

PHARMACEUTICAL NEEDS ASSESSMENT

(PNA)

Date of Issue: April 2018

Date of Review: In line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

DOCUMENT HISTORY

Document Status: FINAL FOR PUBLICATION	
Developed by: PNA Steering Group; written by Jane Horne, Public Health Dorset. Consultation draft updated following consultation.	
Document version	1.0
Change History	
Sponsor	Jane Horne, Public Health Consultant, Public Health Dorset.
Approved by / on	Dorset Health and Wellbeing Board on 21/3/2018 Bournemouth and Poole Health and Wellbeing Board on 10/4/2018

Supplementary statements will be added as additional appendices when there are major changes to pharmaceutical services (i.e. when pharmacies open, close or re-locate).

Public Health Dorset is best placed for keeping the PNA and supplementary statements up to date on behalf of the two Health and Wellbeing boards. The work may be delegated as appropriate.

Supplementary Statements	Date

GLOSSARY

AUR	Appliance Use Review
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractor
DH	Department of Health
DHC	Dorset HealthCare
DRUMS	Dispensing Reviews of Use of Medicines
DSP	Distance Selling Pharmacy
DSQS	Dispensing Services Quality Scheme
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescribing System
FP10	Prescriptions to be dispensed in community pharmacies or by dispensing doctors for medicine available under the NHS
GP	General Practitioner
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
JHWS	Joint Health and Wellbeing Strategy
LA	Local Authority
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
MIU	Minor Injuries Unit.
MOD	Ministry of Defence
MUR	Medicines Use Review
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NMS	New Medicines Service
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office of National Statistics
OTC	Over the Counter (medicines for which no prescription is needed)
OOTRT	Out of Town Retail Area
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
PURM	Pharmacy Urgent Repeat Medicines
SAC	Stoma Appliance Customisation service
STP	Sustainability and Transformation Plan

EXECUTIVE SUMMARY

The Pharmaceutical Needs Assessment (PNA) for Bournemouth, Poole and Dorset is a statement of Dorset's population needs for pharmaceutical services. It covers two Health and Wellbeing Board (HWB) areas, the Dorset HWB and the Bournemouth and Poole HWB. In accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, consultation on a draft version took place between November 2017 and January 2018 for more than the 60 day minimum period.

NHS England will use the PNA to support their decisions on applications by pharmacy contractors regulated through the national Community Pharmacy Contractual Framework (CPCF). The PNA can also support other commissioners and stakeholders in developing their vision and approach to services within community pharmacies.

Since the last PNA was published in 2015, there have been significant national and local shifts within the NHS. Nationally, changes to the CPCF resulting in an overall reduction in funding and a focus on Sustainability and Transformation Partnerships (STP) are key. Locally, the two HWBs work within one STP footprint, and transformation within primary care localities, which mirror the localities used to support this PNA, will have implications for how local pharmacies work with their local practices.

Bournemouth, Poole and Dorset is a mixture of largely rural areas covered by Dorset County Council, with urban centres in Bournemouth and Poole. The population is around 772,000, with a relatively large proportion of older people compared to England and Wales. Together, there are 149 community pharmacies, 3 Dispensing Appliance Contractors (DAC) and 23 dispensing doctors that provide pharmaceutical services for the whole population. Six community pharmacies have closed since the last PNA supplementary statement. Of the 149 pharmacies, there are 132 with standard 40 hour contracts, 14 with 100 hour contracts, 2 distance selling pharmacies and one with an out of town retail area contract.

A range of data including current and projected population, access times and specific locality health and community data are considered for Dorset as a whole and in relation to each of the localities. Overall, the population is projected to rise by around 2% between 2018 and 2021, a similar growth to England, although this may be impacted by planned housing development or changes in policy that affect migration in and out of the area. Most planned housing development is expected in Bournemouth Central and Poole Town.

The PNA considers whether this projected population increase will trigger the need for additional community pharmacies providing essential services, alongside a range of other factors that include whether existing contractor arrangements could manage through working more efficiently. The PNA also considers the need for future improvements and better access, taking account of issues such as reasonable choice, current advanced services, extended

hours, equality considerations, service developments and specific locality issues.

The PNA concludes that, in respect of essential pharmaceutical services:

- There is no current gap in services across Bournemouth, Poole and Dorset in any of the localities
- If current pharmacies remain open there are no future gaps in services across Bournemouth, Poole and Dorset in any of the localities
- There is the potential that further reduction in 100-hour contracts could be detrimental to access, and should trigger further review and development of a supplementary statement.

The PNA concludes that in respect of improvements and better access:

- There is reasonable choice of pharmacy now and for the future
- NHS England should consider how to make the best use of MUR and NMS through working with existing contractors
- NHSE should evaluate the NUMSAS and PURM pilot services and support roll out as advanced service/enhanced service if this is supported by the evaluation
- Future improvements and better access appear, on balance, to be best managed through working with existing contractors rather than through the opening of additional pharmacies.

Finally, to provide a full picture, the PNA also makes reference to other services provided from community pharmacies that are locally commissioned by Public Health Dorset and Dorset CCG. These services do not fall under the CPCF, but are subject to different procurement regulations and may be open to wider contractor groups. Community pharmacies, however, continue to be seen as playing a key role in local communities and as a potential provider of local services. The PNA therefore concludes that:

- Local commissioners should ensure appropriate engagement with community pharmacies as locally commissioned services and other service developments to support people with long-term conditions are developed, reviewed and/or re-commissioned, as community pharmacies play a key part in local communities.

CONTENTS

GLOSSARY	3
EXECUTIVE SUMMARY	4
INTRODUCTION	7
NATIONAL CONTEXT	8
LOCAL CONTEXT	9
DORSET OVERVIEW AND CURRENT PROVISION	12
ACCESS TO ESSENTIAL (NECESSARY) SERVICES:	13
LOCALITY SUMMARIES IN RELATION TO ESSENTIAL SERVICES.	17
Bournemouth Central.....	17
Bournemouth East	18
Bournemouth North.....	18
Christchurch	19
Dorset West.....	20
East Dorset.....	21
Mid Dorset	22
North Dorset.....	22
Poole Bay	23
Poole Central	24
Poole North	25
Purbeck.....	25
Weymouth & Portland.....	26
Summary of assessments of population increase	27
Recommendations on necessary services (current and future need)	28
IMPROVEMENTS AND BETTER ACCESS.....	28
Reasonable Choice.....	28
Access to Advanced Services	29
Access to Enhanced Services.....	30
Other relevant considerations	30
Recommendations on improvements and access	31
LOCALLY COMMISSIONED SERVICES	31
Service developments	32
Recommendations on locally commissioned services	33
CONCLUSIONS.....	33

Appendices

A	Scope of PNA
B	Locally Commissioned services
C	Process followed in developing the PNA & consultations
D	Maps with overview of pharmaceutical provision (note maps also show pharmacies in neighbouring HWB areas)
E	Pharmaceutical services by locality
F	Bournemouth Central profile
G	Bournemouth East profile
H	Bournemouth North profile
I	Christchurch profile
J	Dorset West
K	East Dorset
L	Mid Dorset
M	North Dorset
N	Poole Bay
O	Poole Central
P	Poole North
Q	Purbeck
R	Weymouth & Portland

INTRODUCTION

1. The PNA for Bournemouth, Poole and Dorset is a statement of the local population's needs for pharmaceutical services provided as part of the NHS. It looks at need across the whole of Dorset and is divided into localities. It considers how pharmaceutical services both within Dorset and in surrounding areas are meeting that need currently or could meet that need in the future.
2. Dorset Health and Wellbeing Board and the Bournemouth & Poole Health and Wellbeing Board have made joint arrangements for their PNA across the whole of Dorset. This is in line with Section 198 of the Health and Social Care Act which allows two or more Health and Wellbeing Boards to work together to discharge their functions, and fits with the strategic direction in Dorset for a single Accountable Care System.
3. "Pharmaceutical services", the scope of the PNA, are described in more detail in appendix A. In summary, these are specific services provided under arrangements made by NHS England that relate to pharmacy contractors, dispensing appliance contractors and dispensing doctors.
4. Pharmacy contractors are regulated through the national Community Pharmacy Contractual Framework (CPCF) set out in National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (updated 2016). In the following circumstances a pharmacy contractor may make an application to NHS England who will then use the PNA to support their decision-making:
 - If a contractor wishes to open a new pharmacy
 - If a contractor wishes to relocate
 - If a contractor wishes to change their core opening hours or the pharmaceutical services they provide.
5. Pharmacy contractors may make other applications to NHS England. Where two pharmacies wish to consolidate their services onto one site, in effect closing one site, NHS England will ask the Health and Wellbeing Board to give a view whether this would create a gap. The PNA will help inform this view.
6. Contractors may also provide a range of other services under different arrangements. Where local commissioners, including Dorset CCG and Public Health Dorset, commission similar services information is included to provide a full picture (see appendix B). Such locally commissioned services are not part of the national Community Pharmacy Contractual Framework (CPCF) and are, therefore, not pharmaceutical services.
7. Local commissioners may use the information in the PNA and the appendices to identify specific local needs and inform their commissioning decisions accordingly.
8. The PNA has been developed in accordance with the Regulations 2013 and further detail is set out in Appendix C.

