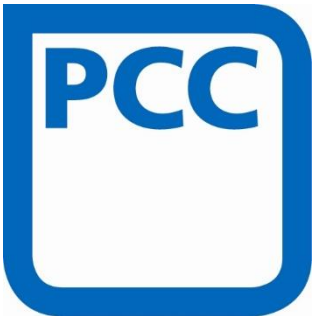
Pharmaceutical Needs Assessments (PNA): A briefing document for English LMCs



Produced by the Dispensing Doctors' Association and Primary Care Commissioning

What is a Pharmaceutical Needs Assessment (PNA)?

In England, a PNA will look at the demographics and health needs of the population both now and over the three-year lifetime of the document. It will identify the current provision of pharmaceutical services by pharmacies, dispensing appliance contractors and dispensing doctors, and identify any gaps in the provision of services by pharmacies and dispensing appliance contractors. These gaps could be a current gap, or one that will arise during the lifetime of the PNA.

The PNA is designed to articulate the services that are required to fill these gaps. This could be for a specific service or a range of services or for services that are required at certain times of the day or on days of the week.

The integrated commissioning board (ICB) will refer to the PNA when determining new pharmacy applications that provide the identified services.

PNAs were introduced in England in 2010 with each primary care trust required to publish its first PNA by 1 February 2011. Responsibility for the PNAs was transferred to the health and wellbeing boards (HWB) with effect from 1 April 2013. Each HWB was required to produce its first PNA by 1 April 2015 and then every three years thereafter. However, due to the Covid-19 pandemic the April 2021 versions were delayed to 1 October 2022. The next PNA is to be published by 1 October 2025.

PNAs were introduced in Wales in 2020. There are some differences in the English and Welsh regulations. For more information, read the DDA's PNA briefing document for Welsh LMCs.

PNAs are not used in Scotland.

What factors are considered in a PNA?

The regulations require the HWB to consider the demography of its population (which will include visitors to its area), the different needs of the different localities, and how these factors will change during the three-year lifetime of the document. This will include aspects such as population growth, housing developments and regeneration projects.

The PNA must describe the provision of pharmaceutical services by contractors inside the HWB's area, and elsewhere in England that are relevant to, or impact, the pharmaceutical services delivered within the HWB area. This includes:

- essential, advanced and enhanced services provided by pharmacies,
- essential and advanced services provided by dispensing appliance contractors, and
- the dispensing service provided by dispensing doctors.

It is likely that the HWB will seek information from contractors via questionnaires, and this should include dispensing doctors so that a full picture of the provision of pharmaceutical services is reflected in the PNA. The questionnaires may ask about automated collection points as these can increase access to dispensed medicines outside of normal opening hours, delivery services and languages spoken each day by staff.

Within its PNA, the HWB will need to identify other NHS services which influence the demand for pharmaceutical services. This will include, for example, out of hours services, urgent and emergency care services, prescriptions issued by other health care professionals such as dentists and community nurses. Account will also need to be taken of hospital pharmacy departments and pharmacy services to prisons.

How is the need for pharmaceutical services defined?

As well as engaging with contractors, HWBs will engage with the public to understand the services they access at pharmacies, how they travel to, and when they use pharmacies, as well as other influences on their choice of pharmacy. This information will help inform decisions as to whether there is a good geographical spread of pharmacies, that are open at the times required, and that are providing the services required to meet the population's health needs.

When writing the PNA, HWBs will need to consider the pharmaceutical needs of the local population now, and in the future, and how well these are or will be met by the local provision of NHS pharmaceutical services. HWBs will, therefore, need to identify housing developments and assess whether existing pharmacies can cope with the increased demand associated with population growth.

The PNA should also anticipate likely closures of pharmacies and loss of opening hours and be future proofed accordingly.

Why is LMC involvement important?

It is particularly important that PNAs include the dispensing service provided by dispensing doctors so that gaps in the provision of pharmaceutical services are not inappropriately identified which could lead to a successful application to open a new pharmacy.

A pharmacy opening in a rural area will have an impact on any dispensing doctors providing services to that area.

LMCs also have a key role to play in ensuring the PNA reflects the contribution that the GP dispensing service plays in ensuring people can access dispensed medicines.

LMCs should also encourage dispensing practices to complete and return the dispensing doctor questionnaires to ensure the PNA reflects their service.

How can LMCs get involved?

LMCs should be invited to join the HWB steering group that will oversee the drafting of the PNA. LMCs must be consulted on a draft of the PNA prior to its publication. LMCs can also ensure that local dispensing GPs are also consulted on the draft PNA.

The DDA would encourage LMCs to get involved to ensure that decision-making considers the existing NHS GP dispensing service in their area.

For more information:

Pharmaceutical needs assessments: Information pack for local authority health and

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