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# **Bath and North East Somerset Pharmaceutical Needs Assessment 2018 to 2021**

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## **Bath & North East Somerset (B&NES) Pharmaceutical Needs Assessment (PNA): At a Glance**

This document sets out an assessment of need for pharmaceutical services in Bath and North East Somerset (B&NES) for the three year period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2021. Producing this assessment is the responsibility of the B&NES Health & Wellbeing Board.

Chapter 1 sets out the regulatory background, how pharmaceutical services are defined and the process for producing the assessment.

Demographic characteristics and forecasted future population trends, as well as relevant strategic health priorities, are set out in Chapter 2. Also set out in Chapter 2 is an assessment of whether any relevant local NHS services might have an impact on current or future need for local pharmaceutical services, as well as any potential gaps in the future due to population and housing growth.

Current provision of local pharmaceutical services is outlined in Chapter 3. Commentary is provided on the number of service providers located in B&NES, accessibility, and the services that they provide and are willing to provide. The services currently provided are either commissioned through the national pharmaceutical contract, or commissioned locally by NHS BaNES Clinical Commissioning Group (CCG) or B&NES Council. Future opportunities for pharmaceutical services are also briefly considered.

Chapter 4 summarises the four key findings of the report. These are as follows:

- 1) There are no significant gaps in the current provision of easily accessible local community pharmaceutical services that serve all three PNA areas in B&NES.
- 2) Within the existing pharmaceutical provision there are a number of pharmacies that do not have wheelchair accessible 'closed' consultation rooms. We have identified this as a gap in the existing local pharmaceutical provision.
- 3) It is anticipated that current pharmaceutical provision from existing pharmacies will be able to cope with the demand from new populations during the period of this PNA, i.e. 1st April 2018 to 31st March 2021. This will be reviewed, at the latest, during 2020/21.
- 4) There are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES.

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## Glossary of Terms

<b>Body Mass Index (BMI)</b>	Body Mass Index (BMI) is a measure that uses height and weight to work out whether your weight is healthy. The BMI calculation divides an adult's weight in kilograms by their height in metres squared.
<b>Bordering pharmacies</b>	Pharmacies situated within one mile of the Bath and North East Somerset border.
<b>Controlled localities</b>	Those which have been determined to be 'rural in character' by NHS England in accordance with guidelines set out in the National Health Services (Pharmaceutical Services) Regulations.
<b>Clinical Commissioning Group (CCG)</b>	<i>"Clinical Commissioning Groups (CCGs) are a core part of the government's reforms to the health and social care system. In April 2013, they replaced primary care trusts as the commissioners of most services funded by the NHS in England. They now control around two-thirds of the NHS budget and have a legal duty to support quality improvement in general practice."</i> [The King's Fund definition]
<b>Core Opening Hours</b>	A pharmacy normally has 40 core contractual hours per week (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHS England. A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHS England has agreed that application.
<b>Core Strategy</b>	The Core Strategy is a key policy document for the area that puts in place a strategic planning framework to guide change and development in the area over the next 20 years and beyond.  The Bath and North East Somerset Core Strategy is available online here: <a href="http://www.bathnes.gov.uk/services/planning-and-building-control/planning-policy/core-strategy-examination">http://www.bathnes.gov.uk/services/planning-and-building-control/planning-policy/core-strategy-examination</a>
<b>Community Pharmacy Contractual Framework (CPCF)</b>	The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types: (i) Essential services and clinical governance, which are provided by all pharmacy contractors and are commissioned by NHS England; (ii) Advanced services which can be provided by all contractors once accreditation requirements have been met and are commissioned by NHS England; and (iii) locally commissioned services.
<b>Dispensing doctor(s)</b>	GPs practicing in rural areas that provide dispensing services to NHS patients in addition to the usual range of medical services.
<b>Dispensing Appliance Contractor(s) (DACS)</b>	A specific sub-set of contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages and cannot supply medicines.
<b>Electronic Prescription Service (EPS)</b>	The Electronic Prescription Service (EPS) sends electronic prescriptions from GP surgeries to pharmacies. Eventually EPS will remove the need for most paper prescriptions.

<b>Fraser guidelines</b>	Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
<b>Health and Wellbeing Board (HWB)</b>	The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. HWBs are established and hosted by Local Authorities.
<b>Healthy Living Pharmacy (HLP)</b>	HLP is an organisational development framework underpinned by three enablers of: <ul style="list-style-type: none"> <li>○ workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;</li> <li>○ premises that are fit for purpose; and</li> <li>○ engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.</li> </ul> The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next.
<b>Indices of Deprivation (ID)</b>	A measure of deprivation that includes a range of combined information relating to income, employment, education, health, skills and training barriers to housing and services and crime.
<b>Joint Strategic Needs Assessment (JSNA)</b>	The Joint Strategic Needs Assessment (JSNA) is designed to be the single portal for facts, figures and intelligence about our local area, its communities and its population.  The B&NES JSNA is available online in a 'Wiki' format here: <a href="http://www.bathnes.gov.uk/jsna">www.bathnes.gov.uk/jsna</a>
<b>Joint Health and Wellbeing Strategy (JHWS)</b>	The Joint Health and Wellbeing Strategy (JHWS) sets out the priorities for action based on the health and wellbeing needs identified in the Joint Strategic Needs Assessment.  A process of rigorous prioritisation was undertaken by the Health and Wellbeing Board in order to reach agreement on the priorities outlined within the Joint Health and Wellbeing Strategy. The priorities are not an exhaustive list of everything that the Council and NHS are doing to meet local health and wellbeing need; but rather a small set of priorities for the Health and Wellbeing Board to really focus on and make a difference.  The Bath and North East Somerset Joint Health and Wellbeing Strategy is available online here: <a href="http://www.bathnes.gov.uk/health-wellbeing-board">www.bathnes.gov.uk/health-wellbeing-board</a>

<b>Local Pharmaceutical Committee (LPC)</b>	Local Pharmaceutical Committees (LPCs) represent all NHS pharmacy contractors in a defined locality. LPCs are recognised by local NHS primary care organisations and are consulted on local matters affecting pharmacy contractors.
<b>NHS Health Check</b>	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.
<b>National Reporting and Learning System (NRLS)</b>	A central database of patient safety incident reports.
<b>Neighbouring Health and Wellbeing Board</b>	A term used within the PNA when, for example, a HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
<b>Pharmaceutical Services Negotiating Committee (PSNC)</b>	The Pharmaceutical Services Negotiating Committee (PSNC) is recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.
<b>Palliative Care</b>	The active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.
<b>Parenteral</b>	Parenteral drug administration means any non-oral means of administration, but is generally interpreted as relating to injecting directly into the body, bypassing the skin and mucous membranes. The common parenteral routes are intramuscular (IM), subcutaneous (SC) and intravenous (IV).
<b>Patient Group Directions (PGDs)</b>	Patient Group Directions provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a prescriber. However, supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety.

<b>Pharmacy Contractor (inc. community pharmacies and distance selling pharmacies)</b>	Healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use. Within this category are: <ul style="list-style-type: none"> <li>• Community pharmacies (which mainly provide pharmaceutical services from high street premises, supermarkets or adjacent to doctor's surgeries)</li> <li>• Distance selling pharmacies (which provide pharmaceutical services remotely through the patient placing an order by post, telephone or over the internet and the medication being delivered to the patients' home).</li> </ul>
<b>Pharmaceutical Services</b>	In relation to the PNA these include: essential services, advanced services and locally commissioned services commissioned by NHS England. These services are available from pharmacy contractors (pharmacies), Dispensing Appliance Contractors (DACs), Dispensing GPs and Local Pharmaceutical Services (LPS) contractors.
<b>PharmOutcomes</b>	PharmOutcomes is a web-based system which helps community pharmacies provide services more effectively and makes it easier for commissioners to audit and manage these services.
<b>Quality Payments Scheme</b>	DH has introduced a Quality Payments Scheme as part of the CPCF in 2017/18. This will involve payments being made to community pharmacy contractors meeting certain gateway and quality criteria.
<b>SAFE</b>	SAFE is a quality standard branding scheme offered to all organisations in B&NES who provide sexual health information and services to young people. The SAFE accreditation is given to pharmacies that can demonstrate they: (i) are accessible to young people regardless of disability, gender, ethnicity, sexuality, locality or financial situation; (ii) provide up to date information and resources on a range of sexual health and relationship issues for all young people; (iii) are confidential; (iv) are friendly, welcoming and comfortable places for young people to be; and (v) are encouraging and supportive of opportunities for young people to help services to continue to improve and develop, in both what services are provided and how they are provided.
<b>Stoma</b>	A stoma, or ostomy, is a surgically created opening on the abdomen which allows stool or urine to exit the body. There are 3 main types of stoma – colostomy, ileostomy and urostomy.
<b>Supplementary Opening Hours</b>	Opening hours of a pharmacy exceeding core opening hours (usually 40 hours per week). Supplementary hours can be amended by a pharmacy subject to giving three months notice to NHS England (or less if NHS England consents).
<b>Sustainability and Transformation Plans (STPs)</b>	Sustainability and transformation plans (STPs) were announced in NHS planning guidance published in December 2015. NHS organisations and local authorities in different parts of England have come together to develop 'place-based plans' for the future of health and care services in their area. Draft plans were produced by June 2016 and 'final' plans were submitted in October 2016.

<b>Summary Care Record (SCR)</b>	The NHS Summary Care Record (SCR) is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record. It is used by authorised healthcare professionals, with the patient's consent, to support their care and treatment. Where a patient and their doctor wish to add additional information to the patient's Summary Care Record, this may be added with the explicit consent of the patient.
<b>Voicebox Resident Survey (B&amp;NES)</b>	The large scale Voicebox Resident Survey aims to provide an insight into Bath and North East Somerset and its local communities and to capture resident's views on their local area and council services. The questionnaires are posted to a random selection of addresses within the local authority area. Selected respondents also have the opportunity to complete the survey online.

## List of Abbreviations

<b>AUR</b>	Appliance Use Reviews
<b>B&amp;NES / BaNES</b>	Bath and North East Somerset
<b>BMI</b>	Body Mass Index
<b>BSW</b>	B&NES, Swindon and Wiltshire
<b>BSWSTP</b>	B&NES, Swindon and Wiltshire Sustainability and Transformation Plan
<b>CCG</b>	Clinical Commissioning Group
<b>CPCF</b>	Community Pharmacy Contractual Framework
<b>DAC</b>	Dispensing Appliance Contractors
<b>DH</b>	Department of Health
<b>DHI</b>	Developing Health and Independence Charity
<b>ED</b>	Emergency Department
<b>EHC</b>	Emergency Hormonal Contraceptive
<b>EPS</b>	Electronic Prescription Service
<b>ETTF</b>	Estates and Technology Transformation Fund
<b>GP</b>	General Practice
<b>HLP</b>	Healthy Living Pharmacy
<b>HWB</b>	Health and Wellbeing Board
<b>ID</b>	Indices of Deprivation
<b>JHWS</b>	Joint Health and Wellbeing Strategy
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>LPS</b>	Local Pharmaceutical Services
<b>MUR</b>	Medicines Use Reviews
<b>NHS</b>	National Health Service
<b>NMS</b>	New Medicines Service
<b>NRLS</b>	National Reporting and Learning System
<b>NRT</b>	Nicotine Replacement Therapy
<b>NSP</b>	Needle and Syringe Programmes
<b>NUMSAS</b>	NHS Urgent Medicine Supply Advanced Service
<b>ONS</b>	Office of National Statistics
<b>PGD</b>	Patient Group Direction
<b>PhAC</b>	Pharmacy Access Scheme
<b>PNA</b>	Pharmaceutical Needs Assessment
<b>PSNC</b>	Pharmacy Services Negotiation Committee
<b>SAC</b>	Stoma Appliance Customisation
<b>SCR</b>	Summary Care Record
<b>STI</b>	Sexually Transmitted Infection
<b>STP</b>	Sustainability and Transformation Plan
<b>UCC</b>	Urgent Care Centre

## Chapter 1: Background and Process

### 1.0 Introduction

This chapter introduces the legislative and regulatory background to this Pharmaceutical Needs Assessment (PNA) and describes the process undertaken, including the methodology adopted, to produce it.

### 1.1 Background

#### 1.1.1 Introduction

The PNA is a statement from the Bath and North East Somerset Health and Wellbeing Board which describes the provision of pharmaceutical services across Bath and North East Somerset (B&NES), as well as assess whether there are any significant gaps in the provision of local pharmaceutical services. The PNA also considers whether the level of pharmacy provision will be right for local communities over the next three years. Finally, it is intended to assist local decision makers in the commissioning of future local pharmaceutical services in B&NES.

The responsibility for the development, publishing and updating of PNAs became the responsibility of Health & Wellbeing Boards (HWBs) as a result of Section 206 of the *Health and Social Care Act 2012*<sup>1</sup> which amended Section 128 of the *National Health Service Act 2006*.<sup>2</sup> This PNA is the first revised assessment of local pharmaceutical services since this new responsibility.

#### 1.1.2 Regulatory Background

The regulatory basis for developing and updating a PNA is set out in *The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*<sup>3</sup> (hereafter referred to as “The Regulations”). The Regulations were amended by the *National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014*<sup>4</sup> on 1st April 2014 (the 2015 PNA considered this amendment).

*The Regulations* requires HWBs to produce and publish their first PNA under these new regulations by 1<sup>st</sup> April 2015, and publish a revised assessment as soon as is reasonably practicable after identifying significant changes to the availability of pharmaceutical services.

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<sup>1</sup> *Health and Social Care Act 2012*, c.7, available from: <http://www.legislation.gov.uk/ukpga/2012/7/contents>

<sup>2</sup> *National Health Service Act 2006*, c.41, available from:  
<http://www.legislation.gov.uk/ukpga/2006/41/contents>

<sup>3</sup> *The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*, No. 349, available from: <http://www.legislation.gov.uk/ksi/2013/349/contents/made>

<sup>4</sup> *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014*, No. 417, available from:  
<http://www.legislation.gov.uk/ksi/2014/417/contents/made>

The key findings in the current 2015 PNA<sup>5</sup> were adopted by members of the local HWB on 25<sup>th</sup> March 2015,<sup>6</sup> and covers the period 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2018.

*The Regulations* also states that "...after it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment." This PNA is the first revised assessment and will cover the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2021.

Since the publication of the current 2015 PNA *The Regulations* have been subject to further amendments, as follows:

- *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendments and Transitional Provision) Regulations 2015;*<sup>7</sup>
- *The National Health Service (Amendments to Primary Care Terms of Service relating to the Electronic Prescription Service) Regulations 2015;*<sup>8</sup>
- *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2016;*<sup>9</sup> and
- *The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016.*<sup>10</sup>

*The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016* amends the process for dealing with applications to consolidate (merge) two or more sites into a single site. This allows the consolidation of community pharmacies, in effect providing a way for a pharmacy to close without creating an opportunity for another pharmacy to open. The opinion of the HWB on whether or not a gap in pharmaceutical service provision would be created by the consolidation must be given when the application is notified locally and representations sought. If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its PNA recording its view.

### **1.1.3 Purpose**

The PNA will be used when making decisions on pharmacy applications, articulating what the pharmacy needs look like across B&NES so that there is a clear understanding of

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<sup>5</sup> Bath and North East Somerset Council (2015), *Bath and North East Somerset Pharmaceutical Needs Assessment*, available from: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/pharmacies>

<sup>6</sup> B&NES (2015), *B&NES Health & Wellbeing Board Agenda and Minutes*, Wednesday 25<sup>th</sup> March 2015, Item 83, available from: <https://democracy.bathnes.gov.uk/iListDocuments.aspx?CId=492&MId=3977&Ver=4>

<sup>7</sup> *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendments and Transitional Provision) Regulations 2015*, No. 58, available from: <https://www.legislation.gov.uk/uksi/2015/58/contents/made>

<sup>8</sup> *The National Health Service (Amendments to Primary Care Terms of Service relating to the Electronic Prescription Service) Regulations 2015*, No. 915, available from: <http://www.legislation.gov.uk/uksi/2015/915/contents/made>

<sup>9</sup> *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2016*, No. 296, available from: <http://www.legislation.gov.uk/uksi/2016/296/made>

<sup>10</sup> *The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016*, No. 1077, available from: <http://www.legislation.gov.uk/uksi/2016/1077/made>

what service provision is required (for example - whether there is a need for a new NHS pharmacy in a proposed location, or whether current provision is adequate).

Pharmaceutical services are an integral part of the wider health and social care provision locally. As part of this, the PNA will contribute to the delivery of local strategic priorities set out in local strategies, highlighting opportunities where pharmaceutical services can be better targeted to meet local need and enable greater health independence, self-care and self-management, as well as help to reduce health inequalities. Findings from this PNA will also be used to help inform future plans and strategies.

#### **1.1.4 Scope**

The PNA encompasses pharmacy contractors<sup>11</sup> and Dispensing Appliance Contractors (DAC)<sup>12</sup> within B&NES. Reference is made to B&NES's five GP Dispensing Practices, who provide a valuable dispensing service to its (mainly rural) registered patients to the south and south west of B&NES.<sup>13</sup>

In addition, a number of pharmacies which are outside of the B&NES district, but are close enough to the border to likely be suppliers of pharmaceutical services to B&NES residents, are considered. These are referred to as bordering pharmacies.<sup>14</sup>

In accordance with *The Regulations* this PNA, apart from listing them, does not cover dispensing of medicines which takes place at a number of acute and urgent care prescribing centres in the area.<sup>15</sup>

#### **1.1.5 Definition of Pharmaceutical Providers**

The Pharmaceutical List is maintained by NHS England and contains a list of providers which have been given permission to provide pharmaceutical services. The list is made up of the following:

- A. **Pharmacy Contractors** – pharmacists or a body cooperate that employs a pharmacist. Within this category are **community pharmacies** (which mainly provide pharmaceutical services from high street premises, supermarkets or adjacent to doctor's surgeries) and **distance-selling pharmacies** (which provide pharmaceutical services remotely through the patient placing an order by post, telephone or over the internet and the medication being delivered to the patient's home).

