

PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

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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 these two Health and Wellbeing boards. The work may be delegated as appropriate.

Supplementary Statements	Date

GLOSSARY

AUR	Appliance Use Review
CADAS	Community Drug and Alcohol Treatment Service
CASH	Contraception and Sexual Health (Clinic)
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contractual Framework
DAAT	Drug and Alcohol Action Team
DAC	Dispensing Appliance Contractor
DH	Department of Health
DRUMS	Dispensing Reviews of Use of Medicines
DSP	Distance Selling Pharmacy
DSQS	Dispensing Services Quality Scheme
EDP	Exeter Drug Project
EHC	Emergency Hormonal Contraception
EPSR2	Electronic Prescribing System Release 2
ESPLPS	Essential Small Pharmacies Local Pharmaceutical Services
FP10	Prescriptions to be dispensed in community pharmacies or by dispensing doctors for medicine available under the NHS
GP	General Practitioner
GUM	Genitourinary medicine (clinics)
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 Defense
MOSAIC	The name of a classification tool that helps us to better understand our local population
MUR	Medicines Use Review
NHS	National Health Service
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
ONS	Office of National Statistics
OTC	Over the Counter (medicines for which no prescription is needed)
OOTRT	Out of Town Retail Area
PCT	Primary Care Trust (superseded by CCG)
PGD	Patient Group Direction
PNA	Pharmaceutical Needs Assessment
PNA T&F Group	PNA Task and Finish Group (tasked with pulling PNA together)
PSNC	Pharmaceutical Services Negotiating Committee
SCS	Stoma Customisation Service

EXECUTIVE SUMMARY

The Pharmaceutical Needs Assessment (PNA) for Bournemouth, Poole and Dorset was produced in accordance with statutory requirements set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 [1]. The PNA is a statement of the Dorset population's needs in relation to pharmaceutical services.

Health and Wellbeing Boards (HWBs) are responsible for publishing PNAs and updating them [2]. In Dorset the two HWBs - Dorset HWB and Bournemouth and Poole HWB - are collaborating to produce the PNA. The HWBs are also collaborating on their Joint Strategic Needs Assessment (JSNA) process, on which this assessment is based, that takes into account demographic, health and care data as well as current service provision.

The PNA is a key tool for identifying what is needed at a local level to support commissioning decisions for pharmaceutical services. It will enable NHS England to undertake a number of commissioning and regulatory functions, to ensure high quality pharmaceutical services for Dorset's population. It can also support other commissioners in developing their vision around services within community pharmacies.

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 just over 754,000. The area has a relatively large proportion of older people compared to England and Wales. There are 155 community pharmacies, 3 Dispensing Appliance Contractors (DAC) and 25 dispensing doctors. These provide pharmaceutical services for the population. In order to conduct the needs assessment Bournemouth, Poole and Dorset were divided into 13 GP localities. Data are readily available for these localities. Population needs, projected population numbers and current services were considered in detail for each locality, and consideration was also given to areas where there are a number of pharmacies close together.

Overall housing developments currently underway across Bournemouth, Poole and Dorset, with the population projected to rise a moderate amount, of around 2% between 2015 and 2018, a similar growth to England (ONS 2012-based projections). Weymouth & Portland has the largest number of new planning applications with consent. There is no robust evidence to suggest a specific population level that each pharmacy can cater for, particularly in light of changes in pharmaceutical supply models. Therefore, although this increase may require pharmacies to work more efficiently, it does not necessarily mean that additional pharmacies are required.

The PNA concludes that, in respect of 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

- if the two pharmacies in Purewell, in the Christchurch locality, chose to merge at that site or in close proximity, in order to offer the same or improved quality, convenience, access and range of services, Bournemouth, Poole and Dorset would not consider that a gap had been created
- if two of the three pharmacies very close to one another in Blandford, owned by the same company, chose to merge in order to offer the same or improved quality, convenience, access and range of services, Bournemouth, Poole and Dorset would not consider that a gap had been created, provided that the location of the merged site was within close vicinity to the current sites.

The PNA also considered the potential impact of a wide range of factors that could affect access to pharmaceutical services, including reasonable choice, current advanced services, extended hours, equality considerations, service developments and specific locality issues, and concluded that with regard to improvements and better access to pharmaceutical services:

- 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
- There is an issue about community pharmacy access to formal translation services. Although numbers affected are likely to be small, improvements in access could be achieved by considering how these services might best be made accessible to community pharmacies.
- 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, the PNA considered services that are not pharmaceutical services, but are locally commissioned from community pharmacies. These services are now subject to different procurement regulations; however community pharmacies continue to be seen as a key potential provider of these services. The PNA therefore concluded that

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

The PNA was initially developed with information collected through a patient questionnaire. Formal consultation on this initial draft took place between August and October 2014, with a wide range of stakeholders asked to give their views. This final version of the PNA incorporates views and comments from the formal consultation.

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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 is based on an assessment of their needs in each part of Dorset, divided into localities. It also looks at how pharmaceutical services are meeting that need currently or could meet that need in the future.
2. "Pharmaceutical services", described in more detail in the services overview and appendix A, are services commissioned by NHS England under the Community Pharmacy Contractual Framework (CPCF) and are grouped into three sections [2]:
 - *"Essential Services"*
 - *"Advanced Services" and*
 - *"Enhanced Services"*
3. NHS England (Wessex) will use the PNA to decide upon:
 - granting applications for new pharmacies
 - granting applications to change the premises where a listed pharmacy business is allowed to provide pharmaceutical services
 - changing the pharmaceutical services that a listed pharmacy business provides.
4. Community pharmacy contractors may also provide a range of locally commissioned services. Such services are not part of the national Community Pharmacy Contractual Framework (CPCF) and are therefore not pharmaceutical services.
5. Local commissioners may use the information in the PNA and the appendices to identify specific local needs and inform their commissioning decisions accordingly.
6. The PNA has been developed in accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 [1], and further detail on the process that has been followed to develop the PNA is described in Appendix B.

