

# **Bath & North East Somerset Pharmaceutical Needs Assessment (PNA) 2025**

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## 2 Exec Summary

The aim of this document is to identify the current pharmaceutical needs of the population of Bath & North East Somerset (B&NES), whether these needs are being met, and determine if there are any gaps in the current provision. As of the Health and Social Care Act 2012, Health and Wellbeing Boards (HWBs) are responsible for developing and updating Pharmaceutical Needs Assessments (PNAs) every three years, as set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

People in B&NES have a longer life expectancy than the general population of South West England, with the main causes of premature death being cardiovascular disease and cancer. Deprivation is a factor in health outcomes for the population causing inequalities in health and wellbeing. Though the B&NES local authority remains one of the least deprived in England, and overall is becoming less deprived, there appears to be a widening social inequality within the area. This PNA considers the overall health of the population of B&NES and the impact of the needs of groups with specific conditions and diseases.

The development of this PNA has been led by a steering group to ensure compliance with the regulations and needs of the local population. Information was gathered from various sources including published statistics, reports, and a consultation with the public.

In the B&NES local authority there are 33 community pharmacies, equating to 17 pharmacies per 100,000 population. There is also one distance selling pharmacy, and five Dispensing General Practices which serve mainly rural areas. The opening hours of the pharmacies range from those that open seven days a week, those that open six days a week, and those that are only open on weekdays. Four of the pharmacies open beyond 6pm, and one pharmacy is open for 73 hours each week. All pharmacies provide some of the Advanced Pharmacy Services, as defined in the PNA.

The access to local community pharmacy, opening hours, and the services available to the population of B&NES are considered in this PNA. It is concluded that there is no gap in provision of pharmaceutical services in B&NES and that there are sufficient pharmacies to provide for the current and expected population during the lifetime of this PNA.

## 3 Introduction

Community pharmacies are a pivotal health and social care asset in the community as they offer an ideal setting to reach out to the public and help to improve their health, reduce disease burden and premature mortality, and reduce health

inequalities<sup>1</sup>. Through the Community Pharmacy Contractual Framework, health-promoting activity is an integral part of a pharmacy's role, which is then expanded upon by local authority public health commissioning<sup>2</sup>.

A growing body of evidence shows that community pharmacies are successful when it comes to delivering health improvement initiatives. Community pharmacies are often embedded in some of the most deprived communities, providing daily contact for individuals seeking ad hoc health advice, alongside picking up prescribed medicines, or purchasing over-the-counter health-related products<sup>3</sup>.

### 3.1 What is the Purpose of the PNA

The purpose of the PNA is for each health and wellbeing board to assess and outline the need for pharmaceutical services in its area for a period of up to three years. In doing so it outlines how these services can meet the health needs of the population, linking closely to the B&NES [Strategic Evidence Base](#).

Whilst the Strategic Evidence Base focuses on the general needs of the population of Bath & North East Somerset (B&NES) the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, such as applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications')<sup>4</sup>.

The PNA will identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements, or better access could either be current or will arise within the lifetime of the PNA.

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<sup>1</sup>The role of community pharmacy in addressing health inequalities <https://pharmaceutical-journal.com/article/research/the-role-of-community-pharmacy-in-addressing-health-inequalities?form=MG0AV3> Accessed: Feb 2025

<sup>2</sup>Community Pharmacy Contractual Framework 2019-2024 <https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/?form=MG0AV3> Accessed: Feb 2025

<sup>3</sup> Pharmacy playing a pivotal role in prevention and public health <https://ukhsa.blog.gov.uk/2019/06/28/pharmacy-playing-a-pivotal-role-in-prevention-and-public-health/?form=MG0AV3> Accessed: Feb 2025

<sup>4</sup> Pharmaceutical needs assessments <https://assets.publishing.service.gov.uk/media/617bdc31d3bf7f5601cf3168/pharmaceutical-needs-assessment-information-pack.pdf> Accessed: Feb 2025

Whilst the PNA is primarily a document for ICBs to use to make commissioning decisions, it may also be used by local authorities. A robust PNA will ensure those who commission services from pharmacies and appliance contractors (DACs) are able to ensure services are targeted to areas of health need and reduce the risk of overprovision in areas of less need<sup>5</sup>.

### 3.2 Duties of the Health and Wellbeing Board

The legislation containing the HWB's specific duties in relation to PNAs can be found in the Health and Social Care Act 2012, which transferred responsibility for the developing and updating of PNAs to HWBs from the then Primary Care Trusts (PCTs). The legislative basis for developing and updating PNAs is set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and can be found on the government legislation website<sup>6</sup> however in summary the HWB must:

- produce its first PNA which complies with the regulatory requirements;
- publish its first PNA by 1 April 2015;
- publish subsequent PNAs on a three yearly basis (with a gap during the pandemic, where the April 2021 refresh was postponed by 18 months);
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- produce supplementary statements in certain circumstances.

### 3.3 Legislative Framework

The Health and Social Care Act 2012 established health and wellbeing boards. It also transferred responsibility to develop and update PNAs from primary care trusts to health and wellbeing boards with effect from 1 April 2013. At the same time responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from primary care trusts to NHS England and NHS Improvement, at the time of writing this responsibility lies with ICBs.

The NHS Act 2006 (the "2006 Act"), amended by the Health and Social Care Act 2012, sets out the requirements for health and wellbeing boards to develop and update PNAs and gives the Department of Health and Social Care powers to make regulations.

### 3.4 Scope of the PNA

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<sup>5</sup> Pharmaceutical needs assessments

<https://assets.publishing.service.gov.uk/media/617bdc31d3bf7f5601cf3168/pharmaceutical-needs-assessment-information-pack.pdf> Accessed: Feb 2025

<sup>6</sup> <https://www.legislation.gov.uk/uksi/2013/349/contents> Accessed: Feb 2025

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

In addition, a number of pharmacies which are outside of the B&NES district are considered, due to their proximity to the border making them likely to be suppliers of pharmaceutical services to B&NES residents. These are referred to as bordering pharmacies.

There are aspects of pharmaceutical services that are beyond the scope of the PNA including some areas in which the B&NES, Swindon, and Wiltshire Integrated Care Board (ICB) has an interest. These include: prisons, secondary, and tertiary care sites, where patients may obtain pharmaceutical services not covered by this assessment; and advice to clinicians and/or patients via specialist pharmacists.

Although the PNA makes no assessment of the need for pharmaceutical services in secondary or tertiary care, it is concerned that all patients receive continued medication support through an integrated pharmaceutical service, from hospital to community pharmacies. For this to occur, community pharmacies are required to work holistically with other pharmaceutical services within their communities to ensure patients receive the continuity of care they require.

### **3.5 Process Followed**

#### **3.5.1 PNA Steering group**

The HWB has overall responsibility for the publication of the PNA, and the Director of Public Health is the HWB member who is accountable for its development. B&NES HWB established a PNA steering group, the purpose of which was to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in 11.4 Steering Group Membership.

#### **3.5.2 Data Gathering & Sources of Information**

B&NES council and NHS Bath and North East Somerset, Swindon and Wiltshire ICB provided information on:

- services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- changes to current service provision
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical services.



The B&NES Strategic Evidence Base<sup>7</sup> and Fingertips<sup>8</sup> provided background information on the health needs of the population.

Information on pharmacy locations, opening times and essential/advanced services was gathered by NHS England. Local mapping of pharmacy locations and travel time analysis was produced using SHAPE (Strategic Health Asset Planning and Evaluation tool).

ONS mid-year population estimates for 2020 were used unless other sources are indicated.

It should be noted that the information contained within this PNA was collected in January 2025 and was correct and accurate at the time of writing.

### **3.5.3 Analysis & Draft Report Writing**

The content of the Pharmaceutical Needs Assessment (PNA) was generated by collecting, analysing, and compiling data from published national and local statistics and reports. Commissioners were also consulted about the services they commission. This information was mapped to display the geographical distribution of necessary services, as well as the opening hours of pharmacies to assess out-of-hours coverage and accessibility. The draft document was then shared with various stakeholders, and an accessibility check was conducted on the report before its publication.

### **3.5.4 Formal consultation**

The statutory 60 day consultation commenced on 2<sup>nd</sup> May and ran until 1<sup>st</sup> July. A report on the consultation will be included in 11.6 Consultation Report.

### **3.5.5 Final publication**

After public consultation and final review by the HWB the PNA will be published prior to 1<sup>st</sup> October 2025 in line with the regulations.

### **3.5.6 Lifespan and review of the PNA**

The PNA will be valid for three years from 1st October 2025 to 30th September 2028 when an updated version will be published. Supplementary statements may be published before then if any significant changes occur.

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<sup>7</sup> B&NES Strategic Evidence Report <https://www.bathnes.gov.uk/strategic-evidence/document-library/strategic-evidence-base-summary-and-full-report> Accessed: Feb 2025

<sup>8</sup> Fingertips | Department of Health and Social Care,” n.d. <https://fingertips.phe.org.uk/>

## 4 NHS Pharmaceutical Services

### 4.1 Types of Pharmaceutical Provider

NHS England must keep lists of contractors who provide pharmaceutical services in the HWB. The principal types of contractor are:

- **Pharmacy contractors** – Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Who can be a pharmacy contractor is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises.

Within this group there are:

- **Community pharmacies** – These are pharmacies which provide services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).
- **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service, and so can be more tailored to the area they serve.
- **Distance-selling pharmacies (DSPs)** – These pharmacies cannot provide most services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example, a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England and cannot limit their services to particular groups of patients.
- **Dispensing appliance contractors (DACs)** – DACs supply appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines. There are no restrictions on who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013 regulations and also in the 2013 directions. They are different to

pharmacy contractors because they only dispense prescriptions for appliances, they cannot dispense prescriptions for drugs, are not required to have a pharmacist, do not have a regulatory body, and their premises do not have to be registered with the General Pharmaceutical Council.

- **Dispensing doctors** – Medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations. The rules on eligibility of patients are complex. In summary, and subject to some limited exceptions which may be allowed on an individual patient basis, a dispensing doctor can only dispense to a patient who:
  - is registered as a patient with that dispensing doctor, and
  - lives in a designated rural area (known as a ‘controlled locality’ – see below), and
  - lives more than 1.6 kilometers (about 1 mile) in a straight line from a community pharmacy, and
  - lives in the area for which the doctor has been granted permission to dispense, or is a patient for whom the doctor has historic dispensing rights.
- **Independent Prescribers** – The Independent Prescribing Pathfinder Programme is taking place during 2024 & 2025. This program aims to expand the scope of practice for pharmacists by enabling them to prescribe medicines independently, rather than simply dispensing them. Pharmacists involved in the program are trained and qualified to assess, diagnose, and prescribe medications for a range of conditions, within a defined scope. Pathfinder aims
  - to establish a framework for the future commissioning of NHS community pharmacy clinical services that incorporate independent prescribing for patients to identify the optimal processes, including governance, reimbursement, and digital requirements, required to enable NHS commissioned independent prescribing services in community pharmacy.
  - To inform the development of assurance processes for professional and clinical service standards that support independent prescribing activities in the context of NHS community pharmacy services.
  - To inform the professional development needs of community pharmacists and wider workforce strategy for pharmacy professionals in primary care.

## 4.2 Opening Hours

Pharmacies are required to open for 40 hours per week (referred to as core contractual hours), though many choose to open for longer. These additional hours are known as supplementary hours.

Between April 2005 and August 2012, some contractors successfully applied to open new premises on the condition that they would operate for 100 core opening hours per week (referred to as 100-hour pharmacies). These pharmacies were required to

be open for 100 hours per week, 52 weeks of the year, except during weeks that include a bank holiday, public holiday, or Easter Sunday.

From 25 May 2023, contractors were able to apply to reduce the total weekly core opening hours of 100-hour pharmacies to no less than 72 hours. However, it remains a condition that these pharmacies must open for at least their approved core hours, though they may choose to operate for longer. These pharmacies are still called 100 hour pharmacies and they must open for between 72 and 100 hours per week.

From the end of March 2025 there have been further changes to regulations around core opening hours to provide more flexibility for pharmacies to adjust their opening hours to better serve patient needs and operational requirements, allowing for potential adjustments to quiet times or out-of-hours operations.

Since August 2012, some pharmacy contractors have successfully applied to open a pharmacy with a different number of core hours to meet a need, improvement, or better access as identified in a Pharmaceutical Needs Assessment (PNA).

Contractors can apply to change their core opening hours, with NHS England (NHSE) and the local Integrated Care Board (ICB) assessing applications against the needs of the population within the Health and Wellbeing Board (HWB) area, as set out in the PNA. If a pharmacy contractor wishes to change their supplementary opening hours, they must inform NHSE of the change and provide at least five weeks notice.

### **4.3 Essential Services**

Essential services are those which each community pharmacy must provide. All community and distance-selling pharmacies with NHS contracts must provide the full range of essential services which include:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
- Dispensing of appliances
- Dispensing of repeatable prescriptions
- Disposal of unwanted drugs
- Promotion of healthy lifestyles
- Signposting
- Support for self-care, and
- The Discharge Medicines Service
- Healthy Living Pharmacy provision

### **4.4 Advanced services**

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance

requirements. The below are advanced services that are current at the time of writing.

- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Appliance Use Review (AUR)
- Flu Vaccination Service
- Hypertension case finding service
- Smoking Cessation Service (SCS)
- Lateral Flow Device Service (LFD service)
- Pharmacy Contraception Service
- Pharmacy First Service

## **4.5 Enhanced Services**

Enhanced services are the third tier of services that pharmacies may provide and they can only be commissioned by NHS England. The service specifications for this type of service are developed to nationally agreed conditions whilst still allowing the flexibility for local decisions to commission the service to meet local population needs.

- Covid-19 Vaccination Service

## **4.6 Locally Commissioned Services**

Local councils and ICBs may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services. They are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

## **4.7 Other Services**

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);
- Sulis Hospital Bath, Peasedown St John, Bath; and
- Bath Clinic, Combe Down, Bath.

The dispensing services within these hospitals are excluded from the PNA assessment because they do not fall within the PNA regulations. Each hospital will have its own dispensing arrangements in place.

## 4.8 Necessary Services

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as those services that are provided:

- Within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area and
- Outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area

For this PNA, the Health and Wellbeing Board has agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists
- Pharmacy First

## 5 B&NES

### 5.1 Overview of B&NES

Bath and North East Somerset local authority was formed in 1996, covering an area of approximately 135.2 square miles. B&NES local authority covers the city of Bath and the more rural communities in North East Somerset, including Radstock, Midsomer Norton, Chew Valley and Keynsham.

The largest urban settlement and main urban centre in this area is Bath which acts as the commercial and recreational centre of the district. More than half of the population live here and in its surrounding urban area, it is one of the few cities in the world to be named a UNESCO World Heritage Site<sup>9</sup>.

To the west of Bath lies Keynsham, a traditional market town whose population comprises just over 9% of B&NES. Two small further historical market towns located in the south of the B&NES area are Midsomer Norton and Radstock, with a combined population of 12% of the district split between them. These two towns have a strong mining and industry heritage stemming from the North Somerset Coalfield.

The remainder of the district consists of 69 diverse rural communities of varying sizes and characteristics, including a line of villages along the foothills of the Mendips, Chew Valley, and Cotswolds villages around Bath.

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<sup>9</sup> UNESCO. "City of Bath." UNESCO World Heritage Convention, 1BC.