At the time of finalising this pre-consultation report, within B&NES, there are 40 pharmacy contractors – 39 are community pharmacies and one is a distance selling pharmacy.<sup>16</sup> Of the 39 community pharmacies, nine are believed to be co-located alongside GP practice premises.<sup>17</sup>

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<sup>11</sup> defined in 1.1.6 and listed in the appendix.

<sup>12</sup> defined in 1.1.6.

<sup>13</sup> listed in 3.1.2.

<sup>14</sup> see 3.2.1.

<sup>15</sup> listed in 3.1.4.

<sup>16</sup> listed in the appendix.

<sup>17</sup> listed in the appendix and referred to in 3.2.2.

B. **Dispensing Appliance Contractors (DAC)** – a specific sub-set of contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages and cannot supply medicines.

At the time of finalising this pre-consultation report, there are no DACs located in B&NES.

C. **Dispensing Doctors** – medical practitioners authorised to provide drugs and appliances in designated rural areas known as ‘controlled localities’.

At the time of finalising this pre-consultation report, there are five dispensing GP Practices in B&NES, two with branch surgeries, including one with a branch surgery across the border in Somerset.<sup>18</sup>

D. **Local Pharmaceutical Services (LPS) Contractors** – who provide a level of pharmaceutical services in some areas. An LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. It provides flexibility to include within a single locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in *The Regulations*. All LPS contracts however, must include an element of dispensing.

At the time of finalising this pre-consultation report, there are no LPS contractors in B&NES.

### 1.1.6 Definition of Pharmaceutical Services

NHS England is the only organisation that can commission NHS Pharmaceutical Services. Therefore, they are responsible for managing and performance monitoring the Community Pharmacy Contractual Framework (CPCF). Unlike GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being LPS Contractors). Instead, they provide pharmaceutical services under terms of service set out in legislation, as follows.

Services defined as pharmaceutical services, and provided by **pharmacy contractors**, are as follows:

A. **Essential Services<sup>19</sup>** – which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service. These services are nationally negotiated and must be provided from all pharmacies:

- Dispensing of medicines
- Repeat dispensing
- Safe disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting
- Support for self-care

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<sup>18</sup> listed in 3.1.2.

<sup>19</sup> Schedule 4 of *The Regulations*.

- Clinical governance

While not classed as separate services, pharmaceutical contractors may also provide the following as enhancements to the provision of essential services:

- Access to the NHS Summary Care Record (SCR)
- Electronic Prescription Service (EPS)

B. **Advanced Services<sup>20</sup>** – services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation, as necessary. They are negotiated nationally and any contractor may provide:

- Medicines Use Reviews (MURs)
- New Medicines Service (NMS)<sup>21</sup>
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Service (SAC)
- Influenza Vaccination Service<sup>22</sup>
- NHS Urgent Medicine Supply Advanced Service (NUMSAS) [pilot]<sup>23</sup>

### 1.1.7 Locally Commissioned Services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams.

NHS England does not currently commission any public health services from pharmacy contractors in B&NES.

BaNES CCG commissions the following services from pharmacy contractors locally:<sup>24</sup>

- Specialist Drugs (Palliative Care) Service
- Emergency Medicines Supply Service
- Medicines Optimisation Service

B&NES, via Virgin Care,<sup>25</sup> commissions the following services from community pharmacies locally:<sup>26</sup>

- Sexual Health Services
- Smoking Cessation Services
- Substance Misuse Services

<sup>20</sup> Parts 2 and 3 of *The NHS Act 2006, the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*.

<sup>21</sup> This service is temporarily commissioned and is currently under review nationally.

<sup>22</sup> On 20th July 2015, NHS Employers (on behalf of NHS England) and PSNC announced that a seasonal influenza vaccination service would be added to the CPCF as an Advanced Service. This service is the fifth Advanced Service in the CPCF. In March 2017, NHS England announced in its Flu Plan it would recommission the seasonal influenza vaccination service programme in 2017/18.

<sup>23</sup> To provide, at NHS expense, urgent supplies of repeat medicines and appliances for patients referred by NHS 111, and so reduce demand on the urgent care system, particularly GP Out-of-Hours providers. This is a national pilot running until 31<sup>st</sup> March 2018.

<sup>24</sup> considered in detail in 3.5.6[A].

<sup>25</sup> Virgin Care directly provide and commission other organisations – including NHS, social enterprise and voluntary sector – to deliver Community Health and Care Services in B&NES.

<sup>26</sup> considered in detail in 3.5.6[B].

- NHS Health Checks

### **1.1.8 Non-Commissioned Added Value Community Pharmacy Services**

Community pharmacy contractors can also provide services directly to patients that are not commissioned by NHS England, Local Authorities or CCGs – they are free to decide whether to charge for these services as part of their business model. An example of an added value service provided by some pharmacies within B&NES is the provision of a home delivery service to patients.<sup>27</sup>

### **1.1.9 Key changes since the last Pharmaceutical Needs Assessment**

There have been a number of key developments since the publication of the last B&NES PNA in 2015.

Demographic changes, such as the projected increase in the number of older people in B&NES, are likely to affect local pharmaceutical service provision, for example, leading to an increase in the number of prescription items being dispensed and an increased demand for services targeted to an older population. Health needs also change over time and pharmaceutical services need to reflect this and make sure they are meeting the needs of a changing population.

There have also been a number of pharmacy changes since the last PNA publication, in particular, the opening of a new community pharmacy in Keynsham on 20<sup>th</sup> March 2017 that met a previously identified gap in easily accessible local pharmaceutical services serving the Chew/Keynsham GP Cluster in the evening after 18:30 Monday to Saturday. This new community pharmacy has meant that local pharmaceutical provision has increased from 2015, i.e. when the last PNA was published. In 2015 there were 39 pharmacy contractors, and as at the date of finalising this pre-consultation report this has increased to 40 pharmacy contractors – 39 community pharmacies and one distance selling pharmacy.

Continued implementation of the Bath and North East Somerset Core Strategy,<sup>28</sup> as well as development of a new West of England Joint Spatial Plan, will also impact on future demand for pharmaceutical services in B&NES. The adopted Core Strategy sets out the vision for spatial development within B&NES until 2029, and this strategy identifies a housing requirement of approximately 13,000 new dwellings that it is seeking to deliver. The emerging West of England Joint Spatial Plan seeks to deliver additional housing in B&NES. The provision of pharmaceutical services will need to reflect these plans for new housing and respond to the resultant changes in demand, as well as any potential changes to the health needs of a changing population.

In late 2016 the DH announced some changes to the contractual framework for pharmacies. These include:

- a reduction in funding of 4 per cent in 2016/17 and a further reduction of 3.4 per cent in 2017/18;

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<sup>27</sup> some of these services are detailed further in 3.5.3 and 3.5.4.

<sup>28</sup> B&NES (2014), *Bath and North East Somerset Core Strategy: Part 1 of the Local Plan*, July 2014, available from: <http://www.bathnes.gov.uk/services/planning-and-building-control/planning-policy/core-strategy-examination>

- the introduction of a Pharmacy Access Scheme (PhAS);
- introduction of a Quality Payments Scheme;
- the introduction of NUMSAS [see 1.1.6[B]]; and
- allowing the consolidation of pharmacies, in effect providing a way for a pharmacy to close without creating an opportunity for another pharmacy to open instead (see 1.1.2).

The Pharmacy Access Scheme (PhAS) runs until 31<sup>st</sup> March 2018 ad provides some transitional funding to limit the impact of the funding reductions on eligible pharmacies. Pharmacies are eligible for the scheme if they:

- were open on 1<sup>st</sup> September 2016;
- are more than one mile by road from the nearest pharmacy; and
- are not in the top 25 per cent largest pharmacies.

In B&NES the following five community pharmacies in B&NES are included in the PhAS:

1. Day Lewis Pharmacy, Saltford (Keynsham and Chew Valley PNA area)
2. Timsbury Pharmacy, Timsbury (Somer Valley PNA area)
3. Boots, London Road East, Batheaston (Bath PNA area)
4. Bathampton Pharmacy, Bathampton (Bath PNA area)
5. Chew Pharmacy, Chew Magna (Keynsham and Chew Valley PNA area)

The Quality Payments Scheme also runs until 31<sup>st</sup> April 2018 and allows all eligible pharmacies to earn some additional funding for meeting a number of criteria, for example, becoming a Healthy Living Pharmacy (HLP).

These funding changes have already been cited as one of the main reasons for the closure of pharmacy contractors, for example, Lloydspharmacy's parent company Celesio UK's announcement on 26<sup>th</sup> October 2017 that it will cease trading in 190 "...commercially unviable..." branches across England.<sup>29</sup> Other impacts are likely to include reduced opening hours and stopping the provision of services which pharmacy contractors are not obliged to provide, such as home delivery of medicines and the supply of medicines in compliance aids.

## 1.2 Content

Regulation 4 and Schedule 1 of *The Regulations* set out the minimum requirements for a PNA. A PNA is required to include the following:

### 1.2.1 Necessary Services – current provision (Sch. 1, Para. 1)

Current provision of 'necessary' pharmaceutical services within the B&NES area (or outside of the area, but which contribute towards meeting the need for pharmaceutical services in the area) are defined as:

- All Essential Services (defined in 1.1.6; provision is detailed in 3.3 and accessibility is detailed in 3.5.3).

Necessary Services are defined in 4.1.1.

<sup>29</sup> The Pharmaceutical Journal (2017), 'Almost 200 Lloyds pharmacies to be closed or sold off', Vol. 299, No. 7907, available from: <http://www.pharmaceutical-journal.com/news-and-analysis/news/almost-200-lloyds-pharmacies-to-be-closed-or-sold-off/20203814.article>

### **1.2.2 Necessary Services – gaps in provision (Sch. 1, Para. 2)**

Any pharmaceutical services which are not currently provided within the B&NES area but which the local Health and Wellbeing Board has identified as needing to be provided (currently or in the future).

Gaps in the provision of Necessary Services are outlined in 4.1.2.

### **1.2.3 Other Relevant Services – current provision (Sch. 1, Para. 3)**

Any other pharmaceutical services provided within the B&NES area which aren't necessary to meet the need but have secured improvements, better access or affect the assessment of need (or outside of the area but which have an impact on the B&NES area).

For the purpose of this PNA, ‘Other Relevant Services’ are defined as:

#### **A. Non-Commissioned Services**

- Collection of prescriptions from GP practices (outlined in 3.5.3[B])
- Delivery of dispensed medicine (outlined 3.5.3[B])
- Medication dispensed in dosett boxes

#### **B. Commissioned Services**

- Advanced Services:
  - Medicines Use Reviews (outlined in 3.5.5[B])
  - New Medicine Service (outlined in 3.5.5[B])
  - Appliance Use Reviews (outlined in 3.5.5[B])
  - Stoma Appliance Customisation Service (outlined in 3.5.5[B])
  - Influenza Vaccination Service (outlined in 3.5.5[B])
  - NHS Urgent Medicine Supply Advanced Service NUMSAS
- Locally Commissioned Services:
  - Specialist Drugs (Palliative Care) Service (outlined in 3.5.6[A])
  - Emergency Medicines Supply Service (outlined in 3.5.6[A])
  - Medicines Optimisation Service (outlined in 3.5.6[A])
  - Sexual Health Services (outlined in 3.5.6[B])
  - Smoking Cessation Services (outlined in 3.5.6[B])
  - Substance Misuse Services (outlined in 3.5.6[B])

### **1.2.4 Improvements and better access – gaps in provision (Sch. 1, Para. 4)**

Any pharmaceutical services not currently being provided but which would secure future improvements to pharmaceutical services (common examples of this include major industrial, communications or housing developments).

These gaps are outlined in 4.1.3.

### **1.2.5 Other Services (Sch. 1, Para. 5)**

Any NHS services provided or arranged by the Health and Wellbeing Board, NHS Commissioning Board, a CCG, an NHS Trust or an NHS Foundation Trust which affect current

or future need for pharmaceutical services (for example, a large health centre providing a stop smoking service).

Other services that might potentially impact on the future need for pharmaceutical services are outlined in 2.4.

### **1.2.6 How the assessment was carried out (Sch. 1, Para. 6)**

An explanation of how the PNA has been carried out including: (i) how the localities used within the PNA have been determined; (ii) how the different needs of different localities within the area have been taken into account, as well as the different needs of people in the area who share a protected characteristic; and (iii) a report on the consultation that has been undertaken.

A description of the PNA process is outlined in 1.3.

### **1.2.7 Maps (Sch. 1, Para. 7)**

A map (kept up to date in so far as is practicable<sup>30</sup>) identifying the premises at which pharmaceutical services are provided in the area.

This requirement is met by the provision of Figure 7, Figure 8 and Figure 9.

## **1.3 Process**

### **1.3.1 Introduction**

B&NES's Health & Wellbeing Board has established a PNA Steering Group to oversee the process of developing a new PNA. Members of this PNA Steering Group include representation from B&NES Council, NHS BaNES CCG, NHS England, Avon Local Pharmaceutical Committee (LPC) and Healthwatch.

### **1.3.2 Methodology**

The Department of Health's PNA Information Pack,<sup>31</sup> designed to support local authorities with regards to their responsibilities in developing a PNA, has been used as a guide for the methodology adopted in this PNA.

The content of this PNA will be produced by means of a structured analysis of a range of data sources in order to identify the following:

- demographic characteristics and forecasted future population trends (Chapter 2);
- relevant strategic health priorities (Chapter 2);
- an assessment of whether any relevant local NHS services might have an impact on current or future need for local pharmaceutical services (Chapter 2);
- current provision of local pharmaceutical services (Chapter 3); and
- gaps in the current and future provision of local pharmaceutical services (Chapter 4).

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<sup>30</sup> Regulation 4(2) of *The Regulations* requires the HWB to keep the above map up to date, in so far as is practicable.

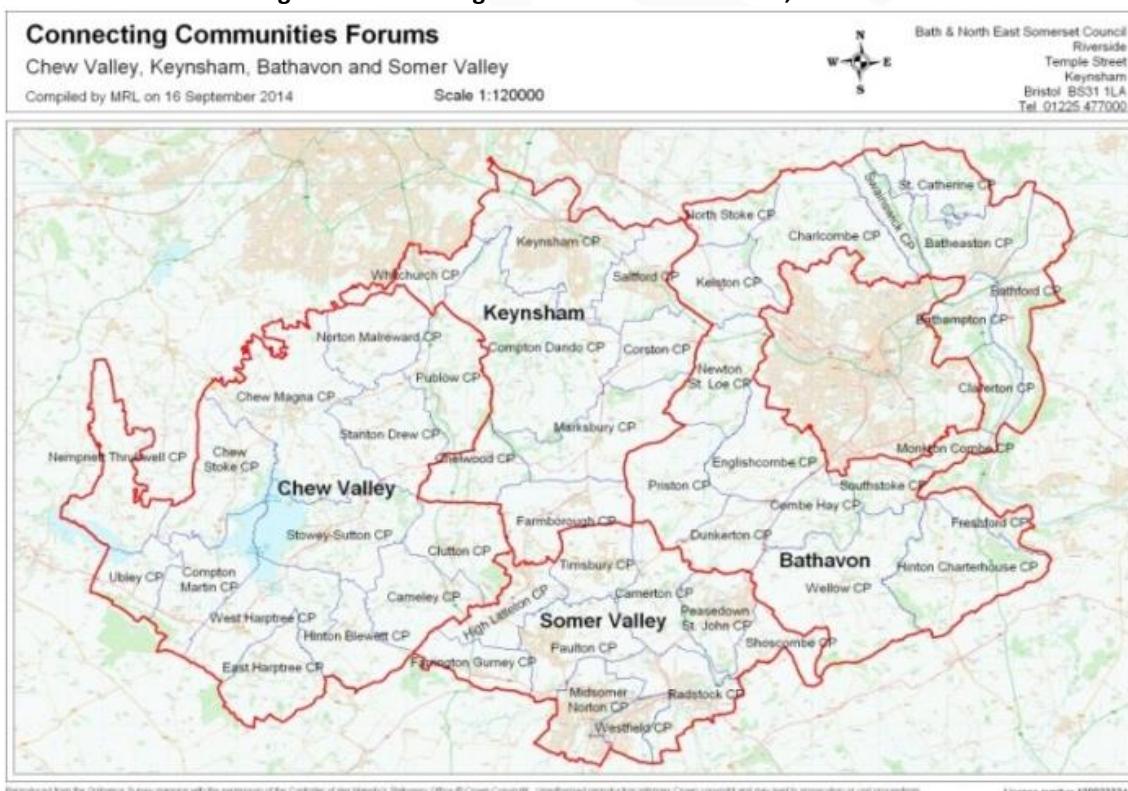
<sup>31</sup> Department of Health (2013), *Pharmaceutical Needs Assessments: Information Pack*, available from: <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

Data and information will be taken from a wide variety of sources; including national data sources, B&NES's Joint Strategic Needs Assessment (JSNA), a PNA Questionnaire, and others.

The methodology adopted in this PNA differs from the previous PNA (carried out in 2014/15). Rather than always assume that members of the public used only those pharmacies located close to where they live, the previous PNA took into account dispensing behaviours of those people registered with GP practices located in the BaNES CCG area (by analysing dispensing activity data). What this analysis showed was that patients registered at GP practices that made up the then Norton Radstock and Chew/Keynsham GP clusters overwhelmingly went to community pharmacies also located in the same GP cluster. However, the picture appeared more fluid in the then three Bath GP clusters of Bath Central, Bath West and Bath East; with a greater proportion of patients going to community pharmacies in another Bath GP cluster to the one their GP practice was located in. It is for this reason that B&NES was split into the following three geographical areas for this PNA:

- **Bath (including Bathavon) PNA area** – made up of Bath City Centre electoral wards<sup>32</sup> and the Bathavon Connecting Communities Forum area in B&NES (Figure 1).
- **Keynsham and Chew Valley PNA area** – made up of the Keynsham and Chew Valley Connecting Communities Forum areas in B&NES (Figure 1).
- **Somer Valley PNA area** – made up of the Somer Valley Connecting Communities Forum area in B&NES (Figure 1).

