorset GP practices.
- Independent Prescribing Community Pharmacy Pathfinder Service: NHS Dorset is participating in the national Pathfinder Programme, which commissions selected community pharmacies to deliver clinical services incorporating independent prescribing. This initiative supports the development of future commissioning frameworks and expands the clinical role of pharmacists in primary care.

The local authority may also commission services that do not fall under the definition of 'pharmaceutical services' within the legislation or for the purposes of the PNA. These are considered in section 5.7.

2.4.4 Clinical Governance

Underpinning the provision of all these services is the requirement for each pharmacy to participate in a system of clinical governance, as set out in the 2013 regulations. This system includes:

- Patient and public involvement programme: Producing a leaflet outlining services and conducting patient questionnaires.
- Clinical audit programme.
- Risk management programme.
- Clinical effectiveness programme.
- Staffing and staff programme.
- Information governance programme.
- Premises standards programme.

The Pharmacy Quality Scheme (PQS) supports the NHS Long Term Plan and rewards community pharmacy contractors meeting quality criteria in clinical effectiveness, patient safety, and patient experience. Community pharmacies and DSPs are eligible, but not Local Pharmaceutical Services.

The Pharmacy Access Scheme started in January 2022, supporting patient access to isolated, eligible pharmacies based on dispensing volume and distance from the next nearest pharmacy. Contractors do not need to apply to be eligible.

2.5 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, The NHS does not hold contracts with DACs. Their terms of service are set out in Schedule 5 of the 2013 regulations and in the 2013 directions. Pharmacy contractors may also choose to supply appliances, in which case these services and relevant requirements will also apply to them.

2.5.1 Services Provided by All DACs

DACs provide the following pharmaceutical services:

- **Dispensing of prescriptions:** Supplying appliances ordered on NHS prescriptions (electronic and non-electronic) along with advice and appropriate referrals if unable to supply. Urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions:** Managing and dispensing repeatable NHS prescriptions for appliances in partnership with patients and prescribers.
- **Home delivery service:** Delivering certain appliances to the patient's home discreetly.
- **Supply of appropriate supplementary items:** Providing additional items such as disposable wipes and disposal bags.
- **Provision of expert clinical advice regarding appliances:** Offering advice to help patients choose and manage their appliances effectively.
- **Signposting:** Referring patients to other providers if the appliance ordered is not supplied.
- DACs may also receive **electronic prescriptions** through the Electronic Prescription Service (EPS) when nominated by a patient.

2.5.2 Advanced Services

DACs or pharmacy contractors supplying appliances may choose to provide advanced services. If they do, they must meet specific requirements and comply with terms of service and clinical governance.

- **Stoma Appliance Customisation Service:** Modifying multiple identical parts based on patient measurements to ensure proper use and comfort.
- **Appliance Use Review (AUR) Service:** Improving patient knowledge and appliance use through one-to-one consultations.

2.5.3 Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance as set out in the 2013 regulations. It is the same as the pharmacy contractor clinical governance framework except that there is no requirement for a premises standards programme.

2.6 Pharmaceutical Services Provided by Dispensing Doctors

The 2013 regulations allow doctors in rural areas to dispense to eligible patients where pharmacy access is difficult. Dispensing occurs in a dispensary, not usually registered with the General Pharmaceutical Council, and is done by doctors or trained dispensing assistants to NVQ2 or NVQ3 level.

2.6.1 Eligibility

Dispensing doctors can only dispense to patients who:

- Are registered with them,
- Live in a designated rural area (controlled locality),
- Live more than 1.6 kilometres from a community pharmacy, and
- Are in an area for which the doctor has either historic rights to dispense or outline consent, and meet the relevant eligibility criteria.

2.6.2 Services

Dispensing doctors may supply NHS-prescribed medicines and appliances to eligible patients. They cannot sell over-the-counter medicines unless prescribed.

If participating in the Dispensary Services Quality Scheme (DSQS), they provide dispensing reviews (DRUMs) and meet quality standards.

2.6.3 Clinical Governance

Dispensing doctors can join the voluntary DSQS, which includes requirements for staff qualifications, training, operating procedures, risk management, clinical audits, patient information, and DRUMs.

2.7 Opening hours

Opening hours arrangements vary for different types of contractors and may be divided into core hours and supplementary hours.

2.7.1 Pharmacy Contractors

Community pharmacies must open for at least 40 hours per week, known as core opening hours. Many pharmacies choose to open for longer, referred to as supplementary opening hours.

Between April 2005 and August 2012, some contractors could open new premises under the condition of operating for 100 core hours per week (100-hour pharmacies), requiring them to remain open 100 hours per week, 52 weeks a year, with exceptions for bank or public holidays and Easter Sunday. Although the exemption for establishing new 100-hour pharmacies no longer applies, those with existing 100-hour contracts have retained their status. However, under The NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023, Integrated Care Boards (ICBs) contractors may apply to reduce their core opening hours to a range between 72 and 100 hours, provided they meet certain opening-hours requirements.

2.7.2 DACs

Dispensing Appliance Contractors (DACs) are required to open for at least 30 hours per week, known as core opening hours. Similar to pharmacy contractors, they may choose to open for longer, referred to as supplementary opening hours.

2.7.3 Dispensing doctors

GPs can determine their dispensary opening hours. If they participate in the DSQS, they must notify The NHS of these hours as part of the DSQS assessment.

Pharmacies or DACs can apply to The NHS to change their core opening hours, usually submitting applications 90 days in advance. The NHS assesses these applications against the needs of the HWB area as set out in the PNA.

For changes to supplementary opening hours:

- **Pharmacies** must notify NHS England. If reducing supplementary hours, they are required to give at least five weeks' notice, with no provision for a shorter notice period. If increasing supplementary hours, they may do so without a formal notice period, but must still inform the commissioner.
- **Dispensing Appliance Contractors (DACs)** must give at least three months' notice. However, the commissioner may agree to a shorter notice period if appropriate.

Dispensing doctors do not need approval or advance notice for changes to their opening hours.

2.8 National Context

In January 2019, the NHS published the NHS Long Term Plan, outlining healthcare priorities for the next decade. By 2025, significant progress has been made in implementing its key objectives, although challenges remain. Integrated Care Systems (ICS) are now fully established across England, fostering collaboration between health and care services to address local population needs. The five major advances in the NHS service model continue to guide improvements:

- Boosting hospital care to dissolve the divide between primary and community health services.
- Redesigning emergency hospital services to reduce pressure.
- Providing more personalised care to help people gain greater control over their health.
- Enabling digitally enabled primary and outpatient care.
- Focusing on population health and local partnerships through ICS.

ICS have had a transformative impact on health services, including pharmaceutical services. The NHS Long Term Plan's implications for pharmaceutical services have seen varied progress:

- NHS 111 now routinely books GP appointments and refers callers to community pharmacies for self-care support.
- Pharmacy Connection Schemes have expanded to assist patients not requiring primary medical services.
- The Enhanced Health in Care Homes model has been widely adopted, with pharmacist-led reviews improving care for residents.
- Primary Care Networks have increased the number of clinical pharmacists in general practices and care homes.
- Community pharmacists play a greater role in engaging patients and supporting medication adherence, addressing the issue of up to 50% of patients not taking medicines as intended.
- Pharmacists in general practice continue to alleviate pressure on GPs and support care homes, reducing medicines-related hospital admissions among the elderly.

3. Development of the PNA

This chapter describes the process of developing this PNA, taking account of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. We have also made use of guidance for HWBs. This has no statutory standing but is used to support local authorities interpret and implement their duty with regards to PNAs.

3.1 PNA Steering Group

Previous Dorset PNAs were published in 2015, 2018 and 2022, led by a PNA Steering Group on behalf of the two HWBs. The Steering Group was re-established in August 2024, with revised membership that included:

- Consultant in Public Health
- Chief Officer, Local Pharmaceutical Committee
- Community Pharmacy Integration Clinical Lead, NHS Dorset
- Community Pharmacy Team Representative, NHS Dorset
- Manager, Healthwatch Dorset
- Team Leader and Data Analysts from Health Intelligences, Public Health Dorset
- Health Programme Advisor, Public Health Dorset

3.2 PNA development timeline

August 2024	Steering Group established
August 2024	PNA development process and delegated authority to DPH agreed with Dorset Council HWB
August 2024	PNA development process and delegated authority to DPH agreed with Bournemouth, Christchurch and Poole HWB.
September 2024	Steering Group meeting virtual and in-person
October 2024	Initial data specification and collation
October 2024	Patient and public engagement
November 2024	Steering Group meeting virtual and in-person
November 2024 to January 2025	Further data collation and visualisation
February 2025	Steering Group virtual and in-person
February to March 2025	Updated narrative and preparation for consultation
April 2025	Steering Group via email
April to June 2025	Formal Consultation
July 2025	Steering Group via email
October 2025	Final PNA published

3.3 Localities

In this assessment, Integrated Neighbourhood Team (INT) Area boundaries were used in place of Primary Care Networks (PCNs) to simplify the complex and overlapping catchment areas of the 18 PCNs. Based on established 2022 ward boundaries, INT Areas were designed to better reflect the specific health and social care needs of local communities. Initially, there were 15 INT Areas across Dorset and BCP Councils, but these were later consolidated into 9 to streamline planning and improve the effectiveness of population health interventions.

During the development of the PNA, the definition of INT boundaries evolved—from being ward-based to aligning with PCN boundaries. However, the PNA Localities presented in this report remain ward-based and therefore differ from the current PCN-based INT boundaries. This distinction is important due to the inherent complexity and overlap within PCN catchment areas.

For this current report, and as a response to these changing areas, they have been redefined into PNA localities which reflect the differences between urban and rural populations and dispersal of services. There are six localities defined for Dorset and four for BCP: they are illustrated in figure 1.

Figure 1a. Dorset PNA Localities

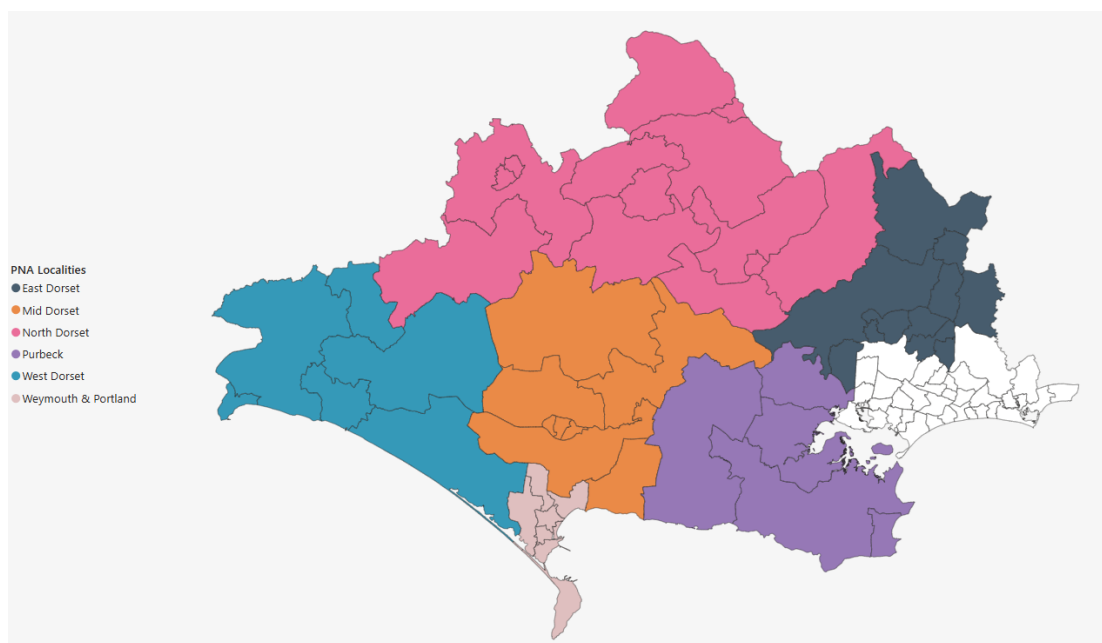
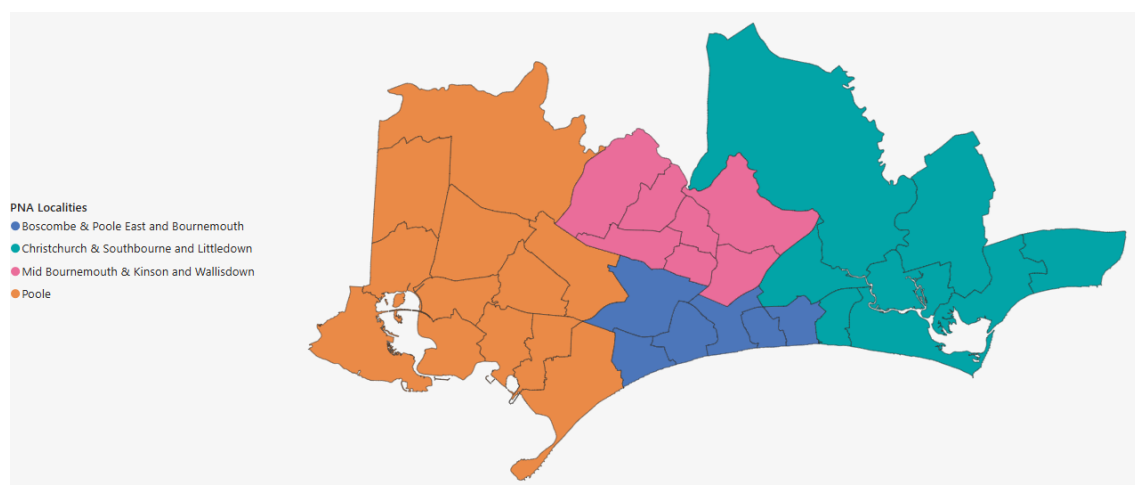


Figure 1b. BCP PNA Localities



3.4 Data collation and mapping

Data from the Census, ONS population estimates, and planning information on known housing developments within the lifetime of the PNA, were collated to help identify population size and characteristics (e.g. age, ethnicity).

The Joint Strategic Needs Assessment, Dorset Intelligence and Insight Services (DIIS) data, Public Health Dorset Intelligence data, OHID public health data, ONS mortality data, and ONS mid-year estimate populations were used to identify health needs of the population of Dorset and the local areas.

Information regarding current service provision, was obtained from OHID, NHSEI and NHS Business Services Authority (NHSBSA). In addition to this, data on locally commissioned services was provided by the commissioners at Public Health Dorset and NHS Dorset. This data was uploaded into the PNA mapping tool developed by the Public Health Dorset Intelligence Team.

This mapping tool involved integrating multiple technologies to create an interactive and user-friendly web application. It was built using Python, Folium and Streamlit, the tool provides a seamless interface for users to generate isochrones based on travel time minutes, travel mode (driving, walking, cycling, and rush-hour driving), area type (rural or urban), and day type (Weekday, Saturday, or Sunday). The core functionality relies on the Mapbox API, which computes isochrones by analysing real-world travel data, factoring in road networks, traffic patterns, and mode-specific constraints. To visualize the results dynamically, the tool leverages Folium, rendering interactive maps that display the computed isochrone polygons. Users can select parameters through the Streamlit UI, which fetch and display travel-time-based accessibility areas. This tool enhances spatial analysis capabilities, enabling users to assess accessibility to pharmaceutical services to enable assessment for any gaps in the provision of services by location and opening times.

3.5 Data Limitations

Whilst every effort has been made to make the data included in this PNA accurate and timely, there are some limitations to the data that need to be considered:

- Data was collated during September 2024 – February 2025. The data provides a snapshot in time only.
- Pharmacy service data may be inaccurate. For some services, provision of the service has been used as a proxy for a pharmacy being accredited for a service. This will not give an accurate picture of service availability. For example, a pharmacy who has undergone a change in ownership will not have service delivery activity although they may now be accredited to provide the service.
- Pharmacy contracts that have undergone a change of ownership may provide a different set of services.
- Pharmacy services may not be openly commissioned. By this we mean that the commissioner may limit the number of pharmacies providing the service. Gaps in these services are created by the commissioner rather than gaps being created by lack of pharmacy provision.

3.6 Public and Pharmacy engagement

In November 2023, Healthwatch England surveyed 1,650 people across the country about their [experiences with pharmacy services in England](#). The findings revealed that while community pharmacies are highly valued, medicine shortages and both permanent and temporary pharmacy closures continue to impact access. These closures were more prevalent in rural areas, regions with older populations, and areas with fewer GPs per head. Additionally, there is a lack of public awareness about the services offered through the Pharmacy First initiative.

In October 2024, Healthwatch Dorset conducted a public pharmacy survey to gather patient feedback for the local Pharmaceutical Needs Assessment. This survey was based on questions used by other local Healthwatch organizations and informed by the Healthwatch England survey.

The Healthwatch Dorset team collaborated with Public Health, NHS Dorset, the GP Alliance, and Community Pharmacy Dorset to promote the survey through their websites, social media, physical posters, Facebook adverts, Healthwatch eNewsletters, press releases, radio interviews, and community contacts.

The survey was launched at the end of September and ran until the end of October, collecting a total of 907 responses.

Key messages:

- 29% of respondents use an online pharmacy, with mostly positive feedback.

- People find their local pharmacy easy to access when it is within walking distance, has parking, friendly staff, and convenient opening hours.
- 38% of respondents experienced problems getting their medication. Medication shortages left people feeling helpless, frustrated, and at risk of harm.
- 7% of respondents with disabilities are not receiving the reasonable adjustments they need.
- Most respondents receive free prescriptions, but 26 people reported delaying getting their medicine due to cost or only affording medicines for some family members.
- 63% of respondents had not heard of Pharmacy First.
- Pharmacy closures and changes to opening hours are affecting access for people in rural Dorset.

3.7 Other sources of information

Information was gathered from NHS Dorset and the regional commissioning hub, the NHS Business Services Authority, Community Pharmacy Dorset, Public Health Dorset, BCP Council and Dorset Council regarding:

- Services provided to residents of Dorset HWB's area and BCP HWB's area, whether provided from within or outside of that area
- Known housing developments within the lifetime of the PNA and any other developments which may affect the need for pharmaceutical services

Dorset JSNA documents and the public health intelligence team provided background information on the health needs of the population.

3.8 Identifying gaps

Although the 2013 regulations require the PNA to include a statement of those pharmaceutical services that are identified as being necessary to meet the need for pharmaceutical services, there is no definition of this term within the regulations. Therefore, in developing the PNA the Steering Group considered a range of criteria that it could use to assess whether pharmaceutical services met the health needs of the population, identifying desirable improvements and optimising access.

A key challenge for Dorset is our mix of rural and urban areas, therefore accessibility was a key consideration. Although there are online services that can be accessed, our initial engagement found that most people use local services, with most driving or walking to get there. The steering group discussed the possibility of setting different travel times for urban and rural areas within BCP Council and Dorset Council. While a 15-minute walking time was considered for urban areas in BCP, the steering group ultimately decided that a 20-minute drivetime would be appropriate for both urban and rural areas.

The Steering Group also considered the issue of opening hours and how this might impact access at different times. Most prescriptions are issued in general practice. Although the GP

contract specifies core hours of 8am to 6:30pm Monday to Friday, there is no requirement for the practice to be open the entire time. GP practices working together as a Primary Care Network (PCN) now provide enhanced access appointments between 6:30pm and 8pm on weekday evenings and 9am to 5pm on Saturdays, as part of the Enhanced Access Service introduced on October 1, 2022. This service aims to standardize access across the country and includes a blend of appointment modes, such as face-to-face, telephone, and digital consultations. The Steering Group considered that aligning GP opening hours with pharmacy opening hours would be beneficial. While the use of 100-hour pharmacies was initially seen as a helpful proxy, the availability of enhanced access plans now provides clearer guidance for matching service hours to patient needs. The Steering Group did not feel there was a need for 24/7 access given the times when most prescriptions are issued.

The Steering Group therefore agreed that to support ‘the identification of gaps’, for the purposes of this PNA ‘necessary services’ are defined as:

- dispensing of medicines and appliances
- the other essential services in relation to both medicines and appliances
- is accessible to the Dorset population within a 20-minute drive time

Other criteria were viewed as aids in assessment, rather than as rigid tools, and interpreted in the context of the socio-demographic and health profile of the population and consultation responses, with other services, better opening hours, and accessibility of facilities, considered as potential improvements or better access.

3.9 Equality and safety impact assessment

BCP Council and Dorset Council use equality analysis to ensure all groups can access services without disadvantage. Equality impact assessments (EIAs) are conducted when developing and reviewing policies, strategies, procedures, functions, and services. Staff complete a template with prompts to consider promoting equality and avoiding unlawful discrimination, covering the nine protected characteristics:

- Gender reassignment
- Race
- Disability
- Age
- Sex
- Sexual orientation
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

During the formal consultation, we will ask if any recommendations needed consideration to avoid adverse impacts on specific groups. Comments will be incorporated into a first-stage

Equality Impact Assessment (EQIA) for the PNA. As the PNA has not identified any gaps, there is no need for a fuller EQIA.

3.10 Formal Consultation

Regulations require that a draft PNA is made available for consultation for a period of at least 60 days prior to the of the final Assessment.

Consultation on the draft PNA commenced on 10 June 2025 and remained open until 14 August. Following the consultation period, a consultation report was drafted highlighting responses and themes from comments received, and the response from the Steering Group. The report can be seen at appendix 5.

The PNA was updated to reflect these responses prior to publication. The PNA is valid for three years from 1st October 2025 to 30th September 2028, when an updated PNA will be produced.

3.11 Review and Supplementary statements

After the publication of the PNA, it will be reviewed periodically. If there are major initiatives, health requirements, or population changes that could significantly impact the assessment, the Steering Group will decide whether a revised PNA is required.

A Supplementary Statement explaining changes to the availability of pharmaceutical services may be issued instead of a revised PNA, in the following cases:

- a) There has been a change to the availability of pharmaceutical services relevant to granting applications to open or relocate a pharmacy, or provide additional services;
- b) The HWB is satisfied that publishing a revised PNA would be a disproportionate response or is already in the process of updating the PNA but needs a supplementary statement to prevent significant detriment to the provision of pharmaceutical services.

These Supplementary Statements will be factual and will not assess the impact of the change on the need for pharmaceutical services within an area. Once issued, a supplementary statement becomes part of the PNA.

4. Local Context

This chapter outlines the local NHS and public health organisations that have a role in community pharmacy in Dorset. It also outlines the demographics and the health needs of the local population that access these services.

4.1 Dorset Council and BCP Council

Dorset Council and Bournemouth, Christchurch and Poole (BCP) Council were created as two new unitary councils on 1 April 2019, replacing six borough and district councils, a county council, and two previous unitary councils. As unitary councils, they are responsible for a wide range of services, including social care, housing, and planning in their respective areas.

Dorset Council has around 4,500 employees serving a local population of approximately 380,000 residents. The council works closely with local communities across small rural villages, market towns, and popular coastal destinations to make Dorset a great place to live, work, and visit. Over half of the area is designated as an Area of Outstanding Natural Beauty and is home to the only natural UNESCO World Heritage Site in England, the Jurassic Coast. The council has the largest proportion of people aged over 65 of any unitary or county council in the country.