[To top](#)

NATIONAL CONTEXT

9. NHS England published the [Five Year Forward View](#) in October 2014 and the [General Practice Forward View](#) in April 2016. These set out proposals for the future of the NHS based around new models of care. Following this NHS England commissioned an independent review that would consider:
 - The changing patient and population needs for healthcare, in particular the demands of an ageing population with multiple long-term conditions.
 - Emerging models of pharmaceutical care provision from the UK and internationally.
 - The evidence of sub-optimal outcomes from medicines in primary care settings.
 - The need to improve value through integration of pharmacy and clinical pharmaceutical skills into patient pathways and the emerging new care models.

10. The [Community Pharmacy Clinical Services Review](#) highlighted that community pharmacy has the potential to help meet both the short-term and long-term challenge to provide better outcomes as part of wider integrated services that are efficient and that work for patients. It is widely recognised that community pharmacists and their teams are an underutilised resource.

11. The review recommended that:

“With other parts of the NHS facing severe financial and operational challenges, there needs to be renewed efforts to make the most of the existing clinical services that community pharmacy can provide and to do so at pace. This may require national action through the national contractual framework, as well action at local level. Looking into the medium-term, there is a need to ensure that community pharmacy is integrated into the evolving new models of care alongside other primary care professionals. This will include enhancing the support they provide to people with long-term conditions and public health, but should not be limited to these.”

12. The review recognised that progress would need a mixture of national and local action. Any local action should be developed with the network of community pharmacies and may be delivered through a mix of pharmaceutical services and/or locally commissioned services with appropriate contract arrangements in place. Specific actions that may be more pertinent to develop locally include:
 - Make full use of the electronic Repeat Dispensing service.
 - Work differently to deliver Medicine Use Reviews (MURs) that are an integrated part of the care pathway. This will require access to a patient’s full medical record which may not be possible immediately in all situations.

- Use the Pharmacy Integration Fund and other resources to develop the evidence base for community pharmacists within new models of care, both using existing contractual levers and developing new ways of contracting, with individual or groups of pharmacists, in order to provide clinical services that make full use of their clinical skills.
 - Actively engage community pharmacists to help explore and develop pathway approaches that integrate community pharmacists and their teams into primary medical care, and make best use of their skills in the identification and management of patients who will benefit most from their expertise.
13. Changes to the Community Pharmacy Contractual Framework following the review continue to demand increased efficiency and innovative working within services, as they remain largely based on volume of service provided rather than the quality of care delivered or the patient outcomes achieved.
14. There has been a small shift towards rewarding the quality of services provided, with the introduction of quality payments, which may account for almost 3% of overall funding for pharmacies. However, this is in the context of an overall reduction in funding for pharmacies.

[To top](#)

LOCAL CONTEXT

15. [‘Our Dorset’](#), the local STP, was published in 2016 in response to the Government’s challenge to the NHS and local Councils to work together and re-design more sustainable health and social care services. The plan sets out the ambition of key partners across Dorset to see every person in Dorset stay healthy for longer and feel more confident and supported in managing their own health.

STP high level vision



16. The plan sets out five key strands of work that together will address three gaps:
 - Health and wellbeing gap
 - Care and quality gap
 - Finance and affordability gap
17. Both the Dorset [Joint Health and Wellbeing Board Strategy](#) and the Bournemouth & Poole Health and Wellbeing Strategy were updated and agreed in 2016. These strategies outline three key priorities of Starting Well, Living Well and Ageing Well, and that this needs to be delivered in an integrated way in localities.
18. Building on these key strategic documents and the national GP Forward view, there has been a focus on primary care transformation as part of the integrated community services work stream. Working together within localities, general practices are beginning to detail how they will deliver transformation within their area to support the wider transformation within the Dorset system.
19. Specific developments over the next three years that may impact on the need for pharmaceutical services and/or the broader role of pharmacy contractors in a locality include plans for:
20. **Improving Access to GP services (IAGPS):** All localities have submitted an expression of interest in improving access between October 2017 and March 2019. This will align services with patient need for urgent evening and weekend appointments at a locality level. As these services develop there may be a need to review community pharmacy opening hours to ensure alignment.
21. **Online Patient Consultations:** plans for commissioning and roll out of online consultations across Dorset are in development, with the intention that all GP practices will offer this by 2021. Plans will also need to consider further work on electronic prescribing to ensure any prescriptions issued online can be dispensed wherever the patient chooses.
22. **Workforce redesign:** – the Primary Care Workforce Centre in Dorset is supporting innovative new ways of working, for example with the roll out of the national pilot for clinical pharmacists in GP practices as an integrated part of the multi-disciplinary team within a locality; on-going support is provided through an education programme. Localities are at different stages of development, but this is identified in plans for North Dorset, Mid Dorset, North Bournemouth, Weymouth and Portland, Purbeck, East Bournemouth, Central Bournemouth, Poole North and East Dorset. These roles should complement what community pharmacies provide to patients and the general public.

23. Other Dorset wide developments that may impact on the role of pharmacy contractors include:
24. **Integrated Community Hub developments:** Dorset CCG agreed a range of proposals relevant to integrated community services on 20 September 2017. The overall approach is for integrated working within a locality and support for a larger population, with services providing differentiated response based on the need of particular patient cohorts.
25. **Integrated Urgent Care Access, Advice, Assessment and Treatment Service (IUCATS):** Wider procurement of urgent care access that brings together current out of hours, 111, and developing improved GP access services is planned to take effect from April 2019.
26. **Electronic prescription service (EPS):** The majority of practices in Dorset have a high proportion of electronically transmitted prescriptions and prescribers and patients find the service helpful. At present, there is lower uptake amongst dispensing practices whilst software solutions are awaited. Dorset EPS levels are just over the national average, despite the number of dispensing practices that have declined to use the service.
27. **Electronic Repeat Dispensing (eRD):** Dorset CCG has lower than the national average of transmission of electronic Repeat Dispensing. This is despite a number of attempts to promote and incentivise uptake of this service. Since 2015, community pharmacies have been required to identify suitable patients for Repeat Dispensing to improve uptake. This has not resulted in significant increases in uptake and, from January 2017 onwards, the medicines team at Dorset CCG have tried a pilot approach working one to one with practices and pharmacies, which has shown some improvement but is extremely resource intensive.
28. The proportion of dispensing practices will lower the CCG average slightly, as this service is not available to dispensing patients; however, uptake has been poor in all practices. A number of practices have prioritised the move to a new IT system and have been reluctant to set up electronic Repeat Dispensing prior to the change. There are also a number of practices merging and it is hoped that once the situation has settled then uptake will improve.
29. Community pharmacies are a vital part of local communities, offering a range of services to support people's health and well-being. A [report](#) published September 2016 describes the significant value contributed by community pharmacy. The NHS, patients, other public bodies (for example Councils & Local Authorities) and wider society all benefit directly from the services provided by community pharmacy services as they reduce pressure on NHS services, social care and justice services. NHS benefits include avoiding NHS treatment costs and GP appointments. Patient benefits include reduced travel time and not

needing to attend other NHS appointments. Council benefits include cost efficiencies and avoiding social and justice care costs.