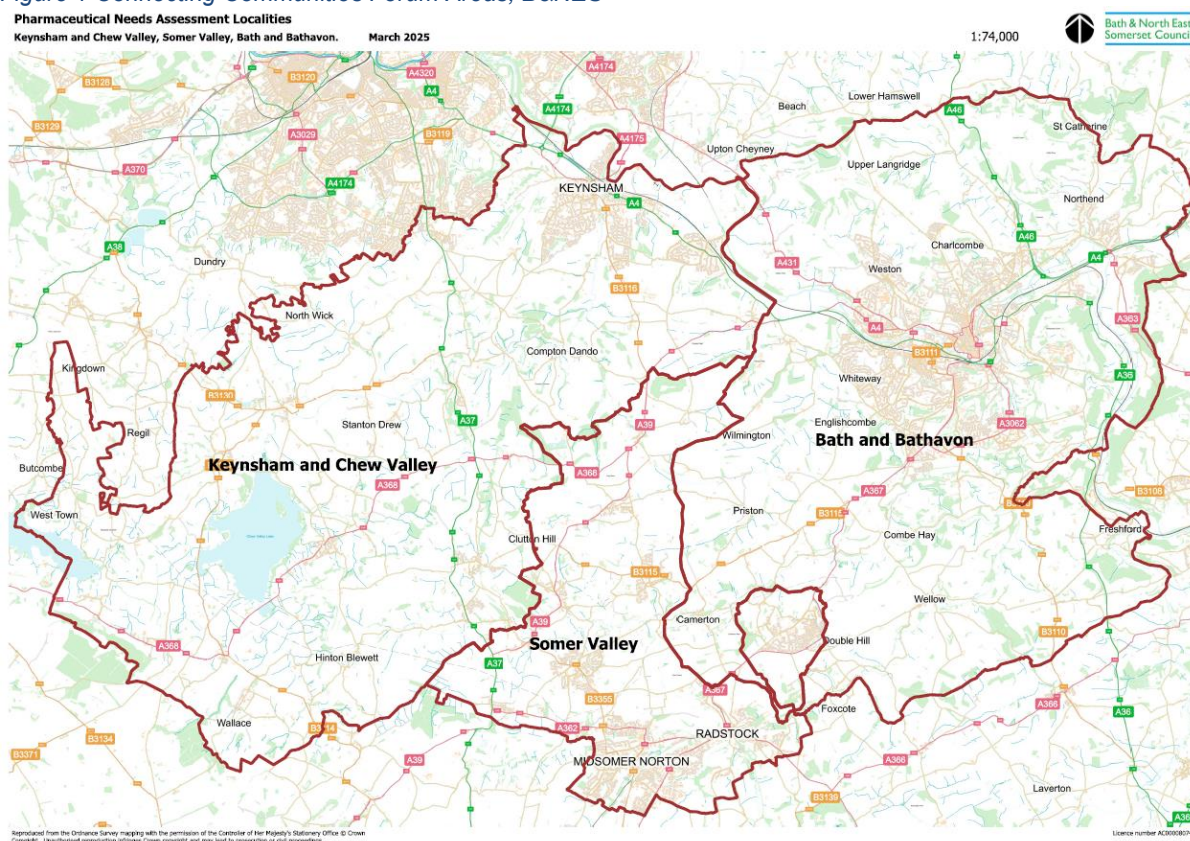


## 5.2 Localities for PNA

This PNA uses very similar locality boundaries as the previous PNA as these best reflect the differences in the way community pharmacy is accessed across the B&NES region. These geographical areas are made up of LSOAs that closely align to existing connecting communities forum areas and are as follows:

- Bath & Bathavon PNA Locality – made up of Bath City Centre electoral wards and the Bathavon Connecting Communities Forum area in B&NES
- Keynsham and Chew Valley PNA Locality – made up of the Keynsham and Chew Valley Connecting Communities Forum areas in B&NES
- Somer Valley PNA Locality – made up of the Somer Valley Connecting Communities Forum area in B&NES

Figure 1 Connecting Communities Forum Areas, B&NES<sup>10</sup>



### 5.3 Local Demographics

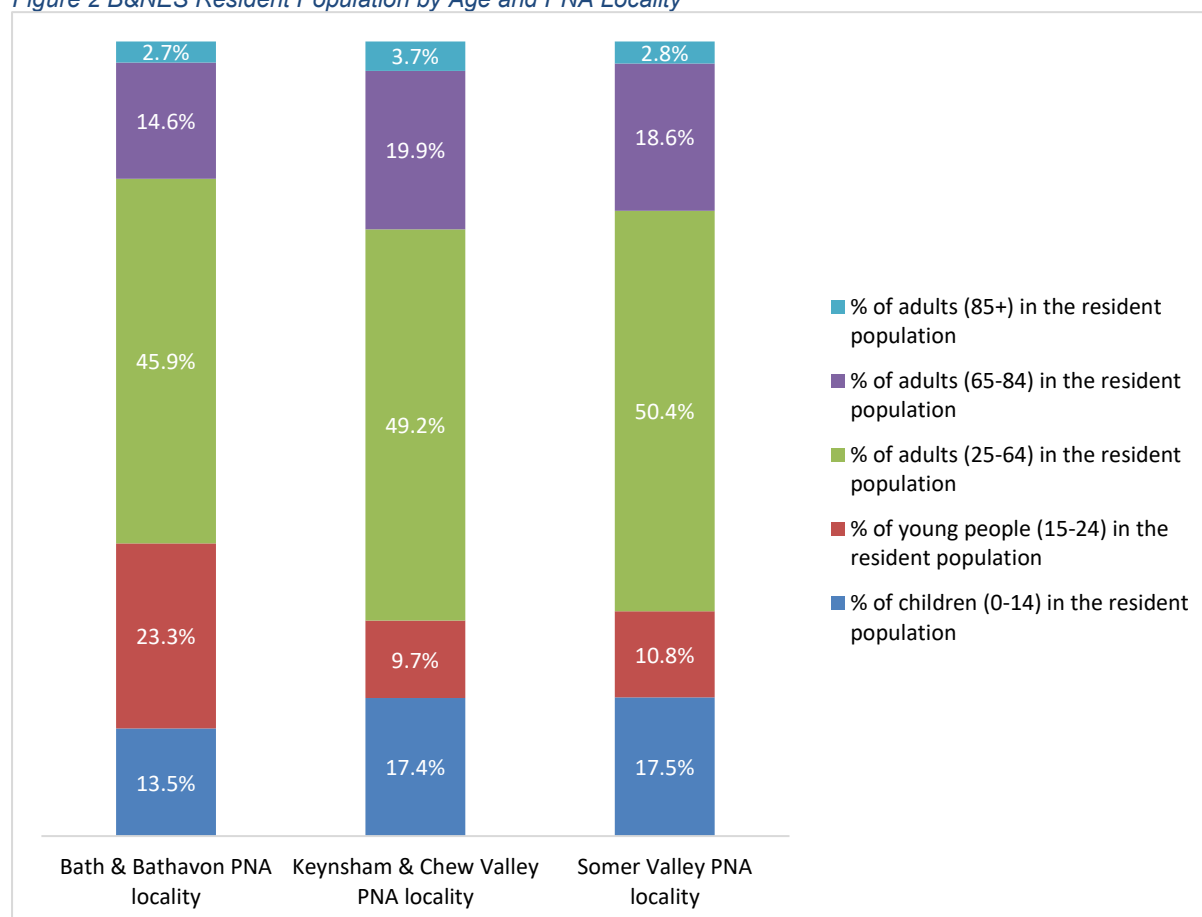
<sup>10</sup> “Bath Community Conversations | Bath and North East Somerset Council,” n.d. <https://www.bathnes.gov.uk/bath-community-conversations>.

The local population's age structure is similar to the UK's population as a whole but there is higher number of people aged between 20-24 highlighting the area's notable student population attending the two campus-based universities in the area.

In mid-2023, the total population of B&NES was estimated at 199,800. The Office for National Statistics (ONS) Population projections suggest that the B&NES population will increase to 210,848 by 2030, an increase of nearly 8% from 2020.

Figure 2 details the population breakdown by locality area, 23.3% of the population in the Bath & Bathavon locality are young people (15-24), compared to 9.7% in Keynsham and Chew Valley Locality, and 10.8% in Somer Valley locality area. As both universities are within the Bath and Bathavon locality this likely reflects the large student population. Keynsham and Chew valley have the largest population of older persons with a total of 23.7% of the population being those aged 65 plus, compared to 17.3% in Bath and Bathavon, and 21.3% in Somer Valley locality.<sup>11</sup>

Figure 2 B&NES Resident Population by Age and PNA Locality<sup>10</sup>



The local population is projected to continue to become older with further implications, for example, increasing the strain on the NHS and adult social care.

<sup>11</sup> ONS 2022



B&NES is ranked 269 out of 317 Local Authorities in England for overall deprivation as a whole, it remains one of the least deprived local authorities in the country and continues to become relatively less deprived over time. However, there are still pockets of deprivation.

Bath & North East Somerset is less ethnically diverse than the UK as a whole, with 85.6% of local residents defining their ethnicity as White British. This is followed by 5.75% defining as White Other and 1.8% defining as Asian.

## 5.4 Housing growth

To address sustainable development in the area, The B&NES Local Plan<sup>12</sup> states that a main element of their overarching strategy is to focus on new housing, jobs, and community facilities in Bath, Keynsham and the Somer Valley. Figure 3 illustrates the projected number of houses to be delivered between 2025 to 2028 as at the time of writing this PNA.

The majority of projected development is located in in the Bath area with a total of 2,120 dwellings, followed by the Somer valley area with 392 dwellings, and Keynsham with 303 dwellings. There are 150 planned dwellings across small rural developments (less than 10 dwellings) across the PNA localities of B&NES.

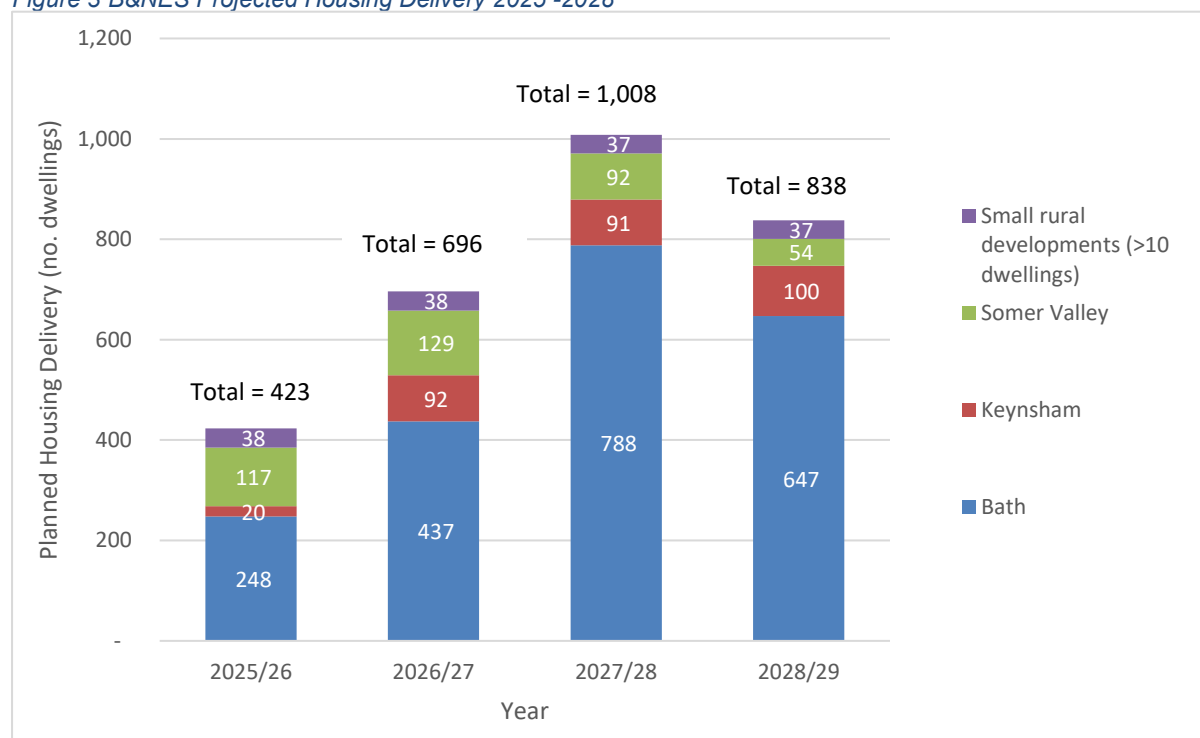
The new dwellings are not focused in large developments but are instead spread across different sites with the largest developments located in the Bath area. The anticipated increase in housing, and therefore population, in each B&NES PNA locality over the next three-year period until 2028/29 will not have a significant impact on the provision of, or access to pharmaceutical services and at present it is not anticipated that additional pharmacy facilities will be required.

It should be noted that housing areas do not correlate exactly with PNA localities. They represent loose urban connurbations. Keynsham is the Parish of Keynsham. Somer Valley is the parishes of MSN, Westfield, Radstock, Paulton and Peasedown St John. Bath is the unparished area of the centre of Bath. These do however fit entirely into existing PNA areas. Rural is scattered throughout B&NES but all planned developments are small sites (>10 dwellings).

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<sup>12</sup> "Bath and North East Somerset Local Plan 2011-2029." *District-Wide Strategy and Policies*. Vol. 1, July 2017.

Figure 3 B&NES Projected Housing Delivery 2025 -2028



## 5.5 Health Needs

This section gives an overview of the health needs of the population that may have an influence on the populations demand for pharmaceutical services in B&NES. The information in this section is taken from either DHSC Finger Tips Profiles<sup>13</sup> or the B&NES Strategic Evidence Base where this information is more fully discussed<sup>14</sup>

### 5.5.1 Overview of the population health in B&NES

People in B&NES live longer than that of the general population in the South West. With the life expectancy in 2020 for males being 80.3 and 84.8 for females. The

<sup>13</sup> Department of Health and Social Care (DHSC). "Fingertips | Department of Health and Social Care," n.d. <https://fingertips.phe.org.uk/>.

<sup>14</sup> B&NES Council. "Strategic Evidence Base for Bath and North East Somerset." <https://www.bathnes.gov.uk/Strategic-Evidence-Document-Library/Strategic-Evidence-Base-Summary-and-Full-Report>, October 2024. Accessed March 20, 2025. [https://www.bathnes.gov.uk/sites/default/files/Strategic%20Evidence%20Base%20-%20Main%20Document%202024%20July%202024\\_1.pdf](https://www.bathnes.gov.uk/sites/default/files/Strategic%20Evidence%20Base%20-%20Main%20Document%202024%20July%202024_1.pdf).

latest available data on healthy life expectancy shows that a person in B&NES can expect to live in good health for an average of 66 years for both males and females.

The two main broad causes of premature death for B&NES residents is neoplasms, which includes cancer and benign growths (167 deaths in 2021), and diseases of the circulatory system, such as heart attacks and stroke (88 deaths in 2021).

### **5.5.2 Cardiovascular disease**

Cardiovascular diseases (CVD) describe the category of diseases which affect the circulatory system, including coronary heart disease (CHD) and stroke. Premature mortality is defined as deaths that occur before the age 75. Age-standardised premature deaths from CVD in B&NES were 52.7 per 100,000 population in 2020-2022 and 53.5 per 100,000 population in 2021-2023.

In 2023-2024 there were 6,428 people in B&NES that were registered with CHD on the GP register within primary care networks (PCNs). That equates to 2.9% of all patients, which is significantly lower than the south west regional value of 3.6%.

In 2023-2024 there were 4,084 people in B&NES that were registered with having had a stroke on the GP register within PCNs. This equates to 1.8% of all patients, which is significantly lower than the south west regional value of 2.3%.

### **5.5.3 Diabetes**

Diabetes is a chronic and progressive disease, associated with an increased risk to certain complications such as CVD and chronic kidney disease. According to the 2023/2024 GP registers Quality and Outcomes Framework (QOF) 5.7% of the population in B&NES, registered with the GP's PCNs, were diagnosed as having diabetes, equating to 10,506 people. This is a significantly lower figure than England's 7.7% of the total population, however, similarly to the England trend, B&NES figure has been increasing year on year.

### **5.5.4 Respiratory Diseases**

Chronic Obstructive Pulmonary Disease (COPD) is the shared term used to describe a range of conditions that cause long-term damage to the lungs. B&NES has a significantly lower number of people diagnosed with COPD, with a value of 1.5%, when compared to the England value of 1.9%, with the majority of the PCN's in the area also having a significantly lower value than the England value (2023/24).

Asthma is a more common condition than COPD, affecting many children as well as adults. B&NES has a significantly higher number of people aged 6 and above recorded with a diagnosis of asthma, with a value of 6.9%, than that of England, with a value of 6.5%. The majority of PCNs in the area also have a significantly higher value than the England value (2023/24).

### 5.5.5 Healthy Lifestyles

Obesity is a major public health concern across in England and globally. In adults, obesity and being overweight are associated with life-limiting conditions, such as type 2 diabetes, cardiovascular disease, some cancers, and osteoarthritis. According to the Health Survey for England, for those aged 16 and over, 27% of men and 29% of women, were obese. Around two thirds of adults were overweight or obese, with this being more prevalent among men at 68%, whilst 60% of women were overweight or obese. Obesity was seen to increase across age groups of up to 75 years old. Adults living in the most deprived areas were the most likely to be obese, with this difference being particularly pronounced for women.

B&NES has some of the lowest levels of obesity and being overweight in the South West with 53.2% in 2022/23, however, this still accounts for more than 1 in 2 adults carrying excess weight. In addition, people living in areas within B&NES that are amongst the most deprived 10% in England, are much more likely to be carrying excess weight than adults living in less deprived areas.

Childhood obesity is predictive of adult obesity, as well as separately increasing the risk of asthma, early onset type-2 diabetes and cardiovascular risk factors. In 2023/24 in B&NES school's 21.6% of reception aged children are of an unhealthy weight, with 8.3% of B&NES reception aged children being very overweight/obese. Whilst 28.5% of year 6 aged children in B&NES schools are of an unhealthy weight, with 17% of year 6 aged children in B&NES schools being very overweight/obese. Among children in B&NES age is a significant factor in the levels of very overweight/obese, with overweight/obesity increasing with age.

Regular physical activity can provide a range of physical and mental health benefits, as well as social benefits, many of which are increasing issues for individual, communities, and society as a whole. Such benefits include, but are not limited to, reducing the risk of many long-term conditions, helping to manage existing conditions, helping to maintain a healthy weight, ensuring good musculoskeletal health, developing and maintaining physical and mental function and independence, supporting social inclusion and reducing inequalities for people with long-term conditions. Improvements in health are especially significant for those who are currently doing the lowest levels of activity, as the gains per additional minute of physical activity will be proportionally greater, when compared to those doing the highest levels of activity. Currently 1 in 4 people in England do less than 30 minutes of physical activity a week.

In B&NES in 2022/23 61% of children and young people were considered physically active, compared to the national average of 46%. For adults in B&NES the latest figures suggest that 80.5% are physically active, compared to the national average of 67.1%.

### 5.5.6 Smoking

Smoking remains the single largest cause of preventable deaths and one of the largest causes of health inequalities in England. Not only do smokers suffer many years in poor health, but they also have an increased risk of dying prematurely, with more than 200 people a day dying from smoking related illnesses that could have been prevented. Many of the conditions caused by smoking are chronic illnesses which can be debilitating for the sufferer, making it difficult to engage with day-to-day tasks and with society generally.

The prevalence of adults who smoke in England has been decreasing year on year. In B&NES there was a similar overarching trend of decreasing numbers of adults smoking, however in 2022/23, smoking prevalence in B&NES was estimated to stand at 12% of the population over the age of 18 which is the highest it has been since 2018/19. Of those that work in routine and manual occupations this figure is much higher and is increasing. In 2021, it stood at 18.9%, but this rose sharply to 28.4% in 2022 and further to 28.9% in 2023. These figures are notably higher compared to the England averages, which were 22.5% in 2022 and 19.5% in 2023.

### 5.5.7 Alcohol

The World Health Organisation (WHO) places alcohol as the third biggest global risk for burden of diseases, whilst it is also identified as a casual factor in more than 60 medical conditions and some cancers including breast, throat, and liver. The risk of alcohol related harm increases with the amount drunk on a regular basis, with short term health risks including accidents and injuries, accounting for the continuing increase in alcohol-related hospital admissions.