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BACKGROUND - CONTEXT FOR THE PNA

Healthcare Legislation

7. The Health and Social Care Act 2012 established HWBs. It also transferred responsibility for developing and updating PNAs from dissolved PCTs to HWBs, and allows HWBs to work together to discharge their responsibilities.

8. Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England Area Teams from 1 April 2013 [2].
9. The Health and Social Care Act 2012 also amended the Local Government and Public Involvement in Health Act 2007. This introduced duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The aim of JSNAs is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment for the health and wellbeing needs of the local population. They will be used to determine what actions are necessary for local authorities, the NHS and other partners to meet health and social care needs and to improve health outcomes and address health inequalities [2].

The changing commissioner landscape

10. NHS England (Wessex) have commissioned pharmaceutical services since 1st April 2013. At that time Local Authorities became responsible for commissioning the majority of public health services. The three Local Authorities, Bournemouth, Poole and Dorset, have a single public health team hosted by Dorset. NHS Dorset CCG covers the whole Bournemouth, Poole and Dorset area. All local commissioners come together as part of a HWB, providing strategic oversight, and responsible for producing the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). In Dorset there are two HWBs who are collaborating to produce this PNA. These are Dorset HWB and Bournemouth and Poole HWB. (See Appendix A for a diagram of who commissions which service.)

Legislation relating to pharmacy

11. The white paper “Pharmacy in England: building on strengths - delivering the future” sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. The role of ensuring the safe use of medicines will always be an important one, but emphasis is on the contribution that pharmacy can and does make to health improvement. The white paper also sets the strategic direction for pharmaceutical services to be commissioned from community pharmacies based on local needs set out in the PNA rather than simply responding to providers’ intentions [4].
12. The Health and Social Care Act 2012 established HWBs. The Act also transferred responsibility to develop and update PNAs from PCTs to HWBs. The NHS Act (the “2006” Act) was amended by the Health and Social Care Act 2012. This gives the Department of

Health (DH) powers to make Regulations [2].

13. There are five types of routine market entry applications under the NHS (Pharmaceutical and Local Pharmaceutical) Regulations 2013 as follows: [2].
 - Current need.
 - Future need.
 - Improvements or better access.
 - Future improvements or better access.
 - Unforeseen benefits (where the applicant provides evidence of a need that was not foreseen when the PNA was published).
14. There are also 'excepted' applications, including those for internet pharmacies, now called "distance selling", for relocation with no significant change, and for changes of ownership. The previous exemptions for 100-hour pharmacy openings, one stop centres and applications in out-of-town retail parks, which existed under previous regulations, have now been removed.

Local strategic direction

15. The JSNA is the means by which the HWBs describe the future health, care and well-being needs of the local population. It also outlines the strategic direction of service delivery to meet those needs. Information from the Bournemouth, Poole and Dorset JSNA process has been used for the development of this PNA, and products of the JSNA are available through the respective local authority websites [3, 4, 5].
16. The Dorset CCG Health Strategy 2014 to 2019 is aligned with the Joint Health and Wellbeing Strategies of the two HWBs. It has a clear mission of supporting people in Dorset lead healthier lives. The 4 strategic principles are [6]:
 - Services designed around people.
 - Preventing ill health and reducing health inequalities.
 - Sustainable healthcare services.
 - Care closer to home.
17. Two key strands of work, Better Together and the Clinical Services Review, are building on these local strategies to ensure integration of commissioners, integrated provision and reconfiguration of clinical services not focussed on buildings but on the services provided.
18. Community pharmacies in Bournemouth, Poole and Dorset are well placed as part of the healthcare community to support patients. They can begin to develop in line with this strategic

direction, to achieve the four key strategic principles that underpin the Health Strategy and make a difference to outcomes.

NHS England and national strategy

19. Nationally, NHS England launched a Pharmacy Call to Action in 2013, with the aim of enabling community pharmacies to play a stronger role in more integrated out-of-hospital services that support better health outcomes, personalised care, and optimise the use of medicines and NHS resources. The purpose was to stimulate debate in local communities and community pharmacies to determine how best to develop integral services. NHS England asked a number of questions about how to support local changes, e.g. developing the national contractual framework. NHS England also worked closely with a range of national partners. These included DH, patient groups, professional organisations and pharmacy educators, to develop the strategic approach to commissioning community pharmacy services [7].

20. During 2010/11 Bournemouth, Poole and Dorset started implementing Release 2 of the Electronic Prescription Service (EPSR2). This involved significant service redesign for all prescribers and community pharmacies. Implementation of EPSR2 will have benefits for patients, GP practices and community pharmacies. Now EPSR2 is live in nearly every pharmacy and momentum is building among GP practices.