**Figure 1: Connecting Communities Forum Areas, B&NES**



<sup>32</sup> Abbey, Bathwick, Combe Down, Kingsmead, Lambridge, Lansdown, Lyncombe, Newbridge, Odd Down, Oldfield, Southdown, Twerton, Walcot, Westmoreland, Weston and Widcombe electoral wards.

### **1.3.3 People with Protected Characteristics**

In accordance with *The Regulations*, this PNA will highlight, where possible, the demographics and health needs of people in B&NES who share a '*protected characteristic*'. Under the Equality Act 2010<sup>33</sup> the following nine characteristics are known as '*protected characteristics*':

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;
- pregnancy and maternity;
- race;
- religion or belief;
- sex; and
- sexual orientation.

### **1.3.4 Consultation**

#### **A. PNA Questionnaire**

In order to ensure appropriate stakeholder engagement in the development of the PNA, information was sought from pharmaceutical providers through an on-line survey process organised and run by Avon LPC<sup>34</sup> during May 2017. Survey responses were collected from all 40 pharmacy contractors (including the distance selling pharmacy). The results of this survey are outlined in the Pharmaceutical Services chapter (Chapter 3).

#### **B. Statutory Consultation**

In addition, a statutory 70-day consultation (extended by ten days from the statutory 60-day minimum to allow for the Christmas and New Year break) of this pre-consultation draft PNA will be carried out during the period Monday, 11<sup>th</sup> December 2017 to Sunday, 18<sup>th</sup> February 2018. This consultation will seek the views of key stakeholders and members of the public on whether they agree with the contents and key findings. The feedback from this consultation will inform the final published PNA document.

#### **C. Voicebox**

At the time of publication of the most recent 2015 PNA a local community Voicebox survey had also been carried out that asked local residents about their use and views of pharmaceutical services in the area. Although the results were not ready in time for publication of the 2015 PNA, the results were included in the B&NES JSNA soon after publication (as part of a process of on-going development of the PNA).<sup>35</sup> Around one in five (18 per cent) of respondents stated they used a pharmacy more

<sup>33</sup> Equality Act 2010, c.15, available from: <http://www.legislation.gov.uk/ukpga/2010/15>

<sup>34</sup> Commissioned by B&NES.

<sup>35</sup> B&NES (2015), *Pharmacies*, JSNA, available from: [http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/pharmacies#footnote2\\_9d8d03h](http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/pharmacies#footnote2_9d8d03h)

than once a month, with only five per cent of respondents saying they never use a pharmacy. Three quarters of respondents tended to use the same pharmacy. The vast majority of respondents, 89 per cent, stated they were satisfied with the service they received the last time they visited a pharmacy, with only 3 per cent stating they were dissatisfied. At least half of respondents felt the following features and services were very important for a pharmacy: (i) having a prescription service from GPs so they are ready to collect (56 per cent); (ii) being open at weekends (51%); and (iii) being close to their GP (50 per cent).

### **1.3.5 Governance**

The B&NES Health and Wellbeing Board is the statutory body with overall responsibility for ensuring that the JSNA and PNA are produced for the local area. Production and on-going development of the PNA will follow a similar governance process as the JSNA, i.e. the Health and Wellbeing Board will act as project sponsor for the work and the PNA Steering Group will oversee the on-going development of the PNA and ensure that all requirements are being met.

### **1.3.6 Ongoing Review Process**

The ongoing process to update the B&NES JSNA and B&NES Health and Wellbeing Strategy will be mindful of any implications for pharmacy provision, and where relevant, this document will be reviewed sooner than the three year time frame for this PNA (1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2021).

## Chapter 2: Context

### 2.0 Introduction

Following the methodology adopted in this PNA (outlined in 1.3.2), this chapter will highlight the demographic characteristics and forecasted future population trends, as well as relevant strategic health priorities. Also set out in this chapter is an assessment of whether any relevant local NHS services might have an impact on current or future need for local pharmaceutical services, as well as any potential gaps in the future due to population and housing growth.

### 2.1 Demographics

#### 2.1.1 B&NES Resident Population<sup>36</sup>

**Table 1: B&NES Resident Population by Age and PNA Area (as at 30<sup>th</sup> June 2015)**

Age Group	B&NES No.	Bath (incl. Bathavon) No.	Keynsham & Chew Valley No.	Somer Valley No.
<b>0-14</b>	28,674	15,108	5,757	7,809
<b>15-24</b>	33,275	24,697	3,928	4,650
<b>25-64</b>	87,921	49,284	17,266	21,371
<b>65-84</b>	29,761	15,323	7,478	6,960
<b>85+</b>	5,243	2,935	1,317	991
<b>Total</b>	<b>184,874</b>	<b>107,347</b>	<b>35,746</b>	<b>41,781</b>

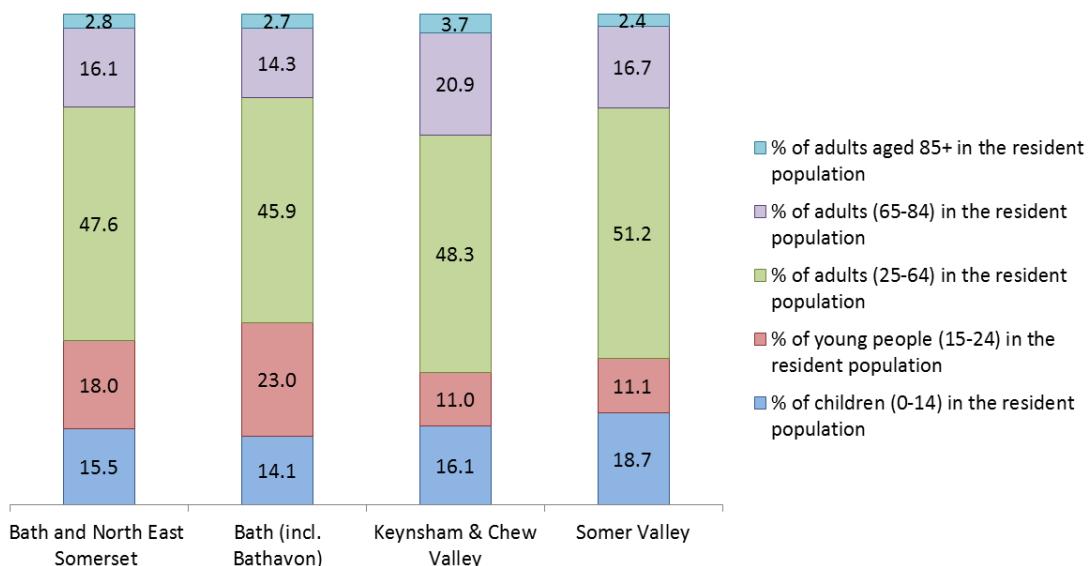
**Source:** ONS (2016), Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015, available from:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2015>

As at mid-2015 the total B&NES resident population is estimated to be 185,000 (Table 1). The Bath (incl. Bathavon) PNA area has the largest population, with an estimated 107,000 residents (58 per cent of the B&NES resident population); followed by Somer Valley PNA area with an estimated 42,000 residents (23 per cent of the B&NES resident population); and Keynsham & Chew Valley PNA with an estimated 36,000 residents (19 per cent of the B&NES resident population).

Somer Valley PNA area has the highest proportion of children and young people aged under-15, 19 per cent, or nearly one in five of the population of the Somer Valley PNA area (Figure 2). The number and proportion of young adults aged 15 to 24 is highest in the Bath PNA area, 24,700 and 23 per cent respectively (Table 1 and Figure 2). A large proportion of these young people in the Bath PNA area will be from the resident student population in B&NES.

<sup>36</sup> B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/population>

**Figure 2: B&NES Resident Population by Age and PNA Area (as at 30<sup>th</sup> June 2015)**

**Source:** ONS (2016), Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2015, available from:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2015>

**Note:** Due to rounding, may not add up to 100 per cent

Keynsham & Chew Valley PNA area has the greatest concentration of older people – 21 per cent are aged 65-84, and a further four per cent are aged 85 and over (Figure 2). At first sight this may indicate that the greatest level of health need is likely to be in the Keynsham & Chew Valley PNA area.

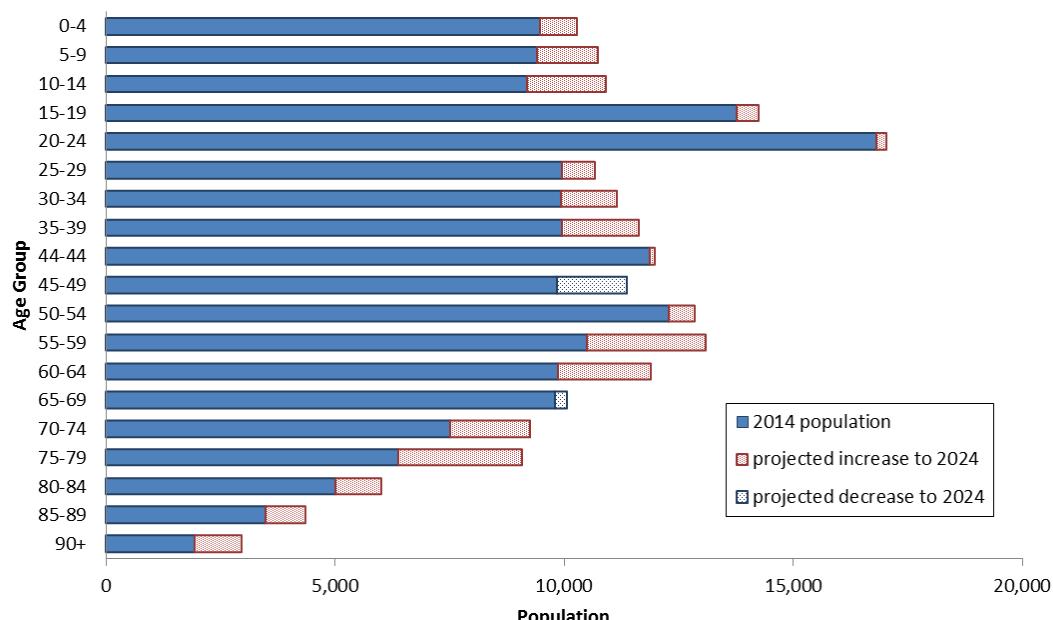
### 2.1.2 Forecasted Future B&NES Resident Population<sup>37</sup>

The Office for National Statistics produce regular projections designed to model the future growth of the population for each local authority. These projections are based on historical trends of births, deaths and migration. As a result, they do not take into account any population changes due to policy, i.e. they exclude increases in the population due to planned new housing development.

In 2015 local population forecasts were commissioned by B&NES in order to attempt to account for housing growth, as projected through the adopted Core Strategy for B&NES, the main planning document for guiding and managing new development in B&NES from 2014 to 2029.<sup>38</sup> The Core Strategy proposes the building of c.13,000 new homes between 2011 and 2029 (including c.3,300 affordable housing units).

<sup>37</sup> B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/population-change>

<sup>38</sup> B&NES (2014), *Bath and North East Somerset Core Strategy: Part 1 of the Local Plan*, July 2014, available from: <http://www.bathnes.gov.uk/services/planning-and-building-control/planning-policy/core-strategy-examination>

**Figure 3: Population Forecasts for the B&NES Resident Population by Age Group, 2014 to 2024**

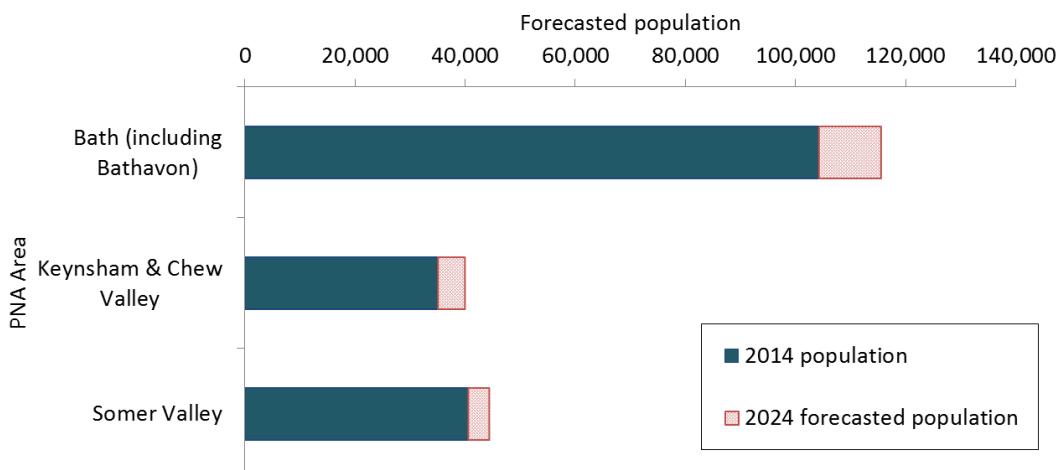
Source: B&NES locally commissioned population forecasts

Overall, the population of B&NES is forecast to increase from 180,500 in 2014 to nearly 200,000 people by 2024, an 11 per cent increase. The number of residents aged 75 and over is forecast to increase from 17,000 in 2014 to 22,500 people in 2024, a much larger increase of a third. Indeed, the largest proportionate forecasted increase in the resident population between 2014 and 2024 is for residents aged 90 years and over, a 53 percentage increase of around 1,000 additional residents (Figure 3).

The resident population of under-5s is forecast to increase from 9,500 in 2014 to just over 10,000 people in 2024 (Figure 3). The resident school age (5 to 15) population in B&NES is forecast to increase from 20,614 to 23,840 people (representing a 16 per cent increase).<sup>39</sup>

There is forecast to be a slight fall in those aged in their 40s – from 25,000 in 2014 to 23,500 people in 2024 (Figure 3). This will have an impact on the Dependency Ratio – the number of dependents (children aged below 16 and adults over 65 years old) for every person of working age (16 to 64 years old). In B&NES the Dependency Ratio is forecast to rise from 53 per cent in 2014, to 58 per cent in 2024. This will have implications for future commissioning local health and social care services, including the commissioning of local pharmaceutical services.

<sup>39</sup> B&NES locally commissioned population forecasts

**Figure 4: Population Forecasts for the B&NES Resident Population by PNA Area, 2014 to 2024**

**Source:** B&NES locally commissioned population forecasts

In the Bath (incl. Bathavon) PNA area, the population is forecast to increase in each of the PNA areas between 2014 and 2024 (Figure 4). The largest forecasted increase in terms of the number of additional people is expected to be seen in the Bath (incl. Bathavon) PNA area – an additional 11,000 people between 2014 and 2024 (representing an 11 per cent increase in the population). The Keynsham and Chew Valley PNA area is forecast to see the greatest proportionate increase in its population during the decade 2014 to 2024 – a 14 per cent increase (representing an additional 5,000 people). Somer Valley is forecast to see an additional 4,000 people during the decade 2014 to 2024 (representing a 10 per cent increase in the population). However, over the next three years (during the period of this PNA) the rate of new housing growth is forecast to be relatively slow. Therefore, it is anticipated that current local pharmaceutical provision will be able to cope.

**Key Finding:** it is anticipated that current pharmaceutical provision from existing pharmacies will be able to cope with the demand from new populations during the period of this PNA, i.e. 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2021. This will be reviewed, at the latest, during 2020/21.

### 2.1.3 Ethnicity (B&NES Resident Population)<sup>40</sup>

Data relating to ethnicity of the B&NES population has not been up-dated for a number of years. According to the 2011 Census, 10 per cent of the population, or 17,500 residents, are classified as belonging to a minority ethnic group (non-White British).<sup>41</sup> Approximately 6,600 residents identify themselves as ‘Other White’ (a large proportion of who are assumed to be from the EU Accession states) and 4,500 as Asian or Asian British descent.

<sup>40</sup> B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/ethnicity>

<sup>41</sup> Data from the 2015 B&NES Child Health-Related Behaviour Survey showed 11 per cent of secondary school aged-respondents described themselves as belonging to a minority ethnic group. This suggests the ethnic composition of B&NES residents has not changed drastically since the 2011 Census data. Source: B&NES JSNA web-link: [http://www.bathnes.gov.uk/sites/default/files/siteimages/Your-Council/Local-Research-Statistics/cyp\\_hwbs\\_secondary\\_survey\\_2015\\_emotional\\_wellbeing.pdf](http://www.bathnes.gov.uk/sites/default/files/siteimages/Your-Council/Local-Research-Statistics/cyp_hwbs_secondary_survey_2015_emotional_wellbeing.pdf)

As at July 2017 there were 38 dwellings in B&NES which accommodate Gypsies and Travellers.<sup>42</sup> Gypsy and Traveller communities have poorer health outcomes than UK ethnic minority and socioeconomically disadvantaged groups.<sup>43</sup> The 2015 Health Needs Assessment showed a higher prevalence of risk factors for a range of health issues including child mortality, smoking, mental illness, and physical disabilities.<sup>44</sup>

In addition, B&NES has a relatively high number of resident ‘Boaters’ who are mainly moored along the Kennet and Avon Canal. The 2016 Boaters survey showed the majority comprise single/separated men aged over 40 years, in addition to young families and couples.<sup>45</sup>

## 2.2 Locally Identified Strategic Health Priorities

This section summarises already identified strategic health priorities from a range of local strategic plans that are directly relevant to local pharmaceutical services in B&NES.