B&NES alcohol admissions in 2023-2024 for those under 40 years of age has a rate of 167 per 100,000, which is comparable to the England rate of 142.6 per 100,000. For those aged 40 to 60 and for those aged 65 years plus, B&NES has significantly less admissions compared to the national rate. In 2023/2024 the B&NES rate for 40 to 60 years olds was 700 per 100,000, compared to 802 per 100,000 for England. Whilst the B&NES rate for those aged 65 years plus was 677 per 100,000 compared to 864 per 100,000 for England.

Drinking at a young age, particularly heavy or regular drinking can result in physical or mental health problems, impair brain development and put children at risk of alcohol related accident or injury. More broadly it is also associated with missing or falling behind at school, violent and antisocial behaviour and unsafe sexual behaviour. B&NES has the 2nd highest rate of admissions for alcohol specific conditions for those under 18 years of age in the South West region with 53.5 per 100,000. This equates to a total of 58 admissions for 2021/22 – 2023/24 and may include multiple admissions of the same person.

### **5.5.8 Substance Misuse**

Drug misuse refers to both the misuse of illegal and legal drugs. Depending on the drugs involved and the extent of the exposure to the drug, drug misuse can result in serious health issues, such as problems with breathing, an increased heart rate and higher blood pressure. As well as the above, extended drug use can cause serious brain damage, psychological problems and lung disease. Substance dependence also increases an individual's risk of a range of negative outcomes including unintentional injuries, accidents, mental health issues, medical problems, the risk of domestic violence and death.

It is not possible to count the number of people misusing drugs as creating reliable estimates of drug misuse prevalence is a difficult and resource hungry undertaking. In B&NES the latest available estimated prevalence for opiate and/or crack cocaine use is from 2019/20 and stood at 9.12 per 1,000 people aged 15 to 64 years of age, compared to 9.54% per 1,000 people in England. Although there is no data showing the effect inequalities have on drug misuse within B&NES, we know from England level data that the most deprived deciles have a higher prevalence of opiate and/or crack cocaine use than the least deprived deciles.

The majority of locally available data on drug misuse comes from specialist treatment services. In B&NES in 2020/2021 there were 778 people who received treatment through these local services, a rate of 4.9% per 1,000, which is similar to the England rate of 4.5 per 1,000. Of the adults using B&NES substance misuse services during 2020/2021, 47% were seeking treatment for opiate use, with 13% seeking help for non-opiate use.

### **5.5.9 Under-18 Conceptions**

Research has shown that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, more likely to bring up their child alone in poverty and have a higher risk of mental health problems.

In B&NES, the under-18 conception rate per 1,000 has been significantly better than the England rate for every year since 2012, excluding 2017 and 2018. In 2021 the under-18 conception rate for B&NES was 8.7 per 1,000. Nationally, rates of under-18 conception have been steadily falling since the late nineties, and these falling rates are considered a proxy measure for good access to contraception. In B&NES the total prescribed Long-Acting Reversible Contraception (LARC), excluding injections, rate per 1,000 has been significantly higher than the England rate for every year since 2014. In 2023 B&NES total prescribed LARC was 58.6 per 1,000.

### **5.5.10 Sexually Transmitted Infections**

The detection rates of chlamydia in B&NES per 100,00 people aged 15 to 24 have been significantly worse than the England rate every year since 2012, in 2023 this figure stood at 983 per 100,000. However, new Sexually Transmitted Infection (STI)



diagnoses in B&NES per 100,00 have been significantly better than the England rate every year since 2012, in 2023 this figure stood at 310 per 100,000. Whilst B&NES figures show low rates of diagnosed HIV, Syphilis and Gonorrhoea, the figures are high for late diagnosis of HIV, and show a low HPV vaccination coverage.

The ONS reports that diagnoses of STIs decreased nationally in 2020 by 32% compared to rates in 2019. This has been attributed to a combination of, reduced STI testing as a result of disruption to sexual health services leading to fewer diagnoses and, changes in behaviour during the Coronavirus pandemic. In 2020, as was seen in previous years, the highest rates of STI diagnoses nationally were still seen in young people aged 15 to 24 years; people of Black ethnicity; as well as gay, bisexual and other men who have sex with men (MSM).

### **5.5.11 Life Limiting Long-Term Illness, Disability, and learning difficulties**

Ill health and disability refer mainly to people with long term conditions (LTCs). This means people living with conditions/ suffering from illnesses which cannot currently be cured, but that can be controlled with the use of medication and/or other therapies.

In B&NES rates of LTCs are comparatively low but are rising in line with the rest of the country. In a 2011 survey within B&NES, nearly half of those suffering with LTCs felt that they were able to manage their condition. In addition, people living with LTCs are more likely to be elderly and living in deprived areas. They are also likely to be taking medication, or often several medications, as many people with LTCs receive a number of different medications for co-morbidities. The number of emergency bed days for LTCs in B&NES are consistently lower than the regional and national levels

Those with learning difficulties are amongst one of the most vulnerable groups in society, and are known to experience health inequalities, resulting in a higher risk of suffering poor health outcomes when compared to the general population. In B&NES 0.6% of the population are recorded as having a learning disability in 2023/24 which is a similar rate to England.

### **5.5.12 Homelessness**

Homeless people, when compared to the rest of the population, experience overall poorer health, facing particular issues around mental health, social isolation, poor access to services and substance misuse. Homeless people also have a significantly lower life expectancy than the rest of the population, often due to the above-mentioned increased risk factors.

Rates of initial assessment of homelessness have dropped slightly in England and the South West between 2018/2019 and 2020/2021, dropping to an even greater extent in B&NES, from 569 households in 2018/2019, to 403 households in 2020/2021. These drops in rates of initial assessments, deciding whether a household is owed a prevention or a relief duty, are not surprising, as this data was collected during the Coronavirus pandemic which impacted the number of households being assessed. This was partly due to the fact that people were advised

to remain in their current accommodation, with the exception of victims fleeing domestic abuse.

However, although there has been a drop in assessments, the number of households that were already homeless and owed a relief duty has increased in B&NES. Households that are owed a relief duty are those households that are assessed as already being homeless. In 2018/2019 there were 117 households that were already homeless and owed a relief duty across B&NES, whilst in 2020/2021 there were 196 households. This was due to the number of rough sleepers and the 'Everyone In' initiative, putting pressure on the Council to find and provide more emergency accommodation.

B&NES presents a greater level of successful outcomes for households that are at risk of homelessness, with 70% of cases being successful in 2020/2021, whilst this was only 58% for South West and 59% for England. This may be due to there being a strong focus on prevention within local government in general, as well as in B&NES Housing Options Team more specifically. Both of these groups aim to prevent homelessness and avoid the need for households to be placed in emergency accommodation, wherever this is possible.

In addition, any homeless person can access healthcare at Julian House and there are GP's who run clinical sessions for homeless persons through the week. Opportunistic cervical screening is also available and advertised in advance.

## **6 B&NES Whole LA Provision**

### **6.1 Pharmaceutical Providers**

The most recent estimate of the population of B&NES is 199,818<sup>15</sup>. With 33 community pharmacies within the area at the time of writing this equates to roughly 17 pharmacies per 100,000 population or approximately one pharmacy for every 6,055 people. This is lower than the England average of 21 per 100,000<sup>16</sup> but higher than the bordering regions of Wiltshire which has an average of 13 per 100,000 population and Swindon which has an average of 16 per 100,000 population. It should be noted that these are averages and there is no expectation on number of pharmacies per 100,000 population as business models vary from pharmacy to pharmacy. The 33 community pharmacy locations are shown in purple on the map in Figure 4, this map also shows the geographical location of any pharmacy contractors up to one mile (or 1.6 kilometers) beyond the border of B&NES. This is because, for some residents of B&NES that live close to, or work in a neighbouring county, these community pharmacies may be the most convenient for them.

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<sup>15</sup> Midyear Estimates ONS, 2023

<sup>16</sup> "General Pharmaceutical Services in England 2015/16 - 2020/21 | NHSBSA," n.d.  
<https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-20202>



The majority of pharmacy contractors in B&NES are located in the Bath & Bathavon PNA locality, with 21 of the 33 community pharmacy contractors (64%). There are no pharmaceutical contractors located within one mile of the border of the Bath & Bathavon PNA locality. Five of the 33 community pharmacy contractors in B&NES are located in the Keynsham and Chew Valley PNA locality (15%). There is also a distance selling pharmacy within this locality. There are 7 pharmacy contractors located within one mile of the B&NES border (referred to as 'bordering pharmacies' in this PNA). The remaining 7 of the 36 community pharmacy contractors in B&NES are located in the Somer Valley PNA locality (21%). There are no pharmaceutical contractors located within one mile of the border of the Somer Valley PNA locality. This breakdown is further detailed in the locality profiles in Sections 7, 8, and 9.

*Table 1 Community Pharmacy Contractors by PNA locality*

<b>Locality</b>	<b>Number of Community Pharmacies</b>	<b>Percentage of Community Pharmacies</b>
<b>Bath &amp; Bathavon</b>	21	64%
<b>Keynsham and Chew Valley</b>	5	15%
<b>Somer Valley</b>	7	21%

In addition to community pharmacy there is one distance selling pharmacy located within B&NES (The Bath Pharmacy Company Limited) and five Dispensing GPs specifically serving the rural areas as shown in green in Figure 4. These 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 Locality, and three are located in the Somer Valley PNA Locality.

The Dispensing GP practices are as follows:

#### Keynsham and Chew Valley PNA Locality

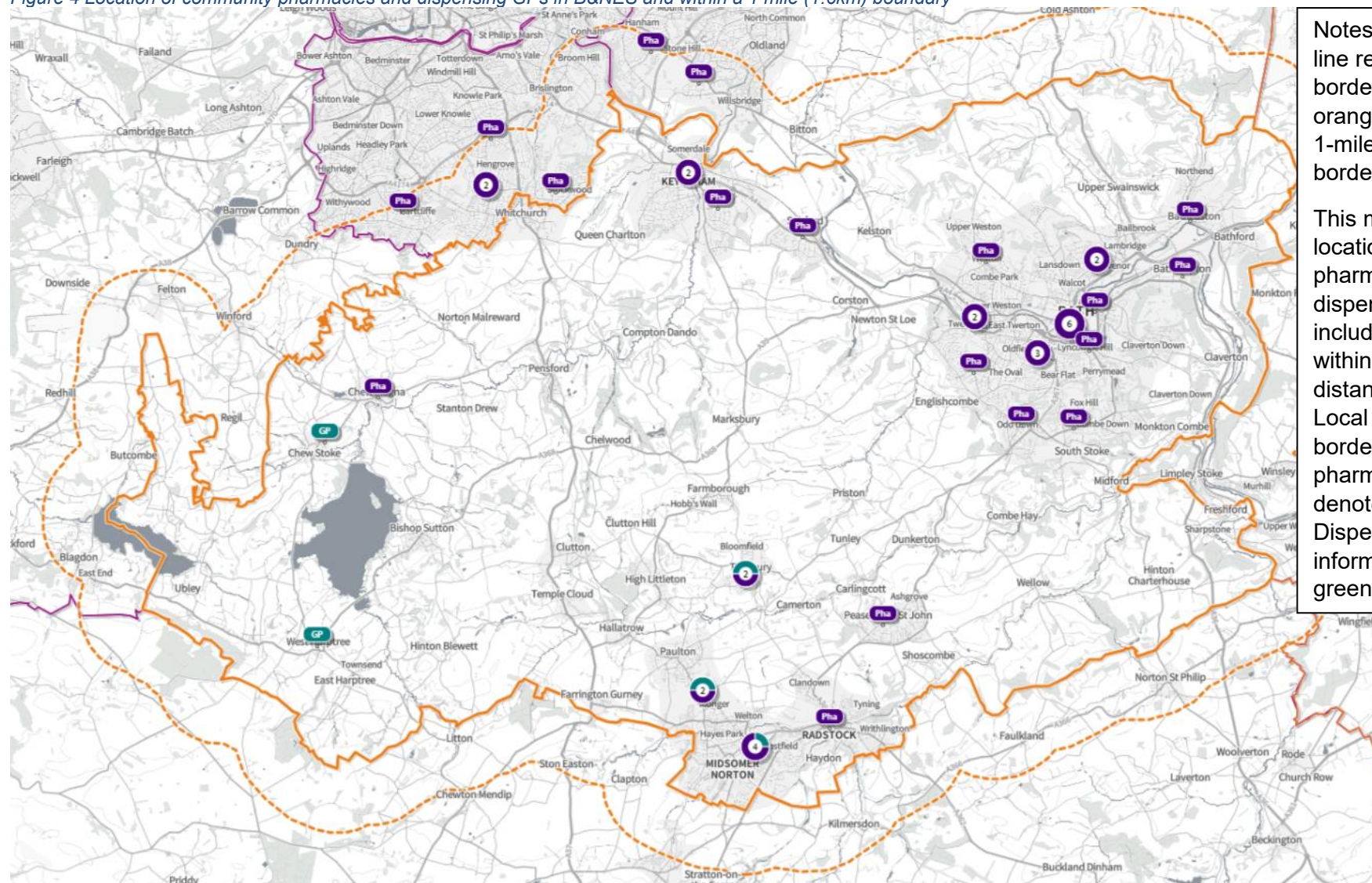
- Chew Medical Practice
- Harptree Surgery

#### Somer Valley PNA Locality

- Elm Hayes Surgery
- St Mary's Surgery
- Somer Valley Medical Group

There are no pharmacy contractors in B&NES registered as a Dispensing Appliance Contractors (DAC).

Figure 4 Location of community pharmacies and dispensing GPs in B&NES and within a 1 mile (1.6km) boundary



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.

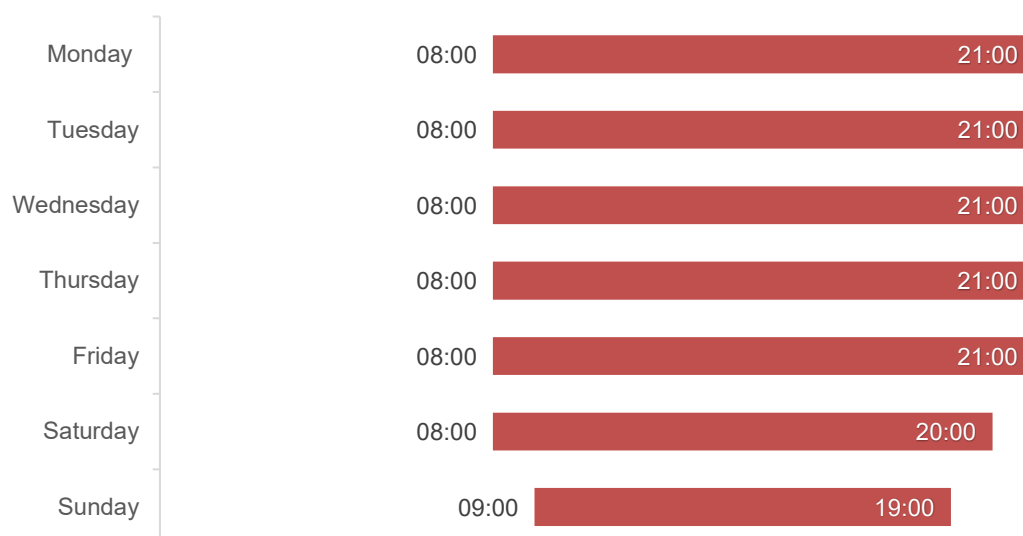
This map shows the location of community pharmacies and dispensing GP practices including those that lie within a 1 mile (1.6 km) distance of the B&NES Local Authority area border. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green.

## 6.2 Opening Hours

Detailed opening times of all 33 community pharmacy contractors in B&NES are shown in Appendix 11.5 Opening Hours

In B&NES, one 100-hour pharmacy serves the Somer Valley, operating for 73 hours each week. Across B&NES, there are four community pharmacies open seven days a week. Additionally, 18 pharmacies operate Monday through Saturday, and 11 are open from Monday to Friday. In the evenings, 22 pharmacies stay open until 6pm, with four of them extending their hours beyond 6pm.

*Figure 5 Earliest opening hours and the latest closing hours for community pharmacies in B&NES*



## 6.3 Travel Times

In B&NES, the densest populations are found in the urban areas of Bath (within the Bath & Bathavon PNA locality), Midsomer Norton (in the Somer Valley PNA locality), and Keynsham (within the Keynsham & Chew Valley locality). This distribution is visualized in Figure 6. As expected, the majority of community pharmacies are clustered in these urban centres.

According to the 2021 census, 80.1% of households in B&NES had access to one or more cars/vans. In the 2021 Census, the B&NES percentage of '1 car or van in household' has broadly remained the same from the 2011 Census. Consequently, the time travel analysis will primarily focus on car travel times to community pharmacies, with public transport analysis included for urban areas. This time travel analysis is relevant for all necessary services as considered by this PNA, including essential services and pharmacy first. This analysis also encompasses community pharmacies within a 1-mile zone of the B&NES border.

However, it should be noted that the proportion of households in B&NES who have access to a car or van varies by ward, Chew Valley (94.9%), Mendip (94.2%) and Bathavon South (93.7%) wards have the highest availability of a car or van.

Westmoreland (65.0%), Twerton (63.0%) and Kingsmead (50.5%) wards have the lowest availability of a car or van. Wards do not exactly map to PNA localities but for the most part the Chew Valley and Mendip wards fall within the Keynsham and Chew Valley Locality, Bathavon South, Westmoreland, Twerton, and Kingsmead all fall within the Bath and Bathavon Locality.

As shown in Figure 7 the majority of B&NES residents live within a 10-minute drive from a community pharmacy, and 100% of the population can reach one within 20 minutes. Most people can access a community pharmacy that is open in the evening within a 15-minute drive, and nearly everyone can reach one within 20 minutes (Figure 8). However, there are areas around Butcombe and Ubley where it would take longer than 20 minutes. The same is true for drive times to community pharmacies open on Saturdays (Figure 9) and Sundays (Figure 10).