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SERVICES OVERVIEW

Pharmaceutical services

21. “Pharmaceutical services” are those services commissioned by NHS England under the Community Pharmacy Contractual Framework (CPCF). This is a regulatory framework based on the Terms and Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013. These are grouped into three sections (see also Appendix A) [2]:
 - “*Essential Services*” which every community pharmacy and dispensing appliance contractor (DAC) providing NHS pharmaceutical services must provide. For pharmacies these are dispensing of medicines, repeat dispensing, taking in unwanted medicines for safe disposal, promotion of healthy

lifestyles, signposting to relevant services and support for self-care

- “*Advanced Services*” - community pharmacy contractors and dispensing appliance contractors can provide these, subject to accreditation as necessary. These are Medicines Use Reviews (MURs), the New Medicines Service (NMS); Appliance Use Reviews (AURs) and the Stoma Customisation Service (SCS). *Dispensing appliance contractors can only provide AURs and SCS*
- “*Enhanced Services*” – NHS England may commission specified enhanced services as set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

22. In Wessex, NHS England has commissioned an enhanced service for seasonal flu vaccination for 2014/15 from community pharmacies in Bournemouth, Poole and Dorset. The service has been commissioned because of the need to increase the uptake of flu vaccination by pregnant women and those aged 18 to 64 inclusive in defined clinical risk groups. The service will be evaluated and no decision has yet been made regarding the commissioning of this service in future years.
23. In 2013/14 an enhanced call out service transferred to NHS England. They reviewed arrangements for pharmaceutical services out of hours and on bank holidays, and the call out service has now been decommissioned. It had been used very rarely since it was originally introduced in 2005/06, with only a single call out in the last 15 months.

Locally commissioned services

24. Many of the services previously commissioned as “enhanced services” in Bournemouth, Poole and Dorset are now commissioned by Public Health Dorset or Dorset Clinical Commissioning Group rather than NHS England following the changes in commissioning responsibilities as a result of the Health and Social Care Act 2012. These do not, therefore, form part of the national Community Pharmacy Contractual Framework (CPCF) and are not therefore pharmaceutical services, but are termed locally commissioned services.
25. As these locally commissioned services do not fall under CPCF there is no market entry control as there is with pharmaceutical services; instead these services must be commissioned in line with Public Procurement Regulations 2006 and may therefore be open to a broad range of potential providers.

26. Current locally commissioned services include:
- commissioned by Public Health Dorset:
 - EHC PGD with Chlamydia screening
 - Chlamydia treatment (Dorset only)
 - Supervised Consumption
 - Needle Exchange
 - Smoking Cessation Support
 - NHS Health Checks
 - Influenza immunisation for eligible local authority staff (new in 14/15)
 - commissioned by NHS Dorset CCG:
 - Palliative care service
27. A weight management service previously commissioned by Public Health Dorset was not recommissioned for 2014/15 because of low uptake through pharmacies and good uptake and outcomes through other community providers.
28. An advice to care homes service was decommissioned rather than transferred to the CCG in April 2013 because the intended outcomes of the service were not being achieved. Medicines-related queries from care homes should be directed to the pharmacist supplying that particular patient.

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PROFILE OVERVIEW - DEFINITION AND DESCRIPTION OF LOCALITIES

29. 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 754,000.
30. 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 fits with this approach.
31. The 13 localities are:
- Bournemouth Central
 - Bournemouth East
 - Bournemouth North
 - Christchurch
 - Dorset West
 - East Dorset
 - Mid Dorset
 - North Dorset
 - Poole Bay
 - Poole Central
 - Poole North
 - Purbeck
 - Weymouth & Portland

32. A map in Appendix C shows the total area with each of the localities defined.
33. Appendices C to Q provide detailed information on the population, health needs (profiles) and current provision of pharmaceutical services in each locality.

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NECESSARY SERVICES: CURRENT PROVISION OVERVIEW

34. A description of pharmaceutical services is provided in Appendix A. Pharmaceutical services (pharmacy premises) and dispensing doctors in each locality are presented in Appendix Q. There are 155 pharmacies across Bournemouth, Poole and Dorset and 3 Dispensing Appliance Contractors (DAC) in total. These include 60 independents, 15 100-hour pharmacies, 12 pharmacies in supermarkets, 2 Distance Selling pharmacies and 2 in out-of-town retail areas. Bournemouth, Poole and Dorset regards the current provision of necessary pharmaceutical services to be those provided from the premises mapped in Appendix C also shown in tables in Appendix Q.
35. 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.
36. There are approximately 15 million prescribed items issued by prescribers and dispensed for Bournemouth, Poole and Dorset residents per year. This is equivalent to almost 300,000 per week. The majority will be dispensed in pharmacies within the county and around 20% of the total spend on medicines in Dorset is for prescriptions dispensed in dispensing doctors. 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.
37. There are a number of dispensing doctors in market towns in Dorset that are very close to or even in one case within the same building as a community pharmacy. The way forward with this type of scenario was discussed in “Pharmacy in England: Building on strengths, delivering the future, proposals for legislative change” [8]. The outcome was to maintain the status quo. Dorset and Bournemouth & Poole HWBs do not seek to re-visit this issue in the course of developing this PNA. If legislation changes in the future, then the HWBs will review the situation.

38. Dorset has three Acute Hospitals and a Community and Mental Health Trust which also generate prescriptions that will be dispensed in community pharmacies. These will be generated from outpatient clinics, minor injury units and Accident and Emergency Departments as well as from community nurses and health visitors. These will generally be one off prescriptions. However, in the case of some more specialist prescribing, patients may be maintained long term on hospital generated prescriptions. In addition, following the Hackett report 2011, the proportion of patients having their medicines supplied through homecare services, directly to their homes has increased [9]. This includes medicines such as Growth Hormone, some Chemotherapy and other specialist drugs that can be administered without an inpatient stay. Other areas where home care may be used are clozapine, IV antibiotics and immunosuppressants. As care shifts from hospital stays to maintaining patients for longer at home, it is expected that the use of homecare services will increase for medicines supply and administration.
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.

