



**Isle of Wight
Council**

Isle of Wight Council Pharmaceutical Needs Assessment 2025-2028

Public Consultation Headline Findings

Document information

Title:	Isle of Wight Pharmaceutical Needs Assessment 2025-2028 Public Consultation Headline Findings
Status:	Final
Current version:	2
Author:	Simon Squibb, Public Health Practitioner (Analyst) Isle of Wight Public Health Team simon.squibb@iow.gov.uk
Sponsor:	Simon Bryant, Director of Public Health Hampshire and Isle of Wight Public Health Team simon.bryant@hants.gov.uk
Approved by:	Isle of Wight Health and Wellbeing Board
Approval date:	31 July 2025
Published date:	1 September 2025
Review frequency:	Three years
Next review:	September 2028

Version history

Version	Date	Description
1	March 2025	First draft for Health and Wellbeing Board
2	September 2025	Final version approved by the Health and Wellbeing Board

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1 Background

A Pharmaceutical Needs Assessment (PNA) evaluates the present and future pharmaceutical requirements of the local community. Health and Wellbeing Boards (HWB) are legally obligated to create, consult on, and publish a PNA for their respective areas. This PNA reviews the current community pharmacy services on the Isle of Wight. It assesses if they meet the current needs of the population and identifies where services may be required within the three-year timeframe of this report.

The PNA has been undertaken in line with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations and the latest guidance published in the information pack for local authority health and wellbeing boards in October 2014. The Isle of Wight PNA has been in development since August 2024.

The purpose of the PNA is primarily to be used by NHS England to make market entry decisions. It will be used when applications are received to enter or amend the pharmaceutical list within the Isle of Wight HWB area. It may also be used by local authorities and Integrated Commissioning Boards (ICBs) when commissioning services from pharmacies and dispensing appliance contractors, ensuring that services are targeted to areas of need. The consultation ran for a period of 60 days from 20 January 2025 closing at 11.59pm on 21 March 2025.

1.1 Further considerations

The legal responsibility for a pharmaceutical needs assessment was transferred from primary care trusts to health and wellbeing boards with effect from 1 April 2013. At the same time responsibility for using pharmaceutical needs assessments as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England and NHS Improvement. There is legislation which outlines the minimum requirements for pharmaceutical needs assessments, location and accessibility for local populations are the key considerations.

The complexity of pharmacy contracts does lend itself to quite a technical document, the scope of which is defined by national guidance which can be challenging to read.

The main purpose of the pharmaceutical needs assessment is to inform the submission of applications for inclusion in a pharmaceutical list, and the subsequent determination of such applications. This legislation does not require specific local data such as staffing and prescribing problems to be considered.

2 Conclusion

Following public consultation, the conclusion drawn from the findings of this PNA is that the number, geographical distribution, core opening hours, and choice of pharmaceutical services currently meets the needs of the Isle of Wight's population and will meet future needs within the lifetime of this PNA, assuming that market conditions and health needs remains unchanged. However, the closure of the 100-hour pharmacy in Newport in June 2023 creates a gap in out-of-hours pharmaceutical services on the Island which could be met through weekday evening provision between 6.30pm and 8.30pm by either a new pharmacy, or by an existing provider increasing their opening hours.

3 Headline Findings

A total of five responses were received via the online form.

In what capacity are you responding to this questionnaire?	Count
Personal view as a member of the public	0
Personal view as a pharmaceutical professional working in a community pharmacy	2
Representing the views of an organisation such as a Health and Wellbeing Board, Local Pharmaceutical Committee, Local Medical Committee, ICB etc	2
Responding as a democratically elected representative of a constituency (e.g. as a county, district, borough, parish or town council member, or MP)	0
In another capacity not listed above	1
Total	5

Overall, the responses were positive with the majority of responses stating:

- The purpose of the PNA had been explained (100% agreed/strongly agreed)
- The draft PNA reflected the current provision in the area (100% agreed/strongly agreed)
- The draft PNA identified gaps in service provision if appropriate (80% agreed/strongly agreed)
- The draft PNA reflected the needs of the area's population (80% agreed/strongly agreed)
- The draft PNA provides information to inform market entry decisions (75% agreed/strongly agreed)
- The draft PNA provides information to inform how pharmaceutical services may be commissioned in the future (100% agreed/strongly agreed)
- The draft PNA provides enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors. (100% agreed/strongly agreed)
- There are gaps in pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted (25% disagree/strongly disagree)
- The conclusions of the PNA are correct (0% disagree/strongly disagree)

4 Detailed Data Report

A detailed breakdown of the questions and a summary of the responses are provided below.

