Agenda item XX

Health and Wellbeing Board – 18th September 2025

Walsall Pharmaceutical Needs Assessment (PNA) 2025-2028

1. Purpose

1.1 Health and Wellbeing Boards (HWBs) assumed statutory responsibility for publishing and keeping up to date a pharmaceutical needs assessment (PNA) from 1 April 2013. The National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services Regulations 2013 require every HWB to publish its PNA by **1 October 2025.**

1.2 The PNA provides a comprehensive, ongoing assessment of the local need for pharmaceutical services. This is ***different from identifying general health need***. PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. It also informs NHS England of the need for pharmaceutical services within Walsall; this includes decisions on applications for new pharmacy and dispensing appliance contractor premises.

1.3 Locally, Walsall Council Public Health and The Black Country Integrated Care Board (ICB) will use the PNA to inform their pharmaceutical services commissioning decisions.

1.4 A draft version of the PNA was presented to the HWB for review and comment in July 2025, prior to it undergoing a 60-day period of stakeholder consultation.

1.5 The feedback received from both the HWB and stakeholders has been considered and incorporated where appropriate in the final version of the PNA document, enclosed herein. Details of these minor amendments are detailed within this report.

2. Recommendations

2.1 That the Health and Wellbeing Board note the response to their comments on the draft version of the PNA and also the outcomes of the stakeholder consultation.

2.2 That the Health and Wellbeing Board review the enclosed Pharmaceutical Needs Assessment (PNA) 2025-2028 (Appendix 1) and accept this version for statutory publication (on the Public Health page of the Council's website) by 1st October 2025.

3. Report Detail

3.1 The NHS Act 2006, amended by the Health and Social Care Act 2012, sets

out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make Regulations. Health and Wellbeing Boards (HWB) then assumed this responsibility form 1 April 2013.

3.2 PNAs inform commissioning decisions by local authorities (public health services from community pharmacies), NHS England (NHSE) and Integrated Care Boards (ICBs), as well as being used for service planning by pharmaceutical contractors.

3.3. The PNA maps current provision of community pharmacy services, assesses local need and identifies any gaps in provision.

In the context of a PNA, pharmaceutical services are categorised as:

- **'Essential services'** which every community pharmacy providing NHS pharmaceutical services **must provide** (the dispensing of medicines, promotion of healthy lifestyles and support for self-care);
- **'Advanced services'** - services subject to accreditation and are **optional**
- **'Enhanced services'** - commissioned by NHS England.
- **'Locally Commissioned Services'** – commissioned by the ICB or local authority

3.4 The process that was followed to develop the PNA document is outlined in Table 1. below:

Activity	**Timeframe**
Establish PNA steering group	January 2025
Identify local need and map provision	April – June 2025
Present draft PNA to HWB for comment	1st July 2025
Consultation on draft PNA	July-August 2025
PNA revision post consultation	September 2025
Final PNA to HWB for approval	18th September 2025
Publication of PNA	1st October 2025

Table 1 – PNA Development Process – Key Elements

3.5 A PNA working group was set up in January 2025 and have communicated regularly during the development process. Membership consisted of representation from the following:

- Public Health - Walsall Council
- Business Insights – Walsall Council
- Black Country Integrated Care Board (BCICB)
- Local Pharmacy Committee (LPC)
- NHS England (NHSE)
- Healthwatch Walsall

3.6 The PNA has evaluated data and intelligence from a variety of sources to compile a comprehensive view of resident's health needs, pharmaceutical

service provision and patient/resident experience and perceptions of these services.

3.7 This analysis has involved:

- The assessment of the health needs and outcomes of Walsall residents, utilising the Public Health Outcomes Framework, the Quality Outcomes Framework, as well as Walsall's Joint Strategic Needs Assessment and Ward Profiles.
- Mapping of pharmaceutical service offer, provision and activity, using pharmacy contract and activity data provided by BCICB, and the responses from a survey of pharmacies to confirm services provided and services they are willing to provide (Appendix B)
- Accessibility mapping of services to understand access to pharmacies by walking, driving and public transport modes of travel.
- Synthesising these combined data to evaluate pharmaceutical service need and provision in Walsall, including the identification of any potential gaps.
- Understanding patient experience – Healthwatch Walsall conducted a patient survey to hear residents experience and perception of pharmacies and these have been incorporated into the PNA, to help steer future decisions on pharmaceutical service commissioning.

3.8 **The key findings of the PNA are as follows:**

- There is a higher ratio of pharmacies per 100,000 residents in Walsall that in the rest of The Black Country and compared to the national rate.
- All Walsall pharmacies provide 'essential' services, with very good coverage across the borough.
- There is good coverage of 'advanced' services
- There is also good coverage of 'enhanced' services
- There is good coverage for both Public Health and BCICB commissioned services.
- Some services are specialist but are provided in the appropriate location or are also available via other providers. For example, Naloxone supply is also available form Walsall's Drug and Alcohol treatment service, CGL.
- The accessibility of pharmacies in Walsall, by car, walking and public transport are all very good.
- **In conclusion, there is sufficient pharmaceutical service provision across Walsall, and pharmacies are accessible via the most common modes of transport to our residents. No gaps in provision have been identified.**

4. Response to Stakeholder Consultation

4.1 Following presentation to the HWB, the draft PNA has undergone a statutory 60-day consultation. Per the regulations, the following defined consultees set out as below at least once during the process of developing the PNA.