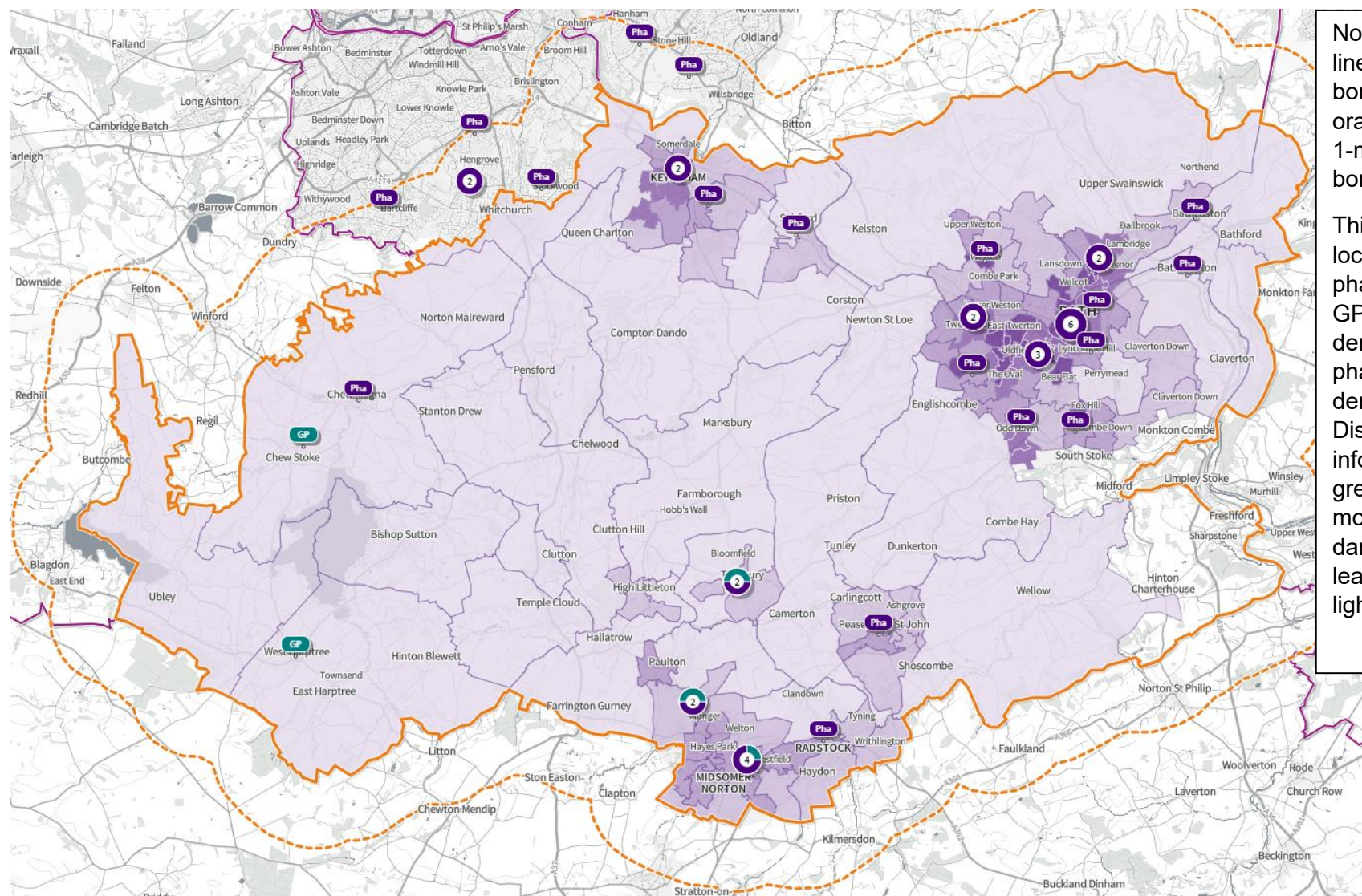
Most of the more deprived areas in B&NES are well-served by community pharmacy services accessible by foot, public transport, or car (Figure 12). However, there are some areas, such as Compton Dando, Priston, and Tunley, that have low population density (Figure 6), a moderate level of deprivation, and require longer than 30 minutes to access community pharmacy via public transport. Some of these areas are covered within a dispensing GP area (Figure 12).

In urban areas where households are less likely to have access to a car or van, public transport provision is generally good, as shown in Figure 11. However, public transport is much more limited in rural areas. Consequently, people who do not drive or have access to a car face challenges in easily accessing a pharmacy, dispensing practice, or other healthcare services. This is particularly concerning for older adults, younger individuals, and people with disabilities, who are less likely to have their own means of independent transport.

However, there are now numerous options for having medicines delivered to a patient's address of choice, which is discussed further in the section on Distance Selling Pharmacies (6.4).



Figure 6 Location of community pharmacies and dispensing GPs by population density including a 1-mile buffer around the B&NES border



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.

This map shows the location of community pharmacies and dispensing GP practices by population density. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green. Population is at its most dense in areas with darker purple shading and least dense in areas with lighter purple shading.



Figure 7 Analysis of travel time by car to community pharmacies in B&NES, including a 1-mile buffer zone around the B&NES border

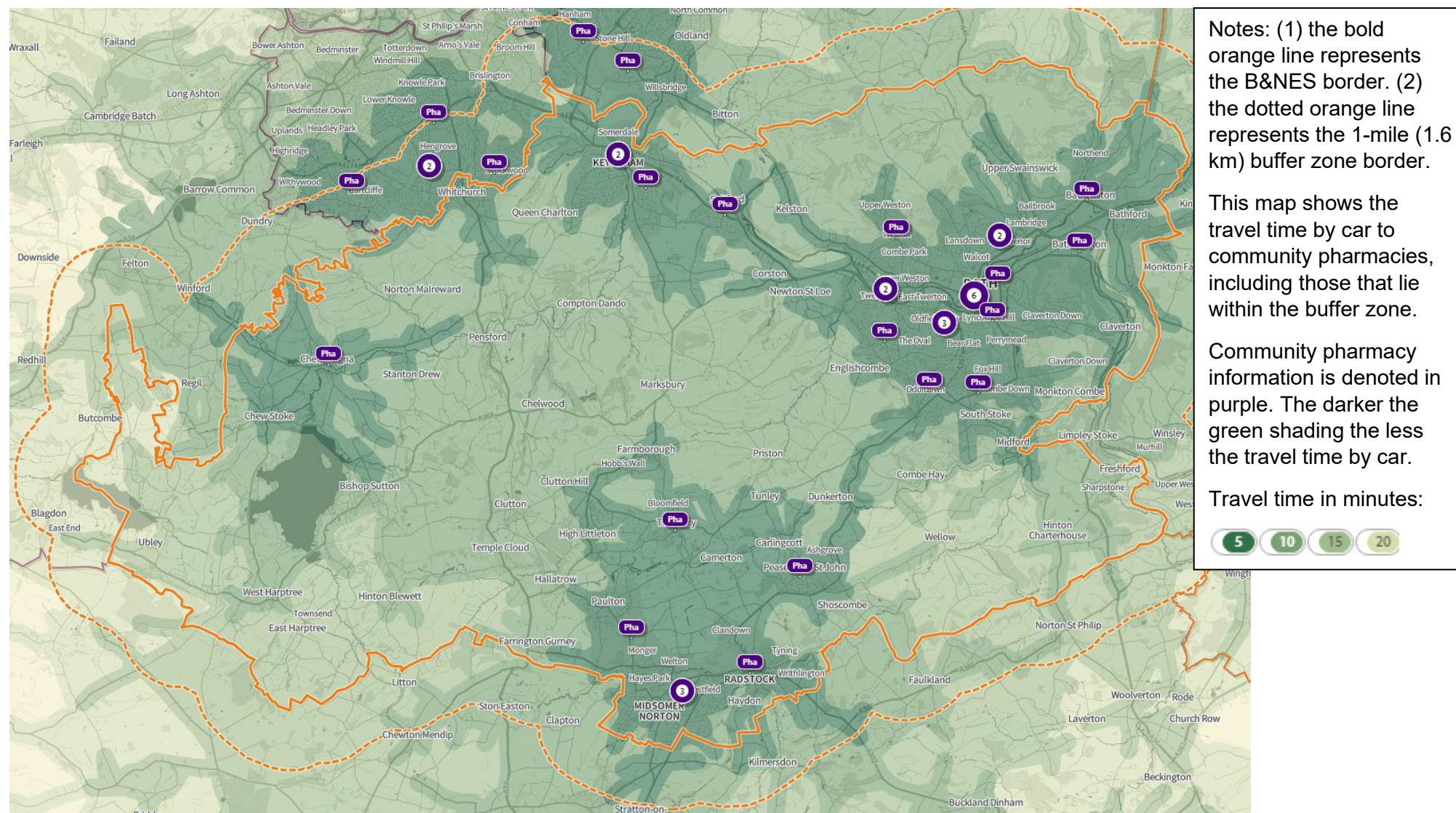




Figure 8 Analysis of travel time by car to community pharmacies with evening hours (after 6pm) in B&NES, including a 1-mile buffer zone around the B&NES border

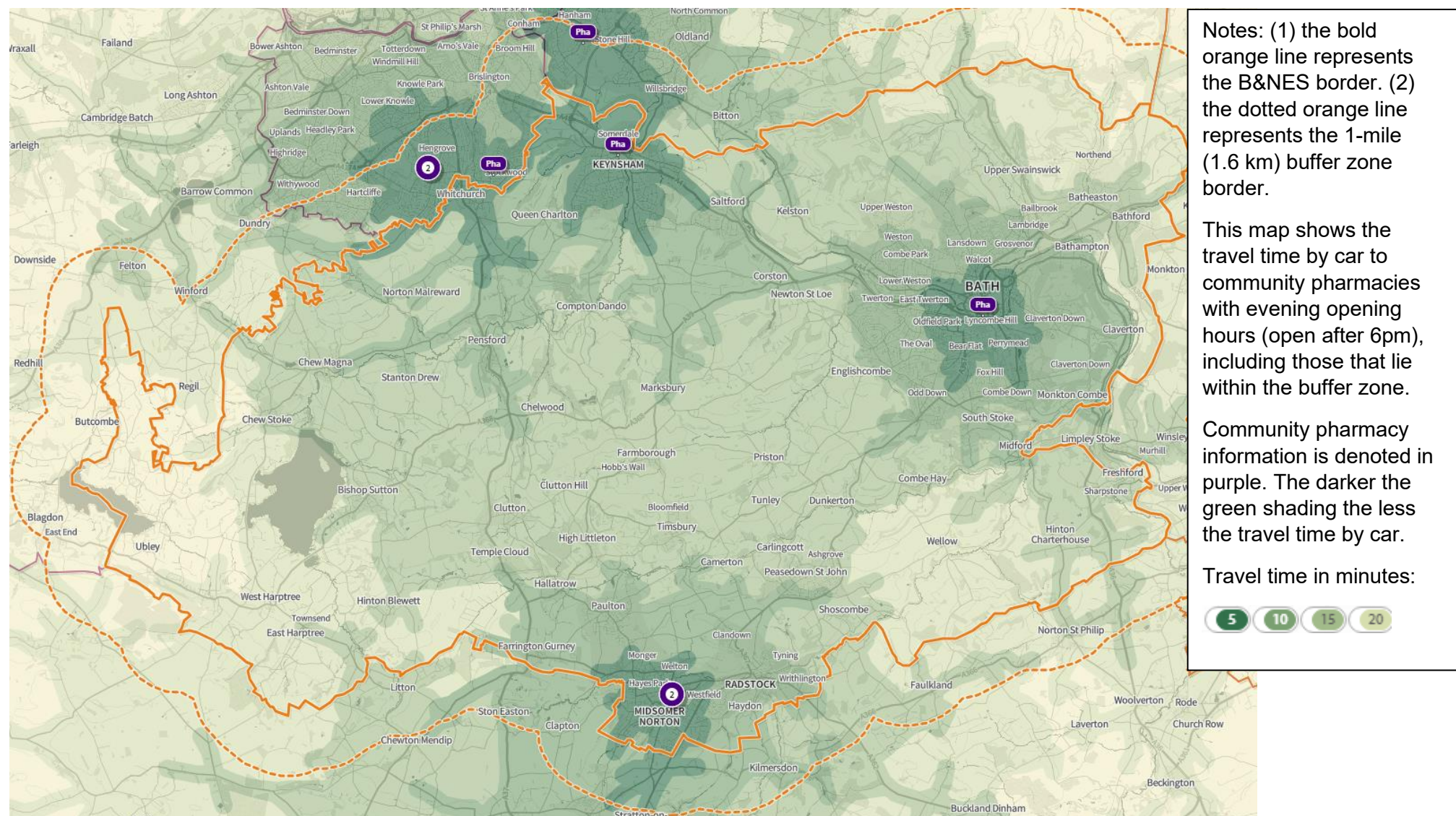




Figure 9 Analysis of travel time by car to community pharmacies with Saturday hours in B&NES, including a 1-mile buffer zone around the B&NES border

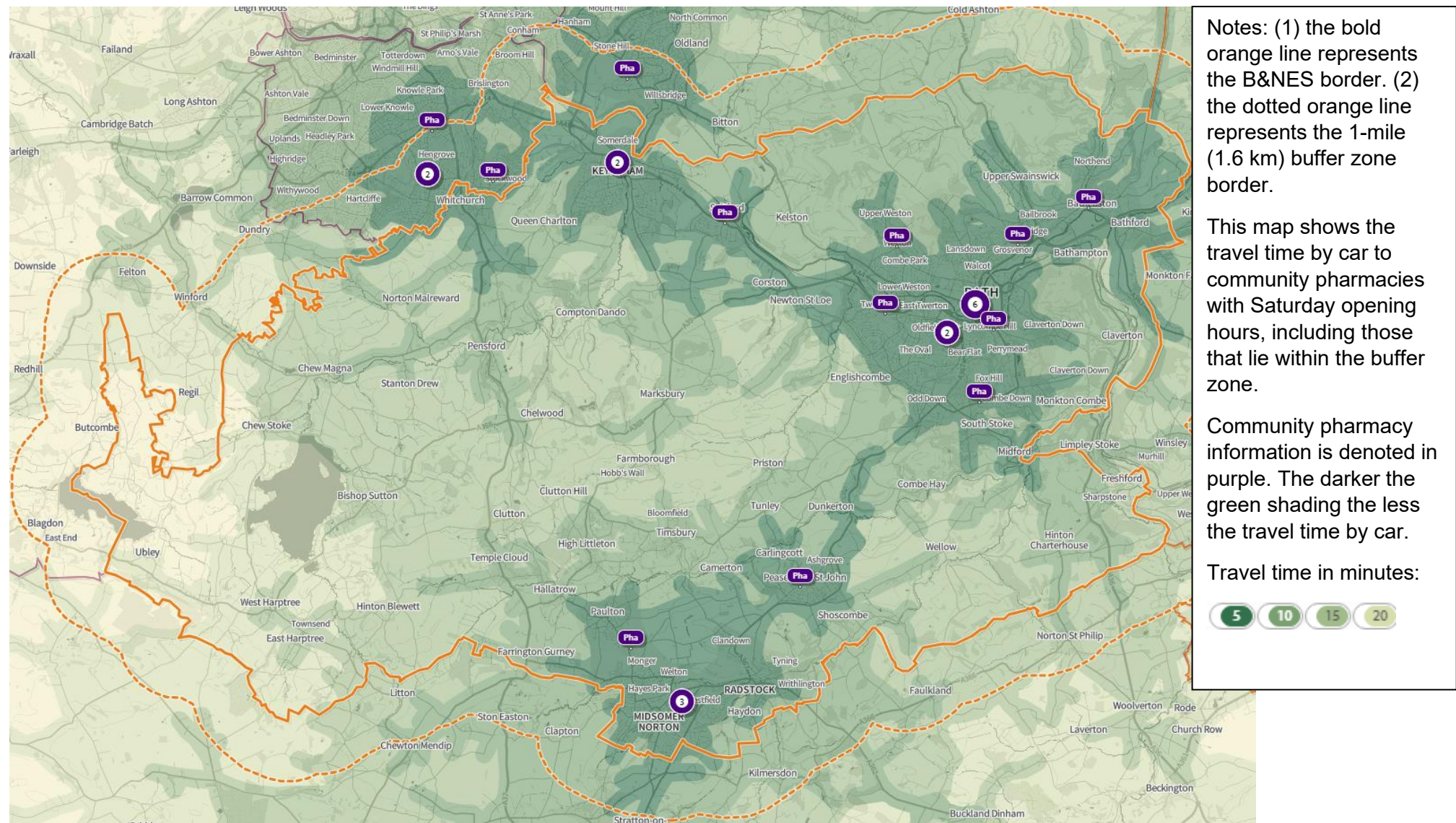




Figure 10 Analysis of travel time by car to community pharmacies with Sunday hours in B&NES, including a 1-mile buffer zone around the B&NES border