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SHAPING THE FUTURE – SUMMARY OF DRIVERS FOR CHANGE

41. Within community pharmacy, there are demands on efficiencies and delivering new services – all within the current funding framework. The current pharmacy contract is largely based on volume of service provided rather than the quality of care delivered or the patient outcomes achieved. Over time the national direction is expected to shift towards rewarding pharmacy based on the quality of services provided, rather than simply throughput. Rewarding community pharmacies on volume-based dispensing is unsustainable in the long run. It also does little to encourage GPs and pharmacists to work together to develop optimum prescribing arrangements, either for patient convenience, adherence or patient safety [10].

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NECESSARY SERVICES – GAPS IN PROVISION BY LOCALITY

42. The statement of pharmaceutical need for each locality in Bournemouth, Poole and Dorset is drawn from the information that has been collated in the locality profiles (Appendices D to P) and is summarised on pages 18 to 28.

43. 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.
44. A mapping exercise was carried out in April 2014. This showed that the majority of Dorset residents live within a 20 minute drive of a community pharmacy. This analysis took account of the road network and speed limits as well as community pharmacies in neighbouring HWB areas. For the localities where the most deprived areas are situated (Bournemouth East, Christchurch, Dorset West, Poole Bay and Weymouth & Portland), most of the population live within a 20 minute drive of a pharmacy. The minority of the population in Bournemouth, Poole and Dorset who do not live within a 20 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.
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.
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 NHS litigation authority appeals unit 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. As part of developing the PNA an online questionnaire asked the public about

their reasons for choosing a particular pharmacy. The analysis of responses is included in Appendix B.

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. Until the arrival of 100-hour pharmacies, securing adequate access to pharmaceutical services in the out-of-hours period presented a continuous challenge in the sparsely populated, rural county of Dorset. In Bournemouth, Poole and Dorset there are now 15 pharmacies with a 100-hour contract, including one newly opened since February 2013 in the East Dorset locality. All entered the market as a result of exemptions to the normal control of entry regulations, which no longer exist for this type of pharmacy. They are well distributed across Bournemouth, Poole and Dorset so offer the local population excellent access to pharmaceutical services outside of normal working hours. From the previous Dorset PCT PNA, which covered the more rural areas, it was demonstrated that the maximum travel time to a 100-hour pharmacy was 35 minutes, with the majority of the population being able to access one of these pharmacies within 15 minutes. The 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. The palliative care service is provided by 9 of the 100-hour pharmacies. All of the 100-hour pharmacies are valued by the Urgent Care Service for Dorset and the Twilight Nursing services. Now they are established and well used, Bournemouth, Poole and Dorset would regard any reduction in opening hours as unfavourable, wishing instead to maintain the current level. The pattern of opening hours (from early morning until late at night) is adequate and Bournemouth, Poole and Dorset do not wish to see any change in the pattern for out-of-hours provision. There is no opportunity to open further 100-hour pharmacies due to the removal of this control of entry exemption.

50. Maps within each locality profile demonstrate areas which have significant deprivation. Comparing this to the map in Appendix C, which shows the pharmacies, you can see that community pharmacy coverage is good in these areas of deprivation.

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The necessary services are considered below for each locality.

Bournemouth Central

51. Bournemouth Central is a relatively small locality, but is densely populated with a population of almost 65,700. 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 wider determinants highlights poor outcomes for housing conditions for pensioners living alone, binge drinking, general self-reported health (including limiting long-term illness), incidence of colorectal cancer, emergency hospital admissions and under the age of 75 deaths from all causes. See Appendix D for profile.
52. The Bournemouth Central locality will have a net increase of 1,305 housing units over the next three years, and this represents 4% of total growth in the county of Dorset. Most developments are planned for the Central Ward.
53. Pharmacy details in Appendix Q and map in Appendix C show that Central Bournemouth has 12 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.
54. 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.

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Bournemouth East

55. Bournemouth East is a relatively small locality, but is densely populated. It has a population of just over 51,000 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 limiting long-term illness, incidence of prostate cancer, emergency hospital admissions and under the age of 65 deaths from all causes. See Appendix E for the profile.

56. Bournemouth East locality will see minimal housing growth as a proportion of all developments within the Dorset county boundary. Planning applications with consent to build in the next 3 years are a total of 413 housing units. Boscombe East, Southbourne and Tuckton will see the most growth.
57. Pharmacy details in Appendix Q and map in Appendix C show that Bournemouth East has 12 pharmacies in total. One of these is a 100-hour pharmacy for out-of-hours provision. It is open 8am until midnight, Monday to Saturday and 10am until 4pm on Sunday. So the local population have excellent access to pharmaceutical services.
58. 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.

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Bournemouth North

59. Bournemouth North is relatively small, but densely populated with a population of just over 61,000. 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.
60. An analysis of health and the wider determinants highlights poor outcomes in education, general self-reported health (including limiting long-term illness), incidence of prostate cancer and emergency hospital admissions. See Appendix F for profile.
61. There will be minimal housing growth in Bournemouth North locality as a proportion of all developments in Dorset as a whole (222 housing units in total). Winton East will see the largest growth (110 housing units).
62. Pharmacy details in Appendix Q and map in Appendix C show that Bournemouth North has 12 pharmacies in total. One is a 100-hour pharmacy within a medical centre, which is open from 7am to 9:30pm daily, including Sundays. Opening hours are particularly long on Sundays, so provide good out-of-hours access to local

residents. The local population, therefore, have excellent access to pharmaceutical services.