[To top](#)

DORSET OVERVIEW AND CURRENT PROVISION

30. Bournemouth, Poole and Dorset cover a mixture of largely rural areas covered by Dorset County Council and urban centres in Bournemouth and Poole, with a population of around 772,000. The area has a relatively large proportion of older people compared to England and Wales.
31. Altogether there are 149 community pharmacies, 3 Dispensing Appliance Contractors (DAC) and 23 dispensing doctors that provide pharmaceutical services for the whole population. Six community pharmacies have closed since the last PNA supplementary statement. Of the 149 pharmacies, there are 132 with standard 40 hour contracts, 14 with 100 hour contracts, 2 distance selling pharmacies and one with an out of town retail area contract.
32. For the purpose of the PNA, the area has been divided into the 13 GP localities in Dorset. Considering pharmaceutical need according to each locality will support integrated working on the ground as outlined within the STP and primary care transformation plans. Maps in Appendix D shows the total area with each of the localities defined.
33. Where patients live close to the border with our neighbouring HWBs, in Hampshire, Wiltshire, Somerset and Devon, they may access pharmaceutical services in that area; likewise, pharmacies close to the border may provide services to patients from outside Bournemouth, Poole and Dorset.
34. There are over 15 million prescribed items issued by prescribers and dispensed for Bournemouth, Poole and Dorset residents per year, equivalent to almost 300,000 per week. The majority will be dispensed in pharmacies within the county, with around 10% of Dorset medicine dispensed by dispensing doctors in December 2017 (NHSBSA published data). Other providers of dispensing services include appliance contractors either within the county or out of county, distance selling (internet) pharmacies based in other parts of the UK and other pharmacies that provide hub dispensing services such as those specialising in care home dispensing.
35. Appendices F to R provide detailed information on the population, health needs (profiles) and current provision of pharmaceutical services in each locality.
36. There are a number of dispensing practices in market towns in Dorset that are very close to community pharmacies. It is unclear to what extent

current planned developments and strategic direction may have an impact on this.

37. Dorset has three Acute Hospitals and a Community and Mental Health Trust which also generate prescriptions that may be dispensed in community pharmacies. Prescriptions may be generated from outpatient clinics, minor injury units and Accident and Emergency Departments as well as from community nurses and health visitors; they are generally one-off prescriptions.
38. Hospitals may also fill some prescriptions within the hospital (and there may be opportunities to buy over the counter medicines and self-care) or in the case of some more specialist prescribing, patients may be maintained long term on hospital generated prescriptions, with supply directly to their home through homecare services. As care shifts from hospital stays to maintaining patients for longer at home, it is expected that the use of homecare services could increase for medicines supply and administration such as Growth Hormone, some Chemotherapy, clozapine, IV antibiotics and immunosuppressants and other specialist drugs that can be administered without an inpatient stay. These are not pharmaceutical services, but information is included to provide a full picture.
39. Dorset has three prisons: Guys Marsh in Shaftesbury and the Verne and Portland Prison on Portland. Each has a dispensary for their prison population.
40. 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.

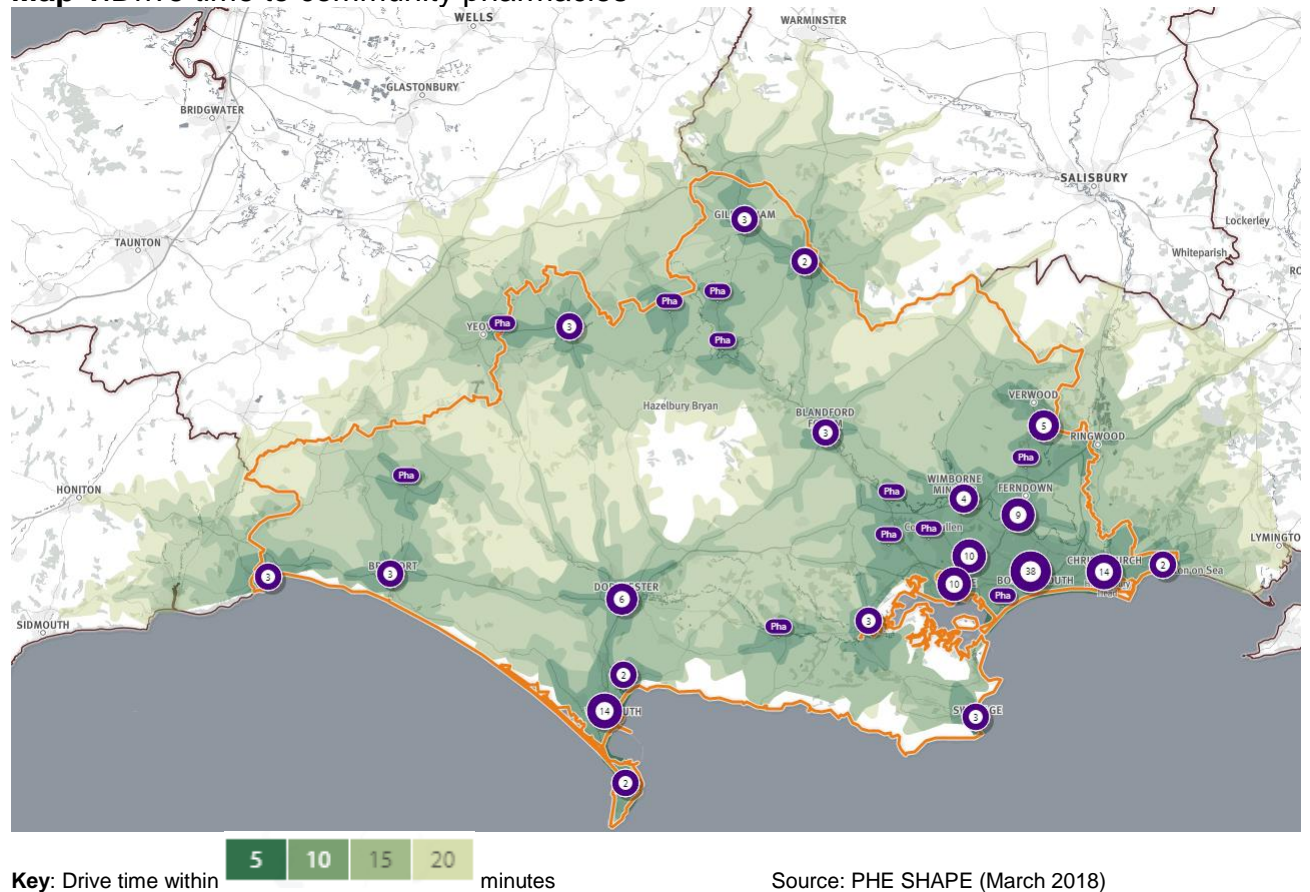
[To top](#)

ACCESS TO ESSENTIAL (NECESSARY) SERVICES:

41. The statement of pharmaceutical need in Bournemouth, Poole and Dorset is considered as a whole and in relation to each locality based on information collated in the locality profiles (Appendices F to R). Locality summaries are included in paragraphs 53-112.
42. It is recognised that many of the most sparsely populated rural areas do not have local access to community pharmacies. The populations of these 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. 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.

43. Access for Dorset residents within a 15 minute drive is shown in map 1 below, which also takes account of community pharmacies in neighbouring HWB areas. The majority of local people live within a 15 minute drive of a community pharmacy. In particular localities where the most deprived areas are situated (Bournemouth East, Christchurch, Dorset West, Poole Bay and Weymouth & Portland), have a very high proportion living within a 15 minute drive of a pharmacy.