Blanks have been removed from the analysis.

4.1 Questions

Questions 1a to 1d was asked to all respondents.

Questions 2a to 2d was asked to all respondents except members of the public, and 'another capacity not listed'.

4.1.1 Question 1a

The purpose of the pharmaceutical needs assessment has been explained within the draft document.

Options	Count	Percentage
Strongly disagree	0	0%
Disagree	0	0%
Neither agree nor disagree	0	0%
Agree	1	20%
Strongly agree	4	80%
Don't know	0	0%
Total	5	100%

4.1.2 Question 1b

The draft PNA reflects the current provision of pharmaceutical services in your area.

Options	Count	Percentage
Strongly disagree	0	0%
Disagree	0	0%
Neither agree nor disagree	0	0%
Agree	2	40%
Strongly agree	3	60%
Don't know	0	0%
Total	5	100%

4.1.3 Question 1c

The draft PNA identifies any gaps in service provision (i.e. when, where and which services are available)

Options	Count	Percentage
Strongly disagree	0	0%
Disagree	0	0%
Neither agree nor disagree	1	20%
Agree	1	20%
Strongly agree	3	60%
Don't know	0	0%
Total	5	100%

4.1.4 Question 1d

The draft PNA reflects the needs of your area's population.

Options	Count	Percentage
Strongly disagree	0	0%
Disagree	0	0%
Neither agree nor disagree	1	20%
Agree	1	20%
Strongly agree	3	60%
Don't know	0	0%
Total	5	100%

4.1.5 Open responses

If you would like to give reasons for any of your answers above, please do so here:

1. Factually, the availability of pharmaceutical services before 9am on weekdays appears to not include Regent Pharmacy, East Cowes which currently operates supplementary hours from 8:30am to 9am on each weekday, bringing the total to 7. (Para 5.2.2, evidenced at <https://www.nhs.uk/services/pharmacy/regent-pharmacy/XFJN73/contact-details-and-opening-times>). This detail does not affect the conclusions presented in the Executive Summary.
2. Factually, para 5.2.6 states "For most pharmacies, participation in such arrangements is voluntary."; I believe that under the Regulations, this might be better expressed as "For pharmacies on the Island, participation in such arrangements is voluntary; however, the ICB can direct pharmacies to participate if such voluntary participation does not meet the determined needs.". Again, this detail does not affect the conclusions presented in the Executive Summary.
3. Factually, para 6.5 states "East Cowes covers from 9am until 6:30pm on weekdays with both open all day on Saturdays." As noted in 1 above, this availability is from

8:30am. In addition, only one of the two pharmacies is no longer open at all on Saturday. Jhoots do not appear to have updated their NHS profile on either nhs.uk or the NHS Urgent and Emergency Service DOS, but they have not been open on a Saturday for some months now. If you require evidence, we can take a photo of their opening hours on the front door. Again, this detail does not affect the conclusions presented in the Executive Summary.

4. Factually, para 6.5 states "In The Bay area, there are six pharmacies operating across the hours of 8:30am until 6:30pm. Five of them are open on Saturdays, but there is currently no coverage on Sundays". Regarding the Saturday opening:

- Regent Pharmacy, Shanklin is open 9am-1pm and 2pm-5:30pm
- Boots, Shanklin is open 9am - 4pm
- Day Lewis, Shankin is closed on Saturday (<https://www.nhs.uk/services/pharmacy/day-lewis-pharmacy/XFQA82/contact-details-and-opening-times>)
- Day Lewis, Lake is closed on Saturday (<https://www.nhs.uk/services/pharmacy/day-lewis-pharmacy/XFA781/contact-details-and-opening-times>)
- Jhoots, Sandown is closed on Saturday (<https://www.nhs.uk/services/pharmacy/jhoots-pharmacy/XFKG39/contact-details-and-opening-times>)
- Boots, Sandown is open 9am - 5pm

I would suggest that this information would require an update to the paragraph such as "Three of them are open on Saturdays". Given the geographic spread, this detail does not affect the conclusions presented in the Executive Summary.

There is mention of out of hours pharmacy opening arrangement for extended hours in the evening from ICB opening, which is time limited till September 2025, but the PNA does not acknowledge the gap that existed on the island. There is mention of 100-hour pharmacy closure in 2023 but does not reflect on the consequences of it.

4.1.6 Question 2a

The draft pharmaceutical needs assessment provides information to inform market entry decisions (i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises).