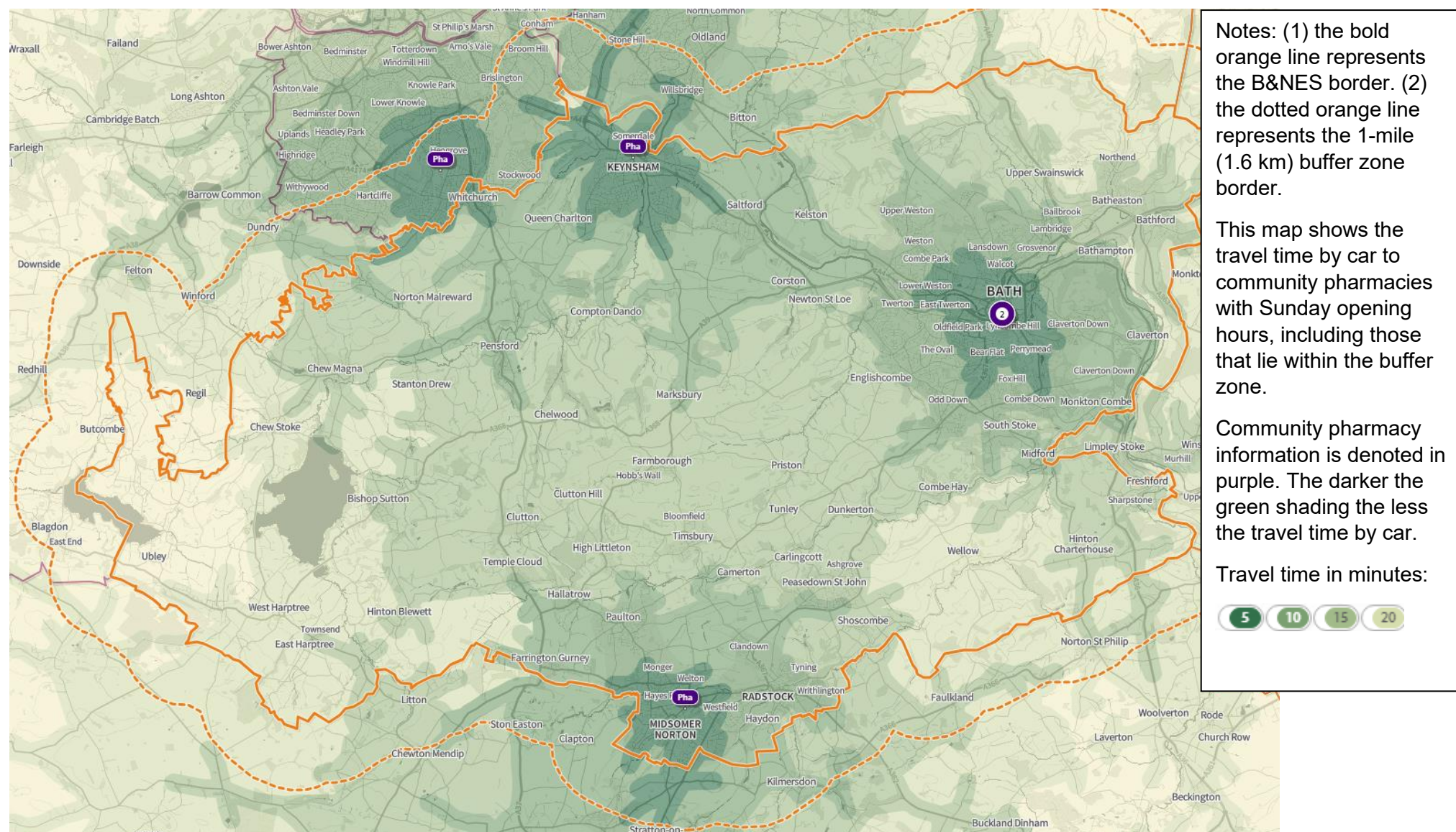




Figure 11 Analysis of travel time by public transport to community pharmacies in B&NES, including a 1-mile buffer zone around the B&NES border

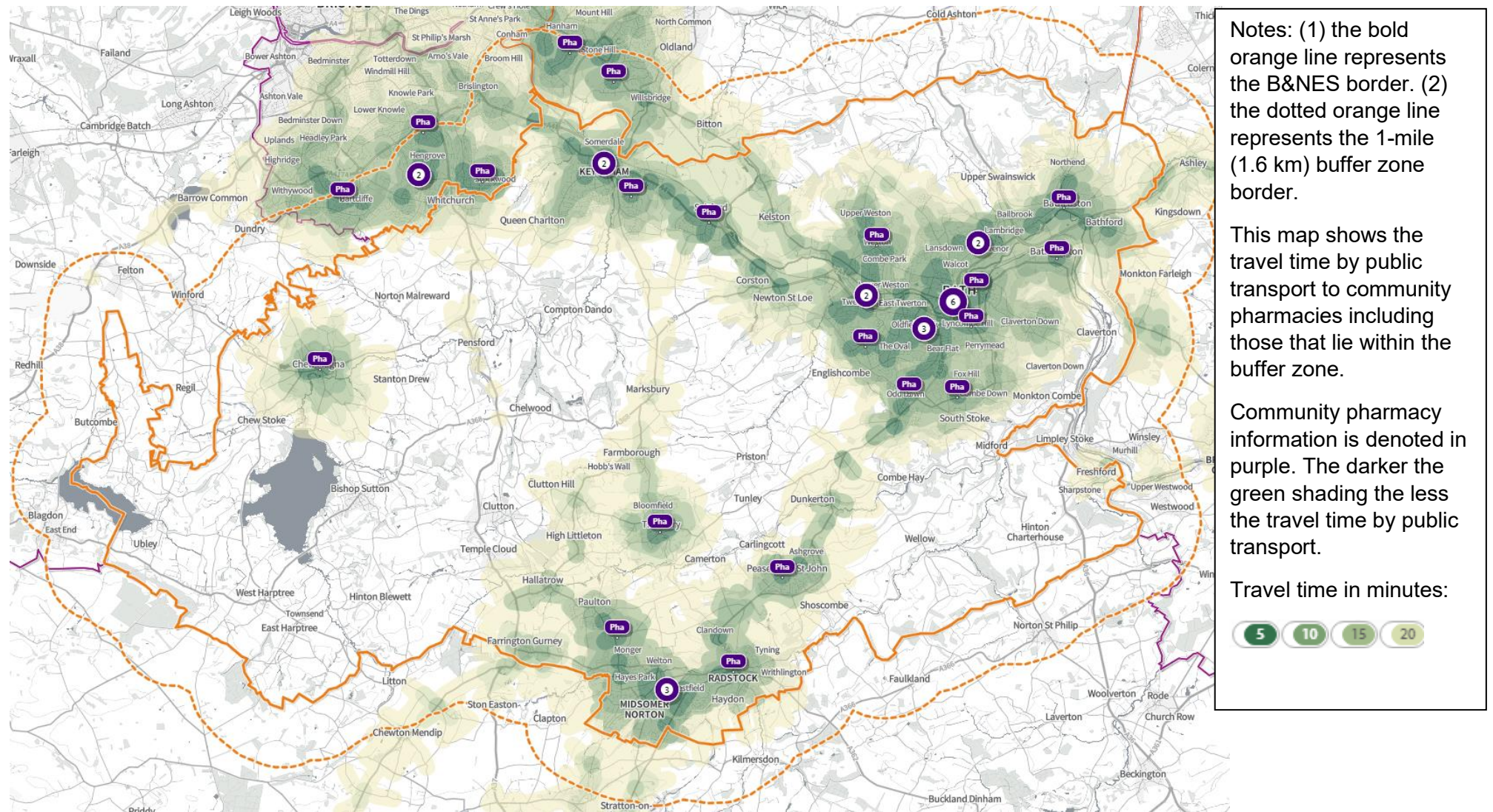
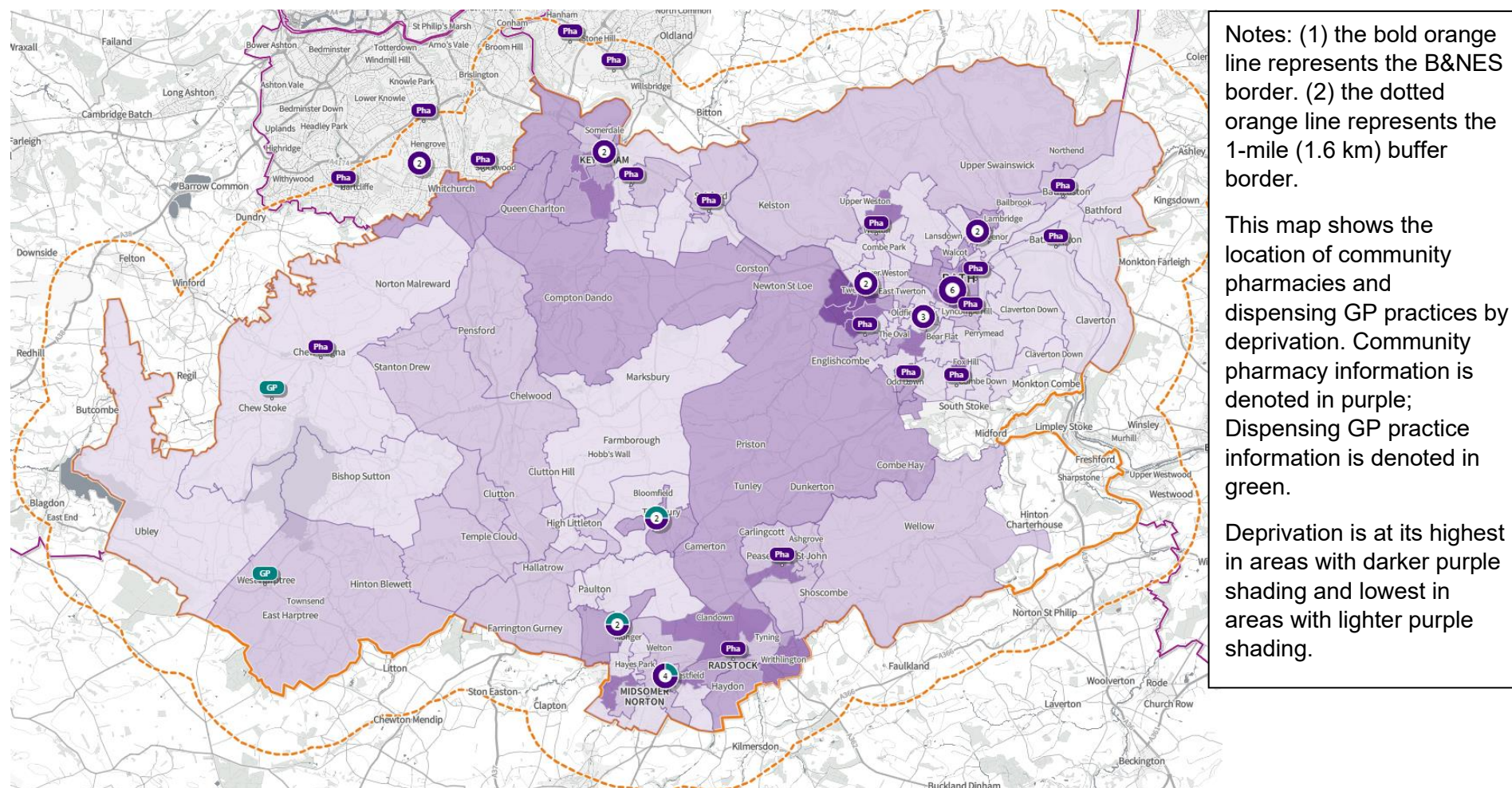




Figure 12 Location of community pharmacies and dispensing GPs in B&NES by deprivation<sup>17</sup>, including a 1-mile buffer zone around the B&NES border



<sup>17</sup> IMD19

## 6.4 Distance Selling Pharmacies (DSPs)

Distance selling pharmacies (DSPs) are pharmacies that operate primarily online, allowing patients to order medications and receive pharmaceutical services remotely. They are sometimes called online pharmacies. People might choose to use DSPs for the convenience of having medications delivered to their doorsteps, especially if they have mobility issues or live in remote areas.

As of 2024, there are now over 400 distance selling pharmacies (DSPs) operating in England. This means that residents in B&NES can choose to use any one of these DSPs and have their medicines delivered to their chosen address. This figure includes The Bath Company Pharmacy Ltd, a local DSP located in the Keynsham and Chew Valley PNA locality. DSPs now dispense 9% of prescriptions generated in B&NES.

## 6.5 Accessibility

First and foremost, all pharmacies are required to comply with the Equality Act 2010, which legislates against direct discrimination in the supply of goods or services. Pharmacy contractors must make 'reasonable adjustments' to accommodate individuals with disabilities, both on their premises and in terms of service provision, such as wheelchair access and ramps. Wherever possible, the provision of disabled-friendly services, including wheelchair-accessible consulting rooms and accommodations for individuals with visual or hearing impairments, should be considered essential for good service provision.

According to the information pharmacies provide to NHS Pharmacy profiles<sup>18</sup>, 21 (64%) of local pharmacy contractors have step-free access, and 22 (67%) have wheelchair access. Many pharmacy contractors that are not wheelchair accessible are located in the Bath & Bathavon PNA locality, partly due to the physical and planning constraints of Bath's historic buildings. Despite this, there are 12 pharmacy contractors in the Bath & Bathavon PNA Locality that are wheelchair accessible.

Additionally, 14 (42%) of local pharmacies offer induction loops, a type of audio technology that supports improved hearing and communication for individuals with hearing impairments. Language barriers can also impact access to health services, and it is crucial to consider provisions for those for whom English is not their first language. All pharmacies in B&NES can utilize NHS interpretation and translation services<sup>19</sup>.

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<sup>18</sup> Website, Nhs. "NHS Services." nhs.uk, April 1, 2025. <https://www.nhs.uk/nhs-services/>.

<sup>19</sup> West, Nhs England — South. "NHS England — South West » Interpretation and Translation Services," n.d. <https://www.england.nhs.uk/south/info-professional/eye-health/interpretation-and-language-services/#:~:text=Translations%20%7C%20Sign%20Solutions-,Pharmacy's%2C%20Optoms%20and%20Dentists%20can%20access%20BSL%20services%20including%20face,or%20phoning%200121%20447%209620.>

Homeless individuals can register with a General Practice and access community pharmacies for medication dispensing. Furthermore, anyone who is homeless can also seek advice and support from a community pharmacy without requiring GP registration or the need to provide an address.

## **6.6 Choice**

Across B&NES, approximately 68% of prescriptions issued to residents are dispensed by community pharmacies within the area. This indicates that the majority of residents within the B&NES Health and Wellbeing Board's area are choosing to use local pharmacy services. Within the area, they have access to a total of 33 community pharmacies.

A proportion of residents, around 9%, opt to have their prescriptions dispensed by distance-selling pharmacies. Others use one of the five dispensing GPs in the area (detailed in 6.1 Pharmaceutical Providers), or pharmacies in neighbouring Health and Wellbeing Board areas, such as Wiltshire, Somerset, North Somerset, City of Bristol, or South Gloucestershire. This reflects the flexibility patients have in selecting where they receive their prescriptions, whether based on convenience, proximity to workplaces, or personal preference.

In addition to distance-selling pharmacies, many pharmacy contractors in B&NES offer a discretionary delivery service for dispensed medicines, either to residents' homes or to a secure local community location (e.g., village hall, shop).

The Electronic Prescription Service (EPS) enables prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This means that patients do not have to take their prescription to a pharmacy in person to access these services. This makes the prescribing and dispensing process more efficient and convenient for patients.

## **6.7 Advanced Services**

The advanced and enhanced services offered in B&NES community pharmacies are defined in Appendices 11.2 and 11.3 the following information on services provided in B&NES is correct at the time of writing in Feb/Mar 2025.

### **6.7.1 NMS service provision in B&NES**

There is excellent coverage of the New Medicines Service (NMS) across B&NES as all community pharmacies are able to provide this service.

### 6.7.2 Influenza vaccination service provision in B&NES

The majority of pharmacy contractors in B&NES deliver the influenza vaccination service with 26 out of 33 pharmacy contractors doing so (79%).

*Table 2 Influenza vaccination service provision in B&NES*

	<b>B&amp;NES</b>	<b>Bath &amp; Bathavon PNA Locality</b>	<b>Keynsham &amp; Chew Valley PNA Locality</b>	<b>Somer Valley PNA Locality</b>
<b>Number</b>	26	15	5	6
<b>Percentage</b>	79%	71%	100%	86%

### 6.7.3 Lateral Flow Device Distribution (LFD)

The majority of pharmacy contractors in B&NES deliver the Lateral Flow Device Distribution service with 24 out of 33 pharmacy contractors doing so (73%).

*Table 3 Lateral Flow Device Distribution service provision in B&NES*

	<b>B&amp;NES</b>	<b>Bath &amp; Bathavon PNA Locality</b>	<b>Keynsham &amp; Chew Valley PNA Locality</b>	<b>Somer Valley PNA Locality</b>
<b>Number</b>	24	15	2	7
<b>Percentage</b>	73%	71%	40%	100%

### 6.7.4 Stoma Appliance Customisation (SAC)

At the time of writing no pharmacies in B&NES provide a stoma appliance customization service.

### 6.7.5 Hypertension case-finding service

Of the 33 pharmacy contractors in B&NES, 31 are able to provide the hypertension case-finding service to the local population.

*Table 4 Hypertension case-finding service provision in B&NES*

	<b>B&amp;NES</b>	<b>Bath &amp; Bathavon PNA Locality</b>	<b>Keynsham &amp; Chew Valley PNA Locality</b>	<b>Somer Valley PNA Locality</b>
<b>Number</b>	31	19	5	7
<b>Percentage</b>	94%	90%	100%	100%



### 6.7.6 Appliance Use Review Service

At the time of writing no pharmacies in B&NES provide the Appliance Use Review service. Appliance Use Reviews are generally undertaken by Dispensing Appliance Contractors (DACs) which commonly operate remotely and of which there are none in B&NES.

### 6.7.7 Smoking Cessation Service

All community pharmacies in B&NES should be able to provide the smoking cessation service.

### 6.7.8 Pharmacy First Service

There is excellent coverage of the Pharmacy First service across B&NES as all 33 community pharmacies are able to provide this service.

### 6.7.9 Pharmacy Contraception Service

Of the 33 pharmacy contractors in B&NES, 26 are able to provide the Pharmacy Contraception service to the local population (79%).

*Table 5 Pharmacy Contraception Service provision in B&NES*

	<b>B&amp;NES</b>	<b>Bath &amp; Bathavon PNA Locality</b>	<b>Keynsham &amp; Chew Valley PNA Locality</b>	<b>Somer Valley PNA Locality</b>
<b>Number</b>	26	16	3	7
<b>Percentage</b>	79%	76%	60%	100%

## 6.8 Enhanced Services

Enhanced services service specifications for this type of service are developed by NHSE to nationally agreed conditions whilst still allowing the flexibility for local decisions to commission the service to meet local population needs. At the time of writing the only enhanced service available is the Covid-19 Vaccination Service.

## 6.9 Locally Commissioned Services

B&NES council may also commission services from pharmacies and DACs, but these services fall outside the definition of pharmaceutical services. For the PNA, they are referred to as locally commissioned services and include the following services commissioned by B&NES Council:

- Emergency hormonal contraception service: community pharmacies provide free emergency contraception and contraceptive advice to women aged 13 - 24.