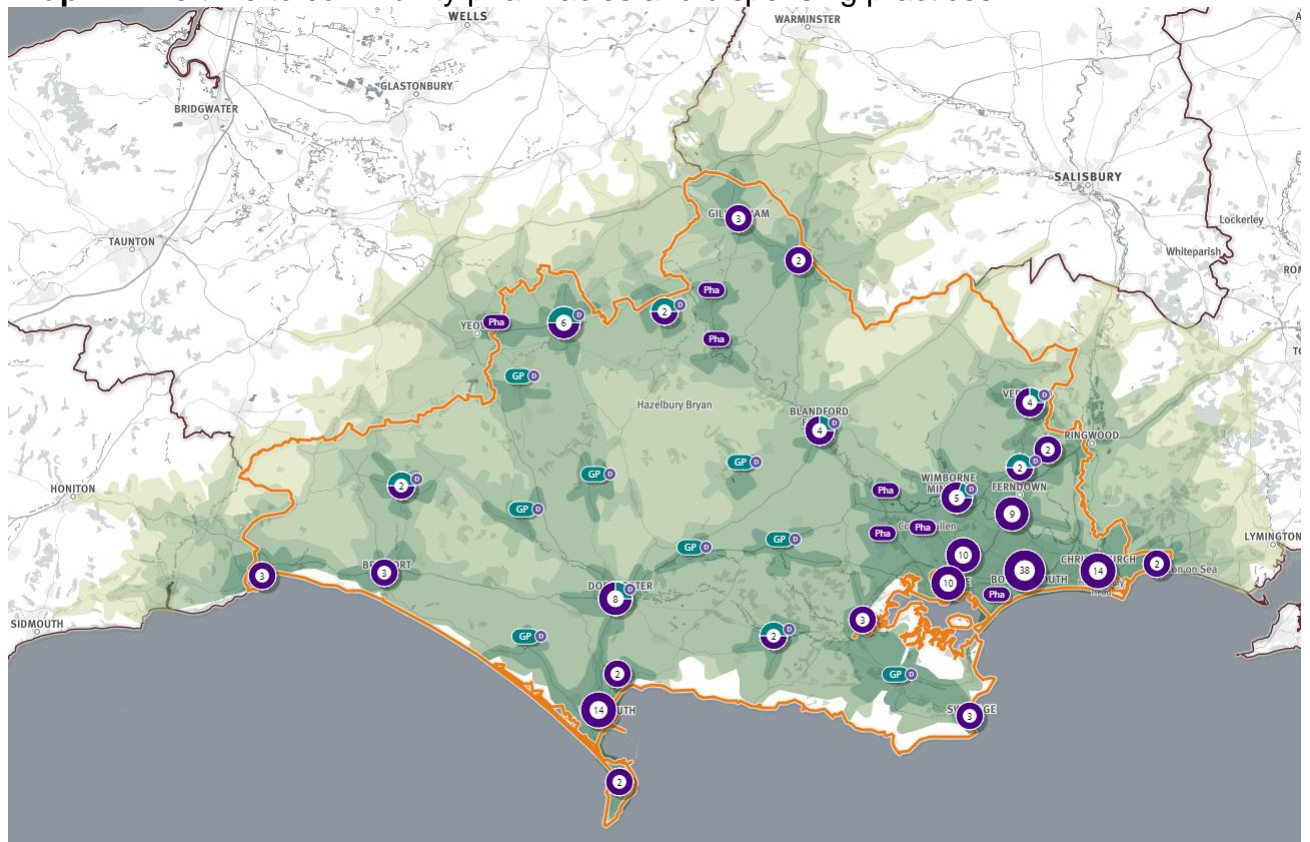
Map 1: Drive time to community pharmacies



44. The minority of the population in Bournemouth, Poole and Dorset who do not live within a 15 minute drive of a community pharmacy are in the very rural areas with low population density. 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, nearly all residents can access services within 15 minutes (see map 2 on next page).
45. Commissioners in Bournemouth, Poole and Dorset are required to consider the benefits of having reasonable choice with regard to obtaining pharmaceutical services. In the more urban localities within Bournemouth and Poole, plus Christchurch and Weymouth and Portland, there are a variety of providers – independent pharmacies and large and small multiples. Patients choosing to use one type of pharmacy or another are able to do so relatively easily in these areas.

Patients registered with dispensing practices must be made aware that they have a choice about where they have their prescriptions dispensed.

Map 2: Drive time to community pharmacies and dispensing practices



Key: Drive time within 5 10 15 20 minutes

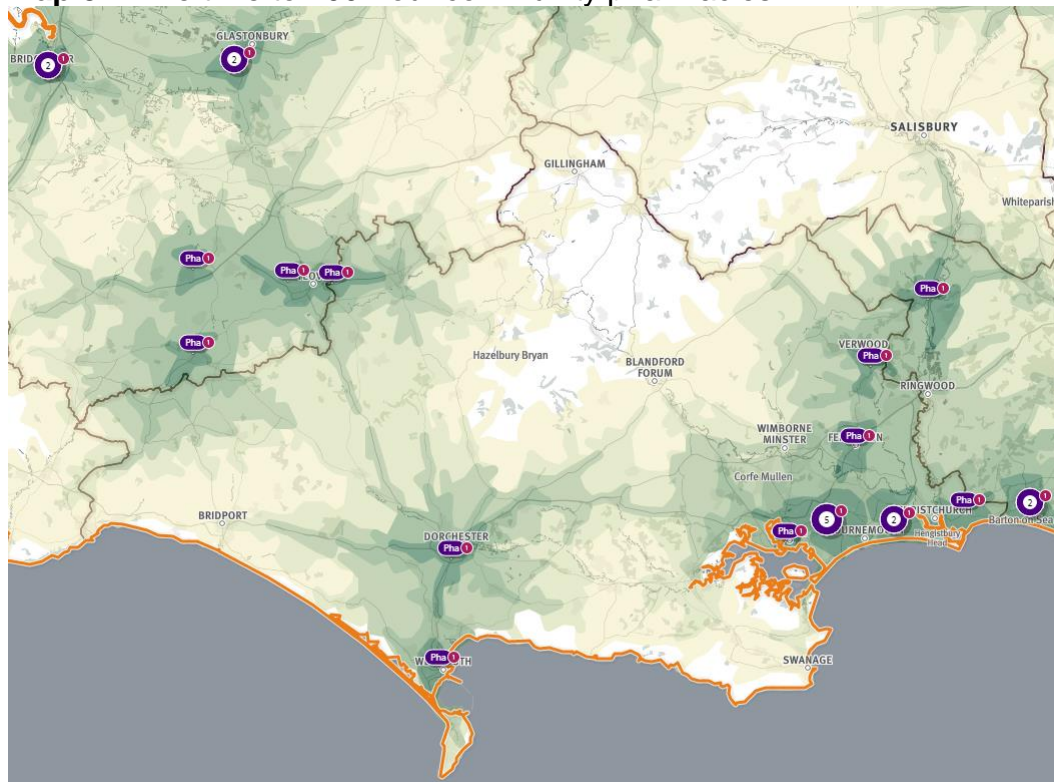
Source: PHE SHAPE (March 2018)

46. In the more rural localities with the population spread across large areas and some more populated villages and market towns, it is less easy to state that patients have easy access to a variety of providers. However, as discussed further later, it would not be practical or feasible to encourage a large number of additional pharmacies to open, resulting in more fragmented NHS resources. The appeals unit at NHS Resolution, previously the NHS litigation authority, has frequently made decisions and stated that it is not accepted that a new pharmacy application should be approved based on lack of choice only. Reasonable choice is one factor among many. Different pharmacies belonging to the same company can often provide choice as they may offer different services. So, the ethos, atmosphere and staff make each pharmacy different.
47. On balance in the largely rural areas of Dorset, choice of pharmaceutical services 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 market town, where they will also be able to access pharmacies. 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 greater choice of

pharmacies. Changing technology also offers access to internet pharmacy services, which may be based anywhere in the UK.

48. Pharmacies that are run by full-time or regular long-term pharmacists are in a much better position to develop high quality services. Ideally, the maximum benefits from pharmaceutical services will be realised in Bournemouth, Poole and Dorset if existing pharmacies develop the capacity and capability to deliver high quality services in a reliable and robust way.
49. Pharmaceutical services in the out-of-hours period are principally supported by 100-hour pharmacies. At the time of writing the 2015 PNA there were 15 100-hour pharmacies across Dorset. There are now 14 pharmacies with a 100-hour contract in Bournemouth, Poole and Dorset, as in moving the standard 40 hour contract Avicenna Pharmacy from 38 Kinson Road to 63 Kinson Road, the 100 hour pharmacy already located there closed.
50. Mapping drive times to 100-hour pharmacies (Map 3), shows the the remaining 100-hour pharmacies are well-distributed, with the majority of local people able to access within a 30 minute drive.

Map 3: Drive time to 100-hour community pharmacies



Source: PHE SHAPE (March 2018)

51. Together, the current 14 100-hour contract pharmacies offer the local population good access to pharmaceutical services during evenings, weekends and bank holidays. Drive times may be optimistic during

periods of heavy traffic, but are realistic late at night and on Sundays when the services would be required. There is the potential that any further reduction in 100-hour contracts could be detrimental to access, and should trigger further review and development of a supplementary statement.

52. Maps within each locality profile demonstrate areas which have significant deprivation. Comparing these to the maps in Appendix D that show where the pharmacies are sited, you can see that community pharmacy coverage is good in these areas of deprivation.

[To top](#)

LOCALITY SUMMARIES IN RELATION TO ESSENTIAL SERVICES.

