

**REPORT TO:** Health & Wellbeing Board

**DATE:** 9 July 2025

**REPORTING OFFICER:** Director of Public Health

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Pharmaceutical Needs Assessment

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To provide members of the Board with the final version of the Pharmaceutical Needs Assessment (PNA) and briefing on the results of the statutory 60-day consultation.

**2.0 RECOMMENDATION: That the Board:**

- 1) Approve the PNA for publication; and**
- 2) Delegate the Steering Group to deal with production of supplementary statements needed throughout the lifetime of the 2025-2028 PNA**

**3.0 SUPPORTING INFORMATION**

3.1 The Pharmaceutical Needs Assessment (PNA) is a statutory document that states the pharmacy needs of the local population. This includes dispensing services as well as public health and other services that pharmacies may provide. It is used as the framework for making decisions when granting new contracts and approving changes to existing contracts as well as for commissioning pharmacy services. First detailed in the NHS Act 2006 where PCTs were divested with the responsibility for producing the PNA; since 1 April 2013 this responsibility now sits with Health & Wellbeing Boards (HWB).

**3.2 Background to the PNA**

National guidance states that the PNA should detail the current pharmaceutical service provision available in the area and where there may need to be changes to this in the future because of changes to the health needs or geographical location of the local population. The guidance, in line with regulations, includes both minimum content of a PNA and the process that must be followed.

The PNA is designed to be a statement of fact, both the current position and where there are 'known firm plans' in place to review or amend provision based on need, evidence of effective practice and identified gaps in provision. Also to assess where there are 'known firm plans' for new developments or population changes which may impact on the needs of pharmaceutical services. It is designed to assess the need for pharmaceutical services and adequacy of provision of pharmaceutical services, not to assess general health needs. The latter is the role of the Joint Strategic Needs Assessment (JSNA). Preparation of the PNA has taken account of the needs identified in the JSNA, where they are relevant to pharmaceutical services.

### 3.3 **PNA Conclusions**

At the end of the PNA development process, following analysis of the data, contractor engagement, a public survey and a 60-day statutory consultation the steering group concluded:

**The provision of pharmacy services within Halton in terms of location, opening hours and services provided is considered adequate to meet the needs of the population.**

As such this PNA has not identified a current need for new NHS pharmaceutical service providers in Halton at the point this PNA was published.

We are mindful of recent trends and closures that have taken place since the 2022-2025 PNA was published which are detailed in the data analysis throughout this PNA. This includes 3 community pharmacy closures (1 Widnes and 2 Runcorn), an increase in GP registered patient population lists, an increase in average dispensing volume (especially for Runcorn pharmacies) and housing development mainly being in Runcorn.

As such pharmacies in Runcorn are now at acceptable minimum provision. The largest proportion of planned housing developments during the lifetime of this 2025-2028 PNA are scheduled in the South East part of Runcorn.

Whilst it is anticipated that capacity within existing services should be able to support the overall pharmaceutical needs of future populations, any identified changes in the situation will be addressed through a supplementary statement and/or be addressed by the Integrated Care Board (ICB) commissioning or directing existing pharmacies to open for additional hours. There may also be opportunities around alternative dispensing models and collection of medicines (if legislation is progressed).

The PNA has also identified actions to optimise the potential of the pharmacy contract for our population. These are:

Focus on enhanced and advanced services specifically:

- Support active providers to increase their provision of enhanced and advanced services in line with identified need and commissioning priorities.

Locally commissioned services:

- Locally commissioned services are outside the scope of the PNA. However, they do provide an opportunity to enhance access. Provision is audited regularly with any gaps being addressed with current providers.

This PNA provides a base from which commissioning plans for pharmacy can be developed which combine our local priorities with national strategy for community pharmacy services. The PNA will be used as a basis for 'control of entry regulations' so that Cheshire & Merseyside ICB is clear and transparent about where services may or may not be needed in the future. Therefore, the PNA needs to be explicit about its gaps in service. It will be used in the development of local service provision alongside specific health strategies and plans. There may be aspirations to develop local services but these need to be developed in a cost-effective way and in light of current financial constraints.

