# **Dorset Health and Wellbeing Board** 26 June 2024 **Pharmaceutical Needs Assessment (PNA)**

# For Decision

#### Portfolio:

Cllr G Taylor, Public Health, Environmental Health, Housing, Community Safety and Regulatory Service

## Local Councillor(s):

ΑII

#### **Executive Director:**

S Crowe, Director of Public Health

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Report Status: Public

#### **Brief Summary:**

Each Health and Wellbeing Board must publish a pharmaceutical needs assessment (PNA). There is legislation that sets out the process for this. Part of this is regular review, with a new PNA due by October 2025. This paper sets out a proposed scope and timeline for agreement by the Board. It also highlights key questions for consideration by the Board.

#### Recommendation:

- 1. To note the start of the 2025 PNA development process
- 2. To consider the scope of the PNA
- 3. To agree whether to have a single PNA across the Dorset system as in previous PNAs
- 4. To agree the provisional timeline set out under section 4.1
- 5. To consider any other representatives required on the Steering Group.

#### Reason for Recommendation:

To meet requirements set out in Regulations.

## 1. Background

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

#### 2. Local Context

2.1 The current PNA (2022) covers both Health and Wellbeing Boards in the Dorset system. It looked at Primary Care Network footprints to consider need in more detail. There were 142 community pharmacies plus 2 distance-selling pharmacies. On the Dorset side this was 68 community pharmacies plus one distance-selling pharmacy.

- 2.2 The PNA used 20-minutes' drive time as the standard to identify any potential gaps. It concluded that:
  - there were no gaps in current provision,
  - there were no gaps in future provision,
  - working with current pharmacies was the best way to improve services and access. Integration with other services in an area would also help.
  - Access could improve to support new housing developments in Dorchester and Poundbury. This should be by relocation of one of the existing pharmacies in the town, to provide a better spread.
  - The pharmacy workforce challenge is a high priority for the Dorset system, and
  - there should be a campaign to encourage patients to only order the medicines they need.
- 2.3 Since publication of the PNA in October 2022, eight community pharmacies have closed. In the Dorset council area there were two closures, one in Verwood and one in Portland. A new distance selling pharmacy opened on the Dorset side. Of eleven community pharmacies that opened 100-hours a week, none continue to do so. The four in the Dorset council area are now open between 72 and 78 hours a week. 17 community pharmacies have changed hands, nine on the Dorset side.
- 2.4 The many changes above, plus the expected time it takes to complete the PNA, mean we need to start work now.

#### 3. Scope of the Dorset PNA 2025

- 3.1 There has been a single PNA in 2015, 2018 and 2022 to cover the whole Dorset system. Section 198 of the Health and Social Care Act allows this type of joint arrangement. The Board should consider whether it wants to take the same approach to the 2025 PNA.
- 3.2 The regulations require the PNA divides the area into smaller local areas. This allows more detailed analysis. The 2022 PNA used Primary Care Networks footprints. This was confusing because of overlaps in the geography that each network covers. Integrated neighbourhood teams are being established across the system. Footprints are still in development but would provide a good level of clarity and detail. This would also support improved integration of community pharmacies within local teams.

3.3 The PNA must identify what the standard of service should be so that it can determine whether there is a gap. There is no definition set out in the regulations, nor is there a clear national benchmark. For the 2022 PNA the Steering Group considered various criteria before agreeing this. The standard set was access to a community pharmacy within a 20-minute drive time. With changes since the 2022 PNA this standard has come under scrutiny. Initial engagement with the public will explore this in more detail. The Board may wish to take a view on what standard to apply.

# 4. Timeline and delivery plan

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

Set up Steering Group
 June to July 2024

Initial approval and governance
 June to July 2024

Dorset Health and Wellbeing Board, 26 June 2024

BCP Health and Wellbeing Board, 15 July 2024

• First stage discovery work June to Sep 2024

• Data gathering June to Dec 2024

• Collation of content and first draft Sep 24 to Feb 2025

• Agree consultation draft Jan to March 2025

o (at Health and Wellbeing Boards or delegated sign-off if agreed)

• Formal consultation April to June 2025

• Final PNA completed and signed off July to Sep 2025

(at Health and Wellbeing Boards or delegated sign-off if agreed)

Publication
 No later than Oct 2025

- 4.2 The Steering Group will invite representatives from:
  - Public Health Dorset,
  - other local authority representatives,
  - NHS Dorset,
  - the Local Pharmaceutical Committee, Community Pharmacy Dorset,
  - the GP Alliance,
  - Healthwatch Dorset, and
  - consider any other representatives as needed.

## 5. Financial Implications

Development of the PNA has no direct financial implications other than staff time.

The NHS takes account of the PNA in making commissioning decisions. Findings from the PNA may have budget implications for NHS Dorset in the future.

The local authority may use the information from the PNA to inform commissioning. This could lead to budget implications in the future.

## 6. Natural Environment, Climate & Ecology Implications

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

# 7. Well-being and Health Implications

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

## 8. Other Implications

Community pharmacies may help to maintain footfall in high streets and town centres.

### 9. Risk Assessment

- 9.1 Most risk falls on the NHS, as if the PNA is not robust there is a risk of challenge to their decision making.
- 9.2 HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: LOW Residual Risk: LOW

#### 10. Equalities Impact Assessment

The PNA development work will include an Equality Impact Assessment.

# 11. Appendices

No appendices

# 12. Background Papers

<u>Dorset Pharmaceutical Needs Assessment (PNA) October 2022</u>
<u>Pharmaceutical needs assessments: National guidance pack October 2021</u>
<u>The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013</u>

# 13. Report Sign Off

11.1 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)