- Ccard provision: Pharmacies participate in the Ccard scheme which enables people aged 13 – 24 to access free condoms from a range of services and community venues across B&NES
- Pregnancy testing supply: Pharmacies provide free pregnancy tests to women aged 13 – 24 upon request.
- Supervised Consumption: Pharmacies provide supervised self-administration of opiate substitution therapy by patients referred from identified general practitioners or Avon & Wiltshire Partnerships Specialist Drug & Alcohol Services (SDAS).
- Nicotine Replacement Therapy (NRT): 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
- Stop smoking support services: 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.

Locally commissioned services currently commissioned by Bath and North East Somerset, Swindon and Wiltshire ICB:

- Urgent Medication Supply Service: This service improves access to a wide range of palliative care medicines and other urgent medicines during normal and Bank Holiday working hours in the community. The service works to support appropriate anticipatory prescribing for palliative care and thus contribute to supporting the individual to remain at home.
- BSW ICB commissions a Patient Group Direction (PGD) that supports the CPCS so that if a minor illness requires an intervention that would usually require the patient to return to the GP for a prescription this can be supplied via a PGD as long as the qualifying criteria are met

Locally commissioned services are included within this PNA where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

Not all of these services are open to new pharmacies and provision is limited by the commissioner rather than the pharmacies. Delivery of these services is continually reviewed outside of the PNA. This allows for a more immediate response should a need for these services arise within the local population.

## **7 Bath & Bathavon Locality Profile**

There are currently 21 community pharmacies in Bath & Bathavon as of the time of writing. Of these, 7 pharmacies are owned by national pharmacy chains:

- 3 by Boots Pharmacy
- 2 by Jhoots Pharmacy
- 1 by Superdrug Pharmacy



- 1 by Bestway (Well) Pharmacy

There are 14 other pharmacies in Bath & Bathavon not part of national pharmacy chains. All 21 community pharmacies provide the Pharmacy First service. There are no distance-selling pharmacies, DACs, or pharmacies with LPS contracts.

There is good correlation between the population density and the number of pharmacies in this locality. The most recent estimate of the population of Bath & Bathavon is 110,376<sup>20</sup> this equates to 19 pharmacies per 100,000 people.

All 21 pharmacies are 40-hour pharmacies, there are no 100-hour pharmacies. The earliest opening time Monday to Friday is 8:00 a.m and the latest closing time is 19:00 p.m. There are 2 Sunday opening pharmacies and 12 pharmacies open Monday - Saturday. Evening opening is defined as pharmacies that are open until 6 p.m. at least once a week; in this locality there is one pharmacy with evening opening hours during the week. An overview of opening hours in this locality is shown in Figure 13.

Access by car within five minutes is very good in this locality, and there is total coverage within 15 minutes (Figure 14). Access by car on Saturdays, Sundays, and evenings is excellent with full coverage within 20 minutes. There is also good public transport coverage.

It is recognised that some residents, both now and during the lifetime of this document, may face challenges accessing pharmaceutical services, such as:

- Lacking access to private transport when services are needed,
- Being unable to use public transport, or
- Being unable to walk to a pharmacy.

These residents can still access pharmaceutical services remotely through:

- The delivery service mandated for all distance-selling pharmacies in England,
- Private delivery services offered by some pharmacies, and
- Remote access to services via telephone or online.

The opening hours of existing pharmacies have been reviewed and are considered sufficient to meet the likely needs of residents in the locality.

After evaluating the planned housing developments, it is concluded that access to pharmacies will remain within reasonable time limits, whether by public transport, private transport, or walking.

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<sup>20</sup> Office for National Statistics Mid year Population Estimates 2022

Given the above analysis it is concluded that there are no gaps in current provision of community pharmacy services in the Bath & Bathavon locality, nor is any gap likely to arise given future planned housing within the life of this document.

*Figure 13 Earliest opening and latest closing times of pharmacies in the Bath & Bathavon locality*

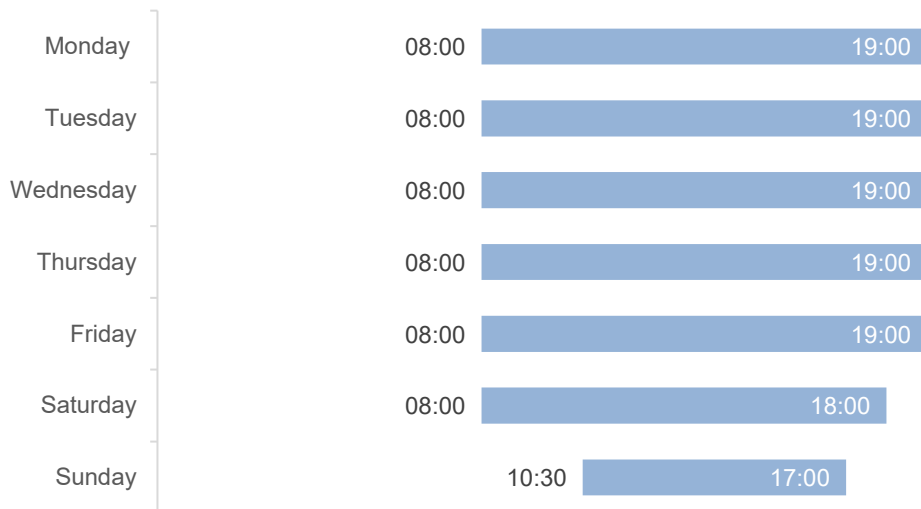
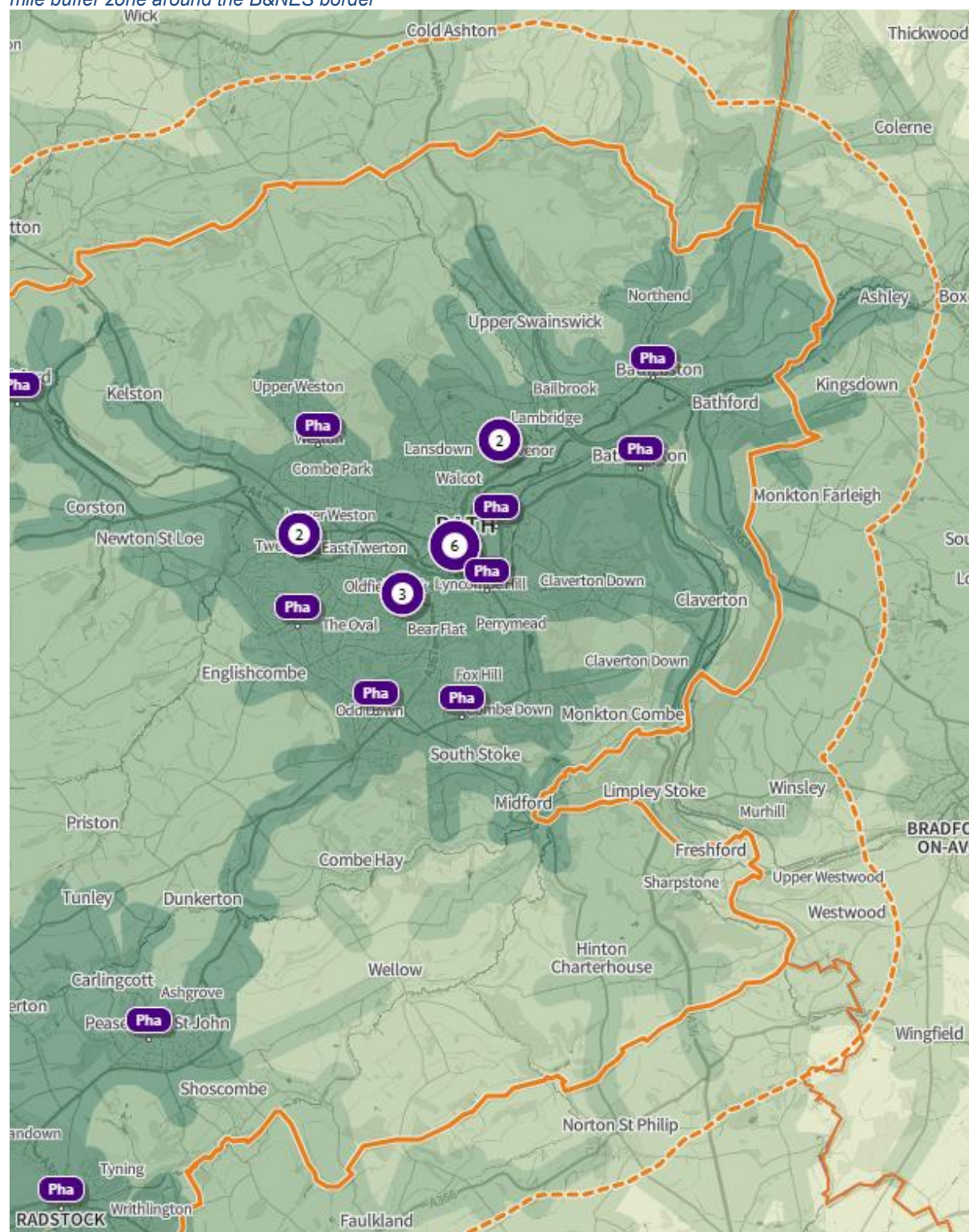


Figure 14 Analysis of travel time by car to community pharmacies in the Bath & Bathavon locality, including a 1-mile buffer zone around the B&NES border



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer zone border. This map shows the travel time by car to community pharmacies, including those that lie within the buffer zone. Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.

Travel time in minutes:



## 8 Keynsham & Chew Valley Locality Profile

There are currently five community pharmacies in the Keynsham & Chew Valley locality as of the time of writing, all of these provide the Pharmacy First service. Of these, two pharmacies are owned by national pharmacy chains:

- 1 by Boots Pharmacy
- 1 by Day Lewis

There are three other community pharmacies in the Keynsham & Chew Valley locality not part of national pharmacy chains. There is one distance-selling pharmacy and no DACs, or pharmacies with LPS contracts.

The most recent estimate of the population of the Keynsham & Chew Valley locality is 39,641<sup>21</sup> this equates to 13 pharmacies per 100,000 people, this is lower than the rate for Bath and Bathavon, and Somer Valley localities.

All 5 community pharmacies are 40-hour pharmacies, there are no 100-hour pharmacies. The earliest opening time Monday to Friday is 8:30 a.m and the latest closing time is 20:00 p.m. There is one Sunday opening pharmacy and 3 pharmacies open Monday - Saturday. Evening opening is defined as pharmacies that are open until 6 p.m. at least once a week; in this locality there is one pharmacy with evening opening hours during the week. An overview of opening hours in this locality is shown in Figure 15.

Access by car within 10 minutes is very good in this locality, and there is almost total coverage within 15 minutes (Figure 14). Access by car on Saturdays, Sundays, and evenings is has near full coverage within 20 minutes but there are areas around Butcombe and Ubley where it would take slightly longer than 20 minutes. There is good public transport coverage in some areas of the locality but there are areas, such as Compton Dando, that have low population density (Figure 3), a moderate level of deprivation, and require longer than 30 minutes to access community pharmacy via public transport.

It is recognised that some residents, both now and during the lifetime of this document, may face challenges accessing pharmaceutical services, such as:

- Lacking access to private transport when services are needed,
- Being unable to use public transport, or
- Being unable to walk to a pharmacy.

These residents can still access pharmaceutical services remotely through:

- The delivery service mandated for all distance-selling pharmacies in England,
- Private delivery services offered by some pharmacies, and

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<sup>21</sup> Office for National Statistics Mid year Population Estimates 2022



- Remote access to services via telephone or online.

The opening hours of existing pharmacies have been reviewed and are considered sufficient to meet the likely needs of residents in the locality.

After evaluating the planned housing developments, it is concluded that access to pharmacies will remain within reasonable time limits, whether by public transport, private transport, or walking.

Given the above analysis it is concluded that there are no gaps in current provision of community pharmacy services in the Keynsham & Chew Valley locality, nor is any gap likely to arise given future planned housing within the life of this document.

*Figure 15 Earliest opening and latest closing times of pharmacies in the Keynsham & Chew Valley locality*

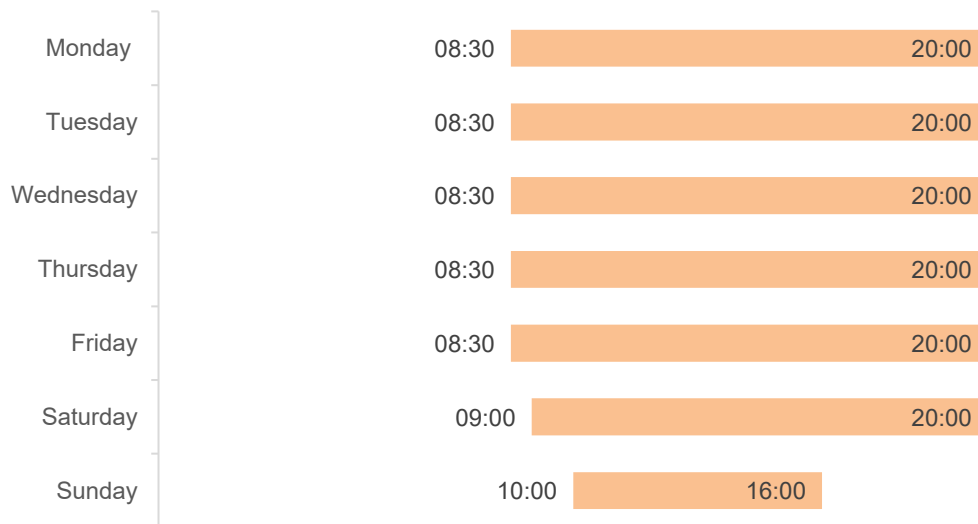
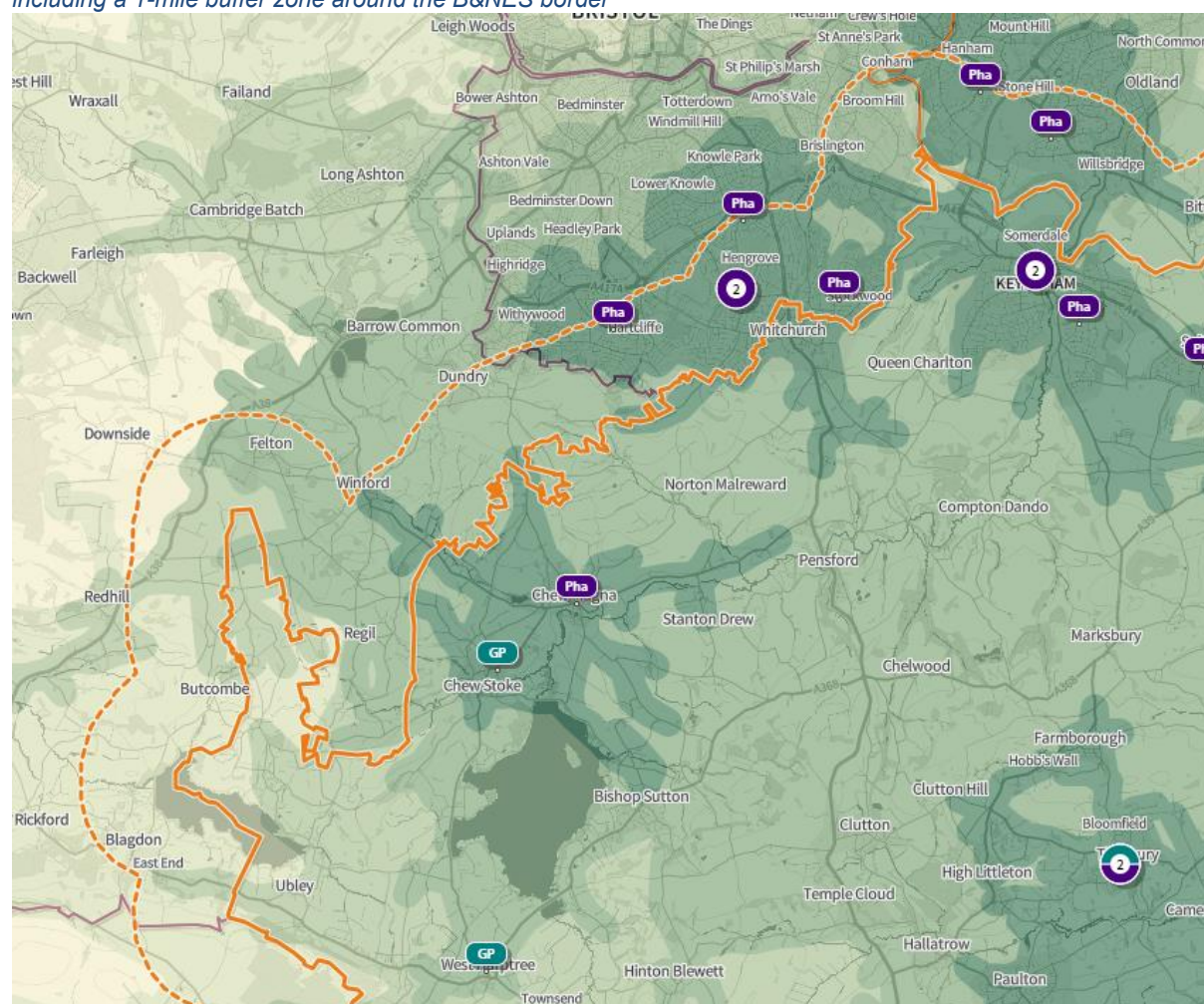


Figure 16 Analysis of travel time by car to community pharmacies in the Keynsham & Chew Valley locality, including a 1-mile buffer zone around the B&NES border



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer zone border. This map shows the travel time by car to community pharmacies, including those that lie within the buffer zone. Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.

Travel time in minutes:



## 9 Somer Valley Locality Profile

There are currently 7 community pharmacies in the 9 Somer Valley locality as of the time of writing all of which provide the Pharmacy First service. There are no distance-selling pharmacies, DACs, or pharmacies with LPS contracts.