Bournemouth Central

53. Bournemouth Central is a relatively small locality, but is densely populated with a population of approximately 69,900. The locality is largely urban, with a higher proportion of young people compared to the Dorset CCG average. It includes the town centre area of Bournemouth, including part of Boscombe, plus the suburbs of Moordown, Landsdowne, Charminster, Muscliffe and Castle Lane. The locality is relatively deprived compared to local and national levels. An analysis of health and the wider determinants of health highlights poor outcomes for overcrowding, binge drinking, hospital stays for self harm and alcohol related harm, incidences of breast cancer, prostate cancer and colorectal cancer and under 65 deaths from all causes. See Appendix F for profile.
54. The Bournemouth Central locality will have significant levels of housing development over the next 3 years if all are completed. The largest increase will be in Central ward, with a net increase of 1,294. Taking account of a range of factors, summarised in paragraphs 113-116, this level of development is unlikely to require additional pharmacy contractors to enter the market.
55. In April 2017 an application was made to NHSE to consolidate two pharmacies onto one site within the town centre. As part of NHSE consultation, Bournemouth and Poole Health and Wellbeing Board confirmed that this would not create a gap, as increased travel time would be less than 10 minutes on foot and the locality would continue to be well-served. The application was approved by NHSE and consolidation occurred in August 2017, with one of the two pharmacies closing on 15th August 2017.
56. Since the closure in August 2017, Central Bournemouth has 11 pharmacies, of which one is a 100-hour pharmacy opposite an out-of-town shopping centre. This is open from 7am to 10pm Monday to Friday, 8am to 10pm on Saturday and 9am to 8pm on Sunday. There is also a

pharmacy within a supermarket in this shopping centre which has extended opening hours from 8am until 8pm daily (closed 1 to 2pm) and 10am to 4pm on Sundays, plus another multiple with extended opening hours from 9am until 8pm on weekdays and 9am until 7pm on Saturdays and 11am until 4pm on Sundays. So, there is good provision of pharmaceutical services out-of-hours in this locality.

57. There are no current gaps identified for pharmaceutical services in Bournemouth Central. The number of pharmacy premises and their locations are adequate for the area.

[To top](#)

Bournemouth East

58. Bournemouth East is a relatively small locality, but is densely populated. It has a population of approximately 52,900 with a higher proportion of young people compared to the average for Dorset as a whole. The locality is largely urban. It includes the suburbs of Littledown, Springbourne, Southbourne (which has an older population) and Boscombe. The last two suburbs are situated near the sea front. The locality is relatively deprived compared to both local and national levels. An analysis of health and the wider determinants highlights poor outcomes for overcrowding, hospital stays for self harm and alcohol related harm, emergency hospital admissions for hip fractures in the 65 and over age group and incidence of prostate cancer. See Appendix G for the profile.
59. Bournemouth East locality has a total of 398 planned housing units for development, with the most planned growth in Boscombe West ward at 171 units.
60. One pharmacy in the locality, with a 40-hour standard contract, closed on 30/1/18. Taking account of the population density, current distribution of remaining pharmacies, the drive time map before and after closure, and consultation responses on the draft PNA, this will not create a gap.
61. Since the closure, Bournemouth East has 11 pharmacies in total. One of these is a 100-hour pharmacy for out-of-hours provision that is open 8am until midnight, Monday to Saturday and 10am until 4pm on Sunday. The local population therefore has good access to pharmaceutical services.
62. There are no current gaps identified for pharmaceutical services in Bournemouth East. The number of pharmacy premises and their locations are adequate for the area.

[To top](#)

Bournemouth North

63. Bournemouth North is relatively small, but densely populated with a population of about 63,100. The locality is largely urban with a higher proportion of young people compared to the average for Dorset as a

whole. The proportion of those aged 20 to 24 is particularly high due to the location of Bournemouth University. The locality is relatively deprived compared to local and national levels. It includes the suburbs of Northbourne, Kinson, West Howe, East Howe and Winton. An analysis of health and the wider determinants highlights poor outcomes in hospital stays for self harm, emergency hospital admissions for hip fractures in the 65 and over age group, emergency admissions in the under 5 age group and hospital admissions for injuries in the under 15 age group. See Appendix H for profile.

64. There will be minimal housing growth in Bournemouth North locality (81 units in total) compared to the other localities within the Dorset CCG.
65. Since the last PNA, the 100-hour pharmacy that was located within this locality has closed, and a 40 hour pharmacy, previously located elsewhere within the locality, has moved to this site. There is another 100-hour pharmacy just under half a kilometre away from the site (in Poole Bay locality). The local population, therefore, still has good access to pharmaceutical services outside normal trading hours.
66. Another pharmacy, with a 40-hour standard contract closed on 30/01/2018. Taking account of the population density, current distribution of remaining pharmacies, the drive time map before and after closure, and consultation responses this will not create a gap.
67. Taking these closures into account, Bournemouth North has 10 pharmacies in total. There are no current gaps identified for pharmaceutical services in Bournemouth North. The number of pharmacy premises and their locations are adequate for the area.

[To top](#)

Christchurch

68. Christchurch has a population of about 49,500. The area is largely rural but surrounds an urban centre. It has a higher proportion of older people compared to the rest of Dorset and almost double the national average. Most of the population live in the areas of Christchurch Town Centre, Burton, Highcliffe, Mundeford, Purewell, St Catherine's and Hurn. The highest levels of deprivation in Christchurch are found in the Somerford area. Here, two lower super output areas (LSOAs) are amongst the 20% most deprived in England. Nevertheless, 40% of the LSOAs which make up the Christchurch locality are in the least deprived national quintile – a higher proportion than in the Dorset CCG area as a whole. An analysis of health and the wider determinants highlights poor outcomes in the provision of informal care; general self reported health (including limiting long-term illness or disability), incidence of prostate cancer, hospital stays for self harm and elective admissions for hip replacements. See Appendix I for the profile.

69. At the time of publishing the consultation draft, data on applications for 2016/17 were not available. Data are now available, showing greatest planned growth in Portfield ward (+206), Highcliffe (+142) and West Highcliffe (+88). This level of development does not indicate the need for additional pharmacy openings.
70. In March 2017 an application was made to NHSE to consolidate two pharmacies in Purewell that were very close together. As part of NHSE consultation, Dorset Health and Wellbeing Board confirmed that this would not create a gap, as recommended within the 2015 PNA. The application was approved by NHSE and consolidation occurred in November 2017, with one of the two pharmacies closing on 30/11/17.
71. Since the consolidation, there are 10 community pharmacies in the Christchurch locality, with pharmacies well distributed within the urban part of this locality. The more deprived area of Somerford has one pharmacy within walking distance and three more slightly further afield. Good access to pharmaceutical services out-of-hours is provided by the 100-hour pharmacy in a supermarket. It is situated on the outskirts of the town, between Highcliffe and the Town Centre and bordering Somerford.
72. There are no current gaps identified for pharmaceutical services in Christchurch. The number of pharmacy premises and their locations are adequate for the area.

[To top](#)

Dorset West

73. Dorset West is the second largest of the localities in terms of land area, but the population is only about 37,000. Although population density is low in this largely rural area, there is a higher proportion of older people compared to the rest of Bournemouth, Poole and Dorset; and almost double the national average. Population density is highest in the market town of Bridport and the seaside town of Lyme Regis. The locality has one area that is among the 20% most deprived in England. An analysis of health and the wider determinants of health highlights poor outcomes for incidence of prostate cancer, hospital stays for self harm and elective hospital admissions for hip and knee replacements . See Appendix J for profile.
74. In this locality, the largest number of applications with consent to build over the next 3 years is in Lyme Regis (+143 units) and Bridport wards (+121 units). This level of development does not indicate the need for additional pharmacy openings.
75. There are 7 pharmacies, well distributed in the more populated areas within the locality, as well as 4 dispensing practices. Although there is no 100-hour pharmacy in this largely rural locality, there is good access in the out-of-hours period from surrounding areas, with 100-hour pharmacies in Dorchester (Mid Dorset), Babylon Hill (North Dorset),

Weymouth (Weymouth and Portland) and Seaton, Devon (neighbouring HWB area).

76. There are no current gaps identified for pharmaceutical services in West Dorset. The number of pharmacy and dispensing doctors and their locations are adequate for the area.