63. 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.

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Christchurch

64. Christchurch has a population of about 48,400. 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. There are pockets of deprivation. The locality has one area that is within the 20% most deprived in England. An analysis of health and the wider determinants highlights poor outcomes in the incidence of prostate cancer and elective admissions for hip and knee replacements. See Appendix G for the profile.
65. In the Christchurch locality there are planning applications for 1,473 housing units in total with consent to build over the next 3 years. The largest housing growth will be in the West Highcliffe Ward providing these developments are completed. This level of development does not indicate the need for additional pharmacy openings.
66. Pharmacy details in Appendix Q and map in Appendix C show that there are 11 community pharmacies in the Christchurch locality. The population is not predicted to increase significantly in the next few years.
67. The map in appendix C shows that pharmacies are 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.
68. 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.
69. With such a high proportion of the population being elderly, it is important they can access services. However, community pharmacies in the locality frequently provide prescription collection and home delivery services for housebound patients.
70. There are two pharmacies at the same site in Purewell. Local people who use the pharmacies all seem to have a strong

preference for using a particular pharmacy due to the characteristics of each pharmacy. However, if these pharmacies chose to merge, at that site or in close proximity, in order to offer the same or improved quality, convenience, access and range of services, Bournemouth, Poole and Dorset would not consider that a gap had been created.

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

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Dorset West

72. Dorset West is the second largest of the localities in terms of land area, but the population is only about 36,600. So it has a lower population than the Mid Dorset locality. It is a largely rural area, with a higher proportion of older people compared to the rest of Bournemouth, Poole and Dorset; and almost double the national average. It is supported by the market town of Bridport and the seaside town of Lyme Regis. The locality has two areas that are among the 20% most deprived in England. An analysis of health and the wider determinants of health highlights poor outcomes for households with no central heating, provision of informal care, self-reported limiting long-term illness, incidence of prostate cancer and elective hospital admissions for hip and knee replacements. See Appendix H for profile.
73. The number of households is predicted to increase in the Bridport area. There are planning applications with consent to build over the next 3 years for 227 units of housing in Bridport, 759 housing units in Symondsburry and 148 housing units in Lyme Regis.
74. The predicted increase in population does not necessarily mean that additional pharmacy openings will be required. The capability of the existing pharmacies must be kept under review as the developments take place.
75. Pharmacy details in Appendix Q and the map in appendix C demonstrates that the 7 pharmacies are well distributed in the more populated areas. There are 4 dispensing doctors.
76. There is good access to pharmaceutical services in the out-of-hours period bearing in mind the very rural nature of the area, with access to three 100 hour pharmacies in neighbouring HWBs and localities: at Seaton in Devon; Babylon Hill, Yeovil in Somerset; and in Dorchester.

77. 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.

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East Dorset

78. 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 population of around 75,300. The north and west parts of the locality are very sparsely populated. An analysis of health and the wider determinants highlights poor outcomes for the provision of informal care, self-reported limiting long-term illness, incidence of prostate cancer and hospital admissions for hip and knee replacements. See appendix I for profile.
79. East Dorset will see the largest housing growth in Colehill (971 housing units), Wimborne (550 units) and West Parley Wards (536 units), providing these developments are completed. Planning applications with consent to build over the next 3 years will account for 10% of total housing growth in Bournemouth, Poole and Dorset as a whole.
80. Pharmacy details in Appendix Q and map in Appendix C show 16 pharmacies are well distributed in the more populated parts of the district. There are 5 dispensing practices, one dispensing appliance contractor (DAC) and one distance selling pharmacy in this locality. 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. So there is access within about a 20 minute drive from Verwood, but longer from other towns.
82. In a rural area with high numbers of elderly people, access to services can be more difficult. Most pharmacies offer home delivery services for housebound patients. The dispensing doctors also make delivery arrangements.
83. East Dorset is the least deprived locality and none of the lifestyle/risk factors stand out as being unfavourable compared to the rest of Bournemouth, Poole and Dorset.

84. No current gaps or needs have been identified for new pharmacy openings in East Dorset. The number of pharmacy and dispensing doctors and their locations are adequate for the area.

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Mid Dorset

85. 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 just over 42,800 and covers the small towns of Puddletown, Broadmayne, Milton Abbas and Cerne Abbas. There are 5 dispensing doctors in total in this locality. Mid Dorset locality mainly consists of the market town of Dorchester. 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 for the provision of informal care, self-reported limiting long-term illness, incidence of cancer, emergency hospital admissions for heart attack, elective admissions for hip replacements and deaths from stroke. See Appendix J for profile.
86. Mid Dorset locality will see the largest housing growth in the Dorchester North Ward (1103 housing units) providing these developments are completed. There are planning applications with consent to build over the next 3 years for 2,850 housing units, which is 9% of total growth in the county of Dorset.
87. Pharmacy details in Appendix Q and map in Appendix C show that Mid Dorset has 6 pharmacies in total, mainly in Dorchester itself; this includes a 100-hour pharmacy in Dorchester. 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.
88. 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.