#### 3.4 **Data analysis**

A wide range of data was examined in order to derive the conclusions. This included:

- Locations and opening times of all community pharmacies was assessed in relation to population density and deprivation
- Pharmacy per head of population was assessed compared to Cheshire & Merseyside, regional and national averages.
- Data was analysed on a Runcorn, Widnes and Halton basis
- Travel times by walking, cycling, public transport and driving times was assessed
- A contractor survey was conducted which examined physical accessibility and ability of contractors to expand to meet increasing demand

#### 3.5 **Public Consultation**

Information was gathered from pharmacy contractors on relevant issues that could not be determined from commissioner information or data held by the national NHS Business Services Authority (NHSBSA) such as access and reasonable adjustments services under the Equality Act 2010.

The steering group felt it important to ask Halton residents what their experience of using community pharmacies was and what services they especially valued.

Steering group members, including Healthwatch and Halton & St Helens Council for Voluntary Services, publicised the survey widely.

230 people responded to the survey. Their responses were added across the document, supplementing the data from contractors

The vast majority were satisfied with their usual pharmacies opening hours and services provided.

### 3.6 **Statutory 60-day consultation**

The Regulations set out that HWBs must consult the bodies set out in Regulation 8 at least once during the process of developing the PNA.

Regulation 8(1) states that the HWB must consult the following list as a minimum during the development of the PNA:

- a) Local Pharmaceutical Committee(s) (LPCs) for its area;
- b) Local Medical Committee(s) for its area;
- c) all pharmacy contractors and any dispensing doctors for its area;
- d) any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
- e) Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area;
- f) NHS trusts or NHS foundation trusts in its area;
- g) NHS England (now Cheshire & Merseyside Integrated Care Board (ICB));
- h) neighbouring HWBs.

Additionally the steering group recommended that the draft PNA be sent to:

- all GP practices, not just those that are dispensing doctors.
- Cheshire & Merseyside ICB Halton Place
- Runcorn and Widnes Primary Care Networks
- The neighbouring LPCs of Cheshire & Wirral and Liverpool.

### 3.7 **60-day statutory consultation results**

The Steering Group met on 28 April 2025 to consider responses and any amends required in order to present this version of the PNA to the Health and Wellbeing Board as the final version.

The responses indicated that overall they agreed that:

- The purpose of the PNA had been sufficiently explained.
- The scope of the PNA was clear.
- The local context and implications of the PNA had been clearly explained.
- All commissioned services were reflected in the PNA with a reasonable description of each.
- The pharmaceutical needs of the local population were accurately reflected in the PNA.
- They agreed with the findings and future needs.
- There were no omissions within the PNA.

Some slight amends were noted concerning opening hours and provision of some advanced and locally commissioned services which had changed since the contractor survey and other data gathering exercises were completed. Also data on the number of pharmacies in England seemed low. This was checked and some minor amendments to the calculations made. These did not affect the conclusions. The document has been updated to reflect these changes.

One respondent thought the document too long and repetitious in places. The PNA steering group noted this comment. The PNA must include all the necessary content as laid out in national guidance and regulations. Working as part of a Cheshire & Merseyside collaboration Halton led the development of a revised and reduced template compared to the 2022-2025 PNA.

One respondent noted several areas of concern:

1. That the provision of multi compartment compliance aids (MCCAs) is not necessarily available to new patients in Runcorn. These are provided by 20 of the 27 community pharmacies in Halton. Of Runcorn's 10 community pharmacies 5 provide these. Data on reasonable adjustment measures was not split by Runcorn and Widnes pharmacies as other data was. This has now been remedied. The PNA has also been amended to reflect this comment. It is also reflected in the PNA that pharmacies provide a range of reasonable adjustments not just MCCAs with provision dependant on patient need so subject to change.
2. Pharmacy access for asylum seekers who have acute needs which may fall outside the regular delivery service to Daresbury Hotel. Delivery of medication is not a commissioned service and community pharmacies are under no obligation to provide this service. The steering group recognised the needs of this population with commissioners working with contractors to ensure access to all vulnerable

populations. In the case of asylum seekers this is the case whether in dispersed or an initial accommodation centre.