BCP Council employs more than 5,000 people and provides services to around 400,000 residents in predominantly urban areas from Hamworthy in the west to Highcliffe in the east. The council focuses on vibrant communities with an outstanding quality of life for the diverse population they serve. This includes an ageing population in the east and a younger demographic in the west. There is a large Polish and Jewish community, a variety of faith groups, and an established LGBT community. Bournemouth hosts a university and a large language school, contributing to a significant student population. The area also hosts Bourne Free, an annual festival to celebrate diversity.

4.2 Public Health Dorset

Public Health Dorset are a public health service supporting BCP Council and Dorset Council. It is a shared service across both councils that aims to help as many people as possible stay healthier for longer. This is achieved through commissioning and provision of public health services, as well as work with partners to influence the development and delivery of wider prevention work. Services commissioned or provided through Public Health Dorset include:

- Drug and Alcohol Treatment Services
- LiveWell Dorset
- NHS Health Checks
- Sexual Health Services
- Children's public health nursing

- Community health improvement services such as weight management, smoking cessation and access to long-acting reversible contraception. Where these services are provided by community pharmacies this is covered in section 5.7.

The split of Public Health Dorset into separate teams for BCP Council and Dorset Council in April will likely lead to more localised and tailored approaches to public health services. This change will allow each council to address the specific needs of their populations, but could also introduce challenges in maintaining consistency and efficiency across shared services. Key areas such as drug and alcohol treatment, sexual health services, and community health improvement programs may see adjustments in delivery models, with each council independently managing priorities and resources to meet their unique public health goals.

4.3 NHS Dorset

NHS Dorset is the name of the NHS Dorset Integrated Care Board (ICB), established on 1 July 2022. NHS Dorset undertakes the statutory responsibilities of the former Clinical Commissioning Group (CCG) and continues to plan and meet the healthcare needs of people and communities in Dorset as an Integrated Care Board (ICB). The commissioning of primary medical care services, including GP practices and Primary Care Networks (PCNs), delegated by the NHS to the CCG, has now transitioned to the ICB. This includes initiatives to increase the number of community pharmacists within GP practices, expanding their roles in managing medicines in primary care. NHS Dorset, in collaboration with NHS England and regional commissioning hubs, is actively exploring further delegation of additional primary care services, such as Pharmaceutical Services. Delegated primary care functions are governed through a Primary Care Commissioning Committee, ensuring robust oversight and alignment with national healthcare priorities.

NHS Dorset also employs a Medicines Optimisation Team that collaborates with partners in Dorset to ensure that prescribing, dispensing, and other issues relating to medicines are addressed in a coordinated manner to meet people's needs.

The establishment of NHS Dorset provides more opportunities for all local partners across the NHS and local authorities to work together, building and developing the existing Dorset integrated care system, Our Dorset.

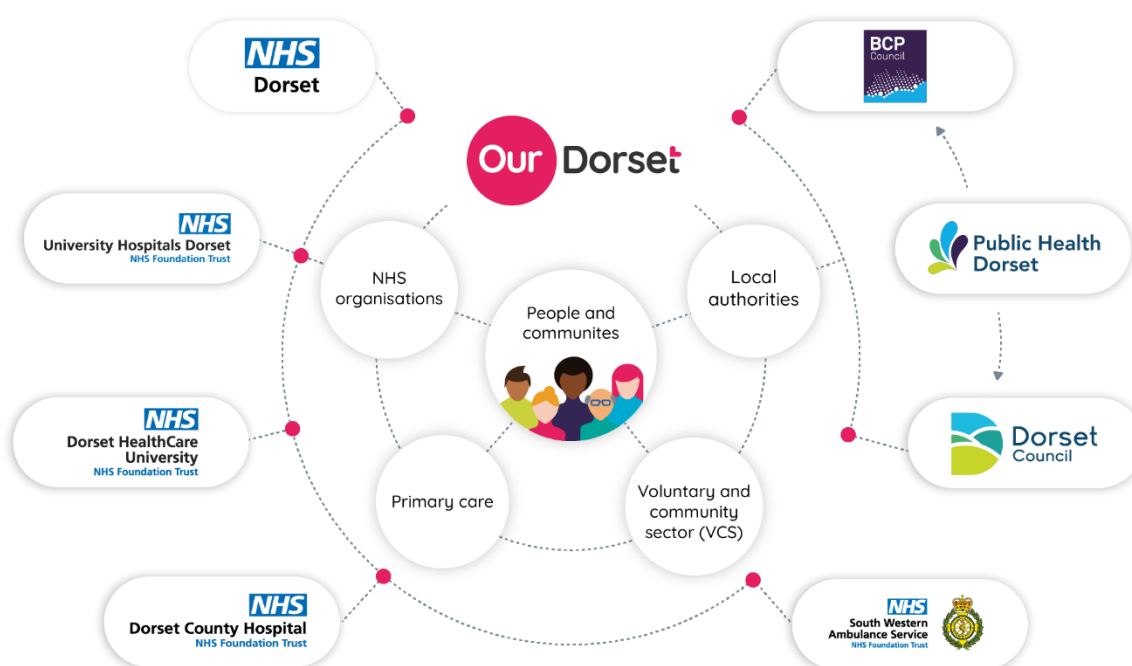
4.4 Our Dorset

The Dorset Integrated Care System (ICS), known as "Our Dorset," is a partnership of Dorset Council, BCP Council, NHS services, and the community and voluntary sector. They work together to address local health, wellbeing, quality, and financial challenges across the county. The vision remains that everyone will start, live, and age well, and die with dignity, regardless of their circumstances.

Dorset became one of England's first pilot ICSs in 2018. With changes to legislation in 2022, this way of working is now replicated across the country, providing more opportunities for local collaboration. The focus of the ICS is on removing traditional barriers between services and ensuring that people can access the support and care they need when they need it.

Each Integrated Care System has two integral parts: an Integrated Care Board (NHS Dorset) and a Health and Care Partnership established on 1 July 2022. NHS Dorset, the Integrated Care Board (ICB), the Dorset Health and Care Partnership, and the Integrated Care Partnership (ICP) make up the two parts of Our Dorset.

Figure 2. Our Dorset ICS Partners



The partnership is a statutory function supporting integrated working across the county. It complements the activities of the existing Health and Wellbeing Boards by promoting integration from place level to system level. Responsibilities include:

- Addressing inequalities in health and wellbeing outcomes and ensuring better access to health services.
- Bringing together people and organisations involved in wider issues like employment, education, housing, and crime to support healthier communities.
- Improving the life chances and health outcomes of babies, children, and young people.
- Supporting communities to live more independent, healthier lives for longer.

Community pharmacies are recognized as a vital part of local communities, offering a range of services to support people's health and well-being. There is also a national and local drive to integrate pharmacy and clinical pharmaceutical skills into patient pathways through closer

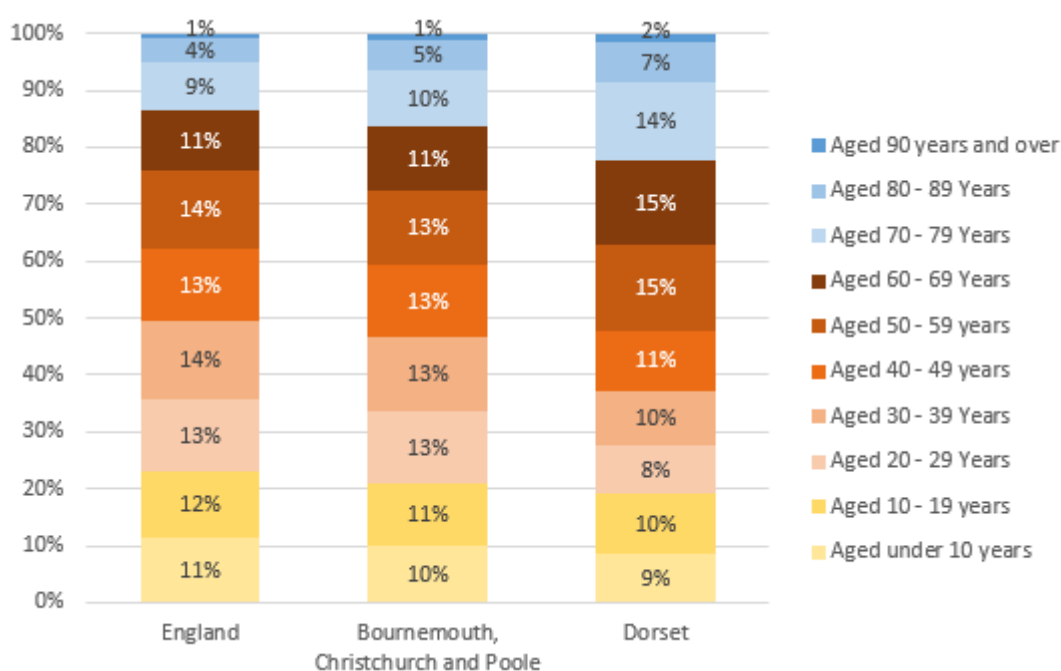
collaboration between PCNs and community pharmacies and expanded roles for community pharmacists in different settings.

4.5 Local Demographics

According to the Census 2021 figures, the population of **BCP Council** is 400,192, and the population of **Dorset Council** is 379,578. Both BCP Council and Dorset Council populations have a higher percentage of older persons (aged 70 plus) and a lower percentage of younger persons (aged under 20 years) than the England average. Dorset especially has a much higher older population, making up 23% of the population compared to the England average of 14%.

Changes in these population figures are shaped by both natural change (births and deaths) and by migration into and out of the area.

Figure 3. Population breakdown by 10-year age bands for England, BCP Council, and Dorset Council. ONS Census 2021



The populations of both BCP Council and Dorset Council have increased since the previous Census in 2011, BCP Council by 5.7% and Dorset Council by 4.0%. According to Office for National Statistics (ONS) mid-year population estimates data this is expected to continue with a predicted 2% population increase for BCP Council and a predicted 4% population increase for Dorset Council between 2019-2029. For both populations, growth is driven primarily by those aged 65+.

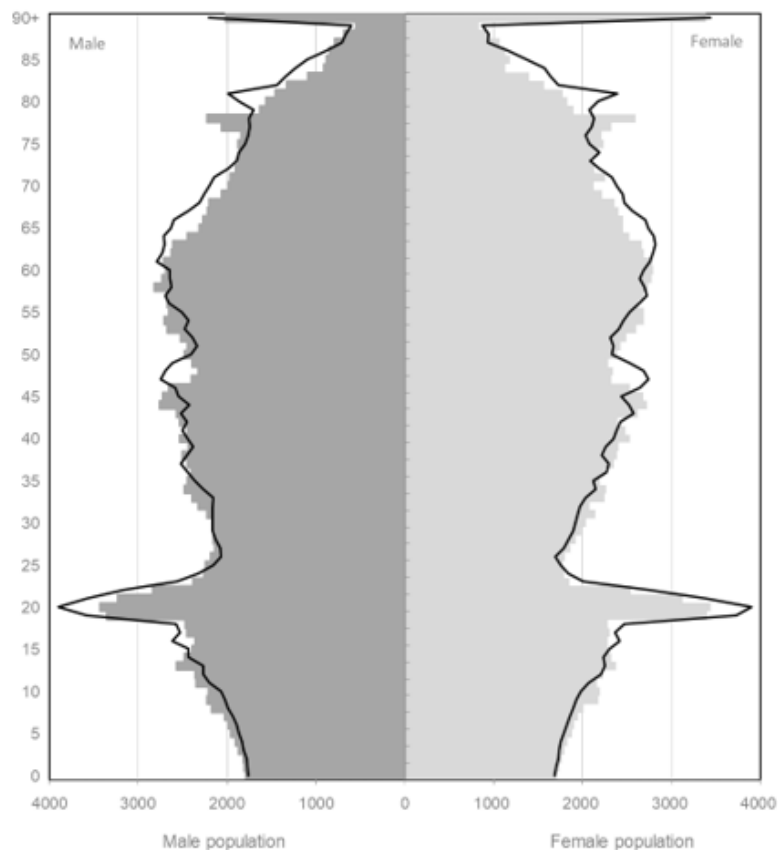
Population Forecast summary BCP Council

Over the next 3 years from 2025-28 population projections suggest the population of the BCP area overall will increase by 2,600 (0.7%). This growth is driven by increases in the population aged over 65, with the number of children and young people (aged 0-16) projected to decrease.

The number of over 65s are projected to increase by over 5,200 thousand (6%) to 2028, compared to a decrease of around 2,600 (-4%) of children and young people. The working age population is forecasts to remain roughly unchanged. By 2028 those aged 65 and over will account for 24% of the overall population.

Migration is driving population growth, with more people arriving than leaving the area. Natural change (births-deaths) is projected to reduce growth with an increasing number of deaths, due to the rise in the older population, and a fall in the number of births.

Figure 4. BCP population pyramid 2025 and 2028 compared, ONS 2018 Based sub-national population projections



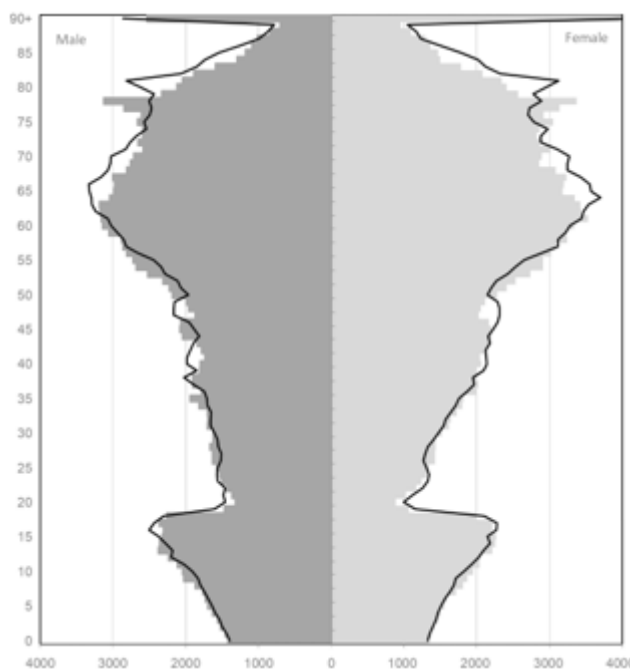
Population Forecast summary Dorset Council

Over the next 3 years from 2025-28 population projections suggest the population of Dorset overall will increase by 4,300 (1.1%). This growth is driven by increases in the population aged over 65, with the number of children and young people (aged 0-16), and working age population projected to decrease.

The number of over 65s are projected to increase by almost 8,200 thousand (7%) to 2028, compared to a decrease of around 1,900 (-3%) for children and young people aged 0-16. The working age population is forecasts to decline by just under 2,000 (-1%). By 2025 those aged 65+ will account for a third of the overall population.

Migration is driving population growth, with more people arriving than leaving the area. Natural change (births-deaths) is projected to reduce growth with an increasing number of deaths, due to the rise in the older population, and a fall in the number of births.

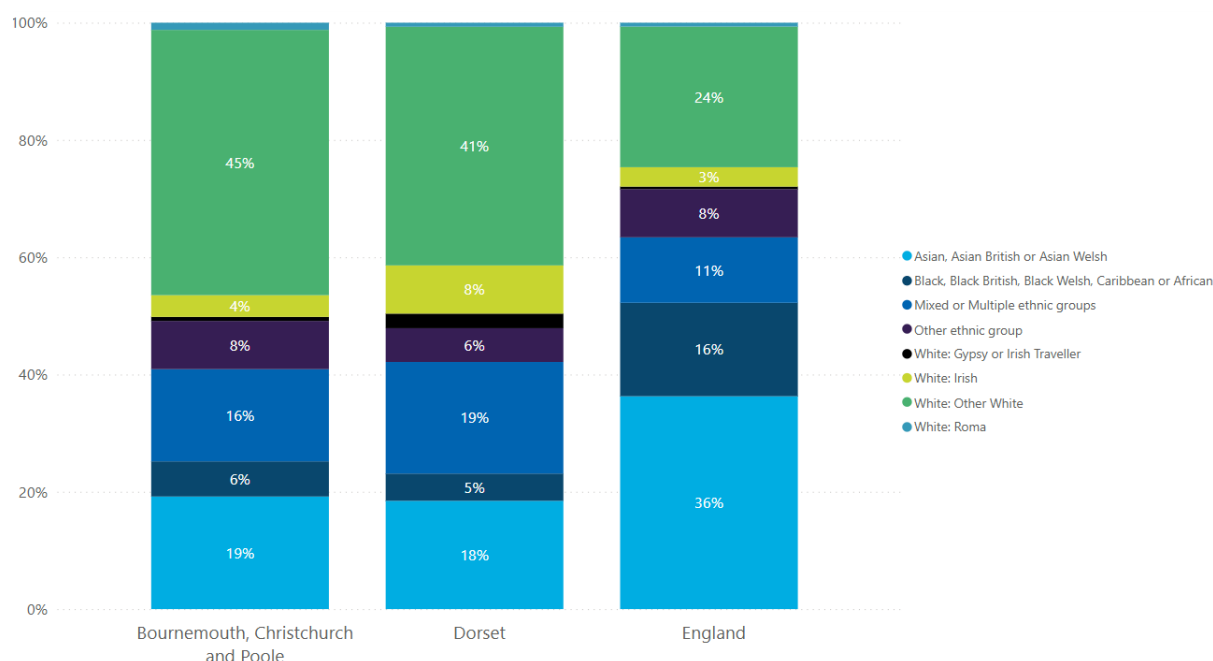
Figure 5. Dorset Council population pyramid 2025 and 2028 compared, ONS 2018
Based sub-national population projections



According to the 2021 Census BCP Council and Dorset Council have low levels of ethnically diverse residents with 82.4% and 93.9% respectively identifying as White British, compared to 73.5% for England and Wales. Figure 6 visualises the ethnic composition of BCP Council and Dorset Council in comparison to the England and Wales average.

The ethnic diversity of both BCP Council and Dorset Council populations have increased since the previous Census in 2011, BCP Council by 6% and Dorset Council by 1.7%.

Figure 6. Ethnicity in BCP Council, Dorset Council, and England and Wales according to the 2021 census



The highest proportion of BCP Council's and Dorset Council's ethnically diverse population are classified as 'White: Other White' (45.2% and 40.7% respectively). This classification includes people who identify as White but who do not have UK national identity (English, Welsh Scottish, Northern Irish and British) and are also not Irish. An example would be Polish or Romanian.

Deprivation is an important factor of health and well-being for communities and individuals. Where there are higher levels of deprivation, there are consistent associations with poorer health outcomes across a range of measures that represent a major cause of inequalities in health and well-being. 0 and 0 visualise the most and least deprived LSOAs in their respective areas. In Dorset, there are 11 LSOAs in the most 20% deprived in the country. The Dorset Council areas of deprivation are largely located in the most urban areas, in particular Weymouth and Portland, but many of Dorset's rural communities could also be considered deprived in terms of barriers to housing and essential services.

BCP Council has 26 LSOAs in the most 20% deprived in the country. BCP areas of deprivation are also largely located in the most urban areas, in particular areas around the town centres of Bournemouth and Poole.

Figure 7. BCP Council and deprivation

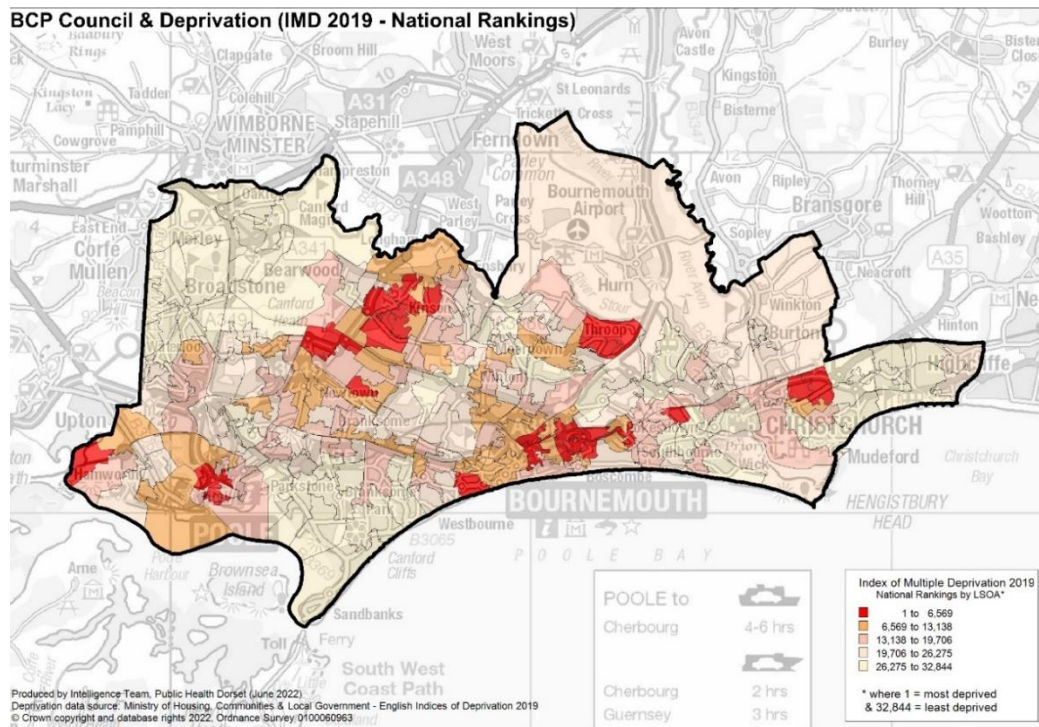
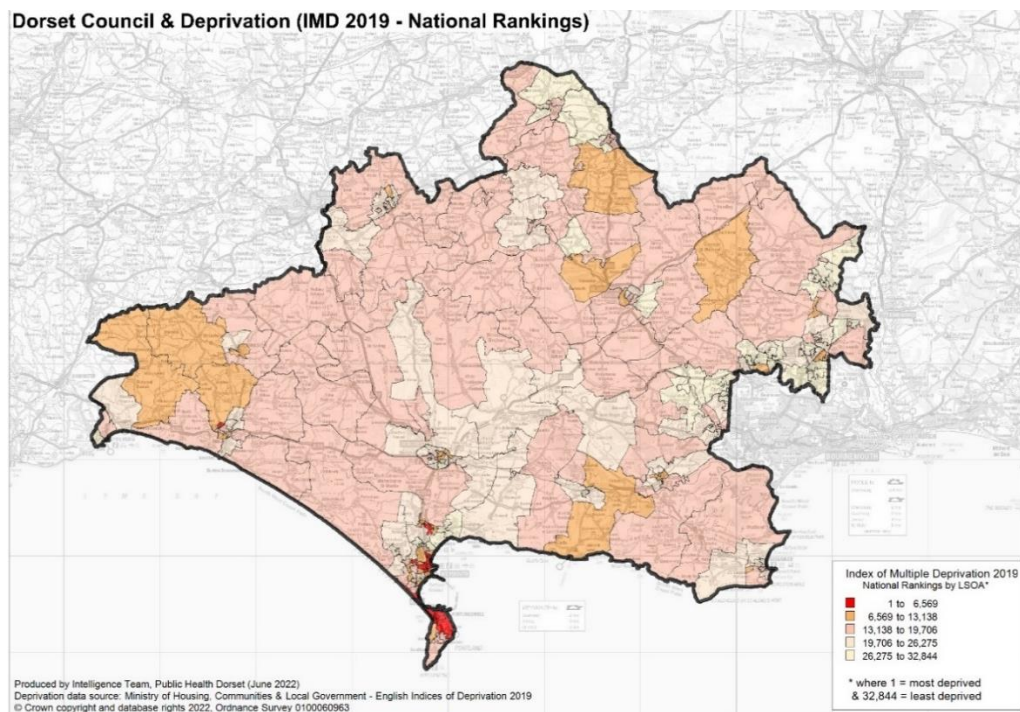


Figure 8. Dorset Council and deprivation



4.6 Our Dorset Joint Strategic Needs Narrative

Our Dorset Joint Strategic Needs Assessment (JSNA) is a process used to support Dorset Council and BCP Council Health and Wellbeing Boards to identify key issues and develop their Joint Health and Wellbeing Strategies in response to these.