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North Dorset

89. 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 predominantly a rural area served by 5 main market towns – Blandford, Gillingham, Shaftesbury, Sherborne and Sturminster Newton – and it has an overall population of around 87,500. An analysis of health and the wider determinants of health highlights poor outcomes for the provision of informal care, self-reported limiting long-term illness, incidence of prostate cancer and elective admissions for hip replacements. See Appendix K for profile.

90. There are planning applications with consent for a total of 1,499 new dwellings to be built in North Dorset over the next 3 years, the most substantial numbers being in Shaftesbury (250 housing units), Blandford (197 housing units) and Sherborne (345 housing units). These housing developments and the predicted increase in population do not necessarily mean that additional pharmacy openings will be required. The areas are already well served in terms of pharmaceutical services.
91. Pharmacy details in Appendix Q and map in Appendix C show that the 14 pharmacies are situated in the areas of highest population density. There are 8 dispensing doctors.
92. Transport and access are highlighted as a problem for some of the people who live in North Dorset.
93. There are low levels of deprivation in North Dorset. There are higher levels of obesity compared to the rest of Bournemouth, Poole and Dorset but none of the other lifestyle/risk factors stand out as being unfavourable.
94. There is good access to pharmaceutical services in the out-of-hours period bearing in mind the very rural nature of the area. There are 100-hour pharmacies at Babylon Hill (Yeovil, Somerset which is geographically within North Dorset locality) and Dorchester (Mid Dorset locality).
95. There are three pharmacies very close to one another in Blandford, owned by the same company. It is understood that people who visit these all have a strong preference for using a particular pharmacy, due to the history and characteristics of each pharmacy. However, if two of the pharmacies chose to merge in order to offer the same or improved quality, convenience, access and range of services Bournemouth, Poole and Dorset would not consider that a gap had been created, provided that the location of the merged site was .within close vicinity to the current sites.
96. 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.

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Poole Bay

97. Poole Bay is a largely urban locality with a higher than average proportion of older people compared to the national average. It has marked extremes between affluent areas and deprived areas, with the latter having significant health inequalities. The more populated areas are around Westbourne, Parkstone, Branksome and Talbot Heath. Sandbanks, Canford Cliffs and Lilliput are the very affluent

residential areas. The population of Poole Bay locality is just over 80,000. An analysis of health and the wider determinants highlights poor outcomes for the provision of informal care, incidence of prostate cancer, hospital admissions for coronary heart disease, knee replacements and children and young people for injury. See Appendix L for profile.

98. Planned housing growth in Poole Bay accounts for 3% of all growth across Bournemouth, Poole and Dorset; the largest increase is expected in the Canford Cliffs area and the Westbourne area (around 250 planned housing units each).
99. Pharmacy details in Appendix Q and map in Appendix C show Poole Bay has 22 pharmacies, the most of any locality. It also has three 100-hour pharmacies, again the most of any locality. Two of the 100-hour pharmacies within supermarkets open from 6:30am to 10pm daily, except for Sundays when they open from 10am to 4pm. The 100-hour pharmacy within a medical centre is open from 7am to 11pm daily, except on Sundays when it opens from 10am to 2pm. 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.
100. There are no current gaps identified for pharmaceutical services in the Poole Bay locality. The number of pharmacies and their locations are adequate for the area.

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Poole Central

101. 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. Population density is highest around Oakdale and Poole town centre. The population of Poole Central locality is just over 48,000. An analysis of health and the wider determinants highlights poor outcomes in education, pensioners living alone, provision of unpaid care, self-reported limiting long-term illness, incidence of prostate cancer and emergency hospital admissions for coronary heart disease, heart attacks, hip and knee replacements and young people admitted for injury. See Appendix M for profile.
102. The Poole Central locality will see the largest housing growth in the Poole Town and Hamworthy East areas, but, overall, will only account for 3% of the increase across Bournemouth, Poole and Dorset.
103. Pharmacy details in Appendix Q and map in Appendix C show that Poole Central has 9 pharmacies and one of them is a 100-hour

pharmacy within a supermarket. 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, so provide good out-of-hours cover. The local population, therefore, have excellent access to pharmaceutical services.

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

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Poole North

105. 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 approximate population of Poole North locality is just under 54,000. An analysis of health and the wider determinants highlights poor outcomes for the provision of informal care, incidence of prostate cancer and hospital admissions for coronary heart disease, knee replacements, hip replacements and children and young people for injury. See Appendix N for profile.
106. Planning applications with consent to build over the next 3 years in Poole North account for only 1% of the total for the whole PNA area, and these are predominantly in the Corfe Mullen area.
107. The map in Appendix C and pharmacy details in Appendix Q show Poole North has 10 pharmacies in total. One of them 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. So the local population have excellent access to pharmaceutical services.
108. There are no current gaps identified for pharmaceutical services in the Poole North locality. The number of pharmacy and dispensing doctors and their locations are adequate for the area.

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Purbeck

109. The Purbeck locality is largely rural with a higher proportion of older people compared to the local and national averages. The locality has no areas that are within the 20% most deprived in England. 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 just over 33,400. An analysis of health and the wider determinants highlights poor outcomes for households with no central heating, provision of informal care, self-reported long-term illnesses, incidence of

prostate cancer, elective hospital admissions for hip and knee replacements and emergency admissions of children and young people for injury. See Appendix O for profile.