3. Availability of Care at the Chemist – all pharmacies are commissioned to provide this service but the practical availability of the service may depend on which pharmacist is working on a particular day. As a locally commissioned service Care at the Chemist is outside the scope of the PNA. It is included to reflect the full range of services pharmacies are commissioned to provide, to improve service access. As such the steering group felt the information in the PNA about this service was adequate.

A final comment was made about the provision of Needle & Syringe exchange service provision reductions recently. Again, as a locally commissioned service it falls outside the scope of the PNA but included as a service improvement. All details of advanced, enhanced and locally commissioned services has been checked and some small amendments made. These changes do not alter the conclusions of the PNA.

All of these issues fall into the category of quality assurance. Community pharmacies are contracted under the Community Pharmacy Contractual Framework (CPCF), which sets out the services to be provided and also quality assurance of the services. NHSE has the responsibility for monitoring the provision of Essential and Advanced services and quality assurance. Quality assurance is outside the scope of the PNA. These issues have been raised with the appropriate commissioners.

### 3.6 **Proposed next steps**

- The PNA must be published no later than 1 October 2025.
- The Health & Wellbeing Board are asked to approve the attached version of the PNA as the publication version.
- The PNA will be uploaded onto Halton Borough Council's website as part of the Public Health pages detailing the JSNA.
- This is communicated to key stakeholders and the public.
- The Steering Group will meet periodically and/or communicate electronically as needed to produce supplementary statements during the lifetime of the PNA.

These are needed if and when there are minor amends which do not substantially alter provision of pharmaceutical services. An example of this would be if a pharmacy changed their opening hours or in response to successful consolidations and mergers application.

Supplementary statements can also be used if a gap should develop during the lifetime of the 2025-2028 PNA but where the circumstances were such that overall provision still remained

adequate. This could be in a specific area of the borough or at specific times.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 The health needs identified in the JSNA have been used to develop the PNA.

The PNA provides a robust and detailed assessment of the need for pharmaceutical services across Halton borough. As such it should continue to be used in the decisions around 'market entry' as well as inform local pharmacy services commissioning decisions. Local groups and partnerships should also take the findings of the PNA into account when making decisions around the need for pharmaceutical services.

#### 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 Any legal challenges to decisions based on information in the PNA may open the HWB up to Judicial Review. This can have significant financial implications. It is therefore vital that the HWB continues to follow national guidance in the implementation of the Regulations.

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

All issues outlined in this report focus directly on this priority. Pharmacies provide a vital primary care service, close to home with open access to a wide range of essential, advanced, enhanced and locally commissioned services. Pharmacists and their staff play a significant role in ensuring patients health is protected through vaccination and public health services, many minor ailments can be treated without the need for a GP appointment and they can take their medications both safely and to optimise effect.

##### 6.2 **Building a Strong, Sustainable Local Economy**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. Pharmacies provide a vital primary health care service to residents across the borough, are located within the heart of communities and offer open access to trained health professionals for advice on a wide range of issues.

##### 6.3 **Supporting Children, Young People and Families**

Pharmacy services play a vital role in supporting the health and wellbeing of children, young people and families.

6.4 **Tackling Inequality and Helping Those Who Are Most In Need**

The PNA details the health needs of protected characteristic groups, people living in areas of deprivation and other vulnerable groups as well as for the population as a whole. Pharmacies play a vital role in supporting their primary healthcare needs, offering services close to home with easy access.

6.5 **Working Towards a Greener Future**

As part of the Essential Services contract all pharmacies must ensure the safe disposal of unwanted medications. The commissioner (in this case Cheshire & Merseyside ICB) works with a waste management agency and all pharmacies must complete a pre-acceptance waste audit, to consider ways they can recycle e.g. cardboard boxes meds are packaged in.

