

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 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.