110. There are planning applications with consent to build over the next 3 years in the Purbeck locality for 431 housing units in total. The most are in Wareham (232 housing units) and Swanage (149 housing units). The confirmed numbers of planned developments do not indicate the need for additional pharmacy openings.
111. Pharmacy details in Appendix Q and map in Appendix C show that 7 pharmacies are situated in the more populated parts of the locality. Most of the population live in the areas of higher population density where the pharmacies are situated. There are 3 dispensing practices. 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.
112. There is a large influx of visitors in the summer – especially to Swanage. The pharmacies are accustomed to these seasonal increases.
113. Access to pharmaceutical services out-of-hours is good, bearing in mind the rural nature of the area. There is a 100-hour pharmacy on the Purbeck side of Poole. There is also a 100-hour pharmacy within a supermarket in Dorchester. This means that the majority of residents in the locality can access services within about 20 minutes.
114. There are no current gaps identified for pharmaceutical services in the Purbeck locality. The number of pharmacy and dispensing doctors and their locations are adequate for the area.

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Weymouth & Portland

115. Weymouth and Portland is a relatively small locality but has a high population of just over 70,600. 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 the Dorset with 10 areas within the 20% most deprived in England. An analysis of health and the wider determinants highlights poor outcomes for housing with no central heating, provision of informal care, general reported health (including limiting long-term illness), incidence of colorectal cancer, hospital stays for self-harm, emergency hospital admissions for coronary heart disease and heart attacks, elective admissions for hip and knee replacements and deaths from all causes for those under 65 years old. See Appendix P for profile.

116. There are planning applications with consent for 3,319 housing units over the next 3 years. This represents a 10% net increase in Dorset CCG as a whole. Weymouth and Portland locality will see the largest housing growth around Chickerell providing these developments are completed (1,213 housing units). There is currently a pharmacy in Chickerell, so there is no indication for additional pharmacy openings. The population of Weymouth and Portland have a greater number of pharmacies than in other localities with a similar size population.
117. The map in Appendix C and pharmacy details in Appendix Q show there are 17 pharmacies in the locality serving the population of Weymouth and Portland. There is access to pharmaceutical services in the area for 100 hours a week in a supermarket.
118. 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.
119. The level of deprivation in Weymouth and Portland is mirrored in the distribution of many of the health needs. Community pharmacies are well placed to help deal with these.
120. 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.

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Summary of assessments of population increase

121. The total population across Bournemouth, Poole and Dorset is expected to grow by a moderate amount of 2% (14,000 people) over the lifetime of the PNA. 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.
122. 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.
- developments in pharmaceutical supply models that could increase volume of services (e.g. dispensing by robot systems, centralised 'hub and spoke' dispensing and electronic transmission of prescriptions)
- skill mix within pharmacies
- considerations of health inequalities and strategic priorities for Bournemouth, Poole and Dorset

123. 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.

124. 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.

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Recommendations on necessary services (current and future need)

125. Based on the above information, and supported through the formal consultation, 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
- if the two pharmacies in Purewell, in the Christchurch locality, chose to merge at that site or in close proximity, in order to offer the same or improved quality, convenience, access and range of services, Bournemouth, Poole and Dorset would not consider that a gap had been created

- if two of the three pharmacies very close to one another in Blandford, owned by the same company, chose to merge in order to offer the same or improved quality, convenience, access and range of services, Bournemouth, Poole and Dorset would not consider that a gap had been created, provided that the location of the merged site was .within close vicinity to the current sites.

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IMPROVEMENTS AND BETTER ACCESS

Reasonable Choice

126. 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. However, this needs to be balanced against the concern that additional pharmacies could result in NHS resources being more fragmented and diluted. In addition, it may not be economically feasible for pharmacies to open in some areas.
127. 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 or travel to other pharmacies. Comments from the patient survey suggested choice was usually based on proximity to home or GP, and 6 replies made specific comments suggesting that choice was reasonable, whilst 3 suggesting more choice would be of benefit (out of 145 responses). On balance choice is, therefore, considered to be reasonable, and this was supported overall within the formal consultation.

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Medicines Use Review (MUR)

128. Within Bournemouth, Poole and Dorset there is a high proportion of people aged over 75, and a high number of people with long-term conditions such as diabetes. This would suggest that there could be a lot of potential benefit from optimum delivery of the Medicines Use Review (MUR) service. This could also address public concerns about waste of medicines, which was identified through the patient survey and other stakeholder feedback through the CCG.
129. Whilst the majority of pharmacies in Bournemouth, Poole and Dorset are offering this service, and MUR figures for 2013 in table 1 below indicate that there is capacity to increase the numbers of MURs undertaken, work is needed to ensure that appropriate groups of patients are being offered the service and that the MURs are also clinically appropriate.

Table 1: MUR totals in 2013 by locality [11]:

Locality	Number of MURs completed in calendar year 2013
Bournemouth Central	2,097
Bournemouth East	2,483
Bournemouth North	3,520
Christchurch	3,139
Dorset West	1,624
East Dorset	4,126
Mid Dorset	1,570
North Dorset	3,015
Poole Bay	4,577
Poole Central	2,449
Poole North	2,921
Purbeck	2,183
Weymouth & Portland	5,361

130. During the consultation a number of replies, both from GPs and pharmacies expressed frustration with the current MUR service, and suggestions for improvement were made, most commonly that this should be part of an integrated care pathway with good interaction and dialogue between the prescriber and dispenser.
131. Patient selection, to ensure clinically appropriate MURs, could include working with secondary care and community hospitals so appropriate patients have an MUR either pre-admission or preferably post-discharge. It would also be helpful if areas of priority were agreed with the CCG, for example support to the vulnerable elderly population, as is currently being piloted within the virtual ward schemes in the community, as a Dorset CCG commissioned service.
132. The previous PNA also highlighted the need for housebound patients to have access to MURs, and this was highlighted in the formal consultation as a valuable development in the MUR. Currently, however, services to housebound patients are provided on the basis of goodwill from some community pharmacies.