### 2.2.1 B&NES Joint Health and Wellbeing Strategy (JHWS) 2015-19

The Health and Wellbeing Board (HWB) is the body responsible for improving the health and wellbeing of people in Bath and North East Somerset. The Joint Health and Wellbeing Strategy (JHWS)<sup>46</sup> sets out how the HWB will improve local health and priorities for action based on the health and wellbeing needs. It does this by assessing the evidence, setting the strategic direction and deciding how to make the best use of collective resources.

There are three main themes and eleven priorities in the current JHWS, which were identified in 2015 (Figure 5).

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<sup>42</sup> B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/travellers-and-gypsy>

<sup>43</sup> Parry, G. et al. (2004), *The Health Status of Gypsies & Travellers in England*, University of Sheffield: School of Health and Related Research, available from: <https://www.shef.ac.uk/scharr/research/publications/travellers>

<sup>44</sup> Travelling Community Support (2015), *Into the Future: An Overview of Gypsy, Traveller & Boater Health Needs within B&NES*, Third Progress Report, December 2015, available from:

[http://www.bathnes.gov.uk/sites/default/files/siteimages/Your-Council/Local-Research-Statistics/traveller\\_and\\_boater\\_traveller\\_health\\_needs\\_2015\\_winter\\_report\\_final\\_draft.pdf](http://www.bathnes.gov.uk/sites/default/files/siteimages/Your-Council/Local-Research-Statistics/traveller_and_boater_traveller_health_needs_2015_winter_report_final_draft.pdf)

<sup>45</sup> Atkins (2016), *B&NES Water Space Study: Boater Survey Consultation Report*, available from: [http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Environment/bnes\\_wss\\_boaters\\_survey\\_consulation\\_report\\_final\\_01.12.16.pdf](http://www.bathnes.gov.uk/sites/default/files/sitedocuments/Environment/bnes_wss_boaters_survey_consulation_report_final_01.12.16.pdf)

<sup>46</sup> B&NES (2015), *Bath and North East Somerset Health and Wellbeing Strategy 2015-2019*, available from: [http://www.bathnes.gov.uk/sites/default/files/banes\\_health\\_and\\_wellbeing\\_strategy\\_2015 - 2019.pdf](http://www.bathnes.gov.uk/sites/default/files/banes_health_and_wellbeing_strategy_2015 - 2019.pdf)

**Figure 5: Themes and Priorities, B&NES Joint Health and Wellbeing Strategy 2015-2019**

**Source:** B&NES (2015), *Bath and North East Somerset Health and Wellbeing Strategy 2015-2019*, available from: [http://www.bathnes.gov.uk/sites/default/files/banes\\_health\\_and\\_wellbeing\\_strategy\\_2015 - 2019.pdf](http://www.bathnes.gov.uk/sites/default/files/banes_health_and_wellbeing_strategy_2015 - 2019.pdf)

Local pharmacy contractors have the potential to help deliver against all three themes in the JHSW. They are developing further their '*preventing ill health*' agenda, for example, through engagement with the Health Living Pharmacy (HLP) initiative (being supported through the CPCF). Pharmacy Contractors are also well placed to help deliver the second theme, '*improving the quality of people's lives*'; for example, through the development of services to support people with long-term conditions, in both the Quality Payments Scheme<sup>47</sup> (asthma), and through the locally commissioned Medicines Optimisation Service.<sup>48</sup> Finally, pharmacy contractors are ideally placed in communities to help support the third theme of '*tackling health inequalities*', for example, by being easily accessible in B&NES's most deprived communities.<sup>49</sup>

## 2.2.2 B&NES, Swindon and Wiltshire Sustainability and Transformation Plan (BSWSTP)

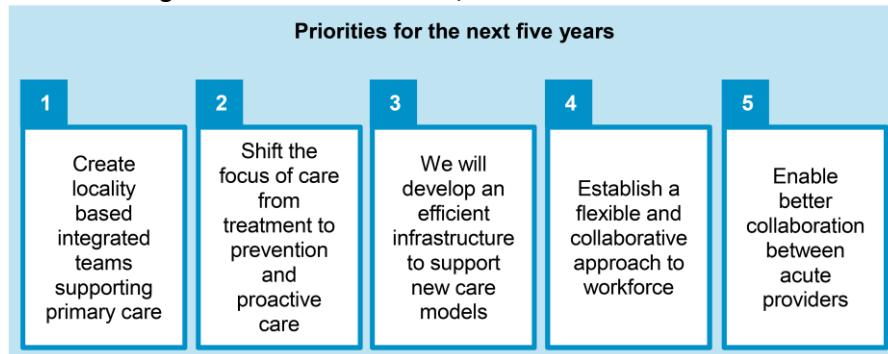
In response to increasing financial pressures, rising healthcare costs and patient demands, the B&NES, Swindon and Wiltshire (BSW) five year Sustainability and Transformation Plan (STP)<sup>50</sup> has been developed. The BSWSTP aims to provide a mechanism for accelerating improvements to health and care planning and delivery for BSW residents in a financially sustainable way. The early priorities established in 2016 for the next five years are set out in Figure 6.

<sup>47</sup> see 1.1.9

<sup>48</sup> see 1.1.7 and 3.5.6[A]

<sup>49</sup> see 3.2.3

<sup>50</sup> BSWSTP (2016), *Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan*, available from: <http://www.bswstp.nhs.uk/>

**Figure 6: Priorities of the Bath, Swindon and Wiltshire STP**

**Source:** BSWSTP (2016), Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan, available from: <http://www.bswstp.nhs.uk/>

The Independent Review of Community Pharmacy Clinical Services<sup>51</sup> identified that STPs could provide good opportunities for community pharmacy. Specifically, that STPs could provide a structure through which the commissioning of pharmacy services across multiple commissioners may become more streamlined. Also, that they may provide the opportunity for pharmacies to become a coherent part of joined-up system-wide services and pathways to provide better care. Across the BSWSTP, pharmacy contractors, due to the opportunities they have with interaction with patients and local communities, can help with the at least four of these five BSWSTP priorities, namely:

Priority	Potential contribution of pharmacy contractors
<i>'Create locally based integrated teams supporting primary care'</i>	Clinical Pharmacists in Primary Care are potentially a bridge between the GP Practices and local pharmacy contractors to help align priorities, and integrate further key population needs.
<i>'Shift the focus of care from treatment to prevention and proactive care'</i>	Pharmacy contractors supporting self-care and a proactive role will become ever more important. Signposting of patients to Community Pharmacy from both 111 and GP surgeries could help support patients engage with this agenda more.
<i>'We will develop an efficient infrastructure to support new care models'</i>	Clinical Pharmacists in GP surgeries are being seen as one important element, out of several, of creating a more sustainable model; both helping with high GP workload, and driving more proactive care.
<i>'Establish a flexible and collaborative approach to workforce'</i>	

Identification of these five priorities led to three transformational work streams: (i) preventative and proactive care; (ii) planned care, and; (iii) urgent and emergency care. As a result of a greater focus on preventative health care, in the future there may be increased opportunities for delivery of more community-based preventative services through pharmacies.

<sup>51</sup> Murray, R. (2016), *Independent Review of Community Pharmacy Clinical Services*, NHS England, available from: <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/ind-review-cpcs/>

### 2.2.3 BaNES CCG Operational Plan 2017-19

BaNES CCG's Operational Plan for 2017 to 2019<sup>52</sup> sets out the plans to improve the health of, and quality of the health services delivered to, the local population. The strategic objectives include:

- Improving quality, safety and individuals' experience of care
- Improving consistency of care and reducing variability of outcomes
- Providing proactive care to help people to age well and to support people with complex care needs
- Creating a sustainable health system within a wider health and social care partnership
- Empowering and encouraging people to take personal responsibility for their health and wellbeing
- Reducing inequalities and social exclusion and supporting our most vulnerable groups
- Improving the mental health and wellbeing of our population

Work that started in 2017/18 through the commissioning of the Medicines Optimisation Service<sup>53</sup> has provided an opportunity to align the BaNES CCG agenda with pharmacy contractors, in particular in medicines initiatives which are aimed at improving quality. This includes the optimisation of stroke prevention medication and providing proactive care to support people with complex needs (for example, audit work on type 2 diabetes to reduce their cardiovascular risk). BaNES CCG will be working with pharmacy contractors to look at opportunities to deepen the reach and clinical impact of this commissioned service.

### 2.2.4 BaNES CCG Medicines Optimisation Strategy 2016-20

The Medicines Optimisation Strategy 2016-20<sup>54</sup> set out ten key priorities for the next four years, as follows:

1. **Diabetes Care** – optimise the medicines used
2. **Frail Elderly** - commission clinical pharmacy medicines reviews for all frail elderly
3. **Antimicrobial Stewardship** – lead a collaborative and work programme to support this national priority
4. **Improving Value from our Medicines** - ensuring maximum benefit from investment through a focus on outcomes
5. **Musculoskeletal** - support the review of rheumatology and pain medicines pathways
6. **Workforce development** - maximise the use of pharmacy staff in the health community
7. **Acute Kidney Injury** – implement the national programme for primary care Acute Kidney Injury and optimise management of patients with Chronic Kidney Disease
8. **Stroke Prevention and VTE** – optimise the medicines used
9. **Safer Care Culture** – establish a local reporting and learning culture in primary care including use of the National Reporting and Learning System (NRLS) GP e-form

<sup>52</sup> Bath and North East Somerset CCG (2017), *Operational Plan: 2017-19*

<sup>53</sup> *Ibid.*

<sup>54</sup> Bath and North East Somerset CCG (2016), *Medicines Optimisation Strategy 2016-20*, available from: <http://www.bathandnortheastsomersetccg.nhs.uk/assets/uploads/2016/01/2-5-Meds-Opti-Strat-Final-JCC-Jan16.pdf>

## 10. Mental Health – optimise the medicines used for this vulnerable group

As mentioned above, there is an opportunity to utilise the Medicines Optimisation Service<sup>55</sup> to help pharmacy contractors prioritise and help deliver some of the priorities of the BaNES CCG Medicines Optimisation Strategy.

### 2.2.5 B&NES Sexual Health Strategy 2015-18

B&NES's Sexual Health Strategy<sup>56</sup> has been produced to inform its approach to improving the sexual health of the diverse communities of B&NES, as well as to reduce sexual health inequalities. The overall aim of this strategy is to provide a strategic framework to shape the planning and delivery of services and interventions to support improved sexual health outcomes. There are three population-level outcomes that this strategy seeks to deliver, they are as follows:

1. Sexually active adults and young people are free from STIs;
2. Sexually active adults and young people are free from unplanned pregnancies; and
3. Young people are supported to have choice and control over intimate and sexual relationships.

Pharmacies play an important role in supporting the delivery of these outcomes in a number of ways, including the direct provision of information and advice, specialist interventions such as provision of emergency hormonal contraception and chlamydia treatment, and by their support and participation with the SAFE accreditation scheme.

### 2.2.6 B&NES Tobacco Control Strategy 2013-18

Smoke Free B&NES's Tobacco Control Strategy for the period 2013 to 2018<sup>57</sup> aims to reduce health inequalities by:

- Preventing young people from starting to smoke;
- Encouraging smokers to quit; and
- Reducing the harm from smoking through:
  - exposure to toxins from second hand smoke; and
  - harm to existing smokers.

Local action will focus on achieving these aims through the following key strands of Tobacco Control:

- Multi agency partnership working;
- Normalising smoke free lifestyles;
- Reducing exposure to second hand smoke;
- Restricting supply of tobacco;
- Helping people to quit; and
- Ensuring effective communications and marketing.

<sup>55</sup> see 1.1.7 and 3.5.6[A]

<sup>56</sup> Bath and North East Somerset Council (2015), *Sexual Health Strategy 2015-18*, available from:

[http://www.bathnes.gov.uk/sites/default/files/sexualhealthstrategy\\_2015\\_18\\_first\\_draft\\_with\\_design.pdf](http://www.bathnes.gov.uk/sites/default/files/sexualhealthstrategy_2015_18_first_draft_with_design.pdf)

<sup>57</sup> Bath and North East Somerset Council (2013), *Tobacco Control Strategy 2013-18*, available from:

[http://www.bathnes.gov.uk/sites/default/files/siteimages/Social-Care-and-Health/Public-Health/smokingstrategy\\_2014\\_final.pdf](http://www.bathnes.gov.uk/sites/default/files/siteimages/Social-Care-and-Health/Public-Health/smokingstrategy_2014_final.pdf)

Pharmacies are key partners in the delivery of the Tobacco Control Strategy, in particular delivering advice and support in helping people to quit smoking.

## 2.3 Responses to Statutory Consultation

*<placeholder for post consultation content>*

## 2.4 Other Services

The following are planned known additional ‘Other Services’ (as defined in 1.2.5) that could impact on the need for pharmaceutical services in B&NES:

- The NHS England’s Estates and Technology Transformation Fund (ETTF) is investing in general practice facilities and technology throughout England between 2015/16 and 2019/20.<sup>58</sup> This includes exploring the possibility of investment within the Bath (incl. Bathavon) PNA area to redevelop a site in Oldfield Park. Should this redevelopment go ahead, this would create additional GP capacity, which could in turn create additional need for pharmaceutical services in this area. However, with a community pharmacy already on-site,<sup>59</sup> another in the rank of shops on Moorland Road<sup>60</sup> and a third pharmacy at Wellsway,<sup>61</sup> any such redevelopment is unlikely to create a significant gap in easily accessible local community pharmaceutical provision in the Bath (including Bathavon) PNA area (during the period of this PNA).
- In the Keynsham and Chew Valley PNA area, St Augustine’s Medical Practice will move from its present location in Keynsham to a new purpose built premises at Somerdale in January 2018 (i.e. during the consultation period for this PNA). Partly due to the opening of a new nearby community pharmacy in Station Road, Keynsham earlier this year,<sup>62</sup> this GP surgery relocation is unlikely to create a significant gap in easily accessible local community pharmaceutical provision in the Keynsham & Chew Valley PNA area (during the period of this PNA).
- In the Somer Valley PNA area, Hope House Surgery is to relocate, probably during the first half of 2019/20. While there is likely to be some additional capacity, this move will also be about delivering a new model of care, as it will be co-located with a Children’s Centre, library and other community facilities. During the period of this PNA this GP surgery relocation is unlikely to create a significant gap in easily accessible local community pharmaceutical provision in the Somer Valley PNA area.
- There will be newly commissioned urgent care services during 2018. This includes a new provider for the Urgent Care Centre (UCC), who will be contractually required to charge on-site for dispensed products (which the current provider does not do). This may change patient habits as to where they get their prescriptions. There will also be a new combined GP Out-of-Hours service, NHS111 service and ‘Virtual Clinical Hub’ service, which means that patients will be able to access clinical advice earlier. The impact of these changes is likely to be more patients directed appropriately to

<sup>58</sup> NHS England (), Estates and Technology Transformation Fund (ETTF), available from:  
<https://www.england.nhs.uk/gp/gpfv/infrastructure/estates-technology/>

<sup>59</sup> the co-located Hounsell and Greene Pharmacy (see Appendix)

<sup>60</sup> John Preddy Co. Ltd. (see Appendix)

<sup>61</sup> Wellsway Pharmacy (see Appendix)

<sup>62</sup> see 1.1.9

local pharmacies rather than more acute services. Although difficult to predict the likely impact of these changes, analysis of the volume of prescriptions issued by the Out-of-Hours service for the previous 2015 PNA, indicated relatively low levels of likely demand for dispensing in B&NES between 21:00 and midnight. Therefore, during the period of this PNA these changes are unlikely to create a significant gap in easily accessible local community pharmaceutical provision in any of the three PNA areas in B&NES.

**Key Finding:** there are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES.

## Chapter 3: Pharmaceutical Services

### 3.0 Introduction

This chapter provides an overview of current pharmaceutical services provided across Bath and North East Somerset (B&NES). Commentary is provided on the number of service providers located in B&NES, accessibility, and the services that they provide and are willing to provide. The services currently provided are either commissioned through the national pharmaceutical contract, or commissioned locally by NHS BaNES Clinical Commissioning Group (CCG) or B&NES Council. There are currently no local services commissioned by NHS England.

### 3.1 Pharmaceutical Service Providers

#### 3.1.1 Pharmacy Contractors

There are currently 40 pharmaceutical contractors in B&NES – 39 of these pharmaceutical contractors are community pharmacies, and one is a distance selling pharmacy (see Appendix). The 40 pharmacy contractors can be categorised as large multiples, small multiples and independents (Table 2). The distance selling pharmacy is located in the Keynsham and Chew Valley PNA area and has been included in Table 2.

**Table 2: Categorisation of Pharmacy Contractors in B&NES**

Multiple or Independent	Pharmacy Name (where a multiple)	Number	Percentage
Large Multiples	Boots (7) Lloyds (8) Superdrug (1) Well (1)	17	43%
Small Multiples	Jhoots (2) Dudley Taylor (3) Day Lewis (1) Shaunak Pharmacy (1) Preddy Newco Ltd. (1)	8	20%
Independents	Lifestyle Pharmacy (1) Bathwick Pharmacy (1) Chew Pharmacy (1) Chandag Road (1) Keynsham Pharmacy (1) Larkhall Pharmacy (1) Timsbury Pharmacy (1) Hawes Whiston and Co. (1) Midsomer Pharmacy (1) Wellsway Pharmacy (1) Widcombe Pharmacy (1) Bathampton Pharmacy (1) Hounsell and Greene (1) Pulteney Pharmacy (1) Bath Pharmacy (1) [Distance Selling]	15	37%

### 3.1.2 Dispensing GP Practices

There are five dispensing GP practices in B&NES, which operate across six different sites, although one of these – Chilcompton (a Branch Surgery) – is outside the B&NES border, in Somerset County Council area. All five dispensing GP practices serve rural populations across the south and south west of B&NES. Two of the five dispensing GP practices are located in the Keynsham and Chew Valley PNA area, and two are located in the Somer Valley PNA area.