- any Local Pharmaceutical Committee for its area;

- any Local Medical Committee for its area;
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any LPS chemist in its area with whom the NHSE has made arrangements for the provision of any local pharmaceutical services;
- any 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;
- any NHS trust or NHS foundation trust in its area;
- the NHSE; and
- any neighbouring HWB.

4.2 Consultees were emailed directly and with a link to the draft PNA and consultation form. Upon request, they could also be sent an electronic or hard copy version directly. However, no such requests were received.

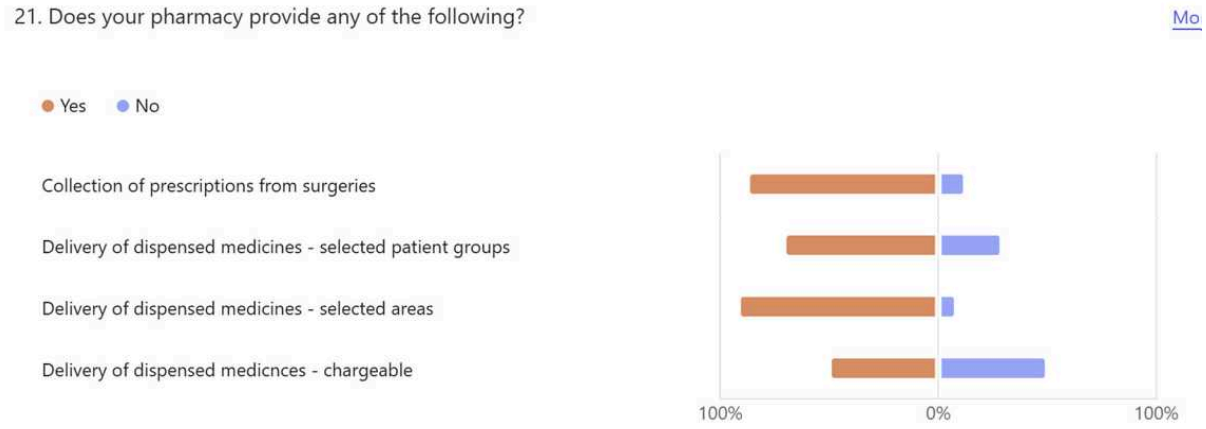
4.3 Three (3) responses were received to the consultation (Appendix C), all of which agreed that the purpose, definitions and assessment of the population health needs detailed in the PNA were clear.

4.4 Consultees were also asked if they agreed with the conclusions of the PNA with regard to the distribution, opening times, and provision of each specific service. All respondents agreed that there was sufficient distribution and access to pharmaceutical services in Walsall.

4.5 In response to questions about individual pharmaceutical services (*e.g.* flu vaccination, hypertension case finding, smoking cessation), respondents agreed that there was sufficient provision for the majority of these. There were few instances where a respondent has answered “not sure” to whether they agreed with the conclusion of the PNA that there was sufficient provision of a service (these included, for example, stoma customisation, appliance use reviews, needle exchange and naloxone supply), the wording within the document has been revised to ensure clarity.

4.6 When the draft PNA was presented to HWB, members raised the issue of access to pharmacy services for housebound and disabled residents and those with complex needs, and whether Walsall pharmacies offered a delivery service. Delivery of medicines, whilst provided by some pharmacies, is not part of the Community Pharmacy Contractual Framework and therefore no data is readily available for this. However, this information was requested from pharmacies through the Pharmacy Survey conducted as part of the PNA development (Appendix B). Of the pharmacies that responded, the majority said they did offer a delivery service, to either all patients that requested it, those in a specific area, or a select patient group (Figure 1).

Figure 1. Community Pharmacy Survey Question regarding medicines delivery service.



Pharmacies who responded that they offered delivery service were asked about any criteria they had for patients to receive this service. The majority responded that delivery was available for housebound, elderly, and indeed any patient upon request. The responses to this question are summarised in Figure 2.

Figure 2. Patient eligibility criteria for medicines delivery.

4.7. It should also be noted that Walsall also has 6 online and/or distance selling pharmacies that delivery medicines locally and longer distance. Additionally, the Royal Mail has also worked closely with community and online pharmacies to develop a prescriptions delivery service nationally.

5. Implications for Joint Working arrangements:

5.1 Failure to publish a PNA by 1st October 2025 would put the HWBB in breach of Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012.

5.2 Decisions on applications to open new premises may be appealed by certain persons to the NHS Litigation Authority's Family Health Services Appeal Unit and may also be challenged via the courts. It is therefore important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up to date.

6. Health and Wellbeing Priorities:

6.1 This updated PNA has been informed by Walsall's Joint Strategic Needs Assessment, which is also currently undergoing a refresh, to review and update the priorities of a new Health and Wellbeing Strategy. Community pharmacy is a valuable and trusted public health resource, accessed by thousands of people on a daily basis across Walsall. They provide services that have a positive impact on public health outcomes, including healthy life expectancy and reducing health inequalities. As well as being a health asset, community pharmacies are also an important investor in local communities through employment and support neighbourhood and high street economies, and as such are important for the delivery of broad health and wellbeing priorities.

Background papers

Appendix A - Walsall PNA 2025-2028

Appendix B – Response to Pharmacy Survey

Appendix C - Response to Stakeholder Consultation

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