[To top](#)

East Dorset

77. East Dorset is a largely rural locality with a higher proportion of older people compared to the rest of Bournemouth, Poole and Dorset and almost double the national average. Currently, the locality has a total population of around 76,500. The north and west parts of the locality are very sparsely populated. East Dorset is the least deprived locality in Dorset – 52% of the local super output areas (LSOAs) that make up the locality are amongst the 20% least deprived in England and a further 29% of the locality's LSOAs are in the second least deprived national quintile. An analysis of health and the wider determinants highlights poor outcomes for self reported limiting long-term illness, incidences of breast cancer and prostate cancer and elective hospital admissions for hip replacements. See appendix K for profile.
78. At the time of publishing the consultation draft, data on application for 16/17 were not available. Data are now available, showing most planned housing development in Ferndown (+664) if these developments are completed in the next three years. A new planning application has also been submitted for a development in Colehill of 275 dwellings. It is unknown if this development will be completed in the 3 year timescale of this PNA document, but it may be started. This level of development does not indicate the need for additional pharmacy openings.
79. One pharmacy in the locality, with a 40-hour standard contract, closed on 12/3/18. Taking account of the population density, current distribution of remaining pharmacies, and the drive time map before and after closure,, this will not create a gap. This was not tested during the formal consultation; however, the same principles were used in considering the impact and the Dorset Health and Wellbeing Board endorsed this view.
80. Following the closure, there are 15 pharmacies in East Dorset, although one is a distance selling pharmacy so cannot provide a face to face service on-site. The other 14 pharmacies are well distributed in the more populated parts of the district. There are also 3 dispensing practices and one dispensing appliance contractor (DAC). The DAC service is predominantly provided to patients in the local area, but there are some out-of-county patients that access the service.
81. Access to pharmaceutical services in the out-of-hours period is good bearing in mind the rural nature of the locality. There are 100-hour pharmacies in Ferndown and Verwood (although the latter is not open

on Sundays) and 3 other pharmacies that have extended opening hours including Sundays. There is also a 100-hour pharmacy in Fordingbridge, Hampshire (in a neighbouring HWB) which is open until 7pm on Sundays.

82. There are no current gaps identified for pharmaceutical services in East Dorset. The number of pharmacy and dispensing doctors and their locations are adequate for the area.

[To top](#)

Mid Dorset

83. The Mid Dorset locality is largely rural with a higher proportion of older people compared to the local and national average. It has a population of approximately 43,700 and covers the small towns of Puddletown, Broadmayne, Milton Abbas and Cerne Abbas, as well as the county town of Dorchester (where population density is greatest). The locality is one of the least deprived in Dorset with no areas falling within the bottom quintile of deprivation. An analysis of health and wider determinants highlights poor outcomes in provision of informal care; self reported limiting long-term illness, deliveries to teenage mothers, incidence of prostate cancer, emergency admissions in under 5s and injuries to children and elective admissions for hip replacements. See Appendix L for profile.
84. In the Mid Dorset locality there are planning applications with consent to build over the next 3 years for 1,361 housing units, with most of this growth planned in Dorchester (+1,030 housing units). Taking account of a range of factors, summarised in paragraphs 113-116, this level of development is unlikely to require additional pharmacy contractors to enter the market.
85. Mid Dorset has 6 pharmacies in total, all located in the Dorchester area. One of these is a 100-hour pharmacy. Therefore, pharmaceutical services are readily accessible by the population in this market town. In the small outlying towns, there are 5 dispensing doctors for those patients who choose these services.
86. There are no current gaps identified for pharmaceutical services in Mid Dorset. The number of pharmacies and dispensing doctors and their locations are adequate for the area.

[To top](#)

North Dorset

87. North Dorset is the largest locality in terms of land area, with a higher proportion of older people compared to the Dorset and national averages. It is a predominantly rural area served by five main market towns – Blandford, Gillingham, Shaftesbury, Sherborne and Sturminster Newton – and it has an overall population of around 88,700. Overall deprivation levels are low, with the highest levels of deprivation around

Blandford and Sherborne. An analysis of health and the wider determinants of health highlights poor outcomes for incidences of prostate cancer and breast cancer and elective admissions for hip replacements. See Appendix M for profile.

88. At the time of publishing the consultation draft, data on applications for 2016/17 were not available for all of the North Dorset locality. Data are now available, showing the same main areas of housing development as the previous year's data, but with increased planned numbers. The area with most planned development is Shaftesbury (+401 dwellings, an additional 306 units compared to 2015/16 data), Blandford Forum & St Mary (+399, an additional 116 planned dwellings from 2015/16), and Sherborne (+233 dwellings). This level of development does not indicate the need for additional pharmacy openings.
89. There are 15 pharmacies situated in areas of higher population density with some clustered closely together. There are 8 dispensing practices in the more rural areas. There is good access to pharmaceutical services in the out-of- hours period bearing in mind the very rural nature of the area, with the 100-hour pharmacies at Babylon Hill, Yeovil (which is classed as within North Dorset locality) and another in Dorchester (Mid Dorset locality).
90. There are no current gaps identified for pharmaceutical services in North Dorset. The number of pharmacy premises and dispensing doctors and their locations are adequate for the area.

[To top](#)

Poole Bay

91. Poole Bay is a largely urban locality with a higher than average proportion of older people compared to the national average. The total population of Poole Bay locality is approximately 82,200, with population density being highest around Westbourne, Parkstone and Branksome. The locality has marked extremes between affluent areas and deprived areas, with the latter having significant health inequalities. The most deprived areas of the Poole Bay locality are Alderney, West Cliff and Newtown. In contrast, the affluent areas within the locality are Sandbanks, Canford Cliffs and Lilliput. An analysis of health and the wider determinants highlights poor outcomes in pensioners living alone, provision of unpaid care, self-reported limiting long-term illness, incidence of prostate and breast cancer, hospital stays for self-harm and emergency hospital admissions for coronary heart disease, stroke, heart attack, hip fracture and children and young people due to injury. See Appendix N for profile.
92. Most housing development for Poole Bay is planned for Branksome East ward (+308 units) and Penn Hill ward (+260 units). This level of development does not indicate the need for additional pharmacy openings.

93. Poole Bay has 21 pharmacies (including one distance selling pharmacy), the most of any locality. There are four 100-hour pharmacies, again the most of any locality. Two of the 100-hour pharmacies are within supermarkets and open from 6:30am to 10:30pm Monday to Friday, 6:30am to 10pm on Saturdays and 10am to 4pm on Sundays. There is also a 100-hour pharmacy within a medical centre which is open from 7am to 11pm daily, except for Sundays when it opens from 10am to 2pm. The fourth 100-hour pharmacy is open from 7am to 10pm daily, except for Sundays when it opens from 9am to 7pm. There is also another supermarket pharmacy with extended opening hours from 8am until 9pm daily (closed between 1:30 and 2:30pm), except on Saturdays when it closes at 8pm. On Sundays it is open from 10am to 4pm. This gives the population of Poole Bay locality excellent access to pharmaceutical services, particularly in the out-of-hours period.
94. There are no current gaps identified for pharmaceutical services in the Poole Bay locality. The number of pharmacies and their locations are more than adequate for the area.

[To top](#)

Poole Central

95. Poole Central is a largely urban locality, with a higher than average population aged 15-44 and lower proportion of people aged 55-79 compared to the rest of Bournemouth, Poole and Dorset. The total population of Poole Central locality is approximately 49,300 and population density is highest around Oakdale and Poole town centre. The locality has three areas that are amongst the 20% most deprived in England. An analysis of health and the wider determinants highlights poor outcomes in provision of unpaid care, self reported limiting long-term illness, deliveries to teenage mothers, incidence of prostate and colorectal cancer and emergency hospital admissions for coronary heart disease, heart attacks, stroke and hip fracture and young people admitted for injury. See Appendix O for profile.
96. Within Poole Central locality housing growth will be concentrated in Poole Town ward (+670 units) followed by Hamworthy East (+166), if these developments are completed in the next 3 years. Taking account of a range of factors, summarised in paragraphs 113-116, this level of development is unlikely to require additional pharmacy contractors to enter the market.
97. Poole Central has 9 pharmacies, one of which is a 100-hour pharmacy within a supermarket. This is open from 8am to 11pm on Mondays, 7am to 11pm Tuesdays to Fridays, 7am to 10pm on Saturdays and 10am to 4pm on Sundays. The local population, therefore, have good access to pharmaceutical services.

98. There are no current gaps identified for pharmaceutical services in the Poole Central locality. The number of pharmacy and their locations are adequate for the area.