Options	Count	Percentage
Strongly disagree	0	0%
Disagree	0	0%
Neither agree nor disagree	1	25%
Agree	1	25%
Strongly agree	2	50%
Don't know	0	0%
Total	4	100%

4.1.7 Question 2b

The draft pharmaceutical needs assessment provides information to inform how pharmaceutical services may be commissioned in the future.

Options	Count	Percentage
Strongly disagree	0	0%
Disagree	0	0%
Neither agree nor disagree	0	0%
Agree	3	75%
Strongly agree	1	25%
Don't know	0	0%
Total	4	100%

4.1.8 Question 2c

The draft pharmaceutical needs assessment provides enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors.

Options	Count	Percentage
Strongly disagree	0	0%
Disagree	0	0%
Neither agree nor disagree	0	0%
Agree	3	75%
Strongly agree	1	25%
Don't know	0	0%
Total	4	100%

4.1.9 Question 2d

There are gaps in pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted.

Options	Count	Percentage
Strongly disagree	1	25%
Disagree	0	0%
Neither agree nor disagree	0	0%
Agree	2	50%
Strongly agree	0	0%
Don't know	1	25%
Total	4	100%

4.1.10 Open responses

If you would like to give reasons for any of your answers above, please do so here:

It needs to reflect on the gap in provision taking out the extended opening that is supported from the ICB.

4.1.11 Question 3a

Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted in the draft pharmaceutical needs assessment?

Options	Count	Percentage
No	1	25%
Yes	2	50%
Don't know	0	0%
No response	1	25%
Total	4	100%

4.1.12 Question 3b

Please describe these services here:

As a practitioner in my pharmacies, I would like to highlight a concern regarding the decommissioning of the Uncomplicated UTI service by the ICB after the launch of the national Pharmacy First service. Whilst understandable, there was a key difference between the two services in the Patient Group Direction. The national service does not provide for patients with an intolerance to nitrofurantoin to be offered an alternative therapy that the local service did; instead, it requires escalation to either the patient's GP or Urgent Treatment service. As a holiday destination, this has led to a number of patients having their therapy delayed, in some cases by days. The ICB may wish to consider their segmented data from the national service to see how many people this has affected in the year that Pharmacy First has been operating. In addition to making the patient's journey multi-segmented and difficult to navigate, should that patient not follow the redirection to a secondary service for treatment the resultant risk of urosepsis would bring a correspondingly higher cost to the NHS through hospitalisation.

There needs be to acknowledgment of the Independent prescribing pilot and within the span of this PNA the development of Independent prescribing services from community pharmacy

4.1.13 Question 4a

How strongly do you agree or disagree with the conclusions of the pharmaceutical needs assessment?

Options	Count	Percentage
Strongly disagree	0	0%
Disagree	0	0%
Neither agree nor disagree	1	20%
Agree	2	40%
Strongly agree	2	40%
Don't know	0	0%
Total	5	100%

4.1.14 Question 4b

If you would like to give reasons for your answer, or provide any further comments on the draft PNA, please do so here:

I reply on behalf of Regent (UK) Services Ltd who operate two pharmacies on the Island - Regent Pharmacy, Shanklin (FKL95) and Regent Pharmacy, East Cowes (FJN73). Primarily, I wish to commend the authors on a well-written and sensible PNA and to state that I strongly agree with the conclusions presented in the Executive Summary.

Reflecting on the need of pharmacy provision in the evening and ensuring there is enough coverage for essential and advanced services on the island.

5 HWB Responses to Survey Comments

5.1 Questions

Four questions invited open comments. Text shown in *green italics* are the responses to the comments.

5.1.1 Question 1d

The draft PNA reflects the needs of your area's population.

1. Factually, the availability of pharmaceutical services before 9am on weekdays appears to not include Regent Pharmacy, East Cowes which currently operates supplementary hours from 8:30am to 9am on each weekday, bringing the total to 7. (Para 5.2.2, evidenced at <https://www.nhs.uk/services/pharmacy/regent-pharmacy/XFJN73/contact-details-and-opening-times>). This detail does not affect the conclusions presented in the Executive Summary.

Opening hours data was taken from the list of pharmacies recorded by the Pharmacy and Optometry Team in the South East Commissioning Hub. These opening times were correct as per the contract records at 2 September 2024.

2. Factually, para 5.2.6 states "For most pharmacies, participation in such arrangements is voluntary."; I believe that under the Regulations, this might be better expressed as "For pharmacies on the Island, participation in such arrangements is voluntary; however, the ICB can direct pharmacies to participate if such voluntary participation does not meet the determined needs.". Again, this detail does not affect the conclusions presented in the Executive Summary.