The most recent estimate of the population of the Somer Valley locality is 45,601<sup>22</sup> this equates to 15 pharmacies per 100,000 people.

Six of the community pharmacies are 40-hour pharmacies and one is a 100-hour pharmacy. The earliest opening time Monday to Friday is 08:45 and the latest closing time is 21:00. There is one Sunday opening pharmacy, and five pharmacies open Monday - Saturday. Evening opening is defined as pharmacies that are open until 6 p.m. at least once a week; in this locality there are two pharmacies with evening opening hours during the week. An overview of opening hours in this locality is shown in Figure 17.

Access by car within five minutes is very good in this locality, and there is total coverage within 15 minutes (Figure 18). Access by car on Saturdays, Sundays, and evenings is has full coverage within 20 minutes. According to the mapping analysis there is good public transport coverage across most of the locality but there are areas, such as Priston, and Tunley, that have low population density (Figure 3), a moderate level of deprivation, and require longer than 30 minutes to access community pharmacy via public transport. It should be noted that this area falls within a prescribing GP practice area.

It is recognised that some residents, both now and during the lifetime of this document, may face challenges accessing pharmaceutical services, such as:

- Lacking access to private transport when services are needed,
- Being unable to use public transport, or
- Being unable to walk to a pharmacy.

These residents can still access pharmaceutical services remotely through:

- The delivery service mandated for all distance-selling pharmacies in England,
- Private delivery services offered by some pharmacies, and
- Remote access to services via telephone or online.

The opening hours of existing pharmacies have been reviewed and are considered sufficient to meet the likely needs of residents in the locality.

After evaluating the planned housing developments, it is concluded that access to pharmacies will remain within reasonable time limits, whether by public transport, private transport, or walking.

Given the above analysis it is concluded that there are no gaps in current provision of community pharmacy services in the Somer Valley locality, nor is any gap likely to arise given future planned housing within the life of this document.

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<sup>22</sup> Office for National Statistics Mid year Population Estimates 2022

Figure 17 Earliest opening and latest closing times of pharmacies in the Keynsham & Chew Valley locality

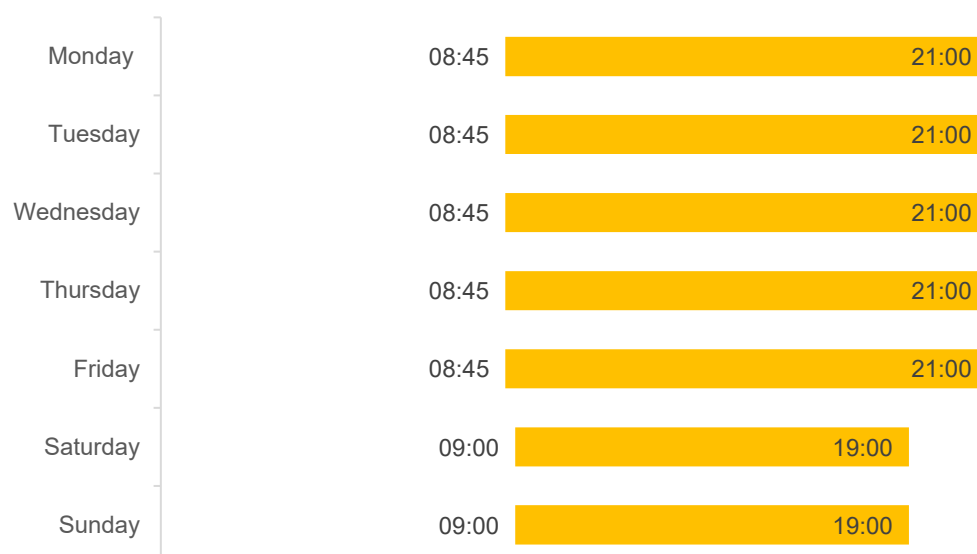
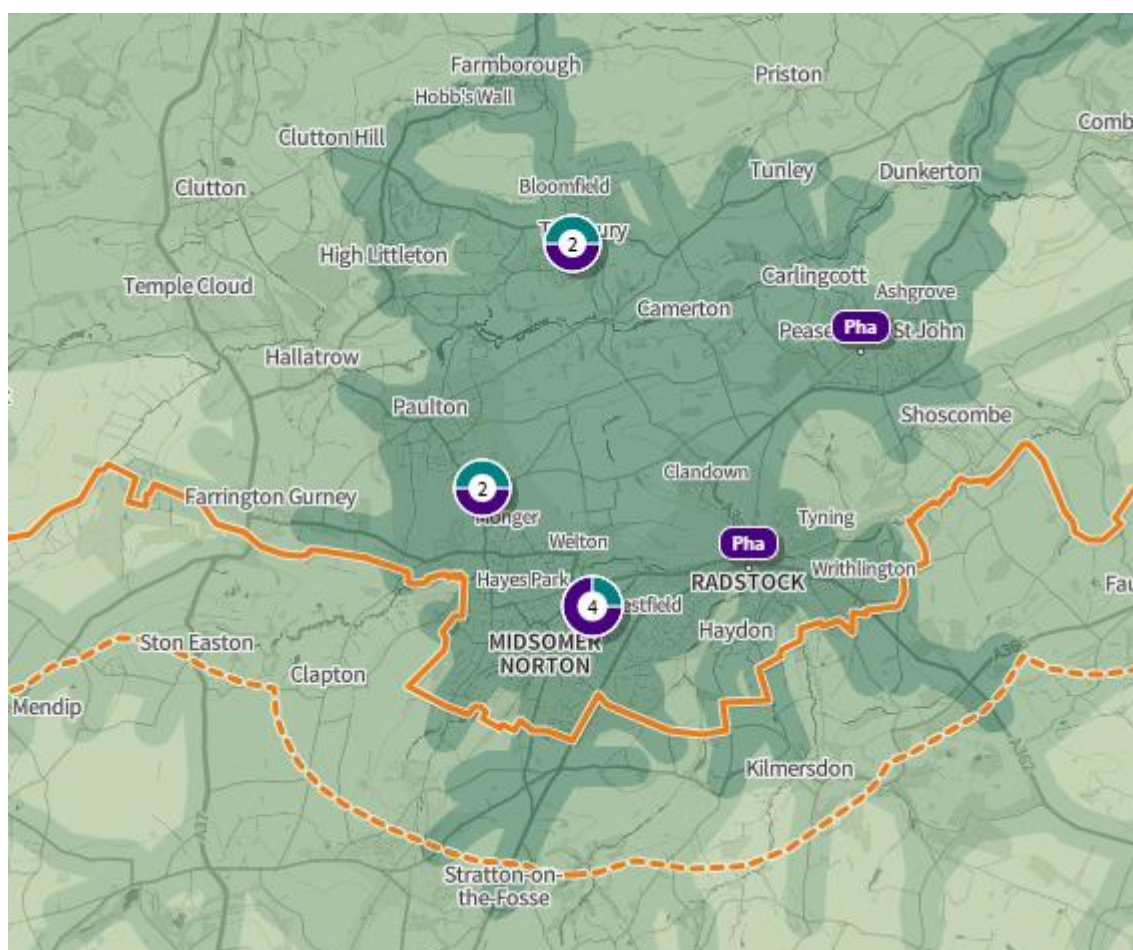


Figure 18 Analysis of travel time by car to community pharmacies in the Keynsham & Chew Valley locality, including a 1-mile buffer zone around the B&NES border



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer zone border. This map shows the travel time by car to community pharmacies, including those that lie within the buffer zone. Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.

Travel time in minutes:





## 10 Conclusions

Throughout this PNA the provision of pharmaceutical services across B&NES has been considered in conjunction with the demography and health needs of the population. Analysis has been conducted as to whether the current provision meets the needs of the B&NES population, both as a whole and at a locality level, and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document.

Considering the range of information considered within this needs assessment it can be concluded that there is appropriate provision of pharmaceutical services in B&NES.

The anticipated increase in housing developments in each locality area over the next three-year period until 2028 will not have a significant impact on the provision of, or access to, pharmaceutical services and at present it is not anticipated that additional pharmacy facilities will be required. B&NES Health and Wellbeing Board will ensure that as part of their ongoing planning, the provision of pharmaceutical services will be reviewed on a regular basis and supplementary statements to the PNA will be issued when necessary.

### 10.1 Necessary services – current provision

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as those services that are provided:

- Within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area, and
- Outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area

For this PNA it has been agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists
- Pharmacy First

#### 10.1.1 Access to necessary services during normal working hours

Based on the information available at the time of developing this PNA no current gaps in the provision of necessary services during normal working hours have been identified in any of the localities.

### **10.1.2 Access to necessary services outside normal working hours**

Based on the information available at the time of developing this PNA no current gaps in the provision of necessary services outside normal working hours have been identified in any of the localities.

### **10.1.3 Future provision of necessary services**

Based on the information available at the time of developing this PNA no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities.

It is noted, however, that while no gaps have been identified based on formally contracted services, ongoing temporary closures may influence future service provision if sustained or widespread. These closures are not classified as formal changes and therefore are not included in this assessment. Should any of these closures become permanent, there is potential for a gap in service provision to arise, which would require further evaluation and response.

## **10.2 Improvements and better access – gaps in provision**

Based on the information available at the time of developing this PNA no gaps have been identified in essential services, advanced services, or enhanced services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the localities.

## **11 Appendices**

### **11.1 Essential Services**

#### **11.1.1 Dispensing of prescriptions**

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers

#### **11.1.2 Dispensing of repeatable prescriptions**

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

#### **11.1.3 Disposal of unwanted drugs**

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England and NHS Improvement is required to arrange for the collection and disposal of waste medicines from pharmacies.

#### **11.1.4 Promotion of healthy lifestyles**

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

- Have diabetes or
- Be at risk of coronary heart disease, especially those with high blood pressure or
- Who smoke or
- Are overweight

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

#### **11.1.5 Signposting**

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

#### **11.1.6 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.

#### **11.1.7 Discharge medicines service**

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified and patient records are amended accordingly. In addition patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it and any other relevant advice to support the patient to get the maximum benefit from their medication.

#### **11.1.8 Healthy Living Pharmacies**

The Healthy Living Pharmacy (HLP) framework aims to provide consistent health promotion interventions through community pharmacies, addressing local health needs and reducing health inequalities. By August 2023, 9,535 pharmacies in England had achieved HLP status. The framework emphasizes the role of trained Health Champions who engage proactively with the community, both within and outside the pharmacy, ensuring that every interaction is an opportunity for health promotion.

### **11.2 Advanced Services**

### **11.2.1 New medicine service**

The New Medicine Service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The New Medicine Service involves three stages, recruitment into the service, an intervention about one or two weeks later, and a follow up after a two or three weeks.

### **11.2.2 Stoma appliance customisation**

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple identical parts for use with an appliance and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template

### **11.2.3 Appliance use review**

An Appliance Use Review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

### **11.2.4 Flu vaccination service**

Pharmacy staff will identify people eligible for 'flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national at risk groups. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England and NHS Improvement patient group direction.

### **11.2.5 Hypertension case finding service**

This is an NHS funded services which is open to patients aged 40 years or more, who do not have a current diagnosis of hypertension. The pharmacist will conduct a face to face consultation in the pharmacy consultation room and will take blood pressure measurements following best practice as described in NICE guidance. Where a high BP reading is found, then the patient is then invited to have a longer reading taken by taking an Ambulatory BP machine home and wearing it for a 12 hr period for more accurate diagnosis.

### **11.2.6 Smoking cessation service**

The NHS community pharmacy smoking cessation service was launched on 10th March 2022 as an Advanced Service. It was commissioned as a branch of the wider



aim of supporting hospital patients to continue their stop smoking efforts after discharge.

### **11.2.7 Pharmacy first service**

The Pharmacy First Service is an advanced service within the Community Pharmacy Contractual Framework (CPCF) in England. It allows community pharmacies to provide consultations and treatments for common health conditions and minor illnesses within 7 clinical pathways, aiming to improve access to care and reduce the burden on general practices and urgent care services. These clinical pathways are Acute otitis media, Impetigo, Infected insect bites, Shingles, Sinusitis, Sore throat, and Uncomplicated urinary tract infections, and they are limited to specific ages ranges. Pharmacists offer professional advice, support, and, where appropriate, treatment options under Patient Group Directions (PGDs). This service enhances the range of services that pharmacies are able to provide and provides patients with convenient, local access to clinical care.

### **11.2.8 Lateral flow device service**

The Lateral Flow Device (LFD) Distribution Service is an advanced service under the Community Pharmacy Contractual Framework (CPCF) in England. It enables pharmacies to supply COVID-19 lateral flow test kits to the public, where eligible, for home testing, supporting efforts to manage the spread of COVID-19. The service has been extended into 2024/25 to ensure continued access to rapid testing for individuals and communities, reinforcing public health measures and early detection of cases.

### **11.2.9 Pharmacy contraception service**

The aim of the Pharmacy Contraception Service (PCS) is to offer greater choice from where people can access contraception services and create additional capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

People will access the service by one of the following routes: Identified as clinically suitable by the community pharmacist and accept the offer of the service; Self-refer to a community pharmacy; Referred by their general practice; Referred from a sexual health clinic (or equivalent); or referred from other NHS service providers, e.g., urgent treatment centres or NHS 111.

## **11.3 Enhanced Services**

The COVID-19 Vaccination Service is a national enhanced service under the Community Pharmacy Contractual Framework (CPCF) in England. It enables community pharmacies to administer COVID-19 vaccinations, playing a crucial role in the national vaccination programme. Pharmacies provide accessible vaccination sites within communities, offering both booked appointments and walk-in services.

This service supports the wider healthcare system by increasing vaccination capacity and ensuring equitable access, contributing to public health efforts to control the spread of COVID-19.

## **11.4 Steering Group Membership**

Paul Scott - Consultant & Associate Director of Public Health B&NES Council

Joseph Prince - Insight Team Manager B&NES Council

Jon Poole – Business Intelligence Manager B&NES Council

David Singleton – Insight Team Principle Analyst B&NES Council

Laura Brennan - Quarter Analytics Senior Intelligence Analyst on behalf of B&NES Council

Richard Brown - Chief Officer Community Pharmacy Avon

Amritpal Kaur - Project Portfolio Manager, Healthwatch Swindon & Healthwatch Bath & NES

Victoria Stanley - Head of Primary Care POD NHS Bath and North East Somerset, Swindon and Wiltshire ICB

Helen Wilkinson - ICS Community Pharmacy Clinical Lead NHS Bath and North East Somerset, Swindon and Wiltshire ICB

## 11.5 Opening Hours

ODS CODE	Trading Name	PNA Locality	Total Core Hours	Supplementary Hours	Opening Hours Monday	Opening Hours Tuesday	Opening Hours Wednesday	Opening Hours Thursday	Opening Hours Friday	Opening Hours Saturday	Opening Hours Sunday	Total Opening Hours
<b>FQ484</b>	The Bathwick Pharmacy	Bath and Bathavon	40	13.5	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	Closed	53.5
<b>FGH83</b>	Westfield Pharmacy	Somer Valley	40	9	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	49
<b>FD358</b>	The Bath Company Pharmacy Ltd	Keynsham and Chew Valley	40	0	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed	40
<b>FAL03</b>	Boots Pharmacy	Bath and Bathavon	40	14	09:30-13:00 13:30-17:30	09:30-13:00 13:30-17:30	09:30-13:00 13:30-17:30	09:30-13:00 13:30-17:30	09:30-13:00 13:30-17:30	09:00-13:00 13:30-17:30	10:30-16:30	54
<b>FH238</b>	Boots Pharmacy	Keynsham and Chew Valley	51	0	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	51
<b>FFQ25</b>	Clement Pharmacy	Somer Valley	40	5	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	45
<b>FG530</b>	Jhoots Pharmacy	Bath and Bathavon	40	0	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed	40
<b>FN163</b>	Boots Pharmacy	Bath and Bathavon	66	5	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-18:00	11:00-17:00	71
<b>FVD88</b>	Boots Pharmacy	Bath and Bathavon	40	4	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed	44

<b>FH641</b>	Well Pharmacy	Bath and Bathavon	40	0	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed	40
<b>FW288</b>	Combe Down Pharmacy	Bath and Bathavon	40	4	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00	Closed	44
<b>FFA62</b>	Day Lewis Pharmacy	Keynsham and Chew Valley	40	6.5	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	09:00-13:00	Closed	46.5
<b>FJ361</b>	Chew Pharmacy	Keynsham and Chew Valley	40	5	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	45
<b>FWJ55</b>	Larkhall Pharmacy	Bath and Bathavon	40	9	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	49
<b>FK422</b>	Chandag Road Pharmacy	Keynsham and Chew Valley	40	5	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	45
<b>FTE59</b>	Jhoots Pharmacy	Bath and Bathavon	44	0	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed	44
<b>FQ838</b>	Keynsham Pharmacy	Keynsham and Chew Valley	40	32	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	10:00-16:00	72
<b>FKE13</b>	Lifestyle Pharmacy	Bath and Bathavon	40	11	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	51
<b>FJ169</b>	Swiftcare Pharmacy	Somer Valley	40	14	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed	54



<b>FF229</b>	Paulton Pharmacy	Somer Valley	40	10.25	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-13:00	Closed	50.25
<b>FKL51</b>	Midsomer Pharmacy	Somer Valley	73	0	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	10:00-13:00 14:00-19:00	09:00-19:00	73
<b>FMQ62</b>	Preddy Newco Ltd	Bath and Bathavon	44.5	6	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	50.5
<b>FX290</b>	Hawes Whiston & Company	Bath and Bathavon	40	6	09:00-13:15 13:45-18:00	09:00-13:15 13:45-18:00	09:00-13:15 13:45-17:30	09:00-13:15 13:45-18:00	09:00-13:15 13:45-18:00	09:00-13:00	Closed	46
<b>FQX02</b>	Jhoots Pharmacy	Bath and Bathavon	40	0	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed	40
<b>FRM92</b>	Timsbury Pharmacy	Somer Valley	40	0	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed	40
<b>FHH40</b>	Shaunaks Pharmacy	Somer Valley	40	4	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed	44
<b>FQA78</b>	Jhoots Pharmacy	Bath and Bathavon	40	9	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	49
<b>FJL09</b>	Superdrug Pharmacy	Bath and Bathavon	40	10.5	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	09:00-13:30 14:00-17:30	Closed	50.5

<b>FW879</b>	Jhoots Pharmacy	Bath and Bathavon	40	2.5	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	Closed	Closed	42.5
<b>FAX91</b>	Wellsway Pharmacy	Bath and Bathavon	42.5	4	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	46.5
<b>FKH73</b>	Widcombe Pharmacy	Bath and Bathavon	42.5	10	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	52.5
<b>FXJ77</b>	Pulteney Pharmacy	Bath and Bathavon	42.5	1.25	08:30-13:00 14:00-17:45	08:30-13:00 14:00-17:45	08:30-13:00 14:00-17:45	08:30-13:00 14:00-17:45	08:30-13:00 14:00-17:45	Closed	Closed	43.75
<b>FXL67</b>	Bathampton Pharmacy	Bath and Bathavon	37.5	0	08:45-12:45 14:00-17:30	08:45-12:45 14:00-17:30	08:45-12:45 14:00-17:30	08:45-12:45 14:00-17:30	08:45-12:45 14:00-17:30	Closed	Closed	37.5
<b>FYT07</b>	Hounsell & Greene	Bath and Bathavon	42.5	2.5	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-17:30	Closed	Closed	45

## 11.6 Consultation Report

As required by the Pharmaceutical Regulations 2013, B&NES HWB held a 60-day consultation on the draft PNA from 2<sup>nd</sup> May to the 1<sup>st</sup> July 2025.