[To top](#)

Poole North

99. Poole North is a largely urban locality with a higher than average proportion of older people compared to the national average. It covers Canford Heath, Creekmoor, Broadstone, Corfe Mullen, Lytchett Matravers, Merley and Bearwood. The total population of the Poole North locality is approximately 54,100. The locality is one of the least deprived compared to both local and national levels. An analysis of health and the wider determinants highlights poor outcomes for self reported long-term illness or disability, the provision of informal care, deliveries to teenage mothers, incidence of prostate and colorectal cancer and hospital admissions for coronary heart disease, stroke, heart attack, hip fractures, and children and young people for injury. See Appendix P for profile.
100. Within Poole North locality, most current applications are in Broadstone (+87 units) and Canford Heath West (+64 units). Since the consultation draft, data for Corfe Mullen has been released, showing low levels of development planned in this area. This level of development does not indicate the need for additional pharmacy openings.
101. There are 10 pharmacies in the locality, one of which is a 100-hour pharmacy within a GP practice. This is open from 7am to 10pm daily except Sundays, when it is open from 10am to 8pm. These are particularly long opening hours on a Sunday and provide good out-of-hours cover. Overall, therefore, the local population have excellent access to pharmaceutical services.
102. There are no current gaps identified for pharmaceutical services in the Poole North locality. The number of pharmacies and their locations are more than adequate for the area.

[To top](#)

Purbeck

103. The Purbeck locality is largely rural with a higher proportion of older people compared to the local and national averages. The more populated areas are Swanage, Wareham and Wool. The locality also covers Corfe Castle, Bere Regis and Sandford. The total population for Purbeck is approximately 34,100. The locality has no areas that are within the 20% most deprived in England. An analysis of health and the wider determinants highlights poor outcomes for provision of informal care, self reported limiting long-term illness, incidence of prostate cancer and breast cancer, elective hospital admissions for hip replacements,

emergency admissions by children and young people for injury and emergency admissions for CHD and stroke. See Appendix Q for profile.

104. There are planning applications with consent to build over the next 3 years in the Purbeck locality for 236 housing units in total. Growth is concentrated in Swanage South (+61 units), Wareham (+60 units) and Langton (+50 units). This level of development does not indicate the need for additional pharmacy openings.
105. There are 7 pharmacies in the locality situated in the areas of highest population density, where the majority of Purbeck's population live. In addition, there are 3 dispensing practices within the locality. Local information suggests there is a reluctance to travel between Swanage and Wareham within Purbeck. However, as there is sufficient availability of pharmaceutical services in both towns, this does not create a gap.
106. Access to pharmaceutical services out-of-hours is good, bearing in mind the rural nature of the area. Although there is no 100-hour pharmacy within the Purbeck locality, there is one in the Poole Central locality and one in the Mid Dorset locality (in Dorchester). This means that the majority of residents in Purbeck can access services within about 30 minutes.
107. There is a large influx of visitors to the locality in the summer – especially to Swanage. The pharmacies are accustomed to these seasonal increases.
108. There are no current gaps identified for pharmaceutical services in the Purbeck locality. The number of pharmacies and dispensing doctors and their locations are adequate for the area.

[To top](#)

Weymouth & Portland

109. Weymouth and Portland is a relatively small locality but has a high population of about 71,000. The locality is largely urban and has a higher proportion of older people compared to the national average. The locality is one of the most deprived in Dorset with nine areas amongst the 20% most deprived in England and a further 10 amongst the 40% most deprived. An analysis of health and the wider determinants highlights poor outcomes for hospital admissions for injuries amongst the under 5 and under 15 age groups, incidence of prostate cancer, hospital stays for self harm, emergency hospital admissions for heart attacks, elective admissions for hip and knee replacements. See Appendix R for profile.
110. There are planning applications with consent for 1,675 housing units over the next 3 years. Weymouth and Portland locality will see the largest housing growth around Weymouth providing these developments are completed (+989 housing units). Portland will see a growth of 527 units. Weymouth and Portland already have a greater number of

pharmacies than in other localities with a similar size population, so taking account of a range of factors, summarised in paragraphs 113-116, this level of development is unlikely to require additional pharmacy contractors to enter the market.

111. Weymouth and Portland has 17 pharmacies in the locality, one of which is a 100 hours pharmacy located in a supermarket. Each year over the summer there is a significant but temporary increase in the population of Weymouth due to people visiting for their holidays. The existing pharmacy services are accustomed to this pattern and manage the increase accordingly. It has not been highlighted as a problem.
112. There are no current gaps identified for pharmaceutical services in Weymouth and Portland. The number of pharmacy premises and their locations are adequate for the area.

[To top](#)

Summary of assessments of population increase

113. The total population across Bournemouth, Poole and Dorset is expected to grow by a moderate amount of 2% (ONS 2014 based population projections) over the lifetime of the PNA (2018-2021). There is no robust measure to determine how well current providers might be able to manage such increases, but neither is there any robust evidence to suggest a specific 'population trigger point' for when a housing development in a specific location might need a new pharmaceutical service provider.
114. Increases in population at locality level may not be directly related to an increase in the number of providers required to meet local pharmaceutical needs, as there may be a range of other influencing factors. Assessments should be based on a range of local factors specific to each housing development site, such as:
 - average household size of new builds on the site
 - demographics: people moving to new housing developments are often young, expanding families, but some housing developments are expected to have an older population with different needs for health services
 - the proportion of affordable housing at the development
 - existing pharmaceutical service provision in nearby areas and elsewhere in the county and opportunities to optimise this
 - access to delivery services, distance selling pharmacies, and Dispensing Appliance Contractors.
 - skill mix within pharmacies
 - considerations of health inequalities and strategic priorities for Bournemouth, Poole and Dorset.

115. As indicated in paragraph 13, there is an expectation within the contractual framework that efficiencies in pharmacies and improved use of skill mix (taking on the increasing importance of support staff such as Medicines Counter Assistants, Dispensers, Pharmacy Technicians and Accredited Checking Technicians) would mean that pharmacies increase their overall operational capacity and so should be able to serve a greater population. This increase in efficiency and capacity and the availability of support staff should be considered by commissioners when making market entry decisions.
116. With the expected overall 2% growth over the lifetime of the PNA, Bournemouth, Poole and Dorset do not, therefore, anticipate a need for extra pharmaceutical services due to the increase in housing, but anticipate that existing pharmacies have the capacity to manage any population increase that occurs as these housing developments take place.

[To top](#)

Recommendations on necessary services (current and future need)

117. The formal consultation included information about five of the six closures. The sixth closure (in East Dorset) was not included in the consultation as this was notified part-way through the consultation; however, the same principles were used in considering the impact. The relevant Health and Wellbeing Board agreed that a further consultation was not a proportionate response given the proximity of other pharmacies and limited impact on access. Based on the above information and supported by the consultation with this caveat, the PNA concludes that:
- There is no current gap in services across Bournemouth, Poole and Dorset in any of the localities
 - If current pharmacies remain open there are no future gaps in services across Bournemouth, Poole and Dorset in any of the localities
 - There is the potential that further reduction in 100-hour contracts could be detrimental to access, and should trigger further review and development of a supplementary statement.

[To top](#)

IMPROVEMENTS AND BETTER ACCESS

Reasonable Choice

118. Bournemouth, Poole and Dorset recognise that patients may wish to have a choice of pharmacy plus a pharmacy as close to where they are as possible. Proximity to GP services is also key, and this may change as outlined in paragraphs 19-28. Balancing this are concerns that additional pharmacies could result in NHS resources being more

fragmented and diluted and that it may not be economically feasible for pharmacies to open in some areas.

119. Overall, in the more urban localities there is a variety of providers (independent pharmacies and large and small multiples). Although choice is more limited in the more rural localities, there are a large number of dispensing doctors, and patients may choose to use these, travel to other pharmacies, or use a distance selling pharmacy.
120. Distance selling pharmacies provide essential services to patients without face to face contact at the pharmacy premises. For example, the pharmacy would receive a prescription in the post or via the Electronic Prescription Service, it would then dispense the medicines and get them delivered to the patient at their own home. There are more than 250 internet pharmacies listed on NHS Choices, of which two are based in Dorset. Local people can choose from the full list if they wish to use a pharmacy in this way.
121. On balance choice is, therefore, considered to be reasonable.