The dispensing GP practices are as follows:

- **Keynsham and Chew Valley PNA area**
  - Chew Medical Practice
  - Harptree Surgery (provides a dispensing service at both the Harptree site, and its branch surgery in Cameley)
- **Somer Valley PNA area**
  - Elm Hayes Surgery
  - Timsbury Surgery (St Mary's Surgery)
- **Outside of B&NES**
  - St Chads Surgery (only the branch surgery, Chilcompton, has a dispensing service, which is located in Somerset County Council)

### 3.1.3 Dispensing Appliance Contractor

There is no pharmacy contractor in B&NES registered as a Dispensing Appliance Contractor (DAC).

### 3.1.4 Other Pharmacy Provision

Dispensing of medicines also takes place in hospitals and the Urgent Care Centre (UCC) within B&NES. These include:

- The RUH and UCC, Bath (Royal United Hospitals Bath NHS Foundation Trust);
- CircleBath, Peasedown St John, Bath; and
- BMI Bath Clinic, Combe Down, Bath.

The dispensing services within these hospitals are not directly commissioned by NHS BaNES CCG or NHS England and are excluded from the PNA assessment because they do not fall within *The Regulations*. Each hospital will have its own dispensing arrangements in place.

## 3.2 Location of Pharmacies

### 3.2.1 Geographical Location

Figure 7 (Bath, including Bathavon), Figure 8 (Keynsham and Chew Valley) and Figure 9 (Somer Valley) shows the geographical location of the pharmacy contractors in the three local PNA areas within B&NES. These maps also show the location of pharmaceutical contractors up to one mile (or 1.6 kilometres) beyond the border of B&NES.

The majority of pharmacy contractors in B&NES are located in the Bath (including Bathavon) PNA area, with 24 of the 40 pharmaceutical contractors (60 per cent). All 24 are community

pharmacies. There are no pharmaceutical contractors located within one mile of the border of the Bath PNA area. [Figure 7]

Eight of the 40 pharmaceutical contractors in B&NES are located in the Keynsham and Chew Valley PNA area (20%). Seven are community pharmacies and one is a distance selling pharmacy. There are also twelve pharmacy contractors located within one mile of the B&NES border (referred to as '*bordering pharmacies*' in this PNA) – two in the South Gloucestershire Council area to the north of Keynsham, and ten in the Bristol City Council area to the west of Keynsham. [Figure 8]

The remaining eight of the 40 pharmaceutical contractors in B&NES are located in the Somer Valley PNA area (20%). All eight are community pharmacies. There are no pharmaceutical contractors located within one mile of the border of the Bath PNA area. [Figure 9]

### **3.2.2 Co-location**

Of the 39 community pharmacies located in B&NES, nine are believed to be co-located alongside GP practice premises (see Appendix). Six of the nine co-located community pharmacies in B&NES are located with GP surgeries in the Bath (incl. Bathavon) PNA area. There are a further two co-located community pharmacies located with GP surgeries in the Somer Valley PNA area, with the final one being located in the Keynsham and Chew Valley PNA area.

There are potential benefits to co-locating pharmacies with GP practices, for example, ease of access to pharmaceutical services for patients visiting primary care practitioners and greater opportunity for community pharmacists to integrate with other primary care staff. However, there are also potential benefits of having a pharmacy in a separate location, for example, if it makes it more accessible by a greater range of transport options and being closer to other amenities. Furthermore, co-located pharmacies do not tend to open for longer hours, for example, none of the nine co-located community pharmacies in B&NES are open on a Sunday.

### **3.2.3 Deprivation**

One of the three key themes identified in the B&NES Joint Health & Wellbeing Strategy (JHWS) is to tackle health inequalities by creating fairer life chances.<sup>63</sup> One strategy to help achieve this is by ensuring that people living in B&NES's most deprived areas have easy access to community pharmacies.

Figure 10 shows the geographical location of those pharmacy contractors across B&NES in relation to its most deprived areas.

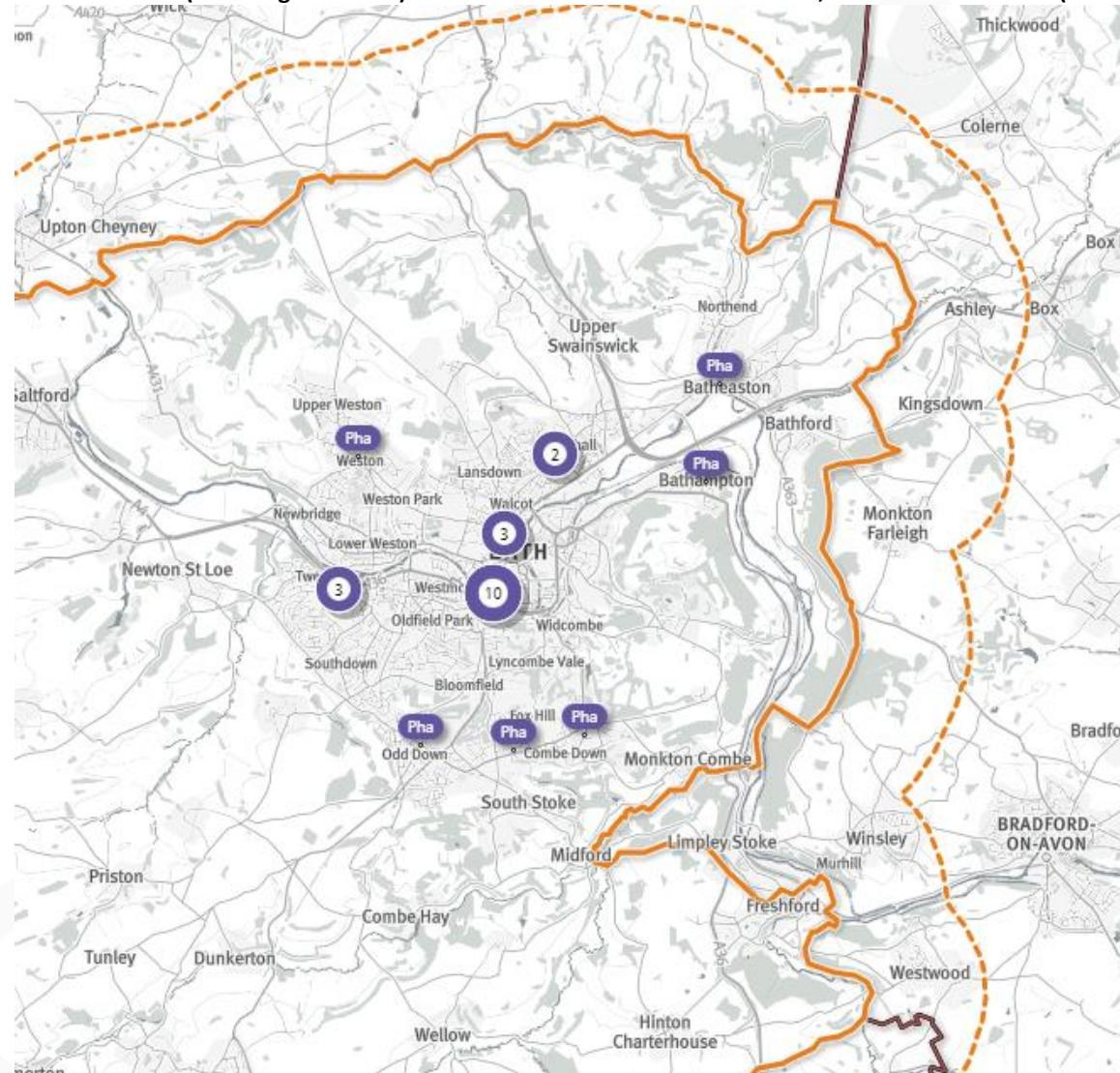
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<sup>63</sup> see 2.2.1.

**Indices of Deprivation (ID):** the most deprived areas are those where residents are more likely to be living in poverty, and as a consequence, are more likely to experience a lack of basic necessities and poorer outcomes. For example, poorer health (including disability) outcomes and living environments; lower unemployment, ill health or family circumstances); educational attainment and qualifications; and household incomes, higher crime, and barriers to housing and other services. These distinct dimensions of deprivation are measured separately and have been combined into a single overall measure called the Indices of Deprivation (2015). It is this measure that is displayed geographically in Figure 10 and which allows comparison of deprivation between areas in B&NES.

The most deprived areas in B&NES appear to be reasonably well served by community pharmacies (Figure 10). Furthermore, Table 3 demonstrates that local pharmaceutical provision in B&NES's two most deprived quintile areas have much higher rates of community pharmacies compared to the other three quintile areas. Therefore, there appears to be no significant gaps in the current provision of easily accessible local community pharmaceutical provision that serve the communities in B&NES's most deprived areas in all three PNA areas.

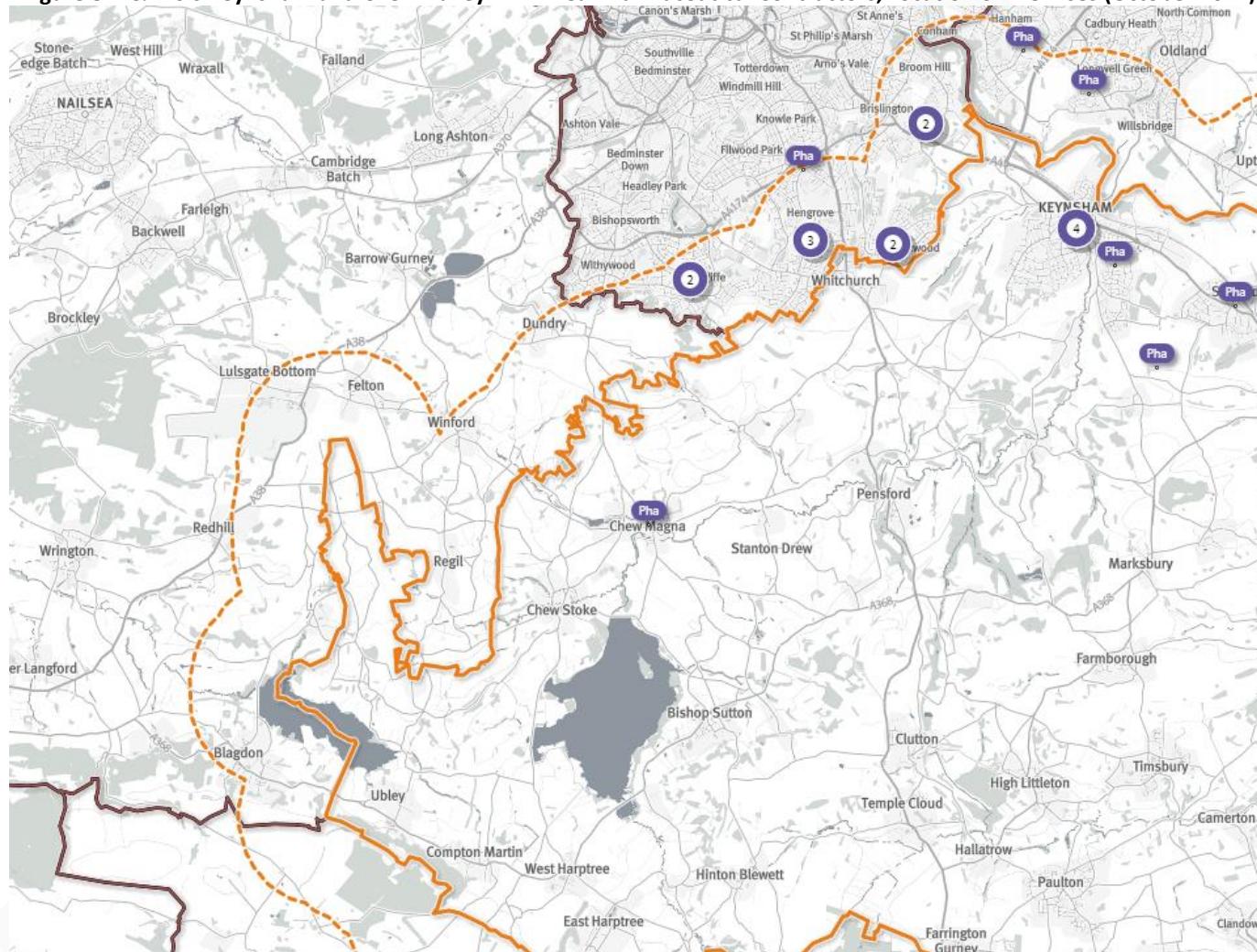
The analysis in this section would appear to indicate that there are no significant gaps in the current local community pharmaceutical provision that serve all three PNA areas in B&NES.

**Figure 7: B&NES's Bath (including Bathavon) PNA Area Pharmaceutical Contractors, Location of Premises (October 2017)**

**Source:** NHS Strategic Health Asset Planning and Evaluation (SHAPE) Tool: <https://shape.phe.org.uk/>

**Notes:** (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border. (3) the numbers shown on the map represent the number of pharmacy contractors in that location (i.e. there are too many to show separately in a small geographical area)

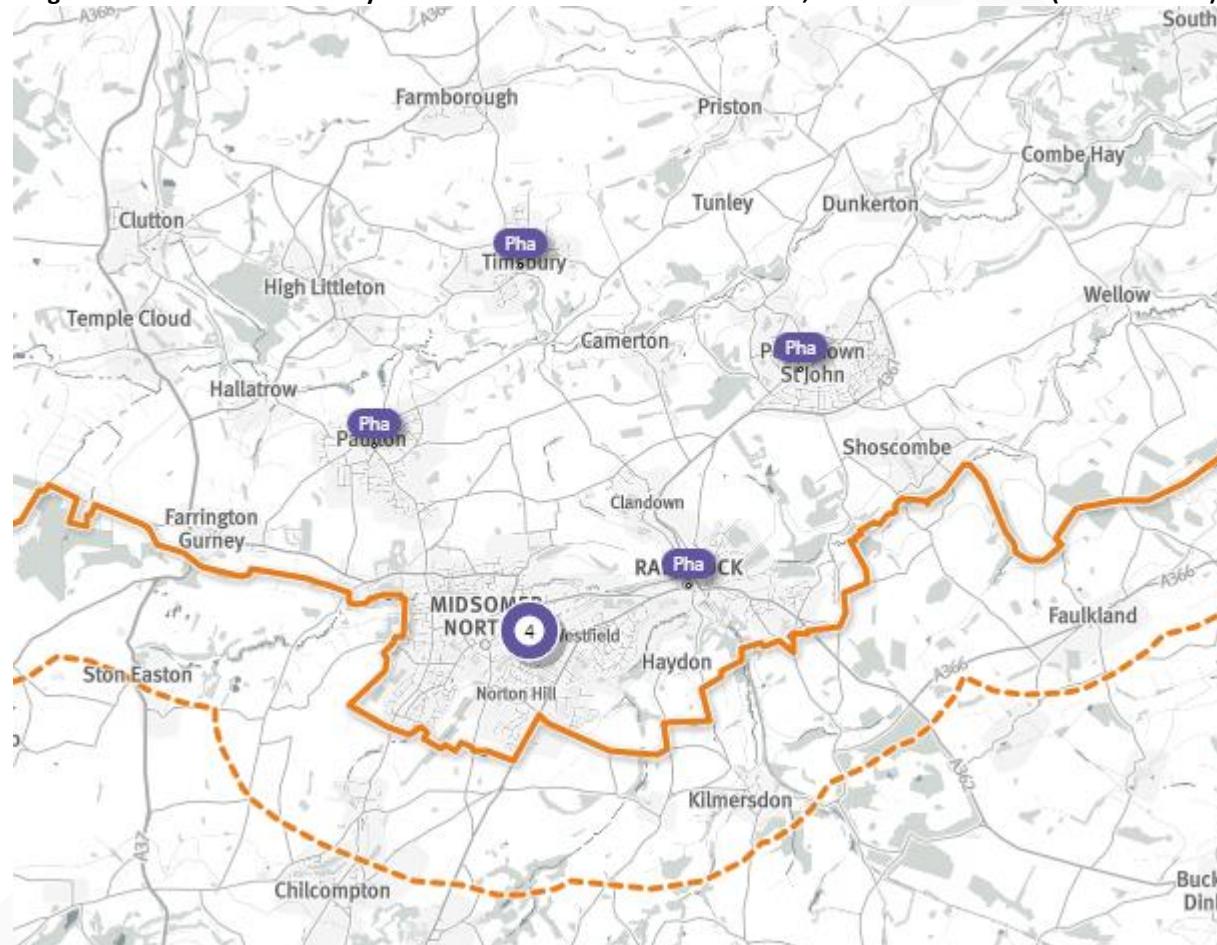
**Figure 8: B&NES's Keynsham and Chew Valley PNA Area Pharmaceutical Contractors, Location of Premises (October 2017)**



**Source:** NHS Strategic Health Asset Planning and Evaluation (SHAPE) Tool: <https://shape.phe.org.uk/>

**Notes:** (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border. (3) the numbers shown on the map represent the number of pharmacy contractors in that location (i.e. there are too many to show separately in a small geographical area)