The JSNA narratives are split into 3 sections

- Thriving Communities (Our population and wider determinants of health)
- Healthy Lives (Health conditions and behaviours, opportunities for prevention and early help)
- Health and Care (How services work together)

Some of the key issues around thriving communities include

- There is a social gradient in life expectancy between the most deprived and least deprived areas. In Dorset – 5.2 years for men and 4.6 years for women and in BCP – 6.9 years for men and women. Circulatory related deaths, cancer and respiratory disease are the main contributors to this inequality gap.
- The impacts of **poverty, deprivation** and the **cost-of-living crisis**. In BCP, there has been a notable increase in **clients aged 65+ seeking support** for a variety of issues from Citizen's Advice services. In Dorset, 22.9% of the working age population are economically inactive – this includes people who are temporarily or long-term sick, or away from the workforce for other reasons.
- **Homelessness** is associated with severe poverty and poor health outcomes. There is a high demand for homelessness support - households being owed a homelessness reduction act duty is above the national average (12.6 per 1,000 in BCP, 11.7 per 1,000 in England).
- The percentage of children achieving a good level of development at 2.5 years in both Dorset and BCP is above the England average. However, there are needs around **communication skills, fine motor skills** and **personal social skills**.
- **Pupil absence** has increased, following national trends – around 7% of sessions were missed in the academic year due to absence. In Dorset nearly 30% of secondary school age pupils were persistently absent in 2021/22 and 28% of BCP pupils.

Some of the key issues around healthy lives include:

- Although levels of **childhood obesity** are better than England, around 1 in 5 Year 6 children are obese in BCP and 1 in 3 are overweight or obese in Dorset. We see variation across the Local Authorities with higher prevalence in Weymouth and Portland, Poole Town and Central Bournemouth.
- The **mental health and emotional wellbeing** of children – the rate of inpatient admissions for mental health conditions (Dorset 128.8 per 100,000 and BCP 143.2 per 100,000) and self-harm (Dorset 601.6 per 100,000 and BCP 706.9 per 100,000) are worse than England.

- The increasing prevalence of **common mental health conditions**, such as depression and anxiety.
- **Social isolation and feelings of loneliness** are higher among some groups such as carers, adult social care users and people with long-term health conditions.
- The percentage of adults who are overweight or obese is similar to England. However, at 65.4% of adults in Dorset and 67.1% in BCP LA this is still high and has been slowly increasing over time (2022/23).
- **Smoking prevalence** has been reducing in both Dorset and BCP – currently 9.1 and 10.1%. However, some vulnerable groups have much higher rates of smoking and those working in manual and routine occupations.
- Nearly 21% of adults in Dorset and 19% of adults in BCP are **physically inactive** – doing less than 30 minutes moderate intensity activity a week. An estimated 49% of children and young people across Dorset are not meeting recommended guidelines of 60 minutes activity per day.
- Generally, our mortality rates are in line with England - however it is important to consider variation by geography and in **deaths considered preventable**. We also compare poorly for some indicators relating to emergency hospital admissions for conditions like hip fractures, COPD and heart disease. There could be more opportunities to encourage prevention, early help and support people to manage their health, especially when someone has multiple long-term conditions and/or are frail.

Some of the key issues around health and care include:

- Whilst the appreciation for NHS services was evident from participants of the 100 conversations project, there was concern that healthcare services are stretched and do not have the time or capacity to listen to patients' concerns.
- People felt that services need to work together in an integrated approach, communicate between each other to discuss patients' needs and adopt a multi-disciplinary approach.
- A need to improve **sharing of patient data** and medical records was also raised – sharing across multiple disciplines means that patients and carers would not have to repeat the same story.
- The need for **local access to services** was a key theme throughout – those with limited access to transport and travel links are adversely impacted when having to travel further distances.
- The interlink between physical and mental health is an important consideration for our services - The Kings Fund report that around **30% of people with a long-term physical health condition also experience poor mental health**, for example depression or anxiety.
- Looking to the future - The 2023 Chief Medical Officer report focuses on **health in an ageing society**. This sets out some of the trends and health needs to consider for this population to maximise independence and minimise time spent in ill health.

Other global and national trends to consider include:

- the increasing adoption of, and demand for, **personalised care**
- the potential of **Artificial Intelligence**
- increasing mental health issues and health inequalities

4.7 Housing Growth

The population of both BCP Council and Dorset Council is growing, with most of the growth driven by those aged over 65 which is likely to impact on future healthcare demand. As such the number of homes within the area is also growing accordingly.

Sites with full planning permission and those likely to proceed within, or those that are already under construction between 2025 and 2029 inclusive come to a total of around 7,852 new homes across BCP Council and 8,831 in Dorset Council. These new homes will be built across all localities, but the largest concentrations are as detailed in 0. Each locality profile goes into more depth about local developments and their potential effects on the pharmaceutical service need in the area. Although all developments are included in the total of dwellings, particularly developments are highlighted in the locality profile if the number of dwellings is greater than 50.

Table 1. BCP Council and Dorset Council significant net growth developments

Area	Development	Net dwellings
Canford and Creekmoor	Oakley Lane	466
Canford and Creekmoor	Magna Road & Knighton Lane	464
West Dorset	Bridport, Vearse Farm	420
Mid Dorset	Littlemoor Urban Extension	364
Poole West	Poole Town Centre North	362
North Dorset	Ham Farm	280
Bournemouth Central	Holdenhurst Road	247
East Dorset	West Parley – Phase 1	238
Bournemouth Central	Exeter Road	223

4.8 Car or Van Ownership

Census 2021 data shows that access to a car or van in the household is still less likely in more deprived localities, which are primarily located in urban areas. The overall rate of no access to a car or van for BCP Council is 21.2%, and for Dorset Council, it is 13.8%.

4.9 Identified patient groups

Not all inequality or disadvantage can be seen through a geographical lens. This is particularly relevant when examining health inequalities across different groups in society. While there may be concentrations of health inequality in the region's low-income communities, individual factors are crucial. This section outlines patient groups who are particularly vulnerable, have specific needs that community pharmacy can help address, or impact demand on community pharmacy services.

4.9.1 Asylum seekers and refugees

There are no accurate figures on the total number of refugees or asylum seekers living in the region. The latest figures from the Migration Observatory suggest that there are approximately 1,329 asylum seekers and refugees in BCP Council and 1,243 in Dorset Council, but this may be below the true size of this community in the region, with many not receiving support or accommodation from the Home Office.

The health needs of refugees and asylum seekers are well-documented and include untreated communicable diseases, poorly controlled chronic conditions, maternity care, and mental health and specialist support needs. Additionally, a sizeable minority continue to experience physical injuries and trauma from mistreatment and torture.

Asylum seekers and refugees often face additional barriers to accessing or receiving suitable health care due to language barriers, poverty, the impact of existing trauma, or having no recourse to public funds in the UK.

4.9.2 Ethnic Minorities

The 2021 Census data shows that both BCP Council and Dorset Council have a relatively low level of diversity, ethnically diverse people representing 17.6% of the population in BCP Council, and only 6.1% of the population in Dorset Council. There are well documented links between ethnic origin and health, where people from different ethnic communities have higher levels of illness for some diseases compared to the general population. In addition, differences in cultural background, first language and residence time in a new country may impact on the access and utilisation of health care services.

4.9.3 Disabilities

Defining the specific number of individuals with some form of physical disability is problematic, due to the range and type of conditions that may be considered a 'physical disability'. According to the 2021 Census approximately 7.3% of the population of BCP Council and 6.5% of Dorset Council reported having a limiting long-term illness or disability that limited day to day activities a lot. 10.5% of the population of BCP Council and 11.0% of Dorset Council reported having a limiting long-term illness or disability that limited day to day activities a little.

4.9.4 People with Learning Disabilities

People with learning disabilities are one of the most vulnerable groups in society. They are known to experience inequalities in health and as a result suffer poorer health outcomes compared to the general population. In March 2025, 0.6% of the Dorset GP registered populations were recorded as having a learning disability although this is likely to be an under representation as not everyone is registered.

4.9.5 Sex Workers

While there are no accurate local figures, it is estimated that there are more than 70,000 sex workers in the UK. Sex workers are at increased risk of ill-health, experiencing violence and substance misuse, and can face additional barriers in accessing health care due to fear or discrimination.

4.9.6 People who are Homeless or Sleeping Rough

According to MHCLG in 2024 there were 676 households in BCP Council and 757 households in Dorset Council either homeless or at risk of being so. Dorset Council has seen a large increase of increase of households being homeless or at risk of being so. Homeless people, especially those alone, are more at risk of complex health needs including inter-related mental health, drug misuse and alcohol dependency challenges. They are also at increased risk of injury, pneumonia, tuberculosis, dental problems, and hypothermia.

4.9.7 Gypsies, Travellers, and Roma Groups

There are six local authority-supported sites, several privately owned sites, and further unauthorized encampments that support Gypsies and Travellers. The transient nature of some of these groups can mean they sometimes experience difficulty registering with a GP practice; however, some groups are recognized to move around within the area as well as in and out of the local area.

4.9.8 Prisoners

People in prison are more likely to experience multiple, sometimes more complex physical and/or mental health conditions compared with the overall population. These issues are often further complicated by wider health determinants such as homelessness, unemployment, financial problems or insecurity, social isolation, and poor access to health services appropriate to their needs. Dorset has three prisons: Guys Marsh in Shaftesbury, and the Verne and Portland Prison on Portland. Each has a dispensary for their prison population.

4.9.9 Students

BCP Council is home to Bournemouth University, Arts University Bournemouth (AUB) and Health Services University with around 18,000 students studying at Bournemouth University, around 4,000 at AUB and 1,185 at AECC each academic year. This significantly affects the population make-up of the surrounding wards.

4.9.10 Tourists

As a popular tourist destination, Dorset sees a large number of UK and overseas visitors each year. The latest figures show there were approximately 4,162,000 trips to the area between 2017-2019. As such, some of these visitors are likely to utilize the local pharmaceutical services.

4.9.11 Military

Army camps each have their own dispensaries, using Ministry of Defence (MOD) prescriptions. There are two army camps in Dorset: Bovington Camp and Blandford Camp. Dorset has a significant military presence, with over 6,500 serving personnel across four bases.

5. Current Services

5.1 Health needs that can be met by pharmaceutical services

Community pharmacists and their teams are ideally placed to provide expertise in health advice and prevention, tackling health inequalities, supporting long-term conditions and the treatment of self-limiting common clinical conditions. As such they play an important role in meeting the health needs of the Dorset population.

The most obvious health need that can be met via pharmaceutical services is the need for appropriate drugs and appliances to be dispensed safely with expert advice available. Furthermore, the safe collection and disposal of unwanted or out of date dispensed drugs.

As well as supply medicines for the treatment of both mental and physical health problems, pharmacies can provide accessible and comprehensive information and advice to carers about what help, and support is available to them. This is part of the signposting essential service.

The specific services that are offered at pharmacies within Dorset are detailed in section 5.4 to 5.7, between them they contribute to addressing health needs in long-term conditions, sexual health, teenage pregnancy, smoking, seasonal influenza, alcohol and drug usage, palliative care, and related conditions.

Although deprivation is not such a significant issue across all of Dorset there are areas of higher deprivation. Deprivation is a key component of health inequalities; as such, appropriate accessible services on the front line of primary care, such as those provided by community pharmacy, are key to ensuring that people across all communities can have their prescriptions dispensed and benefit from a range of associated services as part of the NHS.

5.2 Number of Pharmacies and Access

There are a total of 138 contractors providing pharmaceutical services within the Dorset area (69 in BCP Council and 69 in Dorset Council). Of these:

- 132 are community pharmacies (66 in BCP Council and 66 in Dorset Council)
- 3 are distance selling pharmacies (1 in BCP Council and 2 in Dorset Council)
- 3 are dispensing appliance contractors (2 in BCP Council and 1 in Dorset Council)

The majority of community pharmacies operate 40-hour contracts. However, there are 10 100-hour pharmacies within the Dorset area (7 in BCP Council and 4 in Dorset Council), shown with blue crosses in Figure 9.

Figure 9a. 40 hour and 100-hour pharmacies across Dorset Council

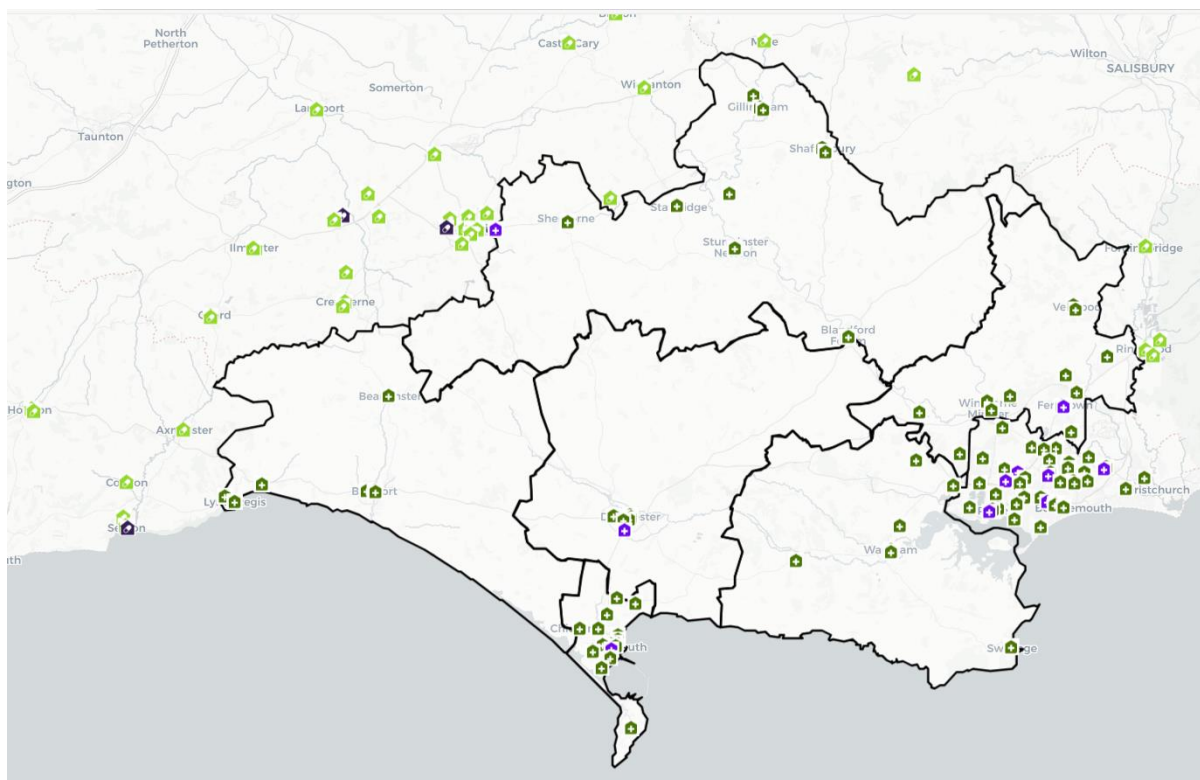
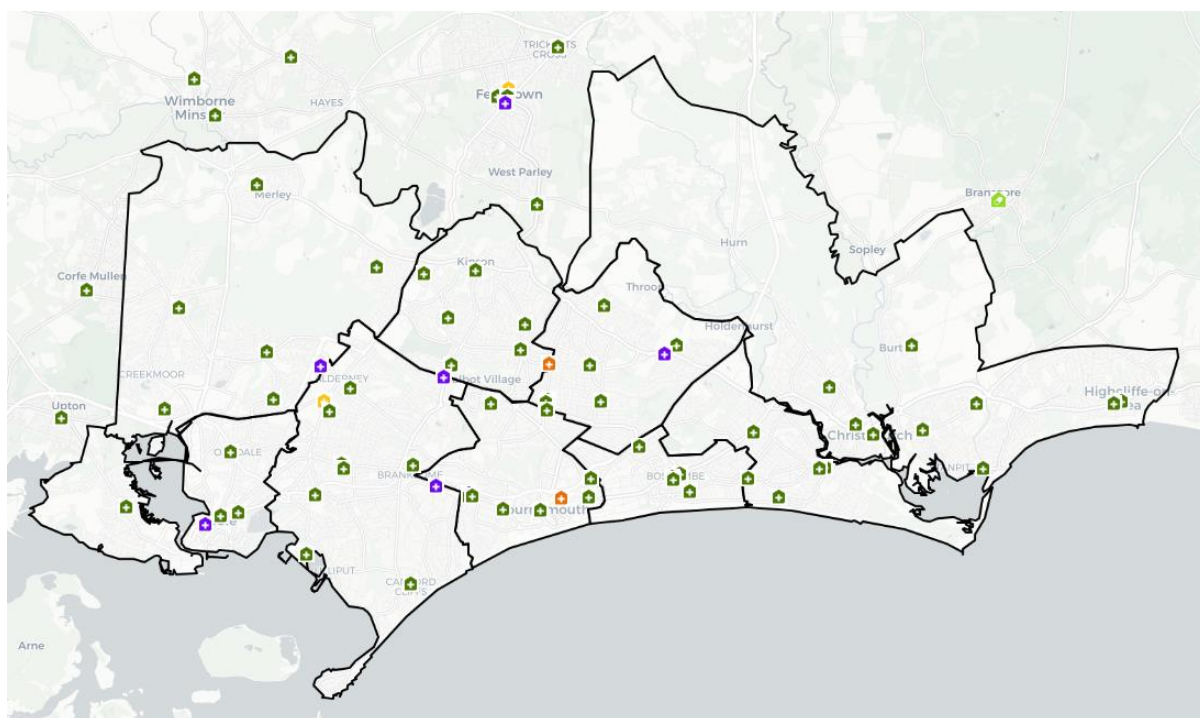


Figure 9b. 40 hour and 100-hour pharmacies across BCP

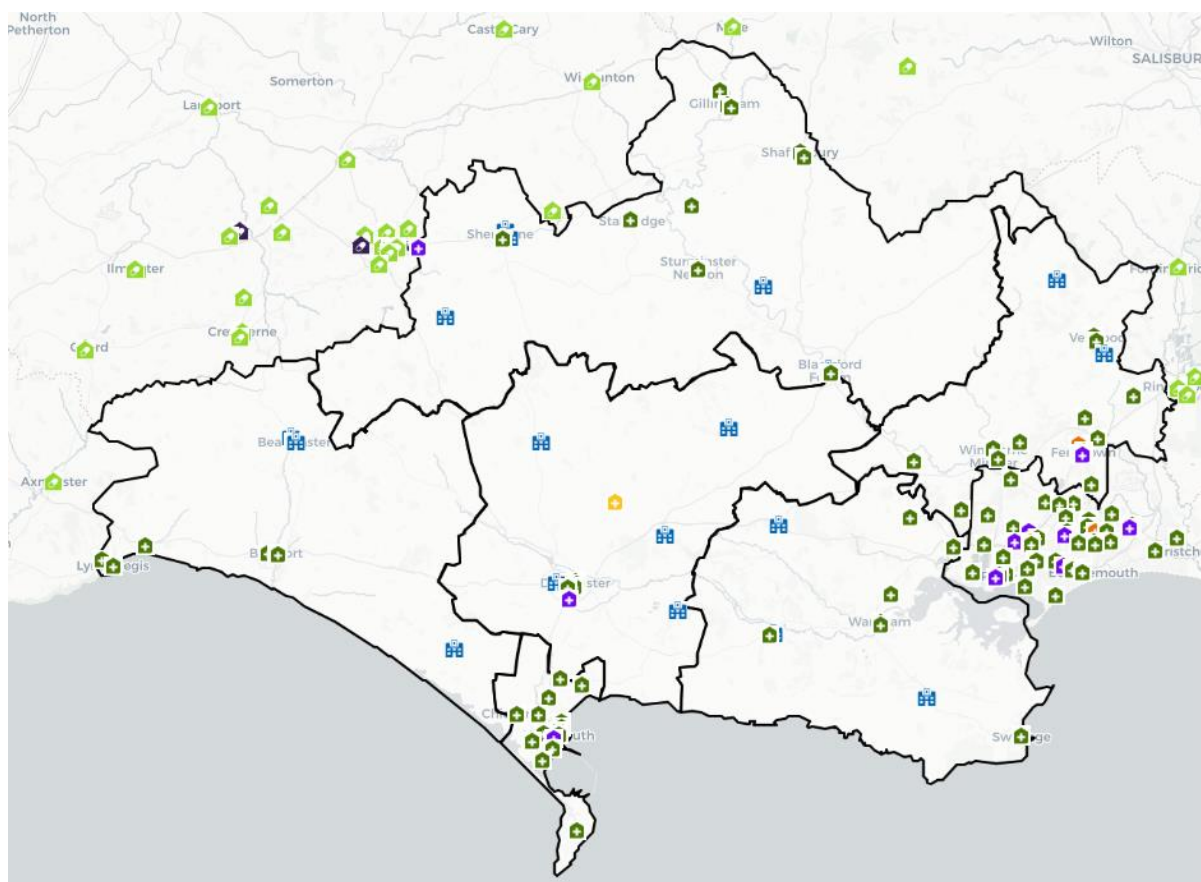


5.3 Dispensing GPs

Dispensing GP practices provide a dispensing service during their core hours from Monday to Friday excluding public and bank holidays. The service may also be provided during any extended opening hours provided by the practices.

As of January 2025, there were 16 dispensing practices across 19 sites, all in the Dorset Council area. Figure 10 displays their locations on a map.

Figure 10. Dorset pharmacies and dispensing practices



5.4 Essential Services

Essential services are provided by all community pharmacies across Dorset as detailed in 2.4.1.