Around 25% of NHS carbon emissions are from medicines. The majority of these emissions result from the manufacture, procurement, transport and use of medicines (20%), with the remaining 5% specifically from inhalers (3%) and anaesthetic gases (2%). Much of this is outside the scope of the PNA.

Evidence shows that the number of items dispensed by primary care providers has doubled in recent years, from an average of 10 per person in 1996 to around 20 per person by 2020.

Repeat prescriptions make up an estimated 75% of all prescription items. Repeat prescription arrangements ensure that patients' requirements for medicines are checked at every issue. Medicines' waste occurs when every item on a repeat prescription list is automatically ordered but not all are needed. Both general practice and pharmacies encourage patients to only order what they need.

Pharmacists and pharmacy technicians in all sectors are responsible for medication reviews. These are an ideal opportunity to work with patients to reduce medicines waste by addressing concerns, improving compliance and de-prescribing medicines the patient no longer takes or are not appropriate.

6.6 **Valuing and Appreciating Halton and Our Community**

The public survey shows pharmacies are a valued service with the majority of respondents satisfied with pharmacy opening hours and the services they provide.

6.7 **Resilient and Reliable Organisation**

Pharmacies continue to face significant financial challenges. The PNA reflects that whilst there are a reduced number of pharmacies in Halton (a reduction of 3, 2 in Runcorn and 1 in Widnes) that pharmacies continue to provide a vital primary care service, provide services aimed at improving access and reducing the burden on general practice. Pharmacies have seen an increasing volume of

prescribing and have made the necessary operational changes to meet this demand. The vast majority indicate they have sufficient capacity to cope with an increase in demand.

## 7.0 **RISK ANALYSIS**

7.1 Failure to comply with the regulatory duties fully may lead to a legal challenge, for example, where a party believes that they have been disadvantaged following the refusal by Cheshire & Merseyside Integrated Care Board over their application to open new premises based on information contained in the PNA.

7.2 The risk of challenge to the HWB who produced that PNA is significant and Boards should add the PNA to the risk register.

7.3 A sound process, using national guidance and with support from local expertise, should be established to ensure this risk does not materialise.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 The PNA seeks to provide intelligence on which to base decisions about service provision that are based on levels of need across the borough. This includes analysis of a range of vulnerable groups and the need for targeted as well as universal services to meet the range of needs identified.

## 9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no direct environmental and climate implications that will be generated by the recommendations presented through this report.

9.2 However, an important element of the PNA is consideration of access. This is a multi-dimensional concept. One element is the provision of sufficient services across the borough. One way the PNA assessed this was consideration of walking and public transport times. Most parts of the borough are within a 15 minute walk to a pharmacy and 30 minute public transport time. Whilst there has been a reduction in the percentage of people assessing a pharmacy by these means, nearly half of respondents still stated they used these modes of transport to get to their usual pharmacy.

9.3 As detailed in section 6.5 pharmacies have to accept unused medication and dispose of these safely. They also need to complete a pre-acceptance waste audit to consider how they dispose of for example cardboard boxes their receive medication/ products in.

9.4 However, much of the NHS carbon footprint concerning medication and medical use devices such as inhalers concerns manufacture,

procurement and transport. These issues are outside the scope of the PNA.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

Document	Place of Inspection	Contact Officer
The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013	Part 2, Regulation 3: Pharmaceutical Needs Assessment <a href="#">The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013</a>	Sharon McAteer
Department for Health & Social Care: Pharmaceutical needs assessments Information pack for local authority health and wellbeing boards Published October 2021	<a href="#">Pharmaceutical needs assessments: information pack - GOV.UK</a>	
HWBB minutes 10.07.2024	<a href="#">Halton Borough Council: Meetings &amp; Agenda Information</a>	
Halton draft PNA 2025-2028	Included with paper (note this will be published on council website when approved)	