The draft PNA was hosted on the B&NES Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders.

Responses to the consultation were possible via an online survey.

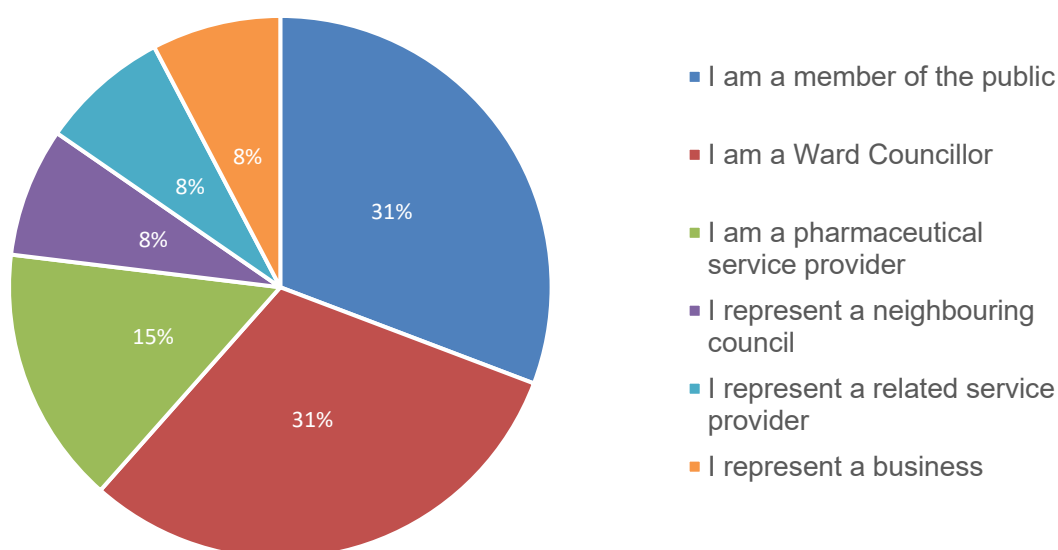
All responses were considered by the PNA Steering Group before completing the final report. These responses included comments and views on the following issues:

- Accessibility, including opening hours and travel times
- Quality of services
- Temporary closures

At the time of writing, several pharmacies in the Bath & Bathavon locality remain temporarily closed, as reflected in a range of stakeholder responses. These ongoing closures affect the extent to which community pharmacy services are meeting local population needs. The situation is being closely monitored, with BSW ICB actively engaged in resolving the issues. Temporary closures are not classified as formal contract changes and therefore are not included; the PNA reflects information and draws conclusions based solely on community pharmacy contracts as they formally exist.

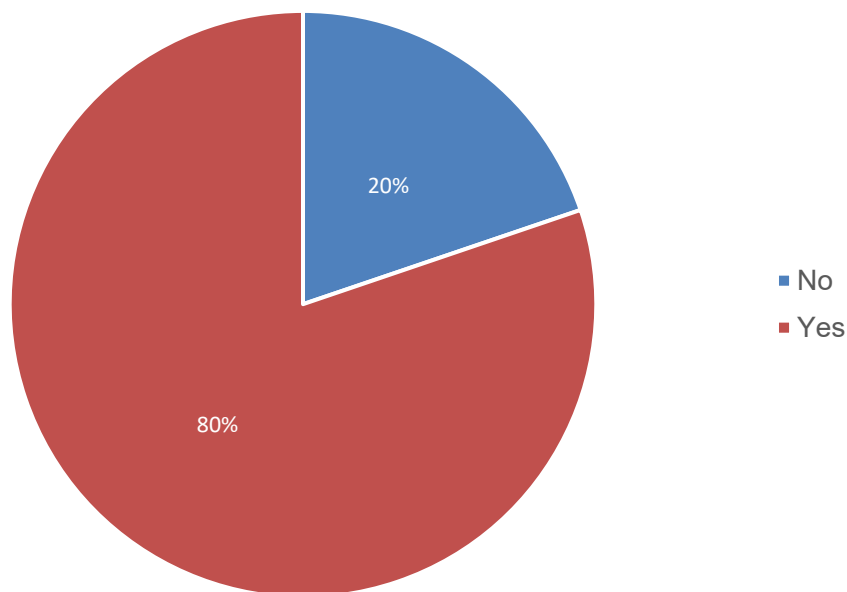
### Question 1. What is the basis of your interest in the Pharmaceutical Needs Assessment (PNA)?

There was a total of 13 responses, 31% (4) of which were from members of the public, and 31% (4) of which were from ward councillors.



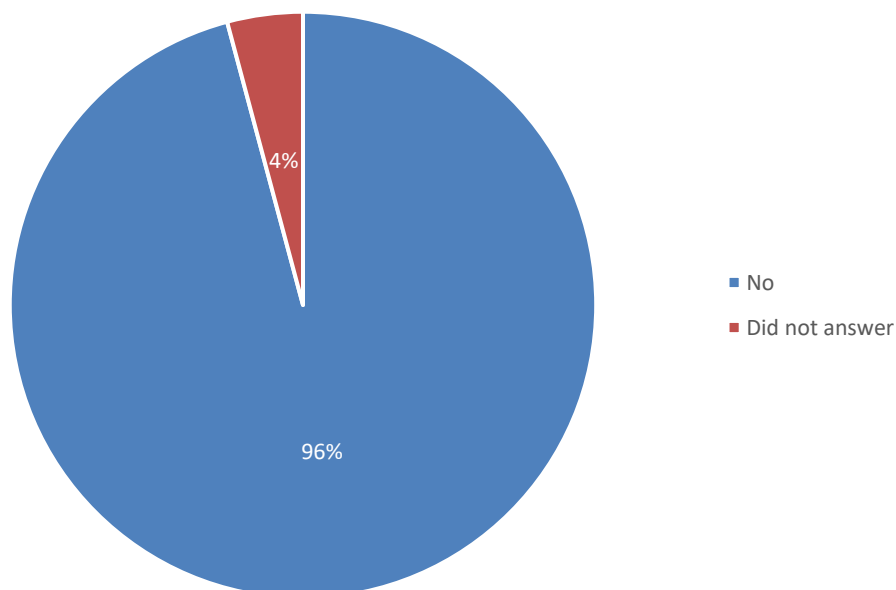
### Question 2. Is the purpose and scope of the PNA clear?

The majority of respondents (80% or 11 respondents) agreed that the purpose and scope of the PNA was clear. Two respondents disagreed. One response indicated that it was not clear, the other disagreed with the accuracy of the PNA.



**Question 3. Are any current pharmaceutical services not mentioned in the draft PNA?**

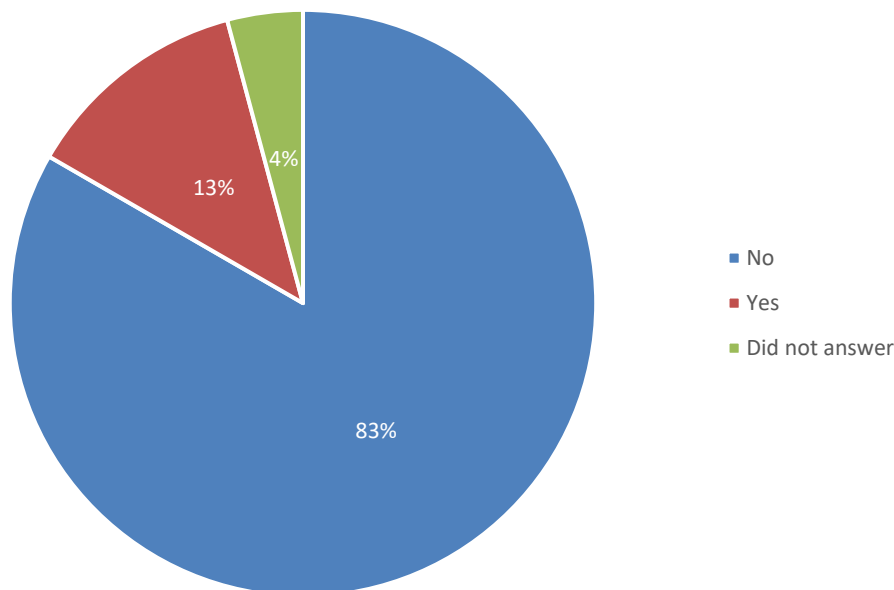
The majority of respondents (96% or 12 respondents) did not know of any current pharmaceutical services not mentioned in the draft PNA and one respondent (4%) did not answer this question.





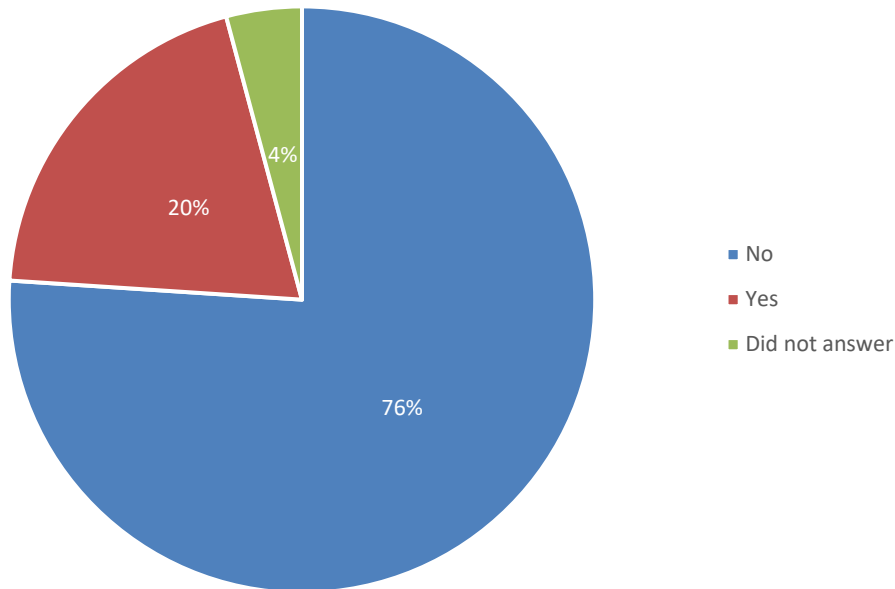
**Question 4. Are you aware of any future changes to pharmaceutical services which are not identified in the draft PNA?**

The majority of respondents (83% or 9 respondents) did not know of any future changes to pharmaceutical services not identified in the draft PNA. Three respondents (13%) felt there were future changes not considered, and 1 respondent (4%) did not answer this question. All three respondents that felt there were future changes not considered outlined concerns regarding Jhoots pharmacies.



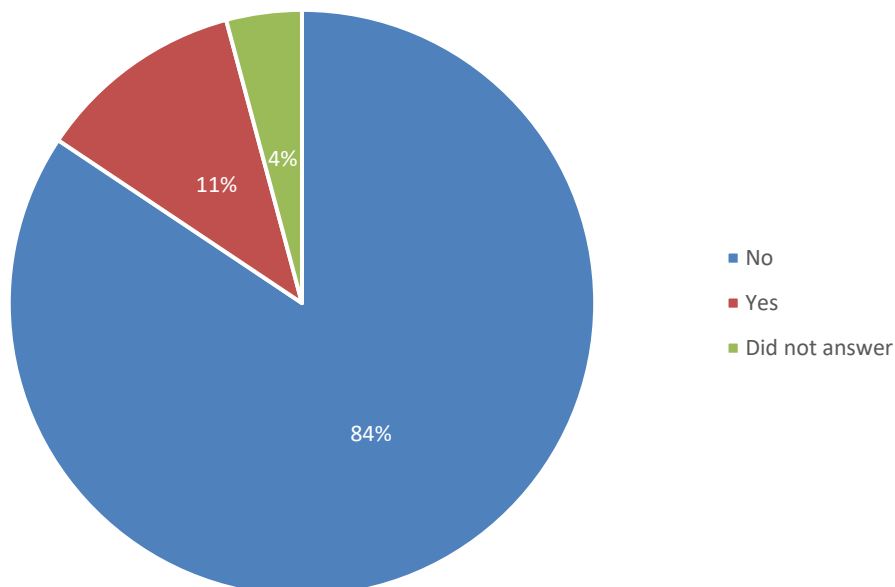
**Question 5. Are any current or anticipated pharmaceutical service needs in B&NES not considered in the draft PNA?**

The majority of respondents (76% or 10 respondents) did not know of any current or anticipated pharmaceutical service needs that were not already considered in the draft PNA. Two respondents (20%) felt there were needs that were not considered, and 1 respondent (4%) did not answer this question.



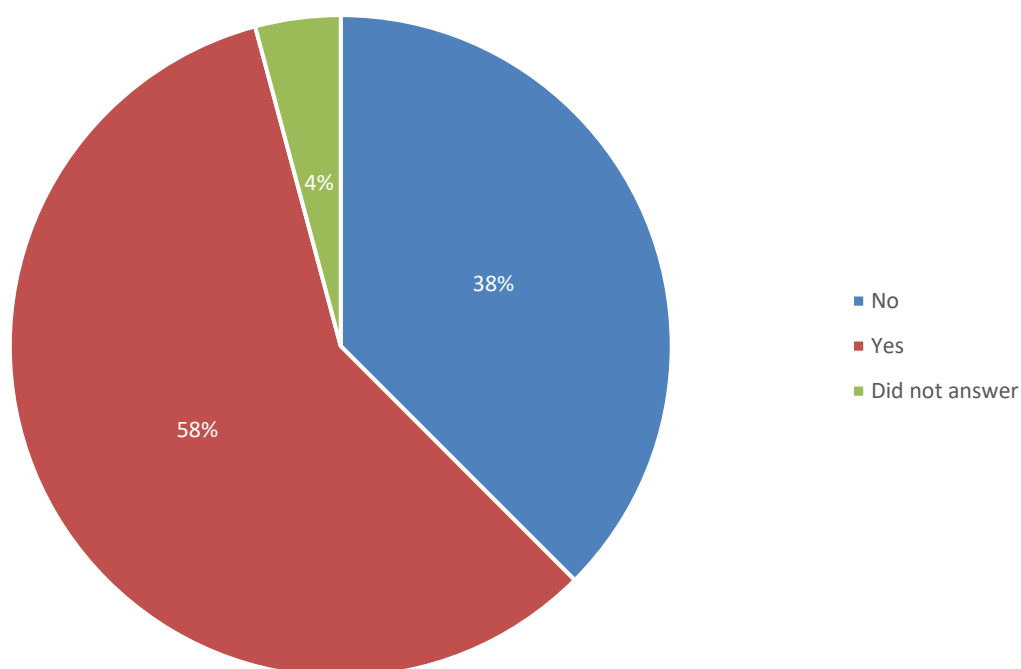
**Question 6. Are you aware of any barriers to pharmaceutical service access which are not identified in the PNA?**

The majority of respondents (84% or 10 respondents) were not aware of any barriers to pharmaceutical service access which are not identified in the PNA. Two respondents (11%) felt there were barriers that were not considered, and one respondent (4%) did not answer this question.



**Question 7. Do you agree with the key findings of the draft PNA?**

The majority of respondents (58% or 7 respondents) agreed with the key findings of the draft PNA. Five respondents (38%) did not agree with the key findings, and 1 respondent (4%) did not answer this question. From those that did not agree with the key findings there were comments on pharmacies that were temporarily closed and the accessibility of pharmacies in some areas including opening hours and availability of local pharmacies.



**Question 8. Do you have any further comments about the PNA that you have not already mentioned?**

There were seven further comments, these included comments supportive of the draft PNA, further discussion on the temporary closure of some pharmacies, and some suggested edits to the draft document to improve accuracy.

### **11.7 Changes during the writing of the PNA:**

The following changes to the B&NES pharmaceutical services landscape occurred during the drafting of the PNA. After thorough review, the steering group determined that these changes do not affect the report's findings.

- Change in ownership - Avicenna Retail Limited At 7 The Street, Radstock, Bath, BA3 3PL to Dragon Retail 512 Limited
- Change in ownership - Avicenna Retail Limited at 9 Elm Tree Avenue, Westfield, Radstock, Somerset, BA3 3SX by Dragon Retail 545 Ltd.
- Change in ownership - Preddy Newco Ltd at 41 Moorland Road, Bath, BA2 3PN will be operated by Sulis Healthcare Limited

- Relocation – Tans Pharm Ltd, Timsbury Pharmacy, High Street, Timsbury, Bath, BA2 0HT, to Shop 9, High Street, Timsbury, Bath, BA2 0HT