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New Medicines Service (NMS)

133. The New Medicines Service provides support to people who are newly prescribed a medicine to manage specified long-term conditions, with the aim of improving their medication adherence, increasing effective medicine taking and, ultimately, leading to better management of their long-term condition. Focusing on people with asthma and COPD, diabetes, hypertension, and those taking anticoagulant or antiplatelet therapy, this was originally a time-limited service. In September 2014, following a Department of Health funded academic evaluation of the service, it was agreed to continue the NMS. The NMS was shown to increase patients'

adherence, and will provide better patient outcomes at reduced cost.

134. There appear to be some gaps in provision of NMS, as not all pharmacies in the county are claiming for this service. Latest figures that allow national comparison are from the Pharmaceutical Services Negotiating Committee (PSNC) website for January 2013. This shows that Dorset was comparable to other areas of England with 85% of pharmacies having done an NMS at some point, with 732 NMS reviews having been conducted in that month across Bournemouth, Poole and Dorset [12].

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Extended hours

135. In some areas there is variation between GP extended opening hours and pharmacy opening hours. This is presented in the PNA for information. GP practices and community pharmacies are encouraged to work together to ensure that services match where possible. Bournemouth, Poole and Dorset does not intend to make any formal arrangements, as the GP practice extended hours are extremely variable and, to date, no particular problems have been highlighted.

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Equality considerations

136. 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.
137. 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. These residents have no readily identifiable geographic communities. It is, therefore, necessary for every community pharmacy to tailor service provision to individual patients where needed.
138. 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, but not all pharmacies are currently aware how or where to access help with translation in such situations.
139. The largest vulnerable group of the population are Gypsies and Travellers. There are four permanent legal Gypsy Sites, two in North Dorset, one in West Dorset and one in Purbeck. There were also 10 unauthorised encampments in Dorset at the time of writing

the PNA. These are mainly New Age Traveller encampments. There is a lack of legal sites in Dorset for New Age Travellers.

140. Health problems in these groups may be associated with poor living conditions (such as poor access to clean water) and potential drug and alcohol addiction problems. This population sometimes experience difficulty with registering with a GP practice due to the transient nature of the groups. Bournemouth, Poole and Dorset will work with the three local authorities to ensure that suitable information is made available to Gypsies and Travellers. Bournemouth, Poole and Dorset will also work with the community pharmacies in North Dorset, Purbeck and West Dorset to ensure that appropriate services are available for this group of people.

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Service developments

141. Primary care services are transforming to provide care closer to home and to better support patients with long-term conditions, and it is anticipated that existing pharmacy services will also need to transform to meet the increasing needs of these patients. Pilots for different types of support are already under consideration, for example the virtual ward pilots underway in Dorset. Community pharmacy could play a key role in this and other initiatives to help vulnerable old people, people living with dementia and those with long-term conditions. Such developments would be in the form of locally commissioned services, and will not therefore impact on contract applications as they are not pharmaceutical services.

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Specific locality issues

142. Detailed locality information has already been considered under current provision of necessary services. Two issues were highlighted in the Dorset PCT PNA which could lead to improvements and better access. These were relocation of a pharmacy in Sherborne to create more equitable access across the town, and extended opening hours in Bridport.
143. These were again included within the formal consultation; however, responses indicated that progress had already been made in these two areas, so no further recommendation has been made.

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Recommendations on improvements and access

144. Based on the above information, and supported through the formal consultation, 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

- There is an issue about community pharmacy access to formal translation services. Although numbers affected are likely to be small, improvements in access could be achieved by considering how these services might best be made accessible to community pharmacies.
- 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.

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LOCALLY COMMISSIONED SERVICES

145. 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.
146. 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 99% of the Bournemouth, Poole and Dorset population are within 20 minutes travel time of a community pharmacy, with 96% walking or going by public transport to access their local pharmacy.
147. 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
148. 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. Public Health Dorset is actively engaging with providers, including community pharmacies, to develop their approach to these services for the future.

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Recommendations on locally commissioned services

149. Based on the above information, and emphasised strongly in the formal consultation, the PNA concludes that:

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

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CONCLUSIONS

150. The PNA makes recommendations for Bournemouth, Poole and Dorset in respect of current and future needs as well as improvement and access to inform NHS England commissioning decisions:
- 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
 - if the two pharmacies in Purewell, in the Christchurch locality, chose to merge at that site or in close proximity, in order to offer the same or improved quality, convenience, access and range of services, Bournemouth, Poole and Dorset would not consider that a gap had been created
 - if two of the three pharmacies very close to one another in Blandford, owned by the same company, chose to merge in order to offer the same or improved quality, convenience, access and range of services, Bournemouth, Poole and Dorset would not consider that a gap had been created, provided that the location of the merged site was .within close vicinity to the current sites.
- 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
 - There is an issue about community pharmacy access to formal translation services. Although numbers affected are likely to be small, improvements in access could be achieved by considering how these services might best be made accessible to community pharmacies.
 - Future improvements and better access appear, on balance, to be best managed through working with existing contractors, rather than through opening of additional pharmacies.
151. The PNA includes brief information on locally commissioned services, which are subject to separate contract and procurement regulations. Pharmacies can play a key role as a provider of such services, and the PNA recommends that:

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

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