5.5 Advanced Services

The advanced services provided by pharmacies across Dorset are detailed in 2.4.2. Table 2 details how many pharmacies in BCP Council and Dorset Council were signed up to deliver each of the advanced services as of January 2025. The hypertension case finding service and stop smoking service are both relatively new and pharmacies are continuing to sign up for these.

Table 2. Pharmacies signed up to deliver advanced services in Dorset

	Pharmacy First	New Medicines Service	Flu	Hypertension case-finding service	Smoking Cessation
BCP Council	64	68	56	58	68
Dorset Council	65	67	57	61	67
Total	129	135	113	119	135

	Appliance Usage Review	Stoma Appliance Customisations	Contraception Services	Lateral Flow service
BCP Council	3	9	53	48
Dorset Council	1	2	50	53
Total	4	11	103	101

5.6 Enhanced services

The potential enhanced services that can be commissioned are detailed in Appendix 3: Enhanced Service list and section 2.4.3. The NHS currently commissions the following enhanced service in Dorset:

- Pharmacy Urgent Repeat Medication (PURM), of which 105 pharmacies are signed up to deliver.

5.7 Locally commissioned services

Locally commissioned services are commissioned by Public Health Dorset, Dorset Council or BCP Council and include:

- Emergency Hormonal Contraception (EHC) and Chlamydia
 - Describe the availability of emergency contraception, especially among young people.
 - Improve access to Emergency Hormonal Contraception (EHC) and sexual health advice for women who have had unprotected sex.
 - Effectively administer EHC with users and help contribute to a reduction in the number of unplanned pregnancies.
 - To signpost service users who may have been at risk of Chlamydia to access online Chlamydia testing services.
 - To provide free condoms to the service user as part of the consultation.
 - To increase awareness of and where appropriate refer to the integrated sexual health service for service users' contraceptive or STI needs.
 - To reduce women's repeated reliance on EHC through behaviour change interventions and effective referral for contraception.

- Needle Exchange
 - Provide sterile injecting equipment
 - Provide information and advice around changing lifestyles
 - Provide basic information on minimising the complications associated with drug misuse
 - To signpost support services for people who use alcohol or other drugs
- Supervised Consumption
 - Appropriately supervise the consumption of prescribed medicines, ensuring that the dose has been administered and consumed as required by the prescription, to the patient.
 - Provide direct input to promote harm reduction, including recognising people with physical health problems or severe mental health problems and signposting them to appropriate services.
 - Actively encourage Service Users to access hepatitis B immunisation and to complete the course.
 - Emphasise the risks of overdose, strategies to reduce those risks and to respond to overdose (including polydrug use and alcohol misuse).
 - Advise on safer sex, sexual health, HBV immunisation and HBV, HCV and HIV testing.
- NHS Health Checks
 - Identify people at risk of cardiovascular disease using a structured approach as part of the national NHS Health Check programme
 - Support clients to take action to reduce their risk as far as possible
- Smoking Cessation
 - Reduce smoking related illnesses and deaths by helping clients to give up smoking or reducing the harm caused by smoking tobacco.
 - Improve the health of the population by reducing exposure to second- hand smoke, promoting smokefree homes and cars (especially cars carrying children).
 - Reduce health inequalities by offering individual, flexible support through a range of delivery methods (including face to face and telephone), that is sensitive to the needs of high priority groups e.g. routine and manual workers, clients with mental health issues and/or long-term medical conditions.
 - Support clients to access additional behavioural and lifestyle support by promoting or signposting to Live Well Dorset.
- Palliative care service
 - The palliative care service, which supports end-of-life care by ensuring access to specific medicines urgently required to help patients remain at home if they wish, is now considered an enhanced service. This service is provided by a small number of community pharmacies in key locations, chosen based on their accessibility and, where possible, extended opening hours. Some of these pharmacies operate for 100 hours a week. With NHS Dorset now taking responsibility for commissioning primary care services, this enhanced service

aligns with their broader role in ensuring equitable access to essential healthcare services across the region.

5.8 Access to pharmaceutical services on public and bank holidays

NHS Dorset has a duty to ensure that residents of the Health and Wellbeing Board's area can access pharmaceutical services every day through its responsibility for planning and commissioning healthcare services. Pharmacies and dispensing appliance contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so.

The NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open all or part of these days to ensure adequate access.

5.9 Other Services

The following services affect the need for pharmaceutical services within its area:

- Hospital pharmacies – Hospitals are increasingly adopting the Electronic Prescription Service (EPS), which enables prescriptions to be sent electronically to community pharmacies. However, rather than significantly increasing the workflow for community pharmacies, EPS is more likely to have a streamlining effect. A substantial volume of FP10s is already issued via Emergency Departments (EDs), and even if an EPS interfacing system were implemented, it is unlikely to result in a noticeable change in prescription volume for community pharmacy colleagues. That said, with the planned merger of ED departments in early 2026, some activity may shift eastwards. Currently, outpatient prescriptions are dispensed through contracts outsourced by University Hospitals Dorset NHS Foundation Trust (UHD) for Bournemouth and Poole, while Dorset County Hospital NHS Foundation Trust (DCH) manages outpatient prescriptions in-house via a wholly owned subsidiary. The implementation of EPS is expected to refine these processes and may still require adjustments to ensure seamless integration with community pharmacy services.

UHD provides acute, elective, and specialist healthcare across two main hospital sites, Bournemouth Hospital and Poole Hospital, as well as some community-based services out of Christchurch Hospital. DCH provides acute, elective, and specialist healthcare. Dorset Health Care University Foundation Trust provides community and mental health services across over 300 sites, ranging from village halls and GP surgeries to mental health inpatient hospitals and community hospitals - as well as in people's homes.

- Weymouth Hospital Urgent Treatment Centre - services at this centre will affect the need for pharmaceutical services, in particular the dispensing of prescriptions across the opening hours.
- Prison pharmacies – Where prescriptions written in prisons are dispensed in prison pharmacies the demand for the dispensing essential service may be reduced; however, in some areas, local pharmacies are used.

- Hospices - there is one hospice in Poole, the Forest Holme hospice which is part of the University Hospitals Dorset NHS Trust. There is an independent hospice in Dorchester, Weldmar Hospice, care which also provides support to people at home in the west, south and north of Dorset. These generate a very small number of prescriptions that are dispensed by community pharmacies.
- Drugs and Alcohol services support those experiencing issues with substance misuse including alcohol to improve their health, wellbeing, and employability, and includes specialist prescribing of substitution therapies for those who need it, with close links to community pharmacies. In the Dorset Council area this is provided by Reach - a partnership between EDP Drug and Alcohol Services (EDP), and Avon and Wiltshire Mental Health Partnership Trust, and in the BCP council area by We Are With You.
- Additional roles in PCNs – Increasing numbers of clinical pharmacists and pharmacy technicians are now working in Primary Care Networks with and alongside the general practice teams, taking on expanded roles which may be patient-facing or based more on technical skills and audit.
- Extended GP access – each PCN is currently developing plans to ensure that more of their patients can access routine GP appointments in the early evenings and at weekends, providing more options for those who are working. Therefore, demand for prescriptions at extended opening times may be needed.
- South Western Ambulance Services Trust (SWAST) provide emergency response.

6. Gap Analysis

The purpose of this analysis is to ascertain if there is a gap or potential future gap in the provision of community pharmacy in Dorset. Based on the necessary services definition (defined in section **Error! Reference source not found.**) the following criteria form the basis of the analysis:

- All parts of the population should have general access to a physical community pharmacy or be within range of a dispensing GP practice. Industrial and trading estates are not residential areas so will not form part of the gap analysis.
- Pharmacies located outside the borders of Dorset can qualify as providers of access if Dorset providers do not suffice in certain areas.
- In all areas the population should be within 20 minutes driving time of at least one of the above providers.
- All community pharmacies should dispense medicines and appliances and provide the other essential services in relation to both medicines and appliances.

The above criteria are considered both for the current population and the potential population as based on planned housing developments in Dorset.

Further factors that would not signify a gap in provision, but that are considered to contribute to improvements are:

- Accessibility of the service for identified patient groups.
- A choice of service providers.

6.1 Access to Pharmaceutical Services in Dorset

Nationally, a common aim is for access to a pharmacy for 99% of the population (including those living in the most deprived areas) to be possible within 20 minutes by car.

Accordingly, the Steering Group has chosen 20 minutes by car to any community pharmacy or dispensing practice. As can be seen in Figure 12, much of Dorset Council has a low population density due to how rural the area is. In Figure 11 it can be seen that although parts of BCP Council have a higher population density, the area is well supplied with pharmacies.

The 20-minute drive time is a practical and achievable distance for most people, used consistently in the 2018 and 2022 PNAs to ensure access to essential pharmaceutical services. In section **Error! Reference source not found.** it is noted that 81% of BCP Council households and 86% of Dorset households have access to a car or van. Areas with low car ownership are near pharmacies, allowing easy access by walking, cycling, or public transport. Older residents are also conveniently located near pharmacies or have accessible transport options.

A 20-minute walk time was considered for urban areas, revealing gaps in north-east Bournemouth, north Poole, and a tourist caravan park on the west coast. These low-density areas, including the airport and industrial buildings, have good transport links and higher car ownership. The walk time covers 96% of Dorset's population over 65. Thus, a single measure was used in this report.

Responses to the Healthwatch Dorset questionnaire provide the following insights into accessing pharmacies.

- 98% had used a local pharmacy in the past 12 months
- 67% find access to their preferred pharmacy very easy or easy
- People responded they find their local pharmacy easy to access when it's within walking distance or has parking, has friendly staff and when it's opening hours suit them.

Figure 11. BCP Council pharmacies by population density

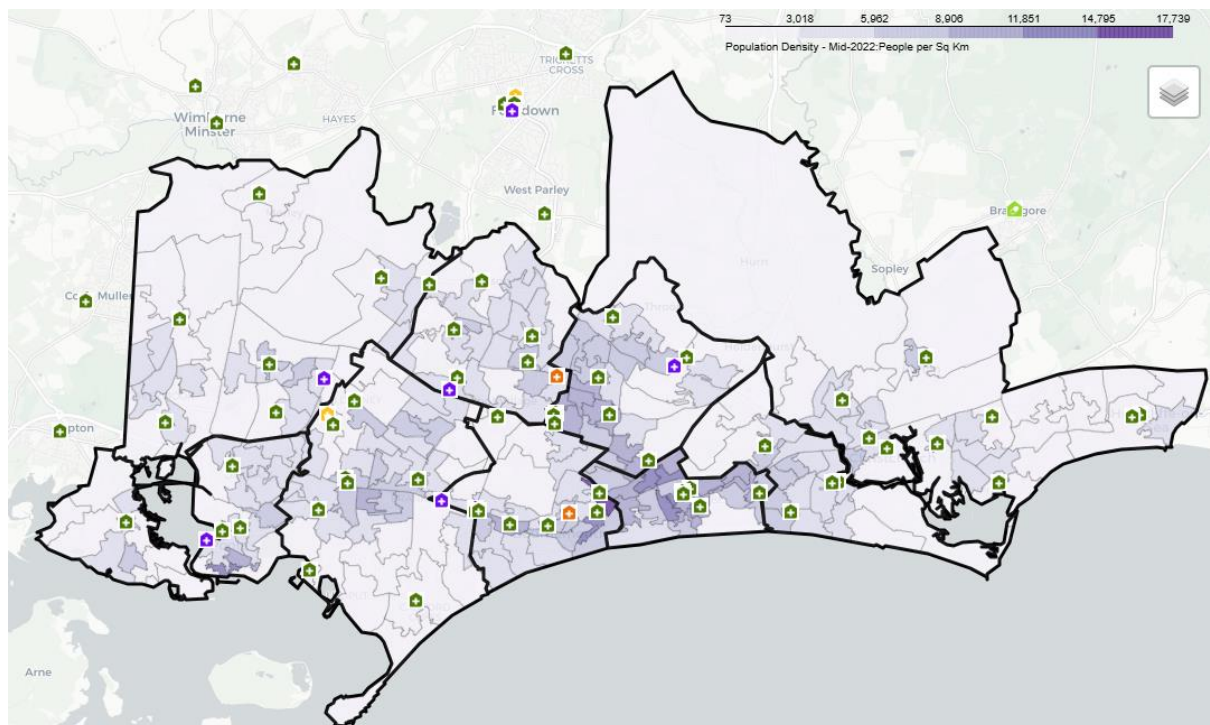


Figure 12. Dorset Council pharmacies by population density

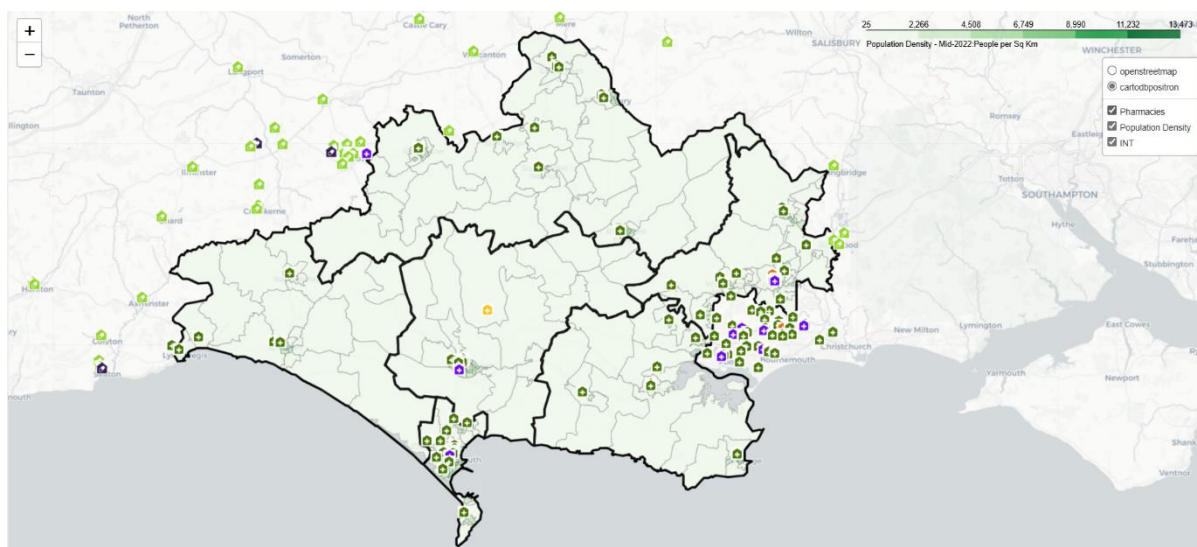
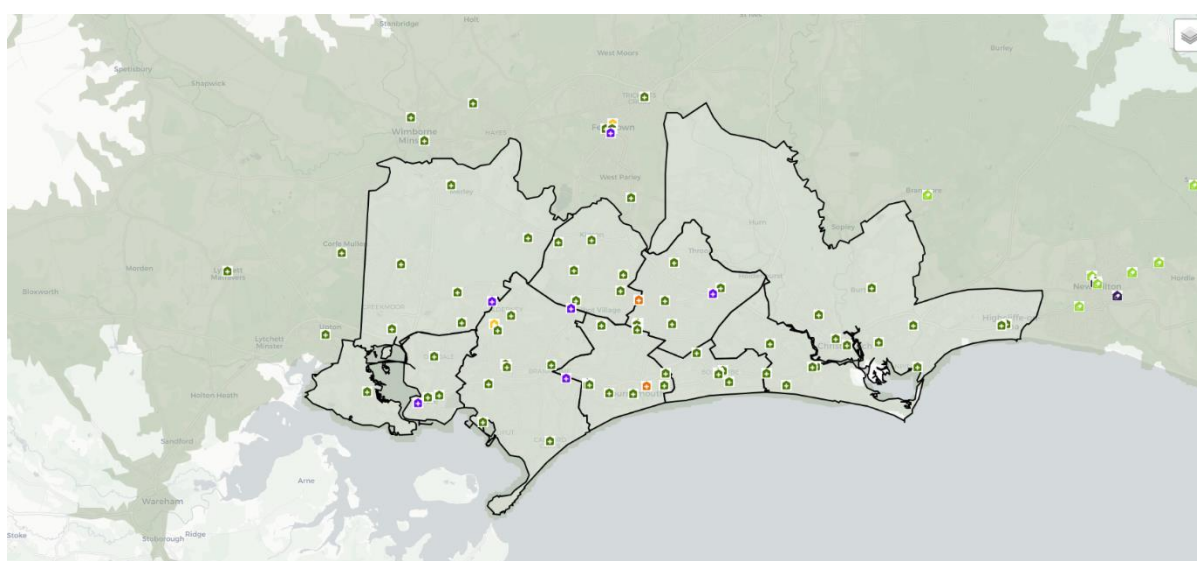
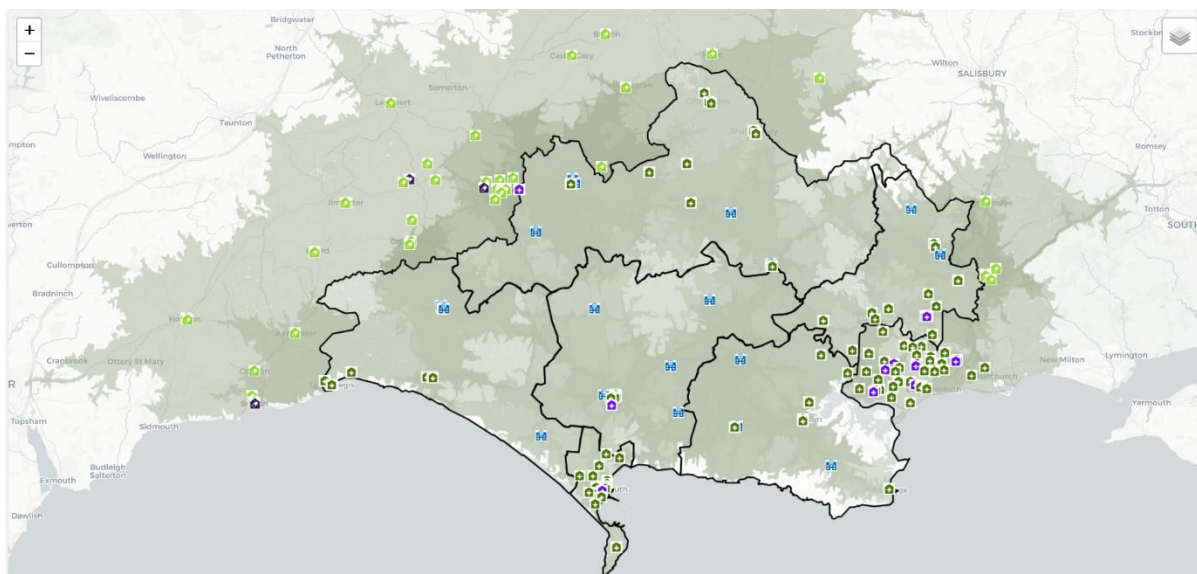


Figure 13 shows that residents within BCP would be able to access a pharmacy within a 20-minute drive time. Neighbourhood Areas such as Kinson & Wallisdown, Boscombe and Poole West where the most deprived areas are situated, there is a very high proportion of residents living within a 20-minute drive of a pharmacy.



Mapping 20-minute drive times in Dorset show that no location is more than a 20-minute drive from a pharmacy during a weekday during the day. The GP practices in these areas are dispensing practices and all the patients in these very rural areas are eligible to access dispensing services from these practices; once these are included, all residents can access appropriate provision within a 20-minute drive time. This is mapped in Figure 14.



According to this analysis, the current population of Dorset can access a physical community pharmacy or is within range of a dispensing GP practice as set out in the criteria at the start of this chapter, as such no gaps have been identified.

6.2 Opening Hours

Detailed opening times of all pharmacy contractors in Dorset are shown in Appendix 6: List of community pharmacies and opening times. Earliest opening times and latest closing times are recorded for each Neighbourhood Area in the locality profiles.

In summary there are 122 40-hour community pharmacies and 10 100-hour community pharmacies in Dorset. There are 3 DACs and 3 distance-selling pharmacies that also operate a minimum of 40 hours.

There is at least one pharmacy in every locality open until at least 6:30 p.m. on weekdays, except in Dorset West PNA, where the pharmacy closes at 6 p.m. Additionally, every locality has at least one pharmacy open on Saturdays, and most localities also have at least one pharmacy open on Sundays.

Pharmaceutical services in the out-of-hours period are principally supported by 100-hour pharmacies. It is worth noting that, in practice, these 100-hour pharmacies may have applied to reduce their core opening hours to between 72 and 100 hours. Together, the current 100-hour contract pharmacies offer the local population good access to pharmaceutical services during evenings, weekends and bank holidays. Drive times shown in Figure 13 may be optimistic in periods of heavy traffic but are realistic late at night and on Sundays when the services would be required.

Regarding opening hours across Dorset, all localities have good provision during office hours, and at least provision until 6:30 p.m. on an evening and during Saturday daytimes. As it stands, no gaps in provision have been identified.

6.3 Choice of service provision

Patients can choose where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons. As a result, some of the prescriptions written for Dorset registered patients are dispensed outside the area.

Generally, the demand for pharmaceutical services by the population registered to GP practices within Dorset is met by pharmacies from within the two HWB areas, with pharmacies outside of the Dorset area providing a small amount of dispensing, likely due to ease of access. These include pharmacies in the neighbouring local authorities Somerset, Wiltshire, Hampshire and Devon.

According to the Healthwatch survey, 71% of responders preferred to access their pharmacy in-person, and 5% preferred online access solely. The remaining people used a combination of methods. Fewer than 12% of responders stated it was difficult or very difficult to access their preferred pharmacy.

Distance-selling pharmacies made up around 2% of dispenses between April to October 2024. There are three distance selling pharmacies within Dorset, and a further 407 nationally, any one of which residents can choose to use.

DACs are specialist services for the dispensing of medical appliances of which there are three in Dorset, and many others operating nationally that Dorset residents can access.

In summary the choice of pharmaceutical services in Dorset is reasonable. The population of Dorset access pharmacies in different ways. Typically, in the rural areas, people will access a range of services through their local GP and pharmacies in their local market town. In addition, supermarket or out-of-town retail areas offer other ways of accessing pharmaceutical services. In the urban areas of Bournemouth and Poole, the population have a greater choice of pharmacies. Changing technology also offers access to internet pharmacy services, which may be based anywhere in the UK. Therefore, the level of choice available in Dorset meets the appropriate criteria and no gaps have been identified.

6.4 Meeting the needs of specific populations

Section 4.9 identifies vulnerable groups and communities that may have specific health needs that should be recognised by community pharmacy in Dorset. As well as an awareness of these populations and their health needs, there are services and facilities that can be put in place to ensure their needs are met.

First and foremost, all pharmacies are required to be compliant with the Equalities Act. This legislates against direct discrimination against any person for the supply of goods or services. Pharmacy contractors are required to make reasonable adjustments to accommodate any person with a disability both on their premises and in terms of service, for example, wheelchair access and ramps. Wherever possible, provision of disabled-friendly services

(wheelchair accessible consulting rooms, provision for those with visual or hearing difficulties, etc.) should be considered an important aspect of good service provision.