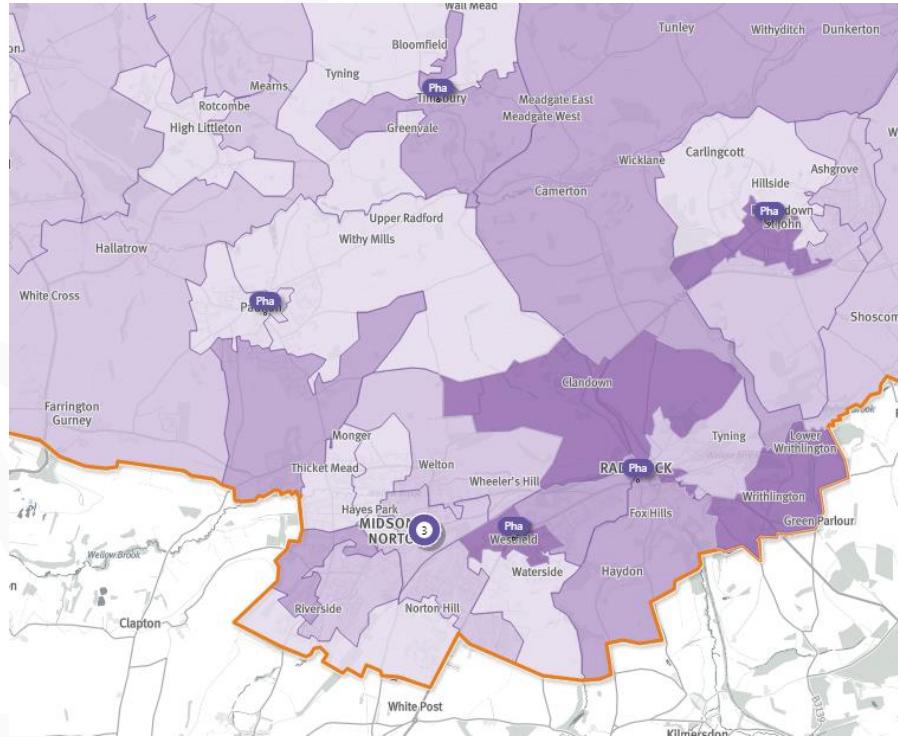
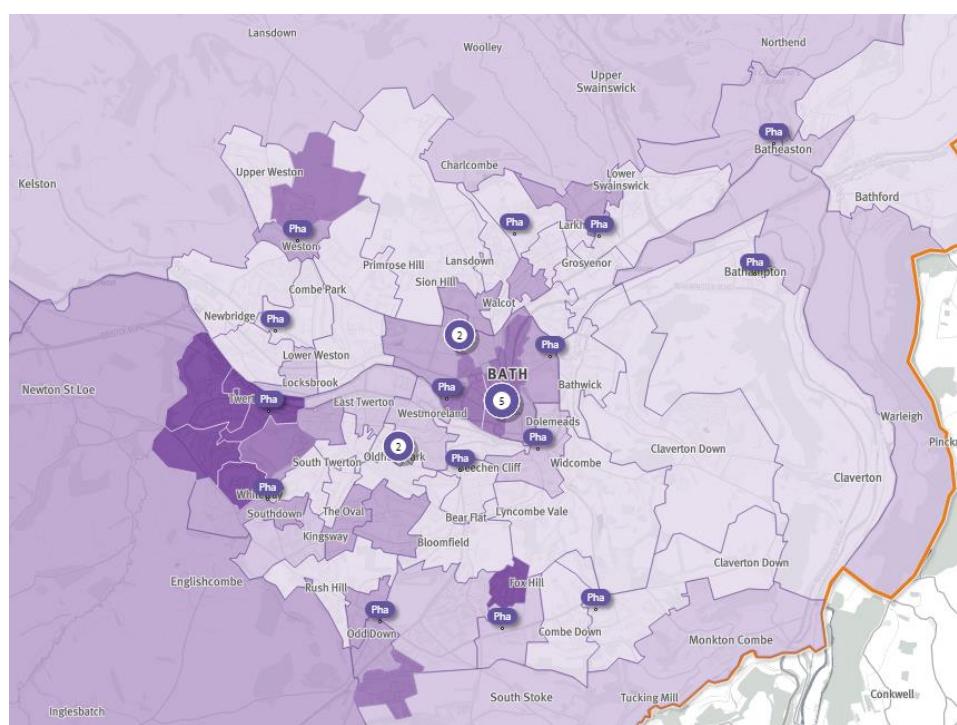
Figure 9: B&NES's Somer Valley PNA Area Pharmaceutical Contractors, Location of Premises (October 2017)



Source: NHS Strategic Health Asset Planning and Evaluation (SHAPE) Tool: <https://shape.phe.org.uk/>

Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border. (3) the numbers shown on the map represent the number of pharmacy contractors in that location (i.e. there are too many to show separately in a small geographical area)

**Figure 10: Pharmaceutical Contractors in B&NES's PNA Areas, by Deprivation (October 2017)**



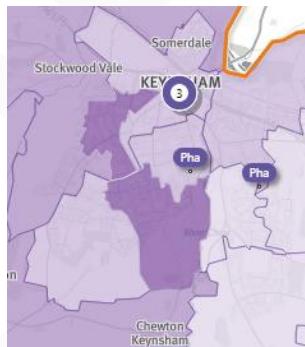
The colours represent the quintiles:

- 33.89 to 92.6
- 21.44 to 33.88
- 13.93 to 21.43
- 8.38 to 13.92
- 0.48 to 8.37

Data

Population mid-2012: 177,643

English Indices of Deprivation 2015



### 3.3 Pharmacy Provision

#### 3.3.1 Benchmarked Pharmacy Provision

Table 3: Community Pharmacies per 100,000 resident population

Local Authority Areas	Number of Community Pharmacies	Population (000's) Mid-2015 <sup>(1)</sup>	Community Pharmacies (per 100,000 population)
England [1]	11,688	54,786	21
<b>Bath and North East Somerset</b>	<b>39</b>	<b>185</b>	<b>21</b>
Bath (including Bathavon) PNA area	24	107	22
Keynsham and Chew Valley PNA area	7	36	19
Somer Valley PNA area	8	42	19
B&NES: quintile 1 (least deprived) [2]	4	37	11
B&NES: quintile 2	5	38	13
B&NES: quintile 3	7	38	18
B&NES: quintile 4	13	37	35
B&NES: quintile 5 (most deprived)	10	35	29
Bristol	93	449	21
North Somerset	43	210	20
Somerset	102	545	19
South Gloucestershire	51	275	19
Swindon	41	217	19
Wiltshire [3]	74	486	15

**Source:** (1) NHS Digital (2016), General Pharmaceutical Services in England: 2006/07 to 2015/16, available from the following link: <http://digital.nhs.uk/catalogue/PUB22317> [Table 1]. Other LAs from published LAs Consultation Draft PNAs.

**Notes:** (1) as at end 2015/16. Remainder as at October 2017. (2) uses 2015 Indices of Deprivation. (3) Wiltshire has 28 Dispensing General Practices.

At the time of the previous PNA (2013) B&NES had 38 community pharmacies, or 22 per 100,000 population. Even though there has been one additional community pharmacy in B&NES, this figure has fallen slightly to 21 per 100,000 population in 2017 (Table 3). This is also the same as the England average (21 per 100,000 population). Neighbouring areas are broadly similar in provision, for example, 21 community pharmacies per 100,000 population in Bristol. Even though there are only 15 community pharmacies per 100,000 population in Wiltshire, by far the lowest of B&NES's neighbouring areas (and STP partner, Swindon), Wiltshire also has an additional 28 Dispensing General Practices.

Table 3 also shows the provision of community pharmacies per 100,000 population in the three local PNA areas within B&NES – ranging from 22 community pharmacies per 100,000 in Bath (including Bathavon) PNA area to 19 community pharmacies per 100,000 population in the Keynsham and Chew Valley PNA area and Somer Valley PNA area.

### 3.5 Analysis of PNA Questionnaire

#### 3.5.1 Introduction

The following information has been gained from a questionnaire completed and submitted by all 40 pharmacy contractors in B&NES, known as the 2017 PNA Questionnaire. The questionnaire

used was developed by the Pharmacy Services Negotiation Committee (PSNC) to support the PNA process.<sup>64</sup>

### 3.5.2 Methodology

In this 2018 PNA all 40 pharmacy contractors located in B&NES have been grouped into the following three geographical areas:

- Bath (including Bathavon);
- Keynsham & Chew Valley; and
- Somer Valley.

The rationale for this geographical split is discussed in 1.3.2. The geographical area that each pharmacy contractor has been allocated to is detailed in the Appendix.

**Table 11: Number of pharmacy contractors serving each area**

	B&NES	Bath (incl. Bathavon)	Keynsham and Chew Valley	Somer Valley
Number of pharmacy contractors serving B&NES and each area	<b>40</b>	24	8	8

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

During May 2017 all of the 40 pharmacy contractors in B&NES completed the 2017 PNA Questionnaire. This represents a 100 per cent response rate for completion.

The following represents the analysis of the responses by the 40 pharmacy contractors to the 2017 PNA Questionnaire, i.e. detailing accessibility, facilities provided, services provided and services pharmacy contractors are willing to provide.

### 3.5.3 Accessibility of Pharmaceutical Services

There are several aspects to assessing the accessibility of pharmaceutical services that will be considered in this sub-section. Firstly, there is opening times, and whether people are able to access pharmacies at times to suit them. Secondly, there is distance to a pharmacy, and how many people are not within a reasonable distance<sup>65</sup> of a pharmacy. Thirdly, there is the issue of how accessible pharmaceutical services are to people with disabilities. Finally, there are potential accessibility issues to people whose first language is other than English.

#### A. Opening hours

The Appendix shows the detailed opening times of all 40 pharmacy contractors in B&NES. The following section is based on the total opening hours (Core and Supplementary), as documented by each pharmacy contractor (supplemented, where necessary, by cross-checking with other sources).

<sup>64</sup> Available from: <http://psnc.org.uk/contract-it/market-entry-regulations/pharmaceutical-needs-assessment/>

<sup>65</sup> The University of the West of England (UWE) WHO Collaborating Centre for Healthy Urban Environment's adopts half- and one-mile buffers as standard.

**Table 4: B&NES Pharmacy Contractors – Opening Hours**

	B&NES	Bath (incl. Bathavon)	Keynsham and Chew Valley	Somer Valley
7-days a week	7	4	2	1
All-day Saturday (i.e. excl. only Sunday)	6	3	1	2
Half-day Saturday (i.e. excl. only Sunday)	20	11	4	5
Monday to Friday (i.e. closed Sat & Sun)	7	6	1	0

**Source:** B&NES 2017 PNA Questionnaire

**Notes:** (i) see Appendix (B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor); and (ii) including Core and Supplementary Hours

There is one 100-hour pharmacy in B&NES, which is open for 100 hours each week, serving the Somer Valley (Table 4). In addition, six community pharmacies are open seven days a week – four serving the Bath (including Bathavon) PNA area, and two serving the Keynsham and Chew Valley PNA area (Table 4).

A further 26 pharmacies are open six days a week (Monday to Saturday) – six open for the whole day on a Saturday (three serving the Bath PNA area, one serving the Keynsham and Chew Valley PNA area and two serving the Somer Valley PNA area); and 20 open for half the day on a Saturday (11 serving the Bath PNA area, four serving the Keynsham and Chew Valley PNA area and five serving the Somer Valley PNA area) (Table 4).

Seven pharmacy contractors operate Monday to Friday only – six serving the Bath PNA area and one serving the Keynsham and Chew Valley PNA area (Table 4).

- **Monday to Friday opening**

All of the pharmacies are open between the hours of 09:00 until 17:30 from Monday to Friday. Twenty three pharmacies (57.5 per cent) are open before 09:00. The majority (75 per cent) are open beyond 17:30, with most closing at 18:00 and seven pharmacies open beyond 18:00. Fifteen pharmacies (37.5 per cent) are closed during the lunch hour; five are closed for half an hour or less at some point between 13:00 and 14:00, nine for the full hour between 13:00 and 14:00, and one pharmacy is closed for an hour and a quarter.

During the week, pharmacies that serve the Bath (including Bathavon) PNA area are open until 21:00. There is one community pharmacy that is open beyond 18:30 that serves the Keynsham & Chew Valley PNA area (this pharmacy closes at 21:00). The Somer Valley PNA area is served by the 100-hour pharmacy, which is open until 23:00.

- **Saturday opening**

Thirty-three community pharmacies (82.5 per cent) are open on a Saturday, with thirteen (32.5 per cent) open all day Saturday (including the 100-hour pharmacy) and 20 (50 per cent) open for half the day. There is at least one community pharmacy serving each PNA area that is open all day Saturday.

The majority of pharmacies that are open on a Saturday open at 09:00 (although ten open earlier), and close at 13:00 if open for half the day. If the pharmacy is open for a full day Saturday, closing times vary between 17:30 and 21:00. Of the five pharmacies that are open beyond 17:30 on a Saturday: one is open until 18:00 (Bath PNA area); two until

19:00 (one in the Bath PNA area and the 100-hour pharmacy in Somer Valley PNA area); one until 20:00 (Bath PNA area); and one until 21:00 (Keynsham and Chew Valley PNA area).

There is a pharmacy open until 19:00 on a Saturday in the Somer Valley PNA area. In the Bath (incl. Bathavon) PNA area there is a pharmacy in Bath City Centre open until 20:00. There is one pharmacy in Keynsham & Chew Valley PNA area which is open until 21:00 on a Saturday.

- **Sunday opening**

Seven community pharmacies (17.5 per cent) are open on a Sunday (including the 100-hour pharmacy). The 100-hour pharmacy serves the Somer Valley PNA area, whilst the other six community pharmacies serve the Bath (including Bathavon) PNA area (four community pharmacies) and Keynsham & Chew Valley PNA area (two community pharmacies). The earliest Sunday opening time in the Bath PNA area is 10:30, while in the Keynsham & Chew Valley PNA area it is 10:00. The earliest Sunday opening time in the Somer Valley PNA area is 09:00 (the 100-hour pharmacy). The latest Sunday closing time for both Bath (incl. Bathavon) and Keynsham & Chew Valley PNA areas is 17:00 on a Sunday, and 19:00 in the Somer Valley PNA area.

## B. Distance to pharmacies

Figure 11 shows areas in B&NES where residents are within at least a 15 minute walking time of a pharmacy contractor. The majority of people living in B&NES are within a 15 minute walking time of their nearest pharmacy – c.140,000 people (75 per cent of the population). However, there are around 45,000 people in B&NES (25 per cent) who do not live within at least a 15 minute walking time of a pharmacy contractor.

Figure 12 shows areas where residents need to travel more than a five minute car journey (outside of rush hour) to reach their nearest pharmacy contractor. The majority of people living in B&NES are within a 5 minute car drive of their nearest pharmacy – c.163,000 people (88 per cent of the population). However, there are around 22,000 people in B&NES (12 per cent) who do not live within at least a 5 minute car drive of a pharmacy contractor.

Those living in the following villages in B&NES (as well as other villages) do not live within a 15 minute walk, or a 5 minute car drive, of a pharmacy contractor:

- Combe Hay
- Compton Martin
- Bishop Sutton
- Pensford
- Priston
- Clutton
- Stanton Drew
- Norton Malreward
- Norton Hawkfield
- Hinton Blewett
- Hinton Charterhouse
- Ubley

- Wellow
- West Harptree \*
- East Harptree

\* Harptree Surgery, a Dispensing General Practice, is located in West Harptree

As public transport in these rural locations is limited, the majority of people are likely to travel by car to access pharmacies and dispensing practices. Therefore, those people that do not drive or have a car are limited in terms of being able to easily access a pharmacy or dispensing practice. This is a particular concern for older and younger people, and people with disabilities, who are less likely to have their own means of independent transport. However, almost all the pharmacy contractors in B&NES offer a discretionary delivery service for dispensed medicines (see below), either to resident's homes, or a secure local community location (e.g. village hall, shop). The issue of collection of prescriptions (see below) is being overcome through the Electronic Prescription Service (EPS).<sup>66</sup>

- **Bordering pharmacies**

B&NES shares borders with five other unitary local authorities – Wiltshire, Somerset, South Gloucestershire, North Somerset and Bristol City. There are twelve bordering pharmacies that are within one mile of the B&NES border, all potentially could serve residents in the Keynsham and Chew Valley PNA area (see 3.2.1).

- **Collection of prescriptions and delivery of dispensed medicines**

All 40 pharmacy contractors in B&NES are EPS enabled, as well as 23 out of 26 GP Practices in B&NES.

Thirty-eight of the 40 pharmacy contractors in B&NES reported that they provide a discretionary free home delivery service. These are spread across all three geographical PNA areas. However, several pharmacy contractors have geographical restrictions and eligibility criteria in order to qualify for home delivery, for example, being housebound.

**Key Finding:** there are no significant gaps in the current provision of easily accessible local community pharmaceutical services that serve all three PNA areas in B&NES.

## C. Access for people with disabilities

**Table 5: B&NES Pharmacy Contractors – Accessibility of Consultation Rooms**

Accessibility of Consultation Room(s)	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somerset Valley	
	No.	%	No	%	No.	%	No.	%
With wheelchair access	32	80	18	75	7	88	7	88
Without wheelchair access	8	20	6	25	1	12	1	12

**Source:** B&NES 2017 PNA Questionnaire

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

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<sup>66</sup> see 3.5.5[A]

All 40 pharmacies state that they have a consultation room available to deliver services. However, one of these pharmacies does not have space in the shop, but accesses a room at the GP surgery. Thirty-two (80 per cent) stated that they are accessible by wheelchair (Table 5). Seven of the eight pharmacies that serve both Somer Valley and Keynsham & Chew Valley PNA areas, have consultation rooms that are accessible by wheelchair. The largest proportion of pharmacy contractors that do not have wheelchair accessible consultation rooms serve the Bath (including Bathavon) PNA area (25 per cent). This is due, at least in part, to the physical and planning related constraints of Bath's historic buildings. Despite this though, there are 18 pharmacy contractors in the Bath (including Bathavon) PNA area which have a consultation room with wheelchair access.

#### D. Access for people that speak a language other than English

Twenty-two non-English languages, including eleven European languages, are spoken by pharmacy staff across the 40 pharmacy contractors in B&NES. In addition, staff in all 40 pharmacy contractors have access to Language Line Solutions, a telephone translation service.

#### 3.5.4 Facilities Provided

This section describes the consultation facilities that pharmacies in B&NES have. The facilities do to some extent determine what services the pharmacy is able to provide, for example, pharmacies need to have a consultation room to be able to provide the majority of Enhanced and Locally Commissioned Services.