Have clarified the sentence in the main document

3. Factually, para 6.5 states "East Cowes covers from 9am until 6:30pm on weekdays with both open all day on Saturdays." As noted in 1 above, this availability is from 8:30am. In addition, only one of the two pharmacies is no longer open at all on Saturday. Jhoots do not appear to have updated their NHS profile on either nhs.uk or the NHS Urgent and Emergency Service DOS, but they have not been open on a Saturday for some months now. If you require evidence, we can take a photo of their opening hours on the front door. Again, this detail does not affect the conclusions presented in the Executive Summary.

Opening hours data was taken from the list of pharmacies recorded by the Pharmacy and Optometry Team in the South East Commissioning Hub. These opening times were correct as per the contract records at 2 September 2024.

4. Factually, para 6.5 states "In The Bay area, there are six pharmacies operating across the hours of 8:30am until 6:30pm. Five of them are open on Saturdays, but there is currently no coverage on Sundays". Regarding the Saturday opening:

- Regent Pharmacy, Shanklin is open 9am-1pm and 2pm-5:30pm
- Boots, Shanklin is open 9am - 4pm
- Day Lewis, Shanklin is closed on Saturday (<https://www.nhs.uk/services/pharmacy/day-lewis-pharmacy/XFQA82/contact-details-and-opening-times>)
- Day Lewis, Lake is closed on Saturday (<https://www.nhs.uk/services/pharmacy/day-lewis-pharmacy/XFA781/contact-details-and-opening-times>)
- Jhoots, Sandown is closed on Saturday (<https://www.nhs.uk/services/pharmacy/jhoots-pharmacy/XFKG39/contact-details-and-opening-times>)
- Boots, Sandown is open 9am - 5pm

I would suggest that this information would require an update to the paragraph such as "Three of them are open on Saturdays". Given the geographic spread, this detail does not affect the conclusions presented in the Executive Summary.

Opening hours data was taken from the list of pharmacies recorded by the Pharmacy and Optometry Team in the South East Commissioning Hub. These opening times were correct as per the contract records at 2 September 2024. However, Day Lewis in Shanklin has since amended their contracted hours for Saturday opening.

There is mention of out of hours pharmacy opening arrangement for extended hours in the evening from ICB opening, which is time limited till September 2025, but the PNA does not acknowledge the gap that existed on the island. There is mention of 100-hour pharmacy closure in 2023 but does not reflect on the consequences of it.

Sections 5.2.1 and 5.2.3 amended.

5.1.2 Question 2d

There are gaps in pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted.

It needs to reflect on the gap in provision taking out the extended opening that is supported from the ICB.

Sections 5.2.1 and 5.2.3 amended.

5.1.3 Question 3a

Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted in the draft pharmaceutical needs assessment?

As a practitioner in my pharmacies, I would like to highlight a concern regarding the decommissioning of the Uncomplicated UTI service by the ICB after the launch of the national Pharmacy First service. Whilst understandable, there was a key difference between the two services in the Patient Group Direction. The national service does not provide for patients with an intolerance to nitrofurantoin to be offered an alternative therapy that the local service did; instead, it requires escalation to either the patient's GP or Urgent Treatment service. As a holiday destination, this has led to a number of patients having their therapy delayed, in some cases by days. The ICB may wish to consider their segmented data from the national service to see how many people this has affected in the year that Pharmacy First has been operating. In addition to making the patient's journey multi-segmented and difficult to navigate, should that patient not follow the redirection to a secondary service for treatment the resultant risk of urosepsis would bring a correspondingly higher cost to the NHS through hospitalisation.

This issue is out of scope of the PNA, however, the ICB has carried out all the necessary impact assessments during the decommissioning of the service. A recent review of the has also returned no issues regarding the decommissioning.

There needs be to acknowledgment of the Independent prescribing pilot and within the span of this PNA the development of Independent prescribing services from community pharmacy

Information added in section 8.2

5.1.4 Question 4b

If you would like to give reasons for your answer (*How strongly do you agree or disagree with the conclusions of the pharmaceutical needs assessment?*), or provide any further comments on the draft PNA, please do so here:

I reply on behalf of Regent (UK) Services Ltd who operate two pharmacies on the Island - Regent Pharmacy, Shanklin (FKL95) and Regent Pharmacy, East Cowes (FJN73). Primarily, I wish to commend the authors on a well-written and sensible PNA and to state that I strongly agree with the conclusions presented in the Executive Summary.

Thank you. This comment is very much appreciated.

Reflecting on the need of pharmacy provision in the evening and ensuring there is enough coverage for essential and advanced services on the island.

Comment added within the Gap Analysis.