Considering the number of residents who are from an ethnic minority (section 4.5), the number of those unable to speak English are likely to be small; however, where this occurs it creates a barrier to access. Community pharmacies in Dorset must be able to signpost people to language access services. All pharmacies in Dorset can utilize the NHS interpretation and translation services, although in the past not all pharmacies were aware of how or where to access help with translation in such situations. NHSE have clarified that services can access help through the NHS local office when required, however this can take time to arrange and may not be immediately available. Working with language interpreters and translators helps provide optimal patient care as it can reduce communication barriers between practitioner and patient. It has been shown to improve safety with respect to diagnosis and prescription.

Homeless people can register with a General Practice and then access community pharmacies for dispensing medication. In addition, anybody who is homeless can also access advice and support from a community pharmacy without GP registration or the need to provide an address.

6.5 Community pharmacy workforce

The community pharmacy workforce was not one of the criteria considered by the gap analysis. We know that there have been difficulties in community pharmacy recruitment in Dorset for some years, which has been highlighted further with the development of additional and expanded roles for pharmacists and technicians. The issue also came through very strongly in the community engagement survey and in the formal consultation.

Pharmacy leaders in Dorset continue to face workforce shortages, with vacancy rates rising—pharmacist vacancies have increased from 7% in 2021 to 18% in 2023, and technician vacancies persist. While various initiatives have been in place since 2019, measurable improvements have only recently emerged. The number of trainee pharmacists has increased, with multisector placements rising from 20% (2024/25) to 56% (2025/26), and funding has expanded integrated Pre-registration Trainee Pharmacy Technician (PTPT) training across multiple sectors. Workforce development remains a priority for the Dorset Pharmacy Workforce Faculty, which supports collaboration across organizations. Local teams continue to work closely with workforce leads, the Dorset People Committee, and previously with NHS England to secure funding and enhance workforce development, with a growing focus on recruitment and retention strategies to sustain the local pharmacy workforce.

The Our Dorset Pharmacy Workforce Faculty Review (January 2025) highlights key areas requiring further attention. Expanding independent prescribing training for community pharmacists is essential to support primary care recovery, though this will require increased supervision capacity. Cross-sector partnerships have grown significantly, strengthening workforce pipelines and improving community pharmacy recruitment. Funding has also supported integrated PTPT training across multiple sectors, alongside additional financial support for pharmacy technician apprenticeships.

Despite these efforts, workforce vacancies remain a concern. In the NHS-managed sector, the most significant gaps are in junior pharmacist and senior pharmacy technician roles. In community pharmacy, pharmacist vacancies have risen sharply, and technician vacancies persist. While trainee pharmacist numbers have improved, further efforts are needed. Primary care must also focus on joint recruitment of trainee pharmacists and PTPTs within PCNs to support system-wide sustainability. Additionally, the creation of more Band 6 roles is crucial to retaining newly qualified pharmacists within Dorset.

7. Conclusion

Throughout this PNA the provision of pharmaceutical services across Dorset has been considered in conjunction with the demography and health needs of the population. Analysis has been conducted as to whether the current provision meets the needs of the population, both as a whole and at a locality level (see individual locality profiles), and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

Considering the range of information considered within this needs assessment, including current provision of services across the area, the results of the public survey, and the formal consultation it can be concluded that there is appropriate provision of pharmaceutical services in Dorset.

The anticipated increase in housing developments in each locality area over the next three-year period until 2025 will not have a significant impact on the overall provision of pharmaceutical services and at present it is not anticipated that additional pharmacy facilities will be required.

7.1 BCP Council necessary services – current provision

For this PNA, the Steering Group has agreed that necessary services are:

- dispensing of medicines and appliances
- the other essential services in relation to both medicines and appliances
- is accessible to the Dorset population within a 20-minute drive time

Based on the information available at the time of developing this PNA no current gaps in the provision of necessary services have been identified in any of the localities across BCP Council.

7.2 BCP Council necessary services – future provision

Based on the information available at the time of developing this PNA no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities across BCP Council.

7.3 BCP Council other relevant services - current provision

For the purposes of this pharmaceutical needs assessment, the Steering Group has agreed that other relevant services are the locally commissioned advanced and enhanced services.

Based on the information available at the time of developing this PNA no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities across BCP Council.

7.4 BCP Council improvements and better access – gaps in provision

Based on the information available at the time of developing this PNA no gaps have been identified in essential services, advanced services, or enhanced services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the localities. Future improvements and better access are best managed through working with existing contractors and improving integration with other services and within local area service rather than through the opening of additional pharmacies.

7.5 Dorset Council necessary services – current provision

For this PNA, the Steering Group has agreed that necessary services are:

- dispensing of medicines and appliances
- the other essential services in relation to both medicines and appliances
- is accessible to the Dorset population within a 20-minute drive time

Based on the information available at the time of developing this PNA no current gaps in the provision of necessary services have been identified in any of the localities across Dorset Council.

7.6 Dorset Council necessary services – future provision

Based on the information available at the time of developing this PNA no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities across Dorset Council.

7.7 Dorset Council other relevant services - current provision

For the purposes of this pharmaceutical needs assessment, the Steering Group has agreed that other relevant services are the locally commissioned advanced and enhanced services.

Based on the information available at the time of developing this PNA no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities across Dorset Council.

7.8 Dorset Council improvements and better access – gaps in provision

Based on the information available at the time of developing this PNA, future improvements and better access are best managed through working with existing contractors and improving integration with other services and within Primary Care Networks rather than through the opening of additional pharmacies.

No other gaps have been identified in essential services, advanced services, or enhanced services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the localities.

7.9 Our Dorset – local recommendations

Following consultation on the draft PNA, further recommendations are:

- **Pharmacy Workforce Resilience:** The challenge of recruiting and retaining a skilled pharmacy workforce remains a critical priority. This includes evolving the skill mix—such as expanding the role of pharmacy technicians—establishing contingency arrangements to manage short-notice pharmacy closures, and supporting the broader development of community pharmacy roles.
- **Targeted Health Campaigns:** Potential health campaigns over the next three years should focus on promoting responsible medicine use and increasing public awareness of the Pharmacy First service.

8. Appendices

Appendix 1: Acronyms and definitions

A&E	Accident and Emergency
AUR	Appliance Use Review
BCP	Bournemouth, Christchurch and Poole
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
DAC	Dispensing Appliance Contractor
DRUM	Dispensing review of the use of medicines
DSP	Distance-Selling Pharmacy
DSQS	Dispensary Services Quality Scheme
EHC	Emergency hormonal contraception
EIA	Equality impact assessment
EPS	Electronic Prescription Service
HIV	Human immunodeficiency virus
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICS	Integrated Care System
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian, gay, bisexual and transgender
LPS	Local Pharmaceutical Services
LSOA	Lower layer super output area
NMS	New medicine service
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office for National Statistics
PCSE	Primary Care Support England
PNA	Pharmaceutical Needs Assessment
STI	Sexually transmitted infections
UK	United Kingdom

Appendix 2: Legislation relating to PNAs

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make regulations.

Section 128A Pharmaceutical needs assessments

- (1) Each Health and Well-being Board must in accordance with regulations--
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.
- (2) The regulations must make provision--
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - (c) specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Well-being Board must make a new assessment.
- (3) The regulations may in particular make provision--
 - (a) as to the pharmaceutical services to which an assessment must relate;
 - (b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
 - (c) as to the manner in which an assessment is to be made;
 - (d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

The regulations referred to are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in particular Part 2 and Schedule 1.

Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

- (1) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act⁽¹⁾ (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.
- (2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—
 - (a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
 - (b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or

(c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

4. Information to be contained in pharmaceutical needs assessments

(1) Each pharmaceutical needs assessment must contain the information set out in Schedule 1.

(2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its pharmaceutical needs assessment pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement).

5. Date by which the first HWB pharmaceutical needs assessments are to be published
Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.

6. Subsequent assessments

(1) After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

(2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—

(a) the number of people in its area who require pharmaceutical services;

(b) the demography of its area; and

(c) the risks to the health or well-being of people in its area,
unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

(3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—

(a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and

(b) the HWB—

(i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or

(ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

(4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal

does not create a gap in pharmaceutical services provision that could be met by a routine application—

- (a) to meet a current or future need for pharmaceutical services; or
 - (b) to secure improvements, or better access, to pharmaceutical services,
- the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

7. Temporary extension of Primary Care Trust pharmaceutical needs assessments and access by the NHSCB and HWBs to pharmaceutical needs assessments

(1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—

- (a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or
- (b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).

(2) Each HWB must ensure that the NHSCB has access to—

- (a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);
- (b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and
- (c) any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations.

(3) Each HWB must ensure that, as necessary, other HWBs have access to any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on pharmaceutical needs assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

- (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
- (f) any NHS trust or NHS foundation trust in its area;
- (g) the NHSCB; and
- (h) any neighbouring HWB.

(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—

- (a) must consult that Committee before making its response to the consultation; and
- (b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—

- (a) is treated as served with the draft by virtue of paragraph (5); or
 - (b) has been served with copy of the draft in an electronic form,
- but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—

- (a) the demography of its area;
- (b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
- (c) any different needs of different localities within its area;
- (d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
 - (i) the need for pharmaceutical services in its area, or

- (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
 - (e) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (d)) which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- (2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—
- (a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
 - (b) having regard to likely changes to—
 - (i) the number of people in its area who require pharmaceutical services,
 - (ii) the demography of its area, and
 - (iii) the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in pharmaceutical needs assessments

1. Necessary services: current provision

A statement of the pharmaceutical services that the HWB has identified as services that are provided—

- (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

2. Necessary services: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

3. Other relevant services: current provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;

- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

4. Improvements and better access: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
- (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

5. Other NHS services

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

6. How the assessment was carried out

An explanation of how the assessment has been carried out, and in particular—

- (a) how it has determined what are the localities in its area;
- (b) how it has taken into account (where applicable)—
 - (i) the different needs of different localities in its area, and
 - (ii) the different needs of people in its area who share a protected characteristic; and
- (c) a report on the consultation that it has undertaken.

7. Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB.

Finally, specifically in relation to controlled localities, regulation 39 provides:

39. Process of determining controlled localities: formulation of the NHSCB's decision

...

- (2) Once it has determined whether or not an area is or is part of a controlled locality, the NHSCB must—
 - (a) if it determines that the area is to become or become part of a controlled locality, or is to cease to be part of a controlled locality—
 - (i) delineate precisely the boundary of the resulting controlled locality on a map,

- (ii) publish that map, and
- (iii) make that map available as soon as is practicable to any HWB that has all or part of that controlled locality in its area;

...

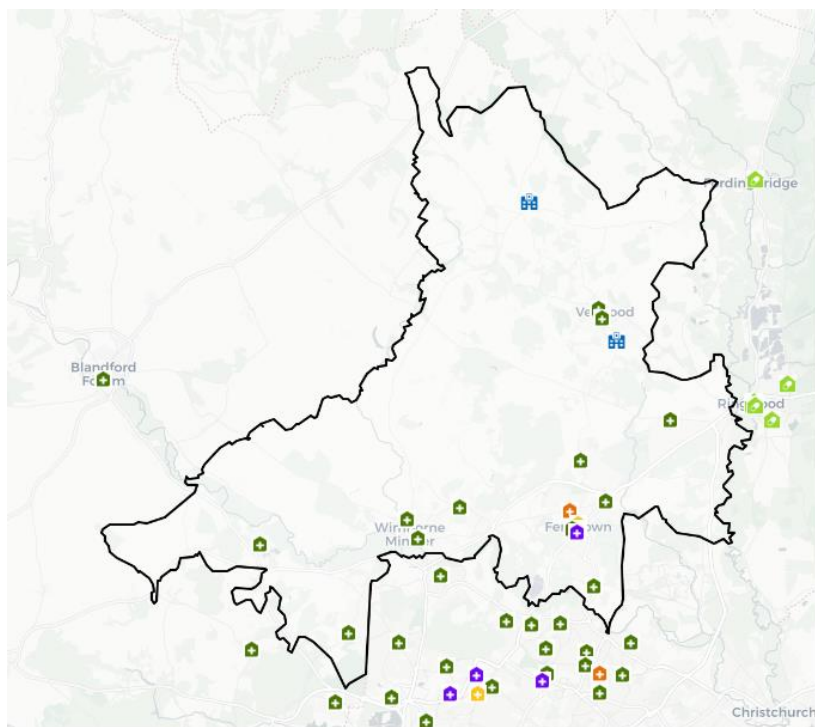
- (4) A HWB to which a map is made available under paragraph (2)(a)(iii) must—
 - (a) publish that map alongside its pharmaceutical needs assessment map (once it has one); or
 - (b) include the boundary of the controlled locality (in so far as it is in, or part of the boundary of, the HWB's area) in its pharmaceutical needs assessment map (once it has one).

Appendix 3: Enhanced Service list (2025)

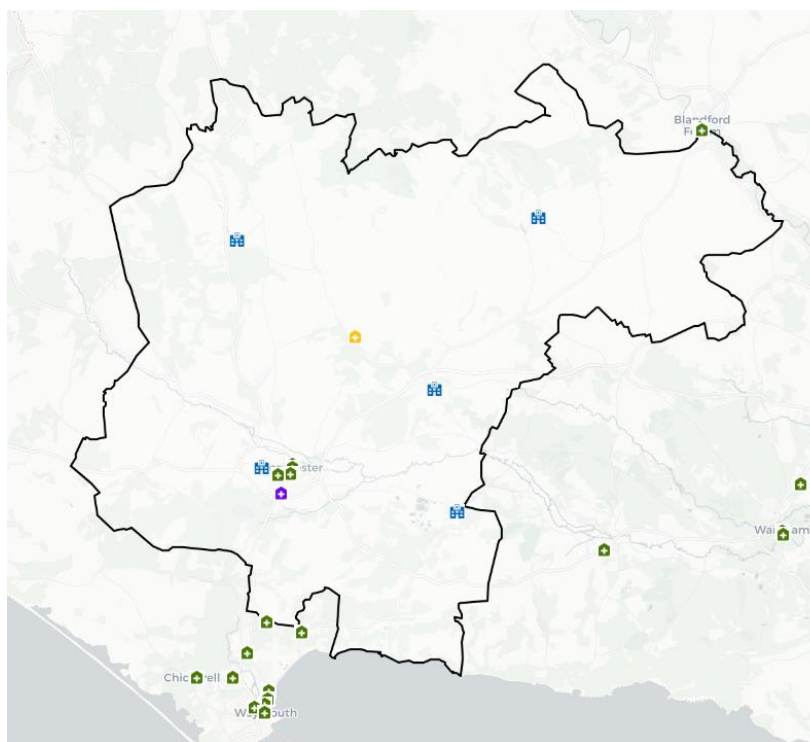
- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease-specific medicines management service
- Emergency supply service
- Gluten-free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service
- COVID-19 vaccination service (added as a National Enhanced Service)

