

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



Produced by the Dispensing
Doctors' Association and
Primary Care Commissioning

What is a Pharmaceutical Needs Assessment (PNA)?

A PNA will look at the demographics and health needs of the population both now and over the five-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.

In Wales, the health board (HB) will refer to the PNA when determining new pharmacy applications and outline consent and premises approval for dispensing GP practices that provide the identified services.

PNAs were introduced in Wales in 2020 with each HB required to publish its first PNA by 1 October 2021. The next PNA in Wales should be published by 1 October 2026.

PNAs were introduced in England in 2010. For more information on PNAs in England, read the read the DDA's [PNA briefing document for English LMCs](#).

PNAs are not used in Scotland

What factors are considered in a PNA?

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

The PNA must describe the provision of pharmaceutical services by contractors inside the HB's area, and elsewhere in Wales that are relevant to, or impact, the pharmaceutical services delivered within the HB 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 HB 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 HB 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, HBs will engage with the public to understand the services they access at pharmacies and dispensing GPs, how they travel to, and when they use these services, as well as other influences on their choice of service. This information will help inform decisions as to whether there is a good geographical spread of these services, that are open at the required times, and that are providing the services required to meet the population's health needs.

HBs also need to bear in mind anticipated closures of pharmacies and dispensing GPs, and loss of opening hours and ensure that their PNAs are future proofed accordingly.

Why is LMC involvement important?

It is particularly important that PNAs document the full picture of pharmaceutical services provided by pharmacies and dispensing GPs 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 have a key role to play in ensuring the PNA reflects the contribution that the NHS 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.

In Wales, it is particularly important that the LMC is a member of the PNA steering group because applications for outline consent for a GP dispensing service can only be made if there is an identified need for the GP dispensing service to be provided in a particular area.

How can LMCs get involved?

LMCs should be invited to join the HB's steering group that will oversee the drafting of the PNA and they must be consulted on a draft of the PNA prior to its publication. Local dispensing GPs must also be consulted on the draft PNA, and LMCs can ensure that happens.

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 assessment: guidance for local health boards | GOV.WALES](#)

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