[To top](#)

Access to Advanced Services

122. **Medicines Use Review (MUR):** Over 40,000 MURs were completed in 2016/17. Whilst the majority of pharmacies in Bournemouth, Poole and Dorset are offering this service, with 23 pharmacies not delivering any MURs in January 2018; these figures still suggest that more MURs could be undertaken. As highlighted in the national review (see paragraphs 10-12) work, locally and nationally, is needed to ensure that appropriate groups of patients are being offered the service and that the MURs are clinically appropriate.
123. **New Medicines Service (NMS):** This service supports people who are newly prescribed particular medicines to manage specific long-term conditions, to help with better management of their long-term condition. The NMS has been shown to increase patients' adherence, and provide better patient outcomes at reduced cost. In 2016/17, over 14,000 NMS were completed, although a number of local pharmacies have not claimed for this service. National figures from <http://psnc.org.uk/funding-and-statistics/nhs-statistics/> show Dorset was comparable to other areas of England.
124. **NHS Urgent Medicine Supply Advanced Service (NUMSAS):** This is a pilot service currently running from 1 December 2016 to 31 March 2018, whereby a patient who contacts NHS 111 because they need urgent access to a medicine or appliance that they have been previously prescribed on an NHS prescription is able to get appropriate access to that medicine or appliance out of hours. This has not yet commenced in Dorset, where there is overlap with the PURM enhanced service, and it

is not clear at present whether this service will continue to run beyond March 2018, however, this is included for completeness.

125. **Flu vaccination:** During the 2016/17 influenza vaccination season, community pharmacies in Dorset administered almost 14,000 vaccinations to the eligible vulnerable patient groups, which suggests that patients welcome the accessibility and convenience of this service.

[To top](#)

Access to Enhanced Services

126. **Pharmacy Urgent Repeat Medicines (PURM) Service:** This enhanced service, specific to the Wessex area, allows patients to access an urgent supply of their NHS prescribed repeat medicines from participating pharmacies where they are unable to obtain a prescription before they need to take their next dose. Pharmacies can already make emergency supplies, but these are usually private transactions, and this allows supply at NHS expense, of a medicine previously prescribed on the NHS. There is overlap with the NUMSAS, which relates to referrals for emergency supply from NHS 111; the PURM service allows for wider use, relieving pressure on urgent and emergency care services.
127. **Out of Hours** - NHS England (Wessex) makes arrangements with pharmacies to ensure opening hours on bank holidays such as Easter Sunday and Christmas Day are available within each locality where there are not already pharmacies committed to opening on these days.

[To top](#)

Other relevant considerations

128. **Extended hours:** In some areas there is variation between GP extended opening hours and pharmacy opening hours. As GP hours change in response to work on Improved Access to GP services (see paragraph 18) GP practices and community pharmacies will need to continue to work together to ensure that opening hours support this where possible. It is not possible to recommend any formal arrangements, as this work continues to evolve and will need to reflect local patterns.
129. **Equality considerations:** Community pharmacies are required to comply with the Equality Act. They have to ensure that they make reasonable adjustments to help people who have a protected characteristic access their services. NHS England (Wessex) assesses adherence to these requirements as part of the contract monitoring process.
130. There are very low numbers of black and minority ethnic residents in Bournemouth, Poole and Dorset. The figures quoted in each of the locality profiles demonstrate this. Particularly in the more rural areas,

these residents may have no readily identifiable geographic communities; therefore, every community pharmacy will need to be able to tailor service provision to individual patients as required.

131. Numbers of residents who are unable to speak English are likely to be small as well; however, where this occurs it creates a barrier to access. Community pharmacies in Bournemouth, Poole and Dorset must be able to signpost people to language access services. In 2015, not all pharmacies were aware how or where to access help with translation in such situations. NHSE have clarified that services can access help through the NHS England local office when required.
132. **Gypsies and Travellers:** There are six local authority supported sites, a number of privately owned sites and further unauthorised encampments that support gypsies and travellers. The transient nature of some of these groups can mean they sometimes experience difficulty with registering with a GP practice; however, some groups are recognised to move around within the area as well as in and out of the local area.

[To top](#)

Recommendations on improvements and access

133. Based on the above information the PNA concludes that:
 - There is reasonable choice of pharmacy now and for the future
 - NHS England should consider how to make the best use of MUR and NMS through working with existing contractors
 - NHSE should evaluate the NUMSAS and PURM pilot services and support roll out as advanced service/enhanced service if this is supported by the evaluation
 - Future improvements and better access appear on balance to be best managed through working with existing contractors rather than through the opening of additional pharmacies.

[To top](#)

LOCALLY COMMISSIONED SERVICES

134. Public health services and other locally commissioned services sit outside the CPCF, and are subject to Public Procurement Regulations 2006. This means that commissioners will have to go through open market procurement processes in order to secure these services for the future. An outline of locally commissioned services that may impact on the need for enhanced pharmaceutical services are set out in appendix B.
135. Public Health Dorset currently commissions a range of community health improvement services through a contract framework that includes NHS Health Checks, sexual health services such as Emergency hormonal contraception, supervised Consumption, Needle Exchange, Smoking Cessation Support and immunisations such as flu for eligible local

authority staff. These may be provided by a range of providers including some community pharmacies.

136. The palliative care service, commissioned by Dorset CCG, is currently provided by 15 community pharmacies in key locations, selected on the basis of their location and, where possible, for being able to provide easy access and extended opening hours. Eight of the pharmacies are open for 100 hours a week.
137. The Pharmacy Local Professional Network (PhLPN) for Wessex is currently working with NHS Dorset CCG, Dorset HealthCare (DHC) and Dorset Local Pharmaceutical Committee (LPC) to develop a pilot commissioned service for the supervision of medicines for mental health patients who have recently been discharged from Mental Health Services. The aim of the pilot is to prevent re-admissions, crises and to support patients to manage their medicines safely. The pilot service is planned to be available in the Wimborne and Christchurch areas.

[To top](#)

Service developments

138. Dorset services including primary care are transforming (see paragraphs 15-29) and it is anticipated that existing pharmacy services will need to play a key part in this. Pilots for different types of support are already in place and expanding. Such developments are, in the main, outside the CPCF and will not therefore impact on contract applications as they are not pharmaceutical services, but contractors will need to be engaged in their localities.
139. Community pharmacies are well placed as community providers with high footfall. National figures suggest that, on average, people will use a pharmacy 14 times per year, with 1.6 million patients visiting a pharmacy each day in England [8]. Local information shows that the majority of the Bournemouth, Poole and Dorset population are within 20 minutes travel time of a community pharmacy (see maps, page 14-15).
140. Community pharmacies are also highly valued by the public for the following:
 - choice that pharmacies provide
 - not needing an appointment to see a pharmacist
 - accessibility of pharmacies in terms of location and extended opening hours (weekdays and weekends)
 - position of pharmacies at the heart of the community.
141. Recognising the high value of local community pharmacies, local commissioners are keen to encourage pharmacies to play a full part in continuing developments and opportunities within this area.

Recommendations on locally commissioned services

142. Based on the above information the PNA concludes that:

- Local commissioners should continue to ensure appropriate engagement with community pharmacists and community pharmacies as locally commissioned services and other service developments are developed, reviewed and/or re-commissioned, as community pharmacies play a key part in local communities.

[To top](#)

CONCLUSIONS

143. The PNA makes a number of conclusions for Bournemouth, Poole and Dorset. This section summarises them together in one place.

144. The PNA concludes that, in respect of essential pharmaceutical services:

- There is no current gap in services across Bournemouth, Poole and Dorset in any of the localities
- If current pharmacies remain open there are no future gaps in services across Bournemouth, Poole and Dorset in any of the localities
- There is the potential that further reduction in 100-hour contracts could be detrimental to access, and should trigger further review and development of a supplementary statement.

145. The PNA concludes that in respect of improvements and better access:

- There is reasonable choice of pharmacy now and for the future
- NHS England should consider how to make the best use of MUR and NMS through working with existing contractors
- NHSE should evaluate the NUMSAS and PURM pilot services and support roll out as advanced service/enhanced service if this is supported by the evaluation
- Future improvements and better access appear on balance to be best managed through working with existing contractors rather than through the opening of additional pharmacies.

146. Finally, the PNA concludes that:

- Local commissioners should ensure appropriate engagement with community pharmacies as locally commissioned services and other service developments to support people with long-term conditions are developed, reviewed and/or re-commissioned, as community pharmacies play a key part in local communities.