Appendix 4: Maps of PNA localities

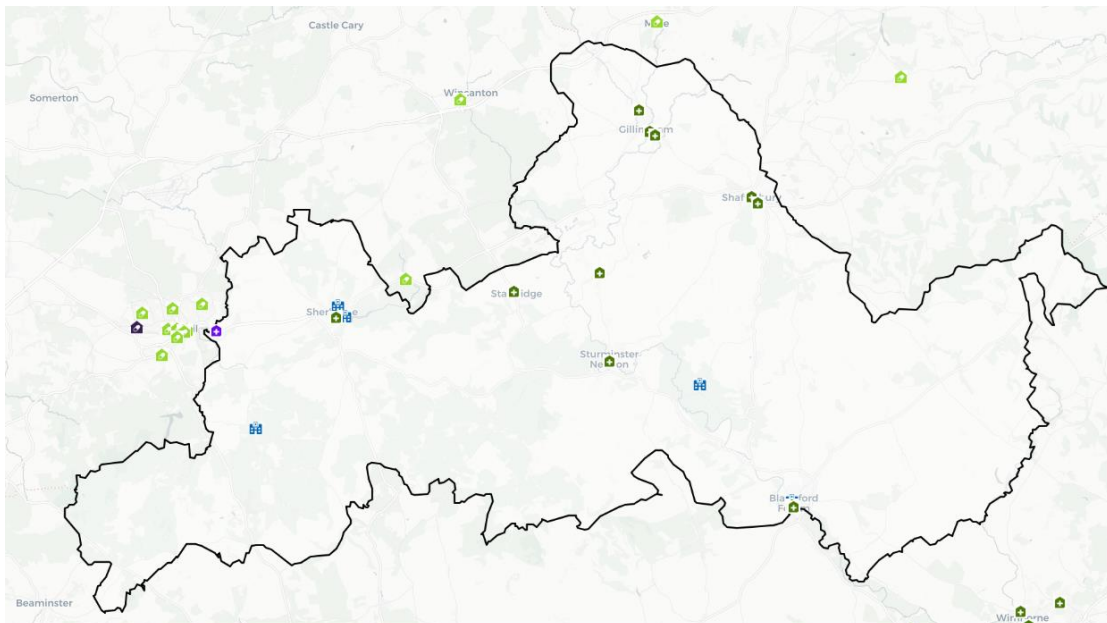
Dorset East PNA locality



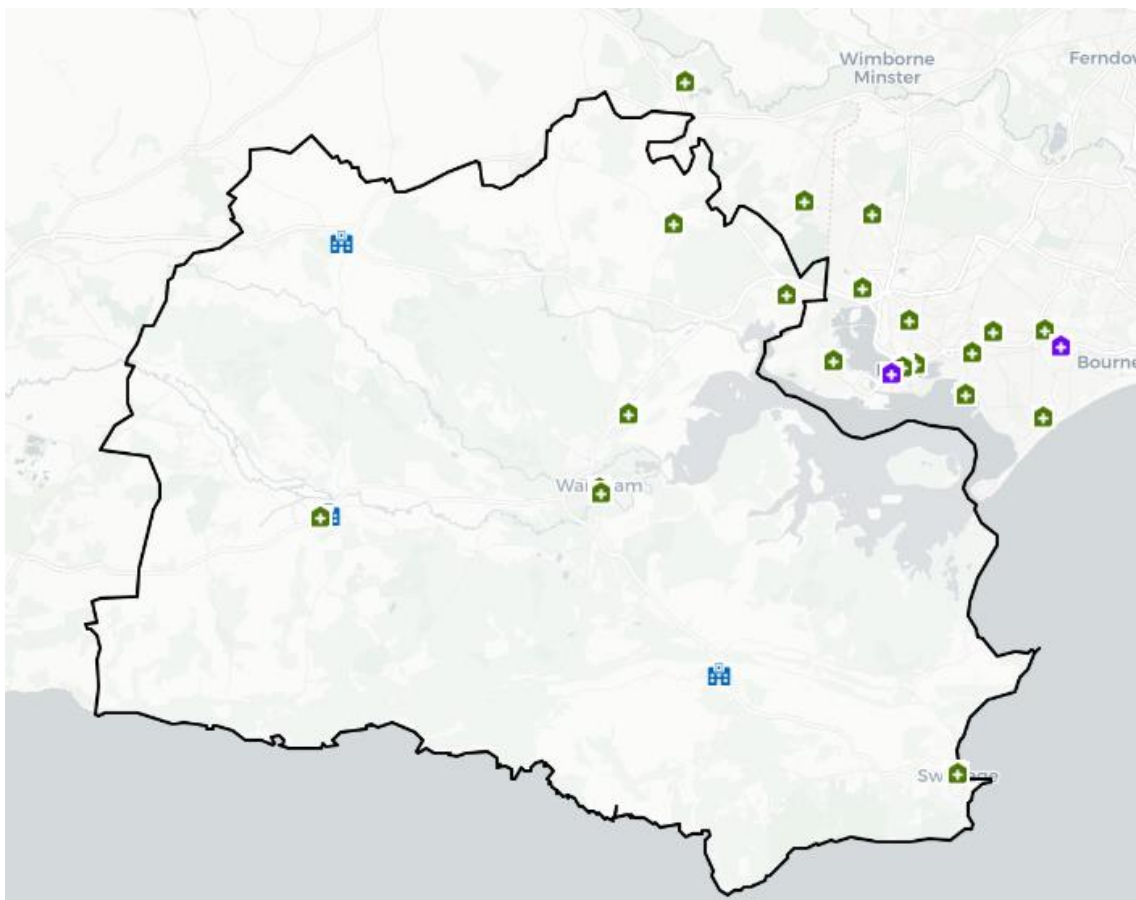
Dorset Mid PNA Locality



Dorset North PNA Locality



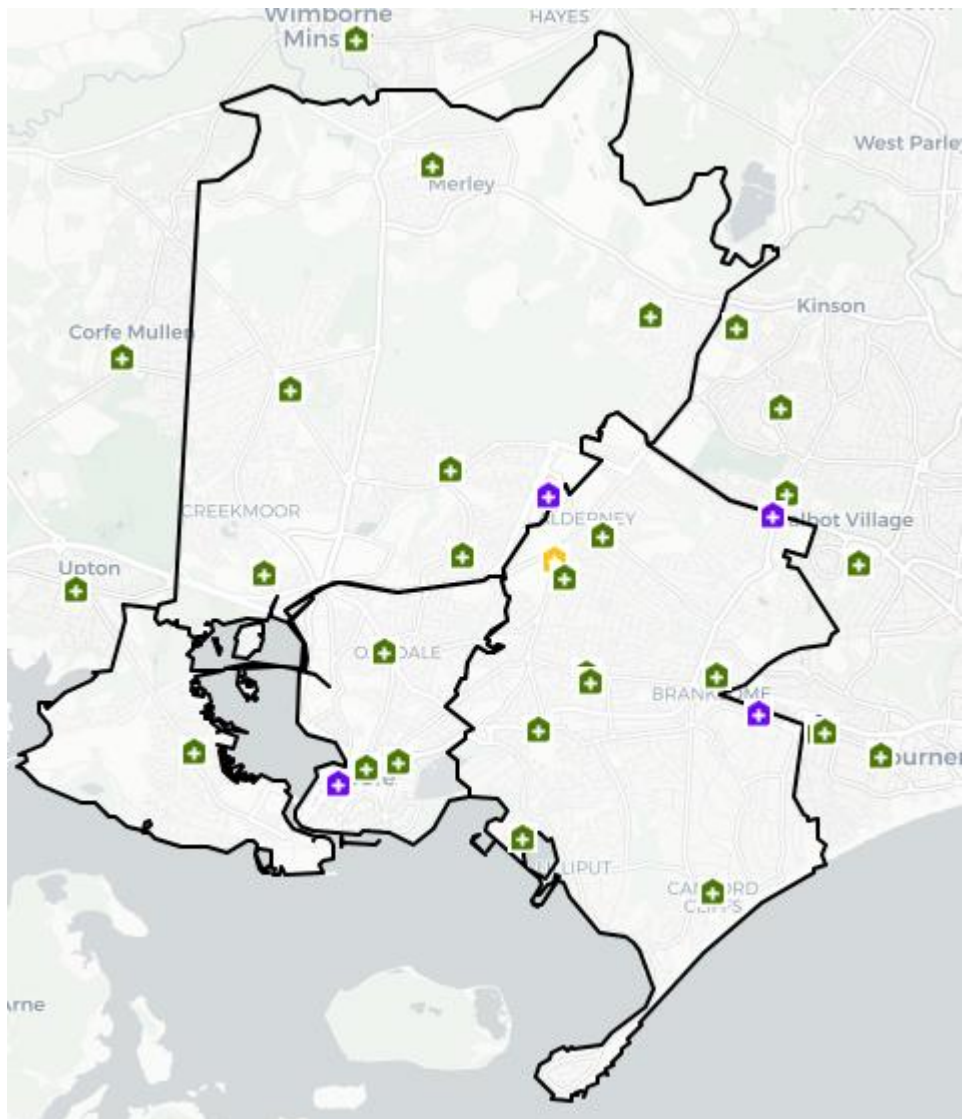
Purbeck PNA Locality



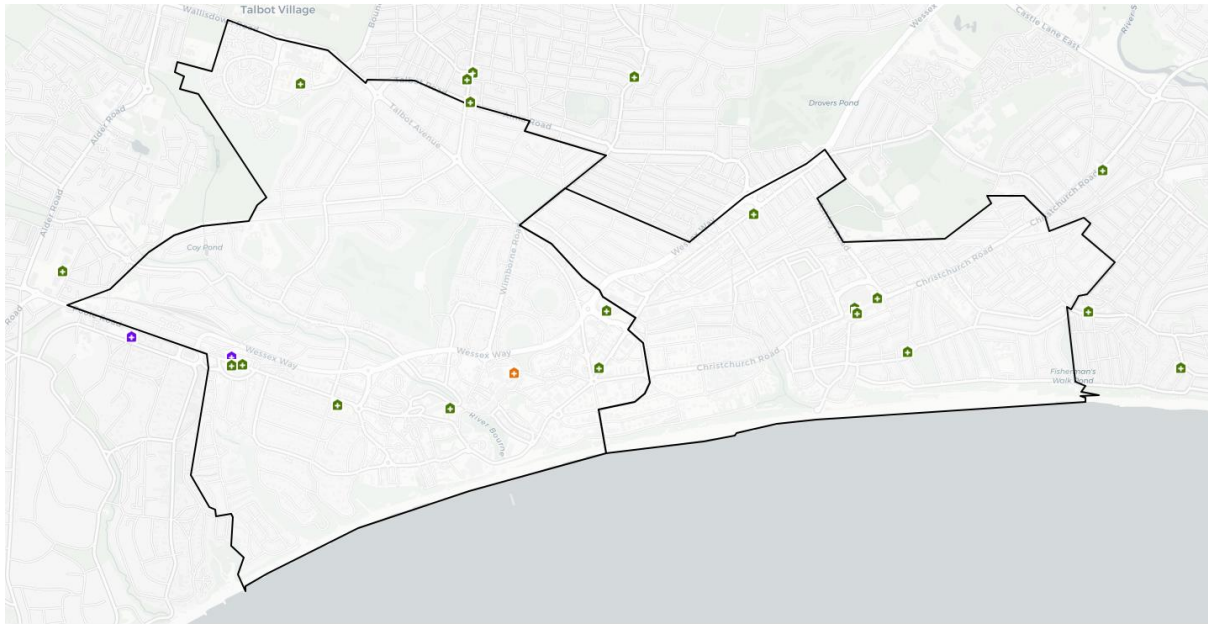
Weymouth & Portland PNA Locality



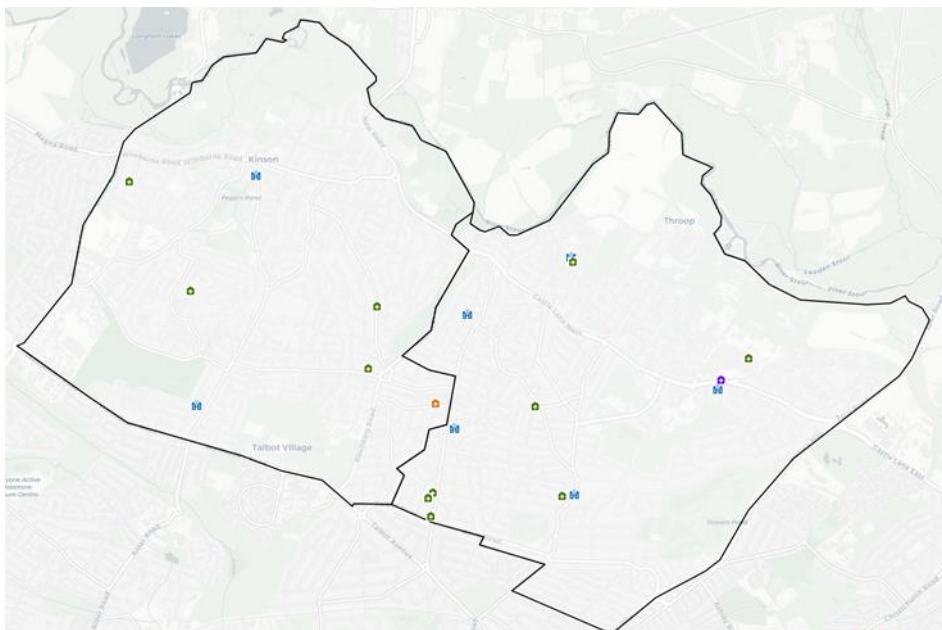
Poole PNA Locality



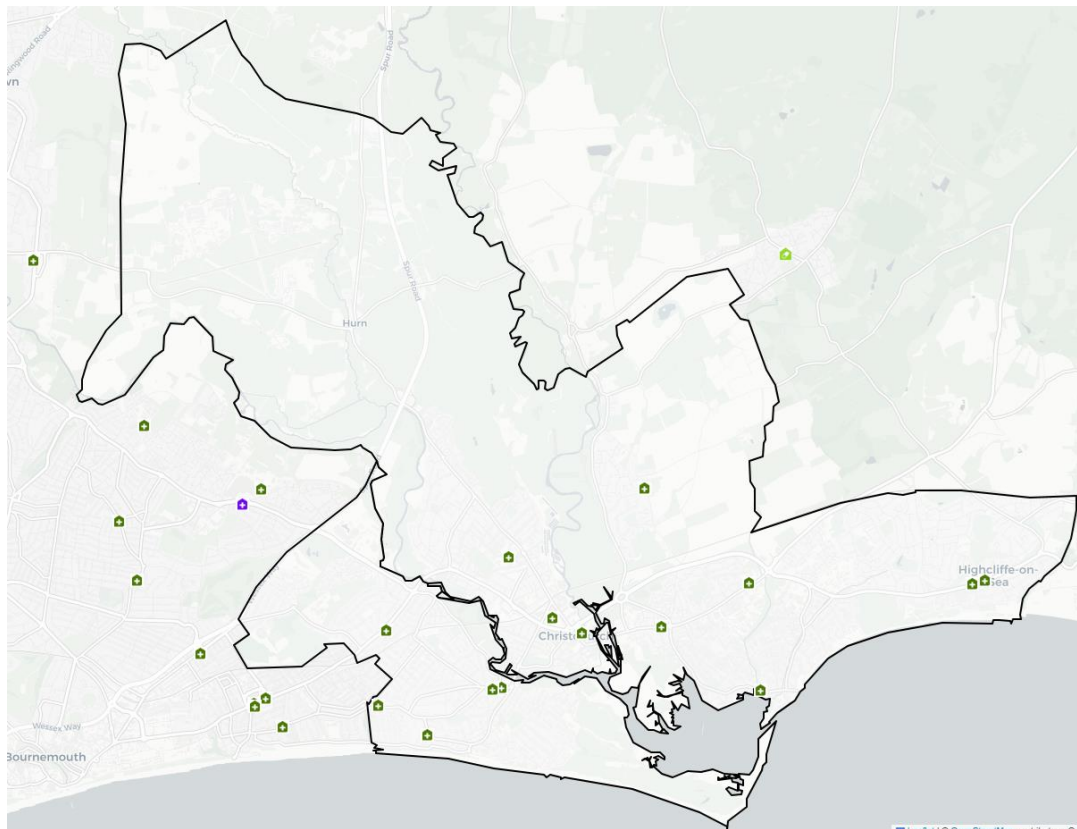
Bournemouth Central & Boscombe PNA Locality



Mid Bournemouth and Kinson & Wallisdown PNA Locality



Southbourne and Littledown & Christchurch PCN



Appendix 5: Consultation report

This report summarises responses to the formal consultation on the draft Pharmaceutical Needs Assessment (PNA) for Dorset. The formal consultation was open from 10th June 2025 to 14th August 2025, following the statutory requirements set out in The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The Steering Group would like to thank all respondents to the consultation for taking the time to review the documentation and share their views.

Consultation Process

The draft PNA 2025 report and supporting locality data profiles were made available via the Dorset Council “Citizen space” consultation site from 10th June to 14th August 2025. An online form was provided to submit responses. Details on how to request paper copies and contact details for questions were also included on the webpage. The consultation was also signposted on the Bournemouth, Christchurch and Poole “Have Your Say” consultation site during the same period.

The online survey included some set questions around the accuracy of information and views on the recommendations and gap analysis, as well as opportunities to submit free text comments.

In line with the PNA regulations the consultation information was sent via email to the following organisations and stakeholders:

- Local Health and Wellbeing Board Members
- Neighbouring Authority Health and Wellbeing Boards
- Local Pharmaceutical Committee
- Local Medical Committee
- Local Healthwatch
- Local NHS trusts
- The Integrated Care Board and Integrated Care Partnership
- Local Pharmacies
- Local General Practice and Dispensing surgeries
- NHS England and NHS Improvement

The consultation was also promoted through several communication channels, including Dorset Council Public Health social media channels, and partner organisations newsletters.

Responses to the consultation were collated and analysed by the Public Health team in Dorset Council. All responses were considered, reviewed and the PNA amended as appropriate. A summary of the responses received, and any corresponding responses or actions taken are shown below.

As the PNA was produced on behalf of both Dorset Health and Wellbeing Board, and Bournemouth, Christchurch and Poole Health and Wellbeing Board, consultation respondents were asked if they were commenting on both areas, or one area only.

The analysis subsequently presents responses according to the area respondents were commenting on.

Consultation Responses

A total of 46 responses were received as part of the formal consultation. Forty-three were via the online consultation form, and 3 responses were submitted via email. Responses were received from the following stakeholders and organisations via the online form.

Table 1: Number of responses via the online consultation form

Respondent type:	Commenting on:		
	Both areas	BCP Only	Dorset Only
Personal view as member of the public	1	22	7
Community pharmacist or pharmaceutical provider	1	3	
GP surgery/dispensing surgery or federation			5
Neighbouring Health and Wellbeing Board			1
Representing the views of a business	1		
Representing the views of a community group, charity or social enterprise			1
Personal view as an employee of a Council		1	
Totals	3	26	14

The following sections summarise responses to the online form (43 respondents). Comments from email responses are incorporated into the text analysis.

1. Purpose and scope of the PNA

Thirty-seven respondents felt that the purpose and scope of the PNA were clear, 3 did not. There were no comments about the purpose and scope of the PNA.

Table 2: Online responses to the question 'Is the purpose and scope of the PNA clear?'

Is the purpose and scope of the PNA clear?	Both areas	BCP only	Dorset only	Total
Yes	3	22	12	86%
No		2	1	7%
Don't Know		2	1	7%

2. PNA Localities

Twenty-eight respondents felt that the PNA localities used presented an appropriate division of the area, and 5 respondents did not.

Table 3: Online responses to the question 'Are the PNA localities an appropriate division of the area, to provide an overview of the need for pharmaceutical services?'

Are the PNA localities an appropriate division of the area, to provide an overview of the need for pharmaceutical services?	Both areas	BCP only	Dorset only	Total
Yes	3	16	9	68%
No		3	2	12%
Don't Know		7	1	20%

Two comments were made about the locality alignment to Primary Care Network (PCN) or Integrated Neighbourhood Team (INT) areas. In this assessment, Integrated Neighbourhood Team (INT) Area boundaries were used in place of Primary Care Networks (PCNs) to simplify the complex and overlapping catchment areas of the 18 PCNs. During the development of the PNA, the definition of INT boundaries evolved—from being ward-based to aligning with PCN boundaries. However, the PNA Localities presented in this report remain ward-based and therefore differ from the current PCN-based INT boundaries. This distinction is important due to the inherent complexity and overlap within PCN catchment areas. Clarifying information has been added to the main report.

One respondent commented that locality areas contain both affluent and areas experiencing deprivation. Another respondent felt that the approach to the PNA is complex.

3. Information about the currently available pharmaceutical services

Twenty-five respondents felt the information was correct and 6 did not.

Table 4: Online responses to the question 'Is the information included about the currently available pharmaceutical services correct?'

Is the information included about the currently available pharmaceutical services correct?	Both areas	BCP only	Dorset only	Total
Yes	2	16	7	61%
No	1	1	4	15%
Don't Know		8	2	24%

Respondents highlighted several corrections or amendments, which have been reviewed and amended through the document where necessary. However, we note that as the PNA is a static document published once every 3 years information will always be in the form of a snapshot. Supplementary statements may be published from time to time to update what the PNA says about availability of pharmaceutical services. Once issued these become part of the PNA.

One respondent commented that it was not clear which pharmacies offer services like Covid Vaccines. There was also a comment about the availability of Pfizer vaccine for older people. The Pharmaceutical Needs Assessment (PNA) provides a strategic overview of pharmaceutical service provision across Dorset and BCP, including essential, advanced, and enhanced services. However, it does not list individual pharmacies or the specific services they offer, such as COVID-19 vaccinations. The COVID vaccine that is offered to different population cohorts is a national policy and is not set locally.

One respondent commented that including the Pharmacy Faculty workforce work was helpful.

4. Current or anticipated pharmaceutical service needs

Twenty respondents felt that current or anticipated needs were considered adequately. Ten felt that there were needs that had not been considered in the PNA.

Are any current or anticipated pharmaceutical service needs not considered in the draft PNA?	Both areas	BCP only	Dorset only	Total
Yes		4	7	26%
No	3	11	6	47%
Don't Know		11	1	28%

One respondent commented about the incorporation of future developments such as community pharmacy being mentioned extensively in the NHS 10-year plan, and upcoming changes to legislation around the responsible pharmacist mandate.

The Pharmaceutical Needs Assessment (PNA) is a statutory document that must be published every three years, following a defined timeline and consultation process. It provides a snapshot of pharmaceutical service provision and identifies potential gaps based on the best available information at the time of writing.

We recognise that service developments and commissioning decisions may continue to evolve after the PNA is finalised. There is scope within the PNA legislation to review changes as we are notified of them. We are aware of the focus on opening hours and dispensing in the 10-year plan. The potential impact on skill mix is noted. The document is intended to support strategic planning and inform future decisions, rather than to reflect real-time service changes.

Any significant developments that occur after publication will be considered through supplementary statements or future updates, in line with national guidance.

One respondent made suggestions around raising awareness of Pharmacy First and exploration of digital inclusion. These recommendations have been noted.

Current or anticipated needs in the Dorset area

Three respondents made comments about the consideration of housing development in the Dorset area within the PNA analysis, with specific areas of development mentioned including Blandford, Wimborne and Swanage. Two comments related to the location and choice of pharmacies within Wimborne Town Centre.

The PNA highlights projected population growth and housing development over the lifetime of the PNA. Overall, there is no indication that this will substantially change the driving time access maps across Dorset. An increased population is likely to mean increased dispensing activity, although this will be determined by the demographics of people moving into new housing developments. Where comments have highlighted specific locations, the analysis has been reviewed and confirmed that the stated housing developments have been included in the gap analysis. However, their size did not meet the threshold for specific mention within the PNA document. A clarification of the threshold level has been included in section 4.7.

The most important factor in whether existing pharmacies can meet any increased need is staffing capacity and skill mix within the pharmacy. The pharmacist workforce and skill mix has been highlighted within the PNA.

One respondent stated that the PNA needed to consider proposed pharmacy consolidation applications, and impact of this on future access.

The PNA analyses and comments on the current pharmaceutical services in the local area, at the time the PNA is written. Information on applications in progress at the time of production are not included, as these are subject to a consultation process and panel assessment to grant or decline them. We are consultees of any applications, and as part of our response we review the PNA analysis to assess the impact of a proposed consolidation.

Since the formal consultation period on the draft PNA, the commissioners circulated their decision that the application referenced was granted. The date of the consolidation has not been confirmed prior to publication. If formal notices and applications are granted after the publication of the PNA, supplementary statements may be published to update what the PNA says about availability of pharmaceutical services. Once issued these become part of the PNA statement of need.

One respondent commented on the complexity of population need in the Preston area, and ability to travel to the larger supermarkets in the area for weekend or lunch time hours when closer pharmacies are closed.

There are a variety of delivery arrangements made by community pharmacies and dispensing doctors to help people who are unable to collect their medicines, but these are not formally commissioned services. Online services can provide a valuable alternative for some people but will not be appropriate for everyone. There are also options available for prescriptions to be printed and collected by a family member or carer. Out-of-hours provision is covered in section 5 of this document.

Current or anticipated needs in the BCP area

One respondent asked about prescriptions that cannot be filled due to stock issues with pharmaceutical companies.

Whilst we acknowledge the impact of supply disruptions on service delivery, medicine supply issues are managed nationally and fall outside the formal scope of the Pharmaceutical Needs Assessment (PNA), which focuses on the provision and accessibility of pharmaceutical services. The Department of Health and Social Care (DHSC) and NHS England oversee supply chain resilience through mechanisms such as Serious Shortage Protocols (SSPs), national monitoring, and guidance to pharmacy teams.

One respondent commented on the use of community pharmacy for drug treatment services.

Pharmacies can provide additional services outside of those deemed essential in this PNA. One example of these are community health improvement services commissioned by Public Health teams. Pharmacies who provide these services play a crucial role in providing care for individuals who use substances, by acting as an accessible community hub for life-saving support through supervised consumption services in combination with specialist support provide to the person via substance use treatment services.

5. Criteria for the identification of gaps

Twenty-three respondents felt that the criteria to define 'necessary services' is appropriate to support gap identification. Nine respondents felt they were not, and suggested amendments or alternative criteria.

Are the criteria used to define 'necessary services' appropriate, to support the 'identification of gaps'?	Both areas	BCP only	Dorset only	Total
Yes	3	14	6	55%
No		4	5	21%
Don't Know		8	2	24%

Themes from comments

Drive time criteria

Four comments were received relating specifically to the Dorset area, highlighting concerns around the appropriateness of drive-time criteria for frail/elderly individuals and/or those unable to drive in rural areas with scarce public transport. One respondent noted that not all pharmacies offer delivery services, further limiting access.

One comment, specific to the BCP area, emphasised the need to consider individuals who rely on buses and public transport more widely.

Another respondent, commenting on both areas, raised concerns about traffic and the increasing number of people who do not drive.

The 20-minute drive time is a practical and achievable distance for most people, used consistently in the 2018 and 2022 PNAs to ensure access to essential pharmaceutical services. In section 4.8 it is noted that 81% of BCP Council households and 86% of Dorset households have access to a car or van. Areas with low car ownership are near pharmacies, allowing easy access by walking, cycling, or public transport. Older residents are also conveniently located near pharmacies or have accessible transport options.

A 20-minute walk time was considered for urban areas, revealing gaps in north-east Bournemouth, north Poole, and a tourist caravan park on the west coast. These low-density areas, including the airport and industrial buildings, have good transport links and higher car ownership. The walk time covers 96% of Dorset's population over 65. Thus, a single measure was used in this report." People who are less likely to own a car live mostly in urban areas with good transport links, or are within walking distance of a pharmacy.

Residents of the most sparsely population rural areas are eligible to access dispensing services from dispensing doctors. They can also access community pharmacies in larger villages or towns where they go to shop or work.

There are a variety of delivery arrangements made by community pharmacies and dispensing doctors, particularly in more rural areas, to help people who are unable to collect their medicines, but these are not formally commissioned services. Online services can provide a valuable alternative for some people but will not be appropriate for everyone.

Service efficiency

Two respondents commented that the PNA should consider the efficiency of pharmacy services and waiting time for patients.

The Pharmaceutical Needs Assessment (PNA) is a statutory document focused on assessing the availability and accessibility of pharmaceutical services — such as location, opening hours, and service types — rather than operational performance or individual contractor efficiency. Pharmacy efficiency (e.g. stock management, repeat prescription readiness) is important to patient experience and addressed through other means e.g. performance monitoring, service quality frameworks and patient feedback.

Out of hours provision

There were 2 comments related to considering out of hours/ weekend provision in the criteria.

While opening hours are not pharmaceutical services per se, the statutory requirements for PNAs do require consideration of access, including temporal access. Out-of-hours and weekend provision is relevant where prescriptions are issued by services without dispensing, such as NHS 111 or urgent care settings. The Steering Group have agreed that out of hours usage would more likely be due to an emergency where journey times and location e.g. seen in A&E are more flexible.

We acknowledge that applying a 30-minute drive time threshold, as used in Wiltshire, may highlight gaps in rural areas like south of Shaftesbury. As drive time thresholds are not prescribed in legislation, they must be applied with local context in mind: Dorset's approach balances accessibility with service viability, but we will consider whether further analysis or supplementary statements are warranted to address potential gaps in out-of-hours provision by bringing the comments to the attention of the Steering Group and HWBs.

Other services

One respondent commented on the availability of travel vaccine services.

Some travel vaccines are available free on the NHS through GP practices, including hepatitis A, typhoid, polio, and cholera. These are provided when required for travel and cannot be charged for.

Other travel vaccines—such as yellow fever, hepatitis B, rabies, and Japanese encephalitis—are not covered by the NHS and must be accessed privately. These are offered by private travel clinics, some GP practices, and community pharmacies.

6. Conclusions of the PNA

Dorset area

Nine respondents agreed with the conclusion of no current gaps in the Dorset area and 8 with the conclusion of no future gaps in Dorset. Seven disagreed with both statements.

Opinion on statement “the draft PNA does not identify any current gaps in the provision of pharmaceutical services in Dorset Council area”?	Both areas	Dorset only	Total
Agree	2	7	53%
Disagree	1	6	41%
Don't Know		1	6%
Opinion on statement “the draft PNA does not identify any future gaps in provision, if current service remain open”	Both areas	Dorset only	Total
Agree	2	6	47%
Disagree	1	6	41%
Don't Know		2	12%

Themes from comments about the Dorset area

Three respondents commented that the statements don't account for the impact of short-notice closures in the Dorset area, specifically experienced in Shaftesbury, and Swanage at weekends with no local service on Sunday.

The PNA is reflective of the formal notifications of any closures, market entries or alteration to operating hours that are received through the commissioners. However, if formal notification of closures are received after the publication of the PNA, we can issue a supplementary statement. Supplementary statements become part of the formal assessment of need once published. We have used supplementary statements in the past to update the PNA where there have been changes to pharmacy service provision. Under the legislation, quality issues are out of scope of the PNA. Service quality is the remit of the commissioner, and they work with any pharmacies affected by short notice closures.