#### A. On-site Consultation Room

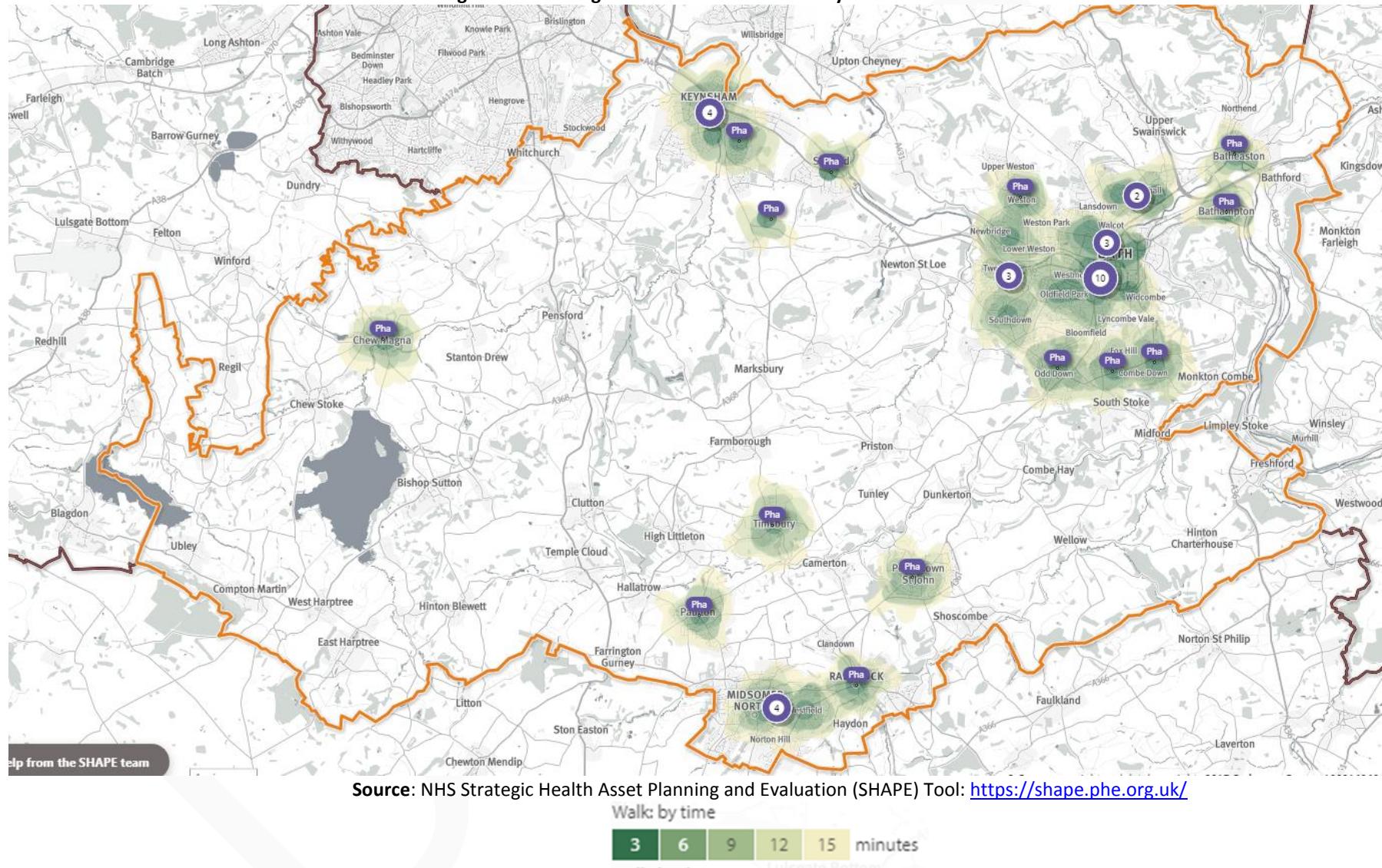
Thirty-nine of the 40 pharmacy contractors (98 per cent) have at least one consultation room available to use on-site. The one community pharmacy without an on-site consultation room is co-located with a GP surgery and has access to a consultation room there. All 39 pharmacy contractors with at least one consultation room have at least one 'closed' consultation room, which enables private consultations to take place. Twenty nine of the 39 pharmacy contractors with at least one consulting room, 74 per cent, have a wheelchair accessible consultation room.

#### B. Off-site Consultation Facilities

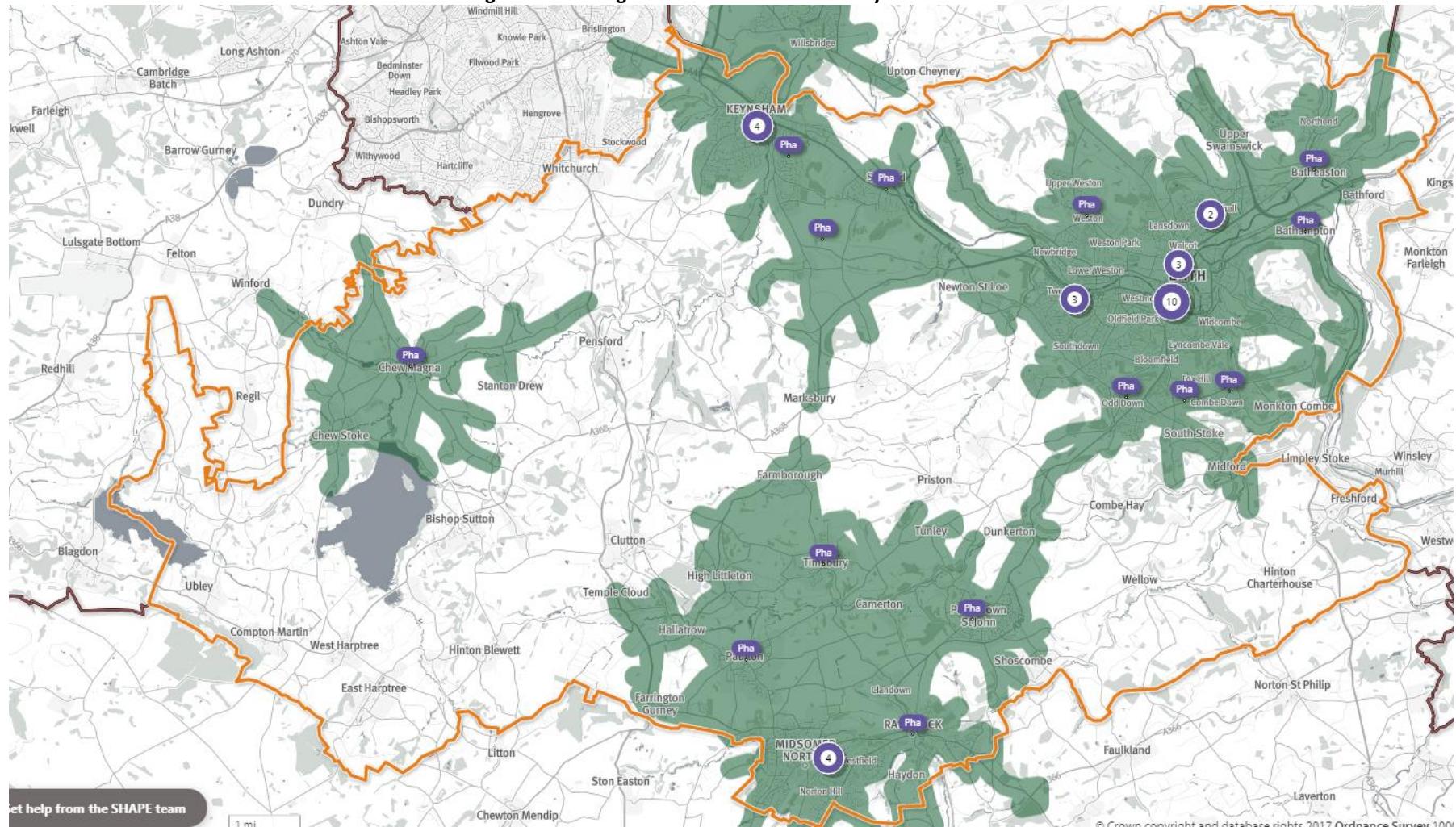
Seventeen of the 40 pharmacy contractors, 43 per cent, are willing to undertake consultations in patients' homes, or other suitable sites.

**Key Finding:** within the existing pharmaceutical provision there are a number of pharmacies that do not have wheelchair accessible 'closed' consultation rooms. We have identified this as a gap in the existing local pharmaceutical provision.

**Figure 11: Walking Times of B&NES's Pharmacy Contractors**



**Figure 12: Driving Times of B&NES's Pharmacy Contractors**



Source: NHS Strategic Health Asset Planning and Evaluation (SHAPE) Tool: <https://shape.phe.org.uk/>

### **3.5.5 NHS Pharmaceutical Services Provided by B&NES's Pharmacy Contractors**

Pharmacy contractors provide two tiers of NHS Pharmaceutical Services (introduced in 1.1.7). They are as follows:

#### **A. Essential Services**

Essential services are those services that every community pharmacy providing NHS pharmaceutical services must provide. Essential services are:

- **Dispensing** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Promotion of Healthy Lifestyles (Public Health)** – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.
- **Signposting patients to other healthcare providers** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- **Support for self-care** – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- **Clinical governance** – pharmacies must have a system of clinical governance to support the provision of excellent care, requirements include:
  - provision of a practice leaflet for patients
  - use of standard operating procedures
  - patient safety incident reporting to the National Reporting and Learning Service
  - conducting clinical audits and patient satisfaction surveys
  - having complaints and whistle-blowing policies
  - acting upon drug alerts and product recalls to minimise patient harm
  - having cleanliness and infection control measures in place
- **Electronic Prescription Service (EPS)** - enables prescribers to electronically send a prescription to a patient's chosen pharmacy for dispensing. The system makes the

prescribing and dispensing process more efficient and convenient for patients and staff. In addition, EPS can help to reduce wastage of medicines by allowing pharmacy more opportunities to help patients use their medicines more effectively as well as reduces risks of disruption to the supply of medicines to patients.

As these are services which must be provided by all pharmacists, analysis of their availability is, *de facto*, an analysis of the distribution (3.3) and accessibility (3.5.3) of the services which are necessary to meet the need for pharmaceutical services.

## B. Advanced Services

Advanced services are services pharmacy contractors and Dispensing Appliance Contractors can provide, subject to accreditation. They include the following:

- **Medicine Use Review (MUR) service** (Table 6) – a medicine check-up service, which is useful for people who regularly take several prescription medicines, or are on medicines for a long-term illness. Thirty eight of the 40 pharmacy contractors in B&NES (95 per cent) provide a MUR service. This includes all of the pharmacy contractors that serve the Keynsham & Chew Valley and Somer Valley PNA areas. There is also good coverage in the community pharmacies that serve the Bath (including Bathavon) PNA area with 92 per cent providing a MUR service. The two community pharmacies in the Bath (including Bathavon) PNA area that do not currently provide MUR state that they will be providing a MUR service “soon”.

**Table 6: B&NES Pharmacy Contractors – Medicine Use Review (MUR) Service**

Medicine Use Review (MUR) service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew valley		Somer Valley	
	No.	%	No.	%	No.	%	No.	%
MUR	38	95	22	92	8	100	8	100
No MUR	2	5	2	8	0	0	0	0

**Source:** B&NES 2017 PNA Questionnaire

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

The number of MURs in BaNES CCG per 1,000 dispensed items during the financial year 2016/17 is 2.31, lower than the comparable national rate of 3.32.<sup>67</sup> The relative performance of MURs in BaNES CCG has been lower than national since at least 2014.<sup>68</sup>

- **New Medicine Service (NMS)** (Table 7) – is a service offered to people when they are prescribed a medicine to treat a long-term condition for the first time. The pharmacist will support them to use the medicine safely and to best effect. Thirty-six of the 40 pharmacy contractors in B&NES (90 per cent) provide a NMS. This includes all of the pharmacy contractors that serve the Keynsham & Chew Valley PNA area. Of those community pharmacies that serve the Bath (including Bathavon) PNA area three (12 per cent) do not provide a NMR service. However, two of these community pharmacies state that they will be providing a NMR service to customers “soon”. There is one community

<sup>67</sup> NHS Business Services Authority (2017), *Medicines Optimisation Dashboard*. Available from:

<https://apps.nhsbsa.nhs.uk/MOD/AtlasCCGMedsOp/atlas.html>

<sup>68</sup> *Ibid.*

pharmacy in the Somer Valley PNA area that does not provide NMS. However, this community pharmacy too states that they will provide a NMR service “soon”.

**Table 7: B&NES Pharmacy Contractors – New Medicine Service (NMS)**

New Medicine Service (NMS)	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No	%	No.	%	No.	%
NMS	36	90	21	88	8	100	7	88
No NMS	4	10	3	12	0	0	1	12

**Source:** B&NES 2017 PNA Questionnaire

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

The number of NMS in BaNES CCG per 1,000 dispensed items during the financial year 2016/17 is 0.56, lower than the comparable national rate of 0.86.<sup>69</sup> The relative performance of NMS in BaNES CCG has been lower than national since at least 2014/15.<sup>70</sup>

- **Appliance Use Reviews (AURs) service** (Table 8) – an appliance (medical device) check-up service, which is useful for people who use a medical device, such as stoma bags. Nine community pharmacies (22 per cent) provide an AUR service, with between two and four community pharmacies providing this service to each PNA area. One community pharmacy in the Keynsham & Chew Valley PNA area states they would be “*willing to provide*” this service. There are far fewer community pharmacies offering this service compared to the 2015 PNA (22 community pharmacies were providing this service at the time of the 2014 PNA Questionnaire in B&NES). However, it is understood that appliances are increasingly being sent off to centralised centres for dispensing.

**Table 8: B&NES Pharmacy Contractors – Appliance Use Reviews (AURs)**

Appliance Use Reviews (AURs)	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No	%	No.	%	No.	%
AUR	9	22	2	8	3	37	4	50
No AUR	31	78	22	92	5	63	4	50

**Source:** B&NES 2017 PNA Questionnaire

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

- **Stoma Appliance Customisation (SAC) service** (Table 9) – involving the customisation of a quantity of more than one stoma appliance. The aim of the SAC service is to ensure proper use and comfortable fitting of the stoma appliance and to prolong the duration of its use. Two community pharmacies (5 per cent) provide a SAC service, and these are both situated in the Keynsham & Chew Valley PNA area. A further community pharmacy in the Keynsham and Chew Valley PNA area states they are “*willing to provide*” the service. One community pharmacy in the Somer Valley PNA area states that they will be providing the service “soon”. As with the AUR service, the number of community pharmacies providing SAC is much reduced compared to the time of the 2015 PNA Questionnaire – down from eleven in 2014 to two in 2017. Similarly, it is understood that appliances are increasingly being sent off to centralised centres for dispensing.

<sup>69</sup> *Ibid.*

<sup>70</sup> *Ibid.*

**Table 9: B&NES Pharmacy Contractors – Stoma Appliance Customisation (SAC) Services**

Stoma Appliance Customisation (SAC)	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No.	%	No.	%	No.	%
SAC	2	5	0	0	2	25	0	0
No SAC	38	95	24	100	6	75	8	100

**Source:** B&NES 2017 PNA Questionnaire

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

- **Influenza Vaccination Service** (Table 10) – thirty-two pharmacy contractors are currently delivering the new Influenza Vaccination Service (80 per cent).

**Table 10: B&NES Pharmacy Contractors – Influenza Vaccination Service**

Influenza Vaccination Service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No.	%	No.	%	No.	%
Flu Vaccine	32	80	19	79	7	88	6	75
No Flu Vaccine	8	20	5	19	1	12	2	25

**Source:** B&NES 2017 PNA Questionnaire

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

The above analysis appears to demonstrate that there are no significant gaps in the current provision of advanced pharmaceutical services that serve all three PNA areas in B&NES.

### 3.5.6 Locally Commissioned Pharmaceutical Services

Pharmacy contractors in B&NES are commissioned locally to provide the following services:

#### A. Bath and North East Somerset Clinical Commissioning Group

- **Specialist Drugs (Palliative Care) Service** (Table 11) – involves commissioning (usually a small number of) pharmacies to keep in stock certain specialist medicines (used in palliative care) so that they can be made available on receipt of a valid prescription. These medicines are often required at short notice and may not normally be stocked by pharmacies. There are currently five pharmacies in B&NES commissioned to provide this service. Two of these are in the Bath (including Bathavon) PNA area, one in the Keynsham & Chew Valley PNA area (including the private provider), and two in the Somer Valley PNA area.

**Table 11: B&NES Pharmacy Contractors – Specialist Drugs (Palliative Care) Service**

Specialist Drugs (Palliative Care) Service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No.	%	No.	%	No.	%
Provides service	5	13	2	8	1	13	2	25
No service	35	87	22	92	7	87	6	75

**Source:** NHS BaNES CCG

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

- **Emergency Medicines Supply Service** – this is a new service since the last PNA, introduced to support patients accessing emergency supplies of repeat medication as a first port of call from pharmacy contractors. This service supports patients not to inappropriately attend the GP out-of-hours service or hospital Emergency Departments to meet the need for

emergency supplies of medicines that they have run out of. Near all pharmacy contractors, 38 out of the 40 (95 per cent), are commissioned to provide this service across all three PNA areas (Table 12).

**Table 12: B&NES Pharmacy Contractors – Emergency Medicines Supply Service**

Emergency Medicines Supply Service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No.	%	No.	%	No.	%
Provides service	38	95	24	100	7	88	7	88
No service	2	5	0	0	1	12	1	12

**Source:** NHS BaNES CCG

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

- **Medicines Optimisation Service** – to reduce excessive prescribing BaNES CCG commissioned pharmacy contractors to actively review their patients' medication and to look for opportunities to optimise their care. Twenty-four pharmacy contractors (60 per cent) are commissioned to provide this service. The greatest level of provision is in the Somer Valley PNA area, with all but one of the pharmacy contractors commissioned to provide the local Medicines Optimisation Service (Table 13).