One respondent commented that they needed to drive to larger towns to access services after 6pm and this might prohibit those without transport.

We acknowledge the inconvenience of driving longer distances or using public transport, but these areas are well-served during the day. There is at least one pharmacy in every locality open until at least 6:30 p.m. on weekdays, except in Dorset West PNA, where the pharmacy closes at 6 p.m. Additionally, every locality has at least one pharmacy open on Saturdays, and most localities also have at least one pharmacy open on Sundays.

Pharmaceutical services in the out-of-hours period are principally supported by 100-hour pharmacies. Although, in practice, these 100-hour pharmacies may have applied to reduce their core opening hours to between 72 and 100 hours.

One respondent commented on the choice of provision in Wimborne, with no location within the town square/centre due to a previous closure, and an increase in housing development.

Two respondents commented on medicine stocks and experiences with prescriptions being unfilled.

While the PNA does not directly influence national medicine supply chains, it plays a key role in identifying local impacts of supply issues and informing commissioning decisions. Healthwatch Dorset has highlighted similar concerns, noting that medicine shortages and sourcing challenges are affecting pharmacy workloads and patient access. Recommendations can be made via the HWB to representatives of - for example - NHS Dorset, the Local Pharmaceutical Committee, and GP practices.

One respondent commented that they agree with the statement on no future gaps, feeling it is an evidence-based and well-founded conclusion. They stated a preference for the extension of opening hours in areas of high population demand.

BCP area

Seventeen respondents agreed with the conclusion of no current gaps in the BCP area and 14 with the conclusion of no future gaps in BCP. Six disagreed with the statement on current gaps, and 4 the statement on future gaps.

Opinion on statement “the draft PNA does not identify any current gaps in the provision of pharmaceutical services in the BCP area”?	Both areas	BCP only	Total
Agree	2	15	59%
Disagree	1	5	21%
Don't Know		6	21%
Opinion on statement “the draft PNA does not identify any future gaps in provision, if current service remain open	Both areas	BCP only	Total
Agree	2	12	52%
Disagree	1	3	15%
Don't Know		9	33%

Themes from comments about the BCP area

One respondent agreed that the Poole locality is well serviced by a range of providers and that the service provision is adequate for the life of the forthcoming PNA.

Some respondents re-iterated comments about drug treatment services, and service efficiency issues which have been addressed in the previous sections.

Two respondents commented about the availability of medication stock from pharmaceutical companies, and the pressures this puts on pharmacies to source items that have been prescribed, which is also addressed above.

Two respondents made comments about funding arrangement for pharmacies, suggesting that they should be funded for providing services outside of 9-5 or to open for longer hours to address increases in demand from growing population need.

The PNA does not directly control funding but plays a statutory role in identifying gaps in access to pharmaceutical services, including those related to opening hours. Where limited hours restrict access—especially for working populations—the PNA can recommend improvements or highlight areas where extended hours would secure better access.

Comments relating to both areas

One respondent agreed with the acknowledgment of ongoing workforce challenges which could affect service sustainability and quality. They suggested including recommendations for ongoing workforce monitoring and resilience planning.

One respondent commented that whilst opening hours are generally adequate, some areas have limited evening or weekend access and the PNA might consider recommending flexible commissioning or rotational extended hours. They felt that embedding pharmacies into care pathways could be highlighted further in the PNA.

One respondent mentioned consideration of potential future changes such as introduction of integrated neighbourhood teams and increase in Pharmacy First provision.

A comment was submitted about changes to public transport in the Mudeford area meant pharmacies across the eastern Local Authority boundary were not accessible by bus.

A comment was also received that Local Authorities should provide funding to pharmacies, which is addressed in the previous section.

Appendix 6: List of community pharmacies and opening times

ODS CODE	Contractor Name	Postcode	Health and Wellbeing Board	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Opening Hours Sunday
FKT39	Hillview Pharmacy Ltd	BH9 1SE	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-14:30	Closed
FWH91	Riverside (Bournemouth) Ltd	BH9 2AB	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
FXP11	Westcliff Medicines Ltd	BH2 5QR	Bournemouth, Christchurch & Poole (BCP)	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed

FP298	Wessex Pharmacies Ltd	BH23 4AS	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
FVA67	AA & OO Ltd	BH12 5BU	Bournemouth, Christchurch & Poole (BCP)	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-19:00
FT722	Pratapsingh Jaysingh Chouhan	BH4 9BB	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
FR043	Tuckton Pharmacy Ltd	BH6 3JX	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FR035	Medicine Clinic Ltd	BH23 2FQ	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed

FHE41	Tesco Stores Ltd	BH12 1AU	Bournemouth, Christchurch & Poole (BCP)	09:00- 21:00	09:00- 21:00	09:00- 21:00	09:00- 21:00	09:00- 21:00	09:00- 21:00	10:00- 16:00
FCG6 2	Tesco Stores Ltd	BH12 4NX	Bournemouth, Christchurch & Poole (BCP)	09:00- 21:00	09:00- 21:00	09:00- 21:00	09:00- 21:00	09:00- 21:00	09:00- 21:00	10:00- 16:00
FVY74	Superdrug Stores Plc	BH1 4AN	Bournemouth, Christchurch & Poole (BCP)	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	Closed
FAR75	Superdrug Stores Plc	BH9 2AQ	Bournemouth, Christchurch & Poole (BCP)	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	09:00- 17:30	Closed
FGD3 0	Pope Kyrellos Ltd	BH23 3QG	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:15 14:15- 17:30	09:00- 13:15 14:15- 17:30	09:00- 13:15 14:15- 17:30	09:00- 13:15 14:15- 17:30	09:00- 13:15 14:15- 17:30	09:00- 13:15	Closed

FLC78	Shore Medicines Ltd	BH14 0DJ	Bournemouth, Christchurch & Poole (BCP)	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	Closed	Closed
FQQ9 7	L Rowland & Co (Retail) Ltd	BH10 5BG	Bournemouth, Christchurch & Poole (BCP)	08:30- 13:00 13:20- 17:30	08:30- 13:00 13:20- 17:30	08:30- 13:00 13:20- 17:30	08:30- 13:00 13:20- 17:30	08:30- 13:00 13:20- 17:30	09:00- 12:00	Closed
FGC3 6	L Rowland & Co (Retail) Ltd	BH15 2PG	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 13:20- 17:30	09:00- 13:00 13:20- 17:30	09:00- 13:00 13:20- 17:30	09:00- 13:00 13:20- 17:30	09:00- 13:00 13:20- 17:30	09:00- 12:00	Closed
FEH72	L Rowland & Co (Retail) Ltd	BH15 3DH	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 13:20- 17:30	09:00- 13:00 13:20- 17:30	09:00- 13:00 13:20- 17:30	09:00- 13:00 13:20- 17:30	09:00- 13:00 13:20- 17:30	09:00- 12:00	Closed
FM00 1	L Rowland & Co (Retail) Ltd	BH17 7XW	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 13:20- 18:00	09:00- 13:00 13:20- 18:00	09:00- 13:00 13:20- 18:00	09:00- 13:00 13:20- 18:00	09:00- 13:00 13:20- 18:00	09:00- 12:00	Closed

FF719	L Rowland & Co (Retail) Ltd	BH21 1SQ	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-13:00 13:20-17:30	09:00-12:00	Closed
FHE81	L Rowland & Co (Retail) Ltd	BH23 1EU	Bournemouth, Christchurch & Poole (BCP)	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	09:00-12:00	Closed
FAP03	Charminster Pharmacy Ltd	BH8 9QR	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-12:00	Closed
FM738	L Rowland & Co (Retail) Ltd	BH9 3RE	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 13:20:17:30	09:00-13:00 13:20:17:30	09:00-13:00 13:20:17:30	09:00-13:00 13:20:17:30	09:00-13:00 13:20:17:30	09:00-12:00	Closed
FKH46	Medi Innovation Ltd	BH8 8BL	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed

FM668	Poole Bay Pharmacy Ltd	BH4 9HJ	Bournemouth, Christchurch & Poole (BCP)	08:00- 21:00	08:00- 21:00	08:00- 21:00	08:00- 21:00	08:00- 21:00	08:00- 21:00	10:00- 14:00
FRW74	Click Solutions Ltd	BH14 8UB	Bournemouth, Christchurch & Poole (BCP)	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 13:00	Closed
FW563	Premoden Ltd	BH12 4HY	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	Closed	Closed
FE870	LP SD Ninety Seven Limited	BH10 5EY	Bournemouth, Christchurch & Poole (BCP)	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:45- 12:00	Closed
FJH06	LP SD Fifty Limited	BH12 3HF	Bournemouth, Christchurch & Poole (BCP)	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	08:30- 17:30	Closed	Closed

FAA53	Jaspers Health Ltd	BH10 4DZ	Bournemouth, Christchurch & Poole (BCP)	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 18:00	Closed
FE765	Waremooss Ltd	BH1 4BH	Bournemouth, Christchurch & Poole (BCP)	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	09:00- 13:00	Closed
FNC8 3	Sutton Chase Ltd	BH23 5ET	Bournemouth, Christchurch & Poole (BCP)	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	Closed	Closed
FKA59	Sutton Chase Ltd	BH23 5EY	Bournemouth, Christchurch & Poole (BCP)	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	09:00- 17:30	Closed
FRN2 7	Holdenhurst Services Ltd	BH8 8EH	Bournemouth, Christchurch & Poole (BCP)	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00	Closed

FHC79	FRANSIL Ltd	BH63LA	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00	Closed
FJ896	Bear Cross Pharma Ltd	BH119HS	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
FRN49	Day Lewis PLC	BH125BF	Bournemouth, Christchurch & Poole (BCP)	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed
FRW86	Day Lewis PLC	BH137LP	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FME91	Day Lewis PLC	BH148EE	Bournemouth, Christchurch & Poole (BCP)	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	08:00-13:00 14:00-18:00	Closed	Closed

FT397	Day Lewis PLC	BH5 1LX	Bournemouth, Christchurch & Poole (BCP)	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	08:30- 18:00	09:00- 13:00	Closed
FA612	Castle Point (UK) Ltd	BH8 9UD	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	09:00- 20:00
FWN5 3	Pharmastar Ltd	BH6 3DB	Bournemouth, Christchurch & Poole (BCP)	08:45- 13:00 14:00- 17:45	08:45- 13:00 14:00- 17:45	08:45- 13:00 14:00- 17:45	08:45- 13:00 14:00- 17:45	08:45- 13:00 14:00- 17:45	Closed	Closed
FQ30 6	Pharmastar Ltd	BH7 6BW	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00	Closed
FCE37	Shalli Ltd	BH14 0AD	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 14:00	Closed

FMA26	Sibanda Pharma Ltd	BH188DP	Bournemouth, Christchurch & Poole (BCP)	08.30-17:30	08.30-17:30	08.30-17:30	08.30-17:30	08.30-17:30	09:00-14:00	Closed
FV796	Boots UK Ltd	BH14BP	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	10:00-16:00
FAX44	Boots UK Ltd	BH121DN	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	10:00-16:00
FC009	Boots UK Ltd	BH151SX	Bournemouth, Christchurch & Poole (BCP)	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
FL016	Lawton Pharmacy Consultants Ltd	BH154JQ	Bournemouth, Christchurch & Poole (BCP)	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed

FA406	Lawton Pharmacy Consultants Ltd	BH17 8SA	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FH405	Boots UK Ltd	BH18 8DP	Bournemouth, Christchurch & Poole (BCP)	08:45-12:30 13:30-18:00	08:45-12:30 13:30-18:00	08:45-12:30 13:30-18:00	08:45-12:30 13:30-18:00	08:45-12:30 13:30-18:00	08:45-12:30 13:30-17:30	Closed
FQ299	Boots UK Ltd	BH2 5NL	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	10:30-16:30
FHC47	Boots UK Ltd	BH23 1QB	Bournemouth, Christchurch & Poole (BCP)	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed
FV785	Boots UK Ltd	BH23 1QU	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed

FQ519	Boots UK Ltd	BH49DZ	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	Closed
FXM71	Boots UK Ltd	BH63RA	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:00	Closed
FWN86	Boots UK Ltd	BH89UB	Bournemouth, Christchurch & Poole (BCP)	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-18:00	10:30-16:30
FM254	Boots UK Ltd	BH92HE	Bournemouth, Christchurch & Poole (BCP)	09:00-14:00 15:00-17:30	09:00-14:00 15:00-17:30	09:00-14:00 15:00-17:30	09:00-14:00 15:00-17:30	09:00-14:00 15:00-17:30	10:00-14:00 15:00-17:00	Closed
FP470	Avicenna Retail Ltd	BH104BX	Bournemouth, Christchurch & Poole (BCP)	08:00-18:30	08:00-20:00	08:00-18:30	08:00-20:00	08:00-18:30	08:00-12:00	Closed

FJH73	Avicenna Retail Ltd	BH11 8DU	Bournemouth, Christchurch & Poole (BCP)	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 13:00	Closed
FLG28	Avicenna Retail Ltd	BH11 9TW	Bournemouth, Christchurch & Poole (BCP)	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 12:00	Closed
FM32 9	Asda Stores Ltd	BH15 1JQ	Bournemouth, Christchurch & Poole (BCP)	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	10:00- 16:00
FHC3 6	Asda Stores Ltd	BH8 8DL	Bournemouth, Christchurch & Poole (BCP)	09:00- 20:00	09:00- 20:00	09:00- 20:00	09:00- 20:00	09:00- 20:00	09:00- 20:00	11:00- 17:00
FE379	Arrowedge Ltd	BH17 9DW	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 11:30	Closed

FJG24	Arrowedge Ltd	BH18 8DP	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00	Closed
FE691	Arrowedge Ltd	BH4 9DZ	Bournemouth, Christchurch & Poole (BCP)	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00	Closed
FPN5 1	Weymouth Pharma Ltd	DT4 0AE	Dorset	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00	Closed
FXF11	Wessex Pharmacies Ltd	DT4 7JJ	Dorset	09:00- 13:00 14:15- 17:30	09:00- 13:00 14:15- 17:30	09:00- 13:00 14:15- 17:30	09:00- 13:00 14:15- 17:30	09:00- 13:00 14:15- 17:30	09:00- 13:00	Closed
FCM7 6	Wessex Pharmacies Ltd	DT4 9DJ	Dorset	09:00- 13:00 14:15- 17:30	09:00- 13:00 14:15- 17:30	09:00- 13:00 14:15- 17:30	09:00- 13:00 14:15- 17:30	09:00- 13:00 14:15- 17:30	09:00- 13:00	Closed
FRL80	Wellbeing (United Kingdom) Ltd	BH21 4AY	Dorset	09:00- 18:00	09:00- 18:00	09:00- 13:00	09:00- 18:00	09:00- 18:00	Closed	Closed
FE320	Bestway National Chemists Ltd	BH19 1AE	Dorset	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	08:30- 18:30	Closed	Closed

FQ123	Bestway National Chemists Ltd	BH19 1AF	Dorset	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	09:00-12:30 13:30-18:00	Closed	Closed
FGD60	Bestway National Chemists Ltd	DT4 0LX	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FJV68	Bestway National Chemists Ltd	DT4 7BX	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FGD26	Bestway National Chemists Ltd	DT4 9PQ	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FN020	Layade Pharma Ltd	DT4 9SS	Dorset	09:00-13:00 14:00-17:45	09:00-13:00 14:00-17:45	09:00-13:00 14:00-17:45	09:00-13:00 14:00-17:45	09:00-13:00 14:00-17:45	09:00-12:00	Closed
FK141	Bestway National Chemists Ltd	DT6 3LF	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FPA91	Bestway National Chemists Ltd	DT9 3BA	Dorset	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-14:00 14:30-17:30	09:00-13:00	Closed
FCP93	Aunpharma Ltd	DT1 2LW	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed
FXG05	Pharmland Ltd	BH31 6DW	Dorset	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	09:00-16:00	Closed
FTT38	Tout Ltd	DT1 1QR	Dorset	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-15:30	Closed
FVR30	Everyou Healthcare Ltd	BH21 1NL	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed

FWL38	Avicenna Retail Ltd	SP8 4XS	Dorset	09:00-13:30 14:30-18:30	09:00-13:30 14:30-18:30	09:00-13:30 14:30-18:30	09:00-13:30 14:30-18:30	09:00-13:30 14:30-18:30	Closed	Closed
FL223	Flagship (Dorset) Ltd	DT9 3BA	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-14:00	Closed
FM887	Tesco Stores Ltd	BH22 9TH	Dorset	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-18:00	10:00-16:00
FMG47	Tesco Stores Ltd	DT1 2RY	Dorset	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	10:00-16:00
FN247	Superdrug Stores Plc	DT1 1BS	Dorset	08:30-14:00 14:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	Closed
FAW80	MB Stalbridge Ltd	DT10 2LL	Dorset	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed
FGJ07	Everyou Healthcare Ltd	BH20 7AX	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FHA62	Ferndown Healthcare Ltd	BH22 9HB	Dorset	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	08:45-13:00 13:20-18:00	09:00-12:00	Closed
FWV19	L Rowland & Co (Retail) Ltd	DT3 6LD	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed

FAL73	L Rowland & Co (Retail) Ltd	DT3 6NQ	Dorset	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-13:00 13:20-18:00	09:00-12:00	Closed
FN115	Aunpharma Ltd	DT1 2FD	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	Closed
FHC80	Avicenna Retail Ltd	SP8 4FA	Dorset	09:00-13:00 14:00-18:15	09:00-13:00 14:00-18:15	09:00-13:00 14:00-18:15	09:00-13:00 14:00-18:15	09:00-13:00 14:00-18:15	Closed	Closed
FPE70	Medicine Clinic Ltd	BH22 8EB	Dorset	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
FPT55	Wm Morrisons Supermarkets Plc	BH31 6UQ	Dorset	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-18:00	10:00-16:00
FMK10	Wm Morrisons Supermarkets Plc	DT3 5AX	Dorset	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-19:00	09:00-13:00 14:00-18:00	10:00-16:00
FL781	Apharm Ltd	BH22 0HX	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed
FRP28	Rosepharm Ltd	DT10 1PU	Dorset	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-12:30	Closed

FN499	Everyou Healthcare Ltd	BH166BG	Dorset	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FM216	LP SD Fifty Limited	DT47AW	Dorset	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-12:00	Closed
FCV51	LP SD Fifty Limited	DT65BN	Dorset	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:30-12:00	Closed
FM042	LP SD Eight Limited	DT7 3LS	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:30	Closed
FG146	LP SD Nine limited	SP78DH	Dorset	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-12:00	Closed
FTE44	Avicenna Retail Ltd	SP84AG	Dorset	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-12:30 13:30-17:30	09:00-11:30	Closed
FFE58	Ferndown Pharmacy Ltd	BH229AG	Dorset	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-13:00 17:00-21:00	10:00-14:00
FWV11	Day Lewis PLC	BH204LR	Dorset	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed
FQD14	Day Lewis PLC	BH237JN	Dorset	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
FX758	Day Lewis PLC	DT34DT	Dorset	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	08:30-13:00 14:00-17:30	Closed	Closed

FLX51	Medicine Clinic Ltd	BH21 2SE	Dorset	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00 14:00- 18:00	09:00- 13:00	Closed
FYM7 6	FG Lock Ltd	DT6 6PX	Dorset	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00	Closed
FV817	Boots UK Ltd	BA21 5BT	Dorset	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	09:00- 13:00 14:00- 21:00	10:00- 16:00
FFA03	Boots UK Ltd	BH19 1AB	Dorset	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	10:00- 16:00
FD25 5	Dharita and Piyush Ltd	BH20 4AF	Dorset	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00- 18:30	09:00- 18:30	Closed
FQA3 5	Boots UK Ltd	BH20 6EJ	Dorset	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 16:30	Closed
FQN4 4	L Rowland & Co (Retail) Ltd	BH16 5NJ	Dorset	08:45- 13:00 13:20- 18:00	08:45- 13:00 13:20- 18:00	08:45- 13:00 13:20- 18:00	08:45- 13:00 13:20- 18:00	08:45- 13:00 13:20- 18:00	09:00- 12:00	Closed
FME6 2	QJP Ltd	BH21 1AP	Dorset	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 19:00	09:00- 19:00	08:30- 17:00	Closed
FAM1 2	Boots UK Ltd	BH21 3LN	Dorset	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 13:00	Closed

FMA9 3	Boots UK Ltd	BH22 9AL	Dorset	09:00- 13:00 14:00- 19:00	09:00- 13:00 14:00- 19:00	09:00- 13:00 14:00- 19:00	09:00- 13:00 14:00- 19:00	09:00- 13:00 14:00- 19:00	08:30- 13:00 14:00- 17:30	10:00- 16:00
FDA0 3	Boots UK Ltd	DT1 1BQ	Dorset	09:00- 17:00	09:00- 17:00	09:00- 17:00	09:00- 17:00	09:00- 17:00	09:00- 17:00	Closed
FCJ53	Boots UK Ltd	DT10 1AS	Dorset	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 16:00	Closed
FKN0 7	Boots UK Ltd	DT11 7AR	Dorset	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 17:30	Closed
FXK56	Weymouth pharma Ltd	DT11 7DX	Dorset	09:00- 13:15 14:15- 17:30	09:00- 13:15 14:15- 17:30	09:00- 13:15 14:15- 17:30	09:00- 13:15 14:15- 17:30	09:00- 13:15 14:15- 17:30	09:00- 16:00	Closed
FF509	Boots UK Ltd	DT4 8LY	Dorset	08:30- 13:30 14:30- 17:30	08:30- 13:30 14:30- 17:30	08:30- 13:30 14:30- 17:30	08:30- 13:30 14:30- 17:30	08:30- 13:30 14:30- 17:30	08:30- 13:30 14:30- 17:30	10:00- 16:00
FVN6 2	Boots UK Ltd	DT4 9BG	Dorset	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	Closed	Closed
FQF9 2	Boots UK Ltd	DT5 1BX	Dorset	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 18:00	09:00- 17:00	Closed
FXH3 4	Boots UK Ltd	DT6 3QJ	Dorset	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:00	Closed
FHG7 4	SNJ Health Ltd	DT7 3QF	Dorset	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:00	Closed

FQK4 3	Boots UK Ltd	DT9 3BA	Dorset	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	Closed
FPC33	Boots UK Ltd	SP7 8JE	Dorset	09:00- 13:30 14:30- 17:30	09:00- 13:30 14:30- 17:30	09:00- 13:30 14:30- 17:30	09:00- 13:30 14:30- 17:30	09:00- 13:30 14:30- 17:30	09:00- 13:30 14:30- 17:30	Closed
FFW8 3	Flagship (Dorset) Ltd	DT8 3AA	Dorset	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 13:00 14:00- 17:30	09:00- 11:30	Closed
FWH6 7	Super Happy Wing Ltd	BH24 2HP	Dorset	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 17:30	09:00- 13:00	Closed
FHC8 6	Asda Stores Ltd	DT4 8JQ	Dorset	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	09:00- 12:30 13:00- 16:30 17:00- 21:00	10:00- 16:00

Appendix 7: List of distance selling pharmacies and opening times

ODS CODE	Contractor Name	Postcode	Health and Wellbeing Board	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Opening Hours Sunday
-------------	--------------------	----------	----------------------------------	----------------------------	-----------------------------	-------------------------------	------------------------------	----------------------------	------------------------------	----------------------------

FAE92	Automeds Pharmacy Ltd	BH12 3PG	Bournemouth, Christchurch & Poole (BCP)	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed
FXL79	P & D Cards Ltd	BH22 9HU	Dorset	09:00-12:30 13:00-17:30	09:00-12:30 13:00-17:30	09:00-12:30 13:00-17:30	09:00-12:30 13:00-17:30	09:00-12:30 13:00-17:30	Closed	Closed
FRD44	Automeds Pharmacy Ltd	DT2 7UA	Dorset	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	Closed	Closed

Appendix 8: List of dispensing appliance contractors and opening times

ODS CODE	Contractor Name	Postcode	Health and Wellbeing Board	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Opening Hours Sunday
----------	-----------------	----------	----------------------------	----------------------	-----------------------	-------------------------	------------------------	----------------------	------------------------	----------------------

FWP06	Salts Healthcare Ltd	BH1 1HF	Bournemouth, Christchurch & Poole (BCP)	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed
FCY62	Fittleworth Medical Ltd	BH9 2RE	Bournemouth, Christchurch & Poole (BCP)	09:00-1500	09:00-1500	09:00-1500	09:00-1500	09:00-1500	Closed	Closed
FMK11	Respond Healthcare Ltd	BH22 9NG	Dorset	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed

This page is intentionally left blank

Health & Wellbeing Board

24 September 2025

Age Friendly Communities; part of the Communities for All Council priority

For Review and Consultation

Cabinet Member:

Cllr S Robinson, Adult Social Care

Local Councillor(s):

All

Senior Leadership Team:

J Price, Executive Director of People - Adults

Report author and job title: Sam Poole, Corporate Director of Commissioning & Improvement

Email: samuel.poole@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public (the exemption paragraph is N/A)

Executive summary (maximum of 500 words)

- 1.1 This report sets out Dorset Council's ambition to become an Age Friendly County and invites the Health and Wellbeing Board to support a system-wide approach to ageing well. It outlines opportunities for collaboration across health, care, Voluntary & Community Sector Enterprise, and community partners to embed age-friendly principles into planning, commissioning, and delivery. This approach underpins and supports the council plan priority of Communities for All, forming an important strand of how through systems working we can enhance the way we work in our neighbourhoods.
- 1.2 Dorset has one of the oldest demographics of any county in the UK, with 30% of residents aged over 65. The Council is committed to ensuring Dorset remains a place where people can age well, live independently, and stay connected to their communities. This report outlines the progress made to date and sets out a commitment to embedding age-friendly principles across services, infrastructure, and community partnerships throughout the Dorset Council area. This work is central to the wider systems prevention agenda and complements existing programmes such as the Thriving Communities initiative, which laid the groundwork for community-led transformation. By enabling older residents to stay active, socially engaged, and well-supported

within their local areas, the programme aims to reduce future demand on health and care services while enhancing quality of life.

1.3 Becoming an Age Friendly County means creating inclusive, supportive environments where people of all ages, especially older adults, can live healthy, active, and connected lives. It involves adapting public spaces, transport, housing, and services to meet the needs of an ageing population, whilst promoting independence, wellbeing, and social participation. Age Friendly Communities value older people's contributions, reduces isolation, and ensures access to opportunities and support. For Dorset this means aligning local planning, commissioning, and community development with the World Health Organisation's (WHO) Age Friendly framework, enabling residents to age well in place and strengthening resilience across generations.

1.4 The eight domains defined by the World Health Organisation are:

1. Outdoor spaces and buildings.
2. Transportation.
3. Housing.
4. Social participation.
5. Respect and social inclusion.
6. Civic participation and employment.
7. Communication and information.
8. Community support and health services.

2. Recommendation(s)

2.1 This report seeks support from the Health & Wellbeing Board to:

i) Endorse Dorset's application for Age Friendly accreditation by the World Health Organisation (WHO).

ii) Support the integration of Age-Friendly principles into health, care & community wide planning.

iii) Promote collaborative delivery through place-based partnerships and VCSE engagement.

3. Reason for the recommendation(s)

3.1 According to recent research, nearly one-third of Dorset's population is aged 65 or over, significantly higher than the national average of 19%, with a median age of 52 compared to 40.5 nationally. Dorset also has the highest proportion of residents aged 85+ in the UK, and an old age dependency ratio of 537 (vs. 297 nationally), meaning there are 537 people aged 65+ for every 1,000 working-age adults.

- 3.2 Dorset Council and system partners face financial and operational pressures due to an ageing population, increasing complexity of need, and limited national funding, reflected in adult social care accounting for over 38% of the Council's 2025/26 net budget and rising demand across NHS services. This context underscores the urgent need for preventative, community-led approaches like Age Friendly Communities, which offer a strategic, system-wide solution to support older adults to live independently, reduce avoidable hospital admissions, and improve wellbeing. By embedding age-friendly principles across infrastructure and service design, and fostering collaboration across council services, NHS, ICBs, and the VCSE sector, Dorset can deliver locally tailored interventions that build resilience, reduce demand, and create long-term value across the whole system.

4. The report

- 4.1 Dorset has a unique opportunity to lead the development of Age Friendly Communities, responding to its ageing demographic through the strategic ambition set out in the Dorset Council Plan 2024–2029 under the 'Communities for All' priority.
- 4.2 In July 2025, the Council formally registered its intent to become an Age Friendly County with the nationally recognised Centre for Ageing Better, aligning its local framework with the World Health Organisation's (WHO) eight domains. The first step toward accreditation is planned for September 2025, demonstrating Dorset's commitment to inclusive, resilient environments that support healthy ageing.
- 4.3 The WHO domains provide a robust framework for an all-age, system-wide approach, building on Adult Social Care commissioning strategies and aligning with the 'Communities for All' priority, Dorset's Health and Wellbeing Strategy, and the NHS Long Term Plan. The Age Friendly Communities Framework supports joined-up delivery across council services, health, care, and community sectors. It is embedded within place-based partnerships, enabling tailored interventions that reflect local population needs and shared outcomes, while promoting integrated planning, prevention, and inclusive design across the wider system.
- 4.4 The next phase will focus on embedding age-friendly principles into planning, infrastructure, and service design across Dorset's towns and parishes, rural and urban, supported by initiatives in mobility, public space, and lived experience through 'People Panels'. This locally led model draws on the lived experience of older residents and recognises the distinct needs of Dorset's diverse communities. It also acknowledges the economic contribution of older people, from volunteering and caregiving to entrepreneurship and local spending, and will engage employers, Chambers of Commerce, and business

networks to promote age-inclusive development. Community engagement is central to this approach, ensuring that local voices shape priorities, design solutions, and lead implementation. By integrating age-friendly principles from strategic planning to neighbourhood design, Dorset is positioned as a national leader in place-based ageing well, capable of attracting external funding and influencing policy.

- 4.5 The programme aims to create a sustainable model of community-led transformation, investing in VCSE-led co-design grants, falls prevention, transport pilots, and creative health initiatives that directly address the needs of older residents and those who will age in the years to come. The impact is both social and economic. Research¹ has shown that Age Friendly Communities improve health outcomes, reduce demand on statutory services, and enhance civic participation. They also address wider determinants of health, such as housing, transport, and social connection, aligning with Dorset's broader prevention agenda and promoting a shift from reactive care to proactive support. The programme aligns with NHS and ICB priorities around prevention, integrated care, and population health. It offers a community-based approach to reducing demand and improving outcomes, particularly for older adults and those with long-term conditions.

¹ Centre for Ageing Better. (2025). Age-friendly Communities Impact Report. Available at: <https://ageing-better.org.uk/resources/age-friendly-communities-impact-report>

- 4.6 International case studies from both rural and urban areas, such as Ireland's Louth and Dublin, and Canada's Nova Scotia and Toronto, demonstrate the effectiveness of age-friendly development in improving access, reducing isolation, and supporting active ageing. These examples reinforce the value of empowering local communities to lead change using the WHO framework.
- 4.7 In the UK, Manchester stands out as a leading example. It was the first UK city to join the WHO Global Network of Age-Friendly Cities and Communities in 2010. This commitment is further evidenced by Manchester's £1.5bn investment in later-life housing, as highlighted in a recent article by Positive News, which aims to redefine ageing through inclusive design and community integration, directly supporting the city's Age Friendly strategy. Through its programme, the city and its more rural surrounding areas have embedded age-friendly principles into neighbourhood planning, service design, and cultural engagement which has had tangible improvements in reducing isolation, promoting dignity, and ensuring older residents have a voice in shaping their communities. For Dorset, these lessons reinforce the value of empowering both towns and parishes to lead local change, using the WHO framework to create environments where ageing is supported with dignity, accessibility, and opportunity.

- 4.8 The emerging Health Science University (HSU) partnership offers a unique opportunity to build a future-ready workforce to drive innovation in ageing well. Through co-designed training, research, and placements, Dorset can lead new models of care and embed age-friendly principles into education and practice.
- 4.9 Dorset Council is committed to being an Age-Friendly Employer, recognising the value and contribution of older workers across its workforce. This pledge, coordinated by the Centre for Ageing Better, promotes inclusive recruitment, flexible working, and lifelong learning opportunities for employees of all ages. It aligns with the Council's wider ambition to embed age-friendly principles not only in communities and services, but also within its organisational culture, ensuring that older adults are valued, supported, and empowered both as residents and as members of the workforce.
- 4.10 In summary, using Age Friendly principles as the foundation for the Communities for All programme offers a strategic, evidence-led response to Dorset's ageing population and wider system pressures. Through national partnership, WHO alignment, and local investment, the programme supports a whole-system shift toward prevention, inclusion, and population health. Endorsement by the Health and Wellbeing Board will strengthen cross-sector leadership, enable integrated delivery, and help secure WHO accreditation, driving measurable improvements in wellbeing, equity, and system sustainability.

5. Alternative options considered

- 5.1 Standalone investments in health, housing, and transport have been explored, but often lack the integration and community engagement needed for lasting impact. The Age Friendly Communities programme provides a cohesive framework that unites existing workstreams and aligns with wider place-based strategies, supporting delivery of Dorset Council's 'Communities for All' priority through locally led, joined-up action.
- 5.2 Acting as a catalyst for collaboration across council services, VCSEs, businesses, and residents, the programme embeds age-friendly principles into everyday planning and decision-making.

6. Legal considerations

- 6.1 The Age Friendly Communities programme supports Dorset Council's statutory duties under the Care Act 2014 by promoting wellbeing, preventing care needs, and fostering integration across health and social care. It also aligns with the Equality Act 2010 by advancing inclusion for older adults, disabled residents, and carers, with co-production and inclusive design

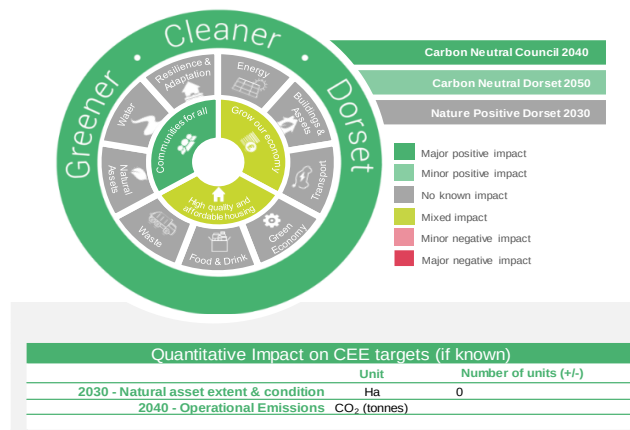
ensuring compliance with consultation, accessibility, and non-discrimination requirements.

7. Financial implications

- 7.1 Dorset faces significant financial and operational pressures due to its ageing population, one of the oldest in the UK. In 2025–26, adult social care accounts for £159.6 million, over 38% of the Council’s net budget, with rising demand for complex care. These pressures are mirrored across NHS services, highlighting the need for system-wide preventative approaches. Age Friendly Communities offer a strategic opportunity to reduce future demand, delay formal care, and improve outcomes through community-led, place-based support.
- 7.2 The programme presents opportunities for joint investment across the system, including national grants, NHS prevention funding, and VCSE contributions. A collaborative funding strategy will be developed to support sustainable delivery and enable town-level implementation of WHO-aligned initiatives that measurably improve wellbeing, reduce system demand, and embed dignity and prevention across public services.
- 7.3 The programme is expected to generate measurable cost avoidance across NHS and adult social care systems by:
- Reducing falls-related hospital admissions
 - Addressing loneliness and isolation
 - Delaying or preventing entry into formal adult social care
- 7.4 According to research by the Centre for Social Justice, severe loneliness among older people is estimated to cost over £6,000 per person in health and social care services, according to the Centre for Social Justice. Tackling isolation through age-friendly design and community engagement is therefore both a moral and economic imperative.
- 7.5 These impacts are supported by robust national evidence and align with Dorset’s prevention agenda, NHS priorities, and adult social care reform. The programme positions Dorset to attract external funding and secure international Age Friendly accreditation, reinforcing its leadership in place-based public health and ageing well.

8. Natural environment, climate & ecology implications

- 8.1 Age Friendly design principles promote walkable communities, accessible transport, and localised support, contributing to reduced car dependency and more sustainable neighbourhoods. The climate wheel shows the impact:



9. Well-being and health implications

9.1 Age-Friendly Communities have a proven impact on health, wellbeing, and inclusion by creating environments that support mobility, social connection, and access to services, not only for older adults, but also for people with disabilities, long-term conditions, and those aspiring to age well. In the Dorset Council area, implementing the WHO framework enables the system to track measurable improvements across eight domains of ageing well, including reduced hospital admissions, increased healthy life expectancy, improved housing and transport accessibility, and enhanced community health services. By addressing wider determinants of health, such as safe public spaces, inclusive transport, social participation, and access to information, the programme promotes equity and prevention. Success will be monitored through indicators such as reduced falls, increased social participation, and feedback from Older People's Panels, enabling transparent reporting, long-term benefits for residents, and reduced pressure on health and care systems.

9.2 Importantly, age-friendly initiatives also create intergenerational opportunities, fostering stronger relationships between younger and older residents. Shared spaces, community programmes, and volunteering schemes can help bridge generational divides, reduce stereotypes, and build mutual respect, benefiting the wellbeing of all age groups and strengthening community cohesion.

10. Other implications

10.1 Age Friendly Communities span all areas of council activity and require coordinated, cross-directorate working. While Adult Social Care plays a central role, successful implementation also relies on integration across housing, planning, transport, and economic development. A whole-system approach is essential to ensure age-friendly principles are consistently embedded into policy, service design, and delivery across the organisation.

10.2 The programme strengthens the role of the voluntary and community sector by supporting co-production, expanding local delivery capacity, and enabling

VCSE organisations to lead inclusive, preventative initiatives that reflect the needs and aspirations of older residents.

11. Risk implications

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

Current Risk: HIGH/MEDIUM

Residual Risk: MEDIUM

Failure to invest in age-friendly infrastructure and community support risks increased isolation, higher demand for residential care, and widening health inequalities.

12. Equalities

12.1 The proposal supports inclusion and equity for older adults, carers, disabled residents, and those ageing alone or without family support.

12.2 While age is a key factor in shaping access to communities, it is not the only barrier older people may face. Many individuals experience multiple layers of disadvantage, for example, being an older person of colour, LGBTQ+, disabled, or from a low-income background. These intersecting identities can compound exclusion and reduce access to services, spaces, and opportunities. This means actively considering demographic diversity, listening to underrepresented voices, and designing environments that reflect and respect the full spectrum of lived experiences among older residents.

12.3 An Equality Impact Assessment has been completed for the Age Friendly Communities programme, highlighting clear benefits for older people, carers, and disabled residents, and identifying further opportunities to strengthen inclusion through community-led solutions and enhanced data.

13. Appendices

13.1 None

14. Background papers

14.1 None

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s).

Health and Wellbeing Board

24 September 2025

Developing a Health and Wellbeing strategy

For Decision

Cabinet Member:

Cllr S Robinson, Adult Social Care

Local Councillor(s):

Senior Leadership Team:

S Crowe, Director of Public Health & Prevention

Report author and job title: Sam Crowe, Director of Public Health and Prevention

Email: sam.crowe@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public

1. Executive summary (maximum of 500 words)

- 1.1 Health and Wellbeing Boards are statutory committees of councils, and are becoming more important in the context of a changing local health and care system. As government policy has effectively disbanded Integrated Care Partnerships, and asked ICBs to cluster on a bigger geography, place based working is more important than ever before, focused on the Dorset Council boundary and population.
- 1.2 This paper reaffirms the statutory duties of the Dorset Health and Wellbeing Board in this context and identifies the strong links between the requirements of HWBs from the 10-year plan for Health, and Dorset Council's own Council Plan priority, Communities for All. It recommends a task and finish group to develop a process to deliver a refreshed Health and Wellbeing Strategy, drawing on evidence and insights on needs in our communities via the Joint Strategic Needs Assessment process.
- 1.3 Boards will be responsible for leading place-based working, including developing neighbourhood health and prevention plans to help implement the shift from hospital to community set out in the 10-year plan (including developing integrated neighbourhood teams). This connects well with Dorset Council-led work on Family hubs, Thriving Communities, the FutureCare programme, and an ambition to be an Age Friendly County as soon as possible.

- 1.4 Having a clear HWB strategy that identifies the priorities for the board, and sets out some detail on programmes that will deliver against these priorities, with an outcomes and performance framework is vital if the board is to be an effective leader of the place based partnership.
- 1.5 On September 9th Dorset place organisations were successful in applying to be part of Wave 1 of the national Neighbourhood Health Implementation Programme. This puts further emphasis on the importance of strategy development, to support the Board's duty to produce neighbourhood health plans to support this work.

2. **Recommendation(s)**

- 2.1 To approve the formation of a task and finish group, formed from representatives of organisations who contributed to the development of the place-based prospectus earlier this summer, to co-design a process that can be used to develop and deliver a refreshed strategy for approval by the Board.
- 2.2 That the strategy process should consider evidence arising from the planned development session on Joint Strategic Needs Assessment, and insight gathered from various engagements with communities and residents.
- 2.3 That the group should also consider and incorporate the previous work on identifying priorities for the Integrated Care Partnership, bearing in mind the requirement for the board to develop a neighbourhood health plan.

3. **Reason for the recommendation(s)**

- 3.1 The 10-year Health Plan for England has reaffirmed and expanded the responsibilities of **Health and Wellbeing Boards (HWBs)** in the evolving health and care system. They remain statutory committees of local, authorities. In addition to continuing responsibilities for delivering the Joint Strategic Needs Assessment and Better Care Fund, HWBs must develop a joint local health and wellbeing strategy, working with partners. The board is also expected to support the Health Plan's three major shifts by leading implementation of community-based care models (neighbourhood health services), promote preventive health strategies and support digital transformation and innovation in the local system.
- 3.2 Dorset Council is also delivering an ambitious council plan with a key priority on Communities for All. Within this are objectives aiming to work more upstream and embed prevention approaches through the life course. This includes a focus on Best Start in Life and becoming an Age Friendly county, effectively integrating Dorset as communities for all ages.

- 3.3 Having a refreshed strategy will also ensure that the Board can lead the place-based partnership, ensuring it is focused on the right priorities and making measurable progress for improving outcomes for residents. An outcomes and performance reporting framework will be developed to support the partnership and HWB.

4. Current context and need for a strategy

- 4.1 Health and Wellbeing Boards were established under the 2012 Health and Social Care Act to promote integration of local services and prevention of ill health based on an understanding of local needs through their JSNAs. To do this requires production of a local Joint Health and Wellbeing Strategy.
- 4.2 With the move to establish integrated care systems in 2022 these responsibilities were strengthened. The Boards were asked to continue to work collaboratively with integrated care boards to ensure joined up planning and service delivery, lead place-based partnerships where established, and adapt their membership to reflect the new system.
- 4.3 Recent national changes to ICBs, requiring them to cluster by April 2026, along with a policy drive to shift services from hospital to community [including developing the neighbourhood health service / integrated neighbourhood teams] means the role of the HWB as a strategic leader for the Dorset Council 'place' is becoming ever more important.
- 4.4 Dorset Council has an ambitious change agenda to support delivery of its Council Plan priority Communities for All. To achieve this will require working to a prevention and partnership agenda along with communities and residents. Having a strong place-based partnership is vital to help deliver the degree of integration, innovation and prevention envisaged by this priority. This will include prevention approaches throughout the life-course, from Best Start in Life (0-5 years) through to the ambition to become an Age Friendly county as soon as possible.
- 4.5 Work has already begun on a prospectus for the place-based partnership. This was well received, but Members noted further work is needed, including a comprehensive programme map setting out the scope of work to be brought under the place-based partnership. This is likely to include the work on Integrated Neighbourhood Teams, FutureCare programme (preventing hospital admissions, and improving discharge to communities), the Thriving Communities approach, working with voluntary organisations, as well as our ongoing prevention work.

- 4.6 Having a refreshed strategy for the Health and Wellbeing Board will enable the board to lead the direction of this work in Dorset and ensure regular challenge on delivery against these programmes.

5. Alternative options considered

- 5.1 The strategy is a legal requirement. It is not a viable option not to produce one. However, the issue of timing has been considered, given that there is a high degree of organisational change in the system currently. In consultation with the Cabinet Member, it was agreed that further delaying a strategy would not be viable, given the importance of the Board being the strategic leader for place-based working, and the renewed focus on delivery of prevention and the shift from hospital to community as set out in the 10-year plan for Health.

6. Legal considerations

- 6.1 This paper and its recommendations have been developed from the statutory guidance on the responsibilities of Health and Wellbeing Boards under the Health and Care Act 2022, and guidance in the 10-year plan for Health.

7. Financial implications

- 7.1 None. The strategy will be produced within the resources available to member organisations.

8. Natural environment, climate & ecology implications

- 8.1 None specific.

9. Well-being and health implications

- 9.1 The strategy should show how local organisations can work together to integrate services, embed prevention approaches, and improve health and wellbeing outcomes for Dorset residents.

10. Other implications

None

11. Risk implications

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

Current Risk: MEDIUM

Residual Risk: LOW

12. Equalities

12.1 An EQIA will be developed as part of the strategy process.

13. Appendices

None

14. Background papers

14.1 Health and Social Care Act 2012; Health and Social Care Act 2022; 10-year Plan for Health; Dorset Council Plan 2024-2029.

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Legal and Democratic (Monitoring Officer), the Executive Director for Corporate Development (Section 151 Officer) and the appropriate Portfolio Holder(s)

This page is intentionally left blank