**Table 13: B&NES Pharmacy Contractors – Medicines Optimisation Service**

Medicines Optimisation Service	B&NES		Bath (incl. Bathavon)		Keynsham & Chew Valley		Somer Valley	
	No.	%	No.	%	No.	%	No.	%
Provides service	24	60	12	50	5	62	7	88
No service	16	40	12	50	3	38	1	12

**Source:** NHS BaNES CCG

**Note:** B&NES and Keynsham & Chew Valley PNA area includes the Distance Selling Pharmacy Contractor

## B. Bath and North East Somerset Council

- **Sexual Health Services** – from 1<sup>st</sup> April 2017 community pharmacies in B&NES are contracted by Virgin Care to deliver contraceptive and sexual health services through a two tiered model.

Tier 1 services are:

- The supply of condoms free of charge to young people under 24 years old, as part of the B&NES C-Card scheme;
- The supply of pregnancy tests free of charge to women under 24 years old; and
- The supply of free chlamydia testing kits to clients under 25 years old.

Tier 2 services are all of the Tier 1 services defined above, and:

- The supply of emergency hormonal contraception free of charge to women aged over 13 year old and under 25 years old under a Patient Group Direction (PGD); and
- The supply of free treatment for chlamydia infection for people under 25 years old under a Patient Group Direction (PGD), and their partner(s) where appropriate.

Twenty-four community pharmacies offer Tier 2 services (EHC and treatment for chlamydia), with a further nine community pharmacies offering access to EHC. These community pharmacies are spread across all three PNA areas in B&NES.

Community pharmacies deliver services in compliance with the Fraser Guidelines and Department of Health guidance on confidential sexual health advice and treatment for young people aged under-16. In addition, many pharmacies are also SAFE accredited. Currently 28 community pharmacies delivering sexual health services are SAFE accredited. There is an on-going programme to ensure that all pharmacies become SAFE accredited.

- **Chlamydia testing** – 34 of the 40 pharmacy contractors in B&NES (85 per cent) are contracted to provide a chlamydia testing service, but only 15 out of these 34 pharmacy contractors have been actively providing the service – 13 are located in the Bath (including Bathavon) PNA area and two are located in the Keynsham & Chew Valley PNA area. No community pharmacy located in the Somer Valley PNA area currently provides a chlamydia testing service. Although there is limited sexual health service provision in the Somer Valley PNA area, including provision of chlamydia screening, there is ongoing work to target pharmacies in the Somer Valley PNA area to develop sexual health provision by initially supporting pharmacies to become SAFE accredited, and by promoting links between pharmacies and the local Clinic in a Box services. The development of the integrated Sexual Health Service from April 2018 will also seek to ensure a more consistent provision of sexual and reproductive health services across the whole of B&NES.
  - **Chlamydia treatment** – 34 of the 40 pharmacy contractors in B&NES (85 per cent) are contracted to provide a chlamydia treatment service, but only 24 out of these 34 pharmacy contractors have been actively providing the service – 16 in the Bath (including Bathavon) PNA area and four in each of the Keynsham & Chew Valley and Somer Valley PNA areas.
  - **Emergency Hormonal Contraceptive (EHC)** – 34 of the 40 pharmacy contractors in B&NES (85 per cent) are contracted to provide the EHC service, and 33 are currently providing the EHC service – 19 in the Bath (including Bathavon) PNA area, five in the Keynsham & Chew Valley PNA area and eight in the Somer Valley PNA area.
  - **Contraception Service (C-Card Scheme)** – 34 of the 40 pharmacy contractors in B&NES (85 per cent) are contracted to provide a contraception service, but only 15 out of the 34 pharmacy contractors have been actively providing the service – eight in the Bath (including Bathavon) PNA area, three in the Keynsham & Chew Valley PNA area and four in the Somer Valley PNA area.
- **Smoking Cessation Services**

Smoking cessation services that can be provided by community pharmacies include the provision of stop smoking support services and Nicotine Replacement Therapy (NRT) supply. The Stop Smoking Service supports people who want to stop smoking through one to one support and advice and facilitates access to, and where appropriate supply of, pharmacotherapy and aids. The service will also refer clients to specialist services where appropriate. The NRT service involves the supply of NRT to clients receiving support from the Specialist Stop Smoking Service who have been issued with a voucher for supply of NRT. The Stop Smoking and NRT Supply services are contracted by Virgin Care from 1<sup>st</sup> April 2017.

- **Stop Smoking Service** – 30 community pharmacies (out of 39 in B&NES) are accredited to provide the service during 2016/2017, and 14 were active. Community pharmacies across all three PNA areas provide this service.
  - **NRT Supply Service** – all 40 pharmacy contractors in B&NES are accredited providers of NRT.
- **Substance Misuse Services**
- Substance misuse services that pharmacies can provide include the Needle and Syringe Programmes (NSP), supervised administration (consumption) and sharps disposal. These are sub-contracted by Virgin Care, with DHI delivering. Virgin Care undertakes payments to pharmacies for supervised consumption.
- **Needle and Syringe Programmes (NSPs)** – eight pharmacy contractors in B&NES currently provide NSPs. Six of these eight are located in the Bath (including Bathavon) PNA area, with the other two are located in the Somer Valley PNA area. The pharmacy service supplements the two NSPs delivered by DHI from bases in Midsomer Norton and Bath City Centre. NSPs are targeted based on need, i.e. which pharmacy clients wish to use for needle exchange, to ensure that all injecting drug users have easy access to clean works and return used works for safe disposal to reduce the incidence of Blood Borne Viruses and to keep the community safe. DHI manage the NSP service (including payments to pharmacies).
  - **Supervised Administration (Consumption)** – according to PharmOutcomes, in March 2017 there were 25 out of 40 pharmacy contractors in B&NES providing this service (63 per cent) – 14 located in the Bath (including the Bathavon) PNA area, three in the Keynsham & Chew Valley PNA area and eight in the Somer Valley PNA area.

○ **NHS Health Check Service**

Accredited pharmacy staff provide a cardiovascular risk assessment service for people in the target group (people aged 40-74 years of age who have not had a previous diagnosis of vascular disease) in order to improve awareness of their cardiovascular risk and how to minimise or manage that risk. Patients are referred to their GP for follow on tests if appropriate and/or referred to local lifestyle services.

Five community pharmacies are currently accredited to deliver NHS Health Checks in B&NES. They are all located in the Bath (including Bathavon) PNA area as this area was identified and targeted as having lower levels of take-up compared to the Keynsham and Somer Valley areas.

The above analysis would appear to indicate that there are no significant gaps in the current provision of locally commissioned pharmaceutical services that serve all three PNA areas in B&NES.

### **3.6 Potential Future Local Commissioning Opportunities**

Community pharmacies are willing and able to provide additional services, if commissioned locally, to enhance the outcomes for their local populations. These include, but are not limited to, alcohol interventions to support people in reducing their intake, weight management to reduce people's BMI and support a healthier lifestyle, exercise referral service to increase activity and reduce social isolation and test and treat services for transmittable diseases.

There are a number of identified local strategic health priorities stated in section 2.2 where pharmacy contractors could potentially play a role in delivery. However, due to significant financial pressures that the public sector continues to face, future new commissioning opportunities are likely to be on an 'invest to save' basis.

## Chapter 4: Conclusion

### 4.0 Introduction

In compliance with Regulation 4 and Schedule 1 of *The Regulations*, this chapter identifies gaps in pharmaceutical services in B&NES where current or future unmet need for pharmaceutical services has been identified.

### 4.1 Key Findings

#### 4.1.1 Necessary Services: definition

Necessary Services are defined as all Essential Services (as defined in 1.1.6).

#### 4.1.2 Necessary Services: gaps in provision

As already stated in 3.5.5, analysis of the provision of essential services is, *de facto*, an analysis of the distribution and accessibility of the services.

**Key Finding 1:** there are no significant gaps in the current provision of easily accessible local community pharmaceutical services that serve all three PNA areas in B&NES.

In view of a possible future expanded role for pharmacy contractors, particularly in providing a greater role allied to the Primary Care sector (3.6), there is a need for all community pharmacies, as a minimum, to comply with the requirements of the 2010 Equality Act, including the physical access requirements (3.5.3[C]).

**Key Finding 2:** within the existing pharmaceutical provision there are a number of pharmacies that do not have wheelchair accessible 'closed' consultation rooms. We have identified this as a gap in the existing local pharmaceutical provision.

#### 4.1.3 Improvements and Better Access: gaps in provision

Assuming planned future housing development takes place as provided for by the local adopted Core Strategy, this would lead to additional forecasted predicted population growth. This forecasted population growth will be seen in all three PNA areas (see 2.1.2).

**Key Finding 3:** it is anticipated that current pharmaceutical provision from existing pharmacies will be able to cope with the demand from new populations during the period of this PNA, i.e. 1st April 2018 to 31st March 2021. This will be reviewed, at the latest, during 2020/21.

#### 4.1.4 Other Services

As discussed in 2.4:

**Key Finding 4:** there are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES.

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## Appendix: B&NES Pharmacy Contractors – total opening hours (core and supplementary)

B&NES Pharmacy Contractors – total opening hours (core and supplementary)											
<b>Blue - Open 7 days a week</b>											
<b>Yellow - Open weekdays and all day Saturday</b>											
<b>Orange - Open week days and half day Saturday</b>											
Pharmacy	Address	PNA Area	Co-Located with GP Practice	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Boots Pharmacy	1 Newark Street, Southgate, Bath, BA1 1AT	Bath (including Bathavon)		08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 20:00	08:00 - 19:00	08:00 - 19:00	11:00 - 17:00	
Boots Pharmacy	33-35 Westgate Street, Bath BA1 1EL	Bath (including Bathavon)		08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	10:30 - 16:30	
Lloyds Pharmacy in Sainsburys	Green Park Station, Green Park Road, Bath, Somerset, BA1 2DR	Bath (including Bathavon)		08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 20:00	11:00 - 17:00	
Lifestyle Pharmacy Ltd.	15 Westgate Street	Bath (including Bathavon)		09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	11:00 - 16:00	
Superdrug Pharmacy	30-32 Westgate Street, Bath, Somerset, BA1 1EL	Bath (including Bathavon)		08:30 - 17:30 Closed 14:00 - 14:30	09:00 - 17:30 Closed 14:00 - 14:30	Closed					
The Bathwick Pharmacy (A.H. Hale Ltd.)	8 Argyle Street, Bath, Somerset, BA2 4BQ	Bath (including Bathavon)		09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:00	Closed	
The John Preddy Co. Ltd.	41 Moorland Road, Bath	Bath (including Bathavon)		09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:00 Closed 13:00 - 14:00	Closed	
Jhoots Pharmacy	Newbridge Road Surgery, 129 Newbridge Hill BA1 3PT	Bath (including Bathavon)	Newbridge Road Surgery	08:30 - 18:00 Closed 13:00-13:30	08:30 - 13:00	Closed					
Boots Pharmacy	125 High Street, Weston, Bath BA1 4DF	Bath (including Bathavon)		09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 13:00	Closed					
Boots Pharmacy	201 London Road East, Batheaston, Bath BA1 7NB	Bath (including Bathavon)		09:00 - 18:00 Closed 13:00-14:00	09:00 - 13:00	Closed					
Your Local Boots	84-85 High Street, Twerton, Bath BA2 1DE	Bath (including Bathavon)		09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 13:00	Closed					
Larkhall Pharmacy	1 St. Saviours Road, Bath, Somerset, BA1 6RT	Bath (including Bathavon)		09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed	

<b>Orange - Open week days and half day Saturday</b>										
<b>Green - Open Monday to Friday only</b>										

Pharmacy	Address	PNA Area	Co-Located with GP Practice	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lloyds Pharmacy	88 Frome Road, Odd Down, Bath	Bath (including Bathavon)		09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	Closed
Well	3 Claremont Terrace, Campden Road, Bath BA1 6EH	Bath (including Bathavon)		09:00 - 18:00 Closed 13:00 - 14:00	09:00 - 13:00	Closed				
Dudley Taylor Pharmacy Ltd	87 Bradford Road BATH	Bath (including Bathavon)		09:00 - 17:30 Closed 13:00 - 14:00	09:00 - 13:00	Closed				
Hawes Whiston and Co.	38 St. James's Square, Bath, Somerset, BA1 2TU	Bath (including Bathavon)		08:45 - 18:00 Closed 13:15 - 13:45	08:45 - 18:00 Closed 13:15 - 13:45	08:45 - 17:30 Closed 13:15 - 13:45	08:45 - 18:00 Closed 13:15 - 13:45	08:45 - 18:00 Closed 13:15 - 13:45	08:45 - 13:00	Closed
Wellsway Pharmacy	2 Hayes Place, Bath, Somerset, BA2 4QW	Bath (including Bathavon)		09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	Closed
Widcombe Pharmacy	4a Widcombe Parade, Bath, Somerset, BA2 4JT	Bath (including Bathavon)	Widcombe Surgery	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	09:00 - 14:00	Closed
Jhoots Pharmacy	28 Brock Street, Bath BA1 2LN	Bath (including Bathavon)		09:00 - 17:30 Closed 13:00-13:30	Closed	Closed				
Lloyds Pharmacy	Combe Down Surgery, Combe Down House, The Avenue, Combe Down	Bath (including Bathavon)	Combe Down Surgery	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	Closed	Closed
Your Local Boots	100 Mount Road, Southdown, Bath BA2 1LN	Bath (including Bathavon)		09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed
Bathampton Pharmacy	27 Holcombe Lane, Bathampton, Bath, Somerset, BA2 6UL	Bath (including Bathavon)	Bathampton Surgery	08:45 - 17:30 Closed 12:45 - 14:00	Closed	Closed				
Hounsell and Greene Pharmacy	45 Upper Oldfield Park	Bath (including Bathavon)	Oldfield Surgery	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 17:30	Closed	Closed
Pulteney Pharmacy	35 Great Pulteney Street, Bath, Somerset, BA2 4BY	Bath (including Bathavon)	Great Pulteney Street Surgery	08:30 - 17:45	08:30 - 17:45	08:30 - 17:45	08:30 - 17:45	08:30 - 17:45	Closed	Closed

<b>Blue - Open 7 days a week</b>										
<b>Yellow - Open weekdays and all day Saturday</b>										
<b>Orange - Open week days and half day Saturday</b>										
<b>Green - Open Monday to Friday only</b>										
Pharmacy	Address	PNA Area	Co-Located with GP Practice	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Keynsham Pharmacy	15 Station Road Keynsham	Keynsham and Chew Valley		08:30 - 21:00 Closed 13:00 - 14:00	09:00 - 21:00 Closed 13:00 - 14:00	10:00 - 17:00 Closed 13:00 - 14:00				
Boots Pharmacy	40 High Street, Keynsham, Bristol BS31 1DX	Keynsham and Chew Valley		08:30 - 17.30 sometimes closes for lunch	10:00 - 16:00					
Lloyds Pharmacy	54 High Street, Keynsham, Bristol	Keynsham and Chew Valley		08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18:00	09:00 - 17:30	Closed
Lloyds Pharmacy	Keynsham Health Centre, St. Clements Road, Keynsham	Keynsham and Chew Valley	Keynsham Health Centre	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	09:00 - 13:00	Closed
Chandag Road Pharmacy	47 Chandag Road, Keynsham, Bristol, Bristol, BS31 1PW	Keynsham and Chew Valley		08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	09:00 - 13:00	Closed
Day Lewis Pharmacy	497 Bath Road, Saltford, Bristol, Bristol, BS31 3HQ	Keynsham and Chew Valley		08:30 - 18:00 Closed 13.00 - 14.00	09:00 - 13:00	Closed				
Chew Pharmacy	4 South Parade, Chew Magna	Keynsham and Chew Valley		08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	09:00 - 13:00	Closed
The Bath Pharmacy Company	Unit 20, Burnett Business Park, Gypsy Lane, Gypsy Lane, Bristol, Bristol, BS31 2ED	Keynsham and Chew Valley		09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed	Closed

<b>Purple - 100 hr pharmacy</b>										
<b>Yellow - Open weekdays and all day Saturday</b>										
<b>Orange - Open week days and half day Saturday</b>										
Pharmacy	Address	PNA Area	Co-Located with GP Practice	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Midsomer Pharmacy	98 High Street, Midsomer Norton BA3 2DE	Somer Valley		07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	09:00 - 19:00	09:00 - 19:00
Lloyds Pharmacy	Chesterfield House, High Street, Midsomer Norton, Bath	Somer Valley		08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 17:30	Closed
Lloyds Pharmacy	Elm Hayes Health Centre, Clansdown Road, Paulton, Bristol	Somer Valley	Elm Hayes Health Centre	08:00-18.30	08:00-18.30	08:00-18.30	08:00-18.30	08:00-18.30	08:45 - 17.30	Closed
Shaunaks Pharmacy	15 Bath Road, Peasedown St John, Bath BA2 8DH	Somer Valley		09:00 - 18.00 Closed: 13.00-14.00	09:00 - 13.00	Closed				
Clements (Dudley Taylor Pharmacy Ltd.)	7 The Street, Radstock, Bath	Somer Valley		08:30-18:00.	08:30-18:00.	08:30-18:00.	08:30-18:00.	08:30-18:00.	08:30 - 13.30	Closed
Westfield Pharmacy (Dudley Taylor Pharmacy Ltd.)	9 Elm Tree Avenue, Radstock, Somerset, BA3 3SX	Somer Valley		09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 13.00	Closed
Timsbury Pharmacy (Tans Pharmacy)	High Street, Timsbury, Bath, BA2 0HT	Somer Valley		09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 12.30	Closed				
Lloyds Pharmacy	St Chads, Gullock Tynng, Midsomer Norton, BA3 2UH	Somer Valley	St. Chads Surgery	08:00 - 19.00	08:00 - 19.00	08:00 - 19.00	08:00 - 19.00	08:00 - 19.00	08:00 - 13:00	Closed