
Bath & North East Somerset Council

Improving People's Lives

Bath and North East Somerset

Pharmaceutical Needs Assessment

1st October 2022 to 30th September 2025

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Contents

1	Acknowledgements.....	2
1.1	Steering Group Members:.....	2
1.2	Lead Author:.....	2
2	Executive summary	5
3	Background to PNA	6
3.1	Purpose of the PNA.....	6
3.2	HWB duties in respect of the PNA	7
4	Context of the PNA	8
4.1	Overview of B&NES	8
4.2	Localities for the PNA.....	8
4.3	Local Demographics.....	9
4.4	Population growth	11
4.5	Housing Growth	12
4.6	Health Needs of the B&NES Population.....	13
4.6.1	Overview of the population health in B&NES.....	13
4.6.2	Deprivation	14
4.6.3	Cardiovascular disease	15
4.6.4	Diabetes	16
4.6.5	Respiratory diseases	16
4.6.6	Healthy Lifestyles.....	16
4.6.7	Smoking.....	17
4.6.8	Alcohol.....	18
4.6.9	Substance misuse	18
4.6.10	Under 18 Conceptions.....	19
4.6.11	Sexually Transmitted Infections.....	19
4.6.12	Life Limiting Long-Term Illness, Disability, and learning difficulties	20
4.6.13	Homelessness.....	20
4.7	Key changes since the last PNA	21
4.8	Types of pharmaceutical provider	22
4.9	Definition of NHS pharmaceutical services	23
4.9.1	Essential services	24

4.9.2	Advanced services.....	25
4.9.3	Enhanced services	27
4.9.4	Opening hours	27
4.9.5	Locally commissioned services.....	27
4.10	Scope of the assessment.....	28
4.11	Excluded from the PNA.....	29
5	PNA process and consultation.....	29
5.1	PNA Steering Group.....	29
5.2	Data Gathering & Sources of Information.....	29
5.3	Analysis & Draft Report Writing.....	30
5.4	Formal consultation	30
5.5	Final publication	30
5.6	Lifespan and review of the PNA.....	31
6	B&NES Pharmaceutical Services provision	31
6.1	Pharmaceutical providers.....	31
6.2	Opening Hours	34
6.3	Travel Time	34
6.4	Distance Selling Pharmacies.....	43
6.5	Accessibility.....	43
6.6	Choice	44
6.7	Advanced and Enhanced services	44
6.7.1	New Medicine Service (NMS).....	44
6.7.2	Influenza vaccination service	45
6.7.3	Lateral Flow Device Distribution (LF).....	45
6.7.4	Stoma Appliance Customisation (SAC)	45
6.7.5	Hypertension case-finding service	46
6.7.6	Hepatitis C testing service	46
6.7.7	AUR.....	46
6.8	Locally Commissioned Services.....	47
7	Pharmaceutical Services Provision by PNA Locality	47
7.1	Bath & Bathavon Locality	47
7.2	Keynsham & Chew Valley Locality	51

7.3	Somer Valley Locality.....	55
8	Conclusion.....	59
9	References.....	59
10	Appendices.....	62
10.1	Appendix 1: List of Abbreviations.....	62
10.2	Appendix 2: Localities by Parish.....	63
10.3	Appendix 3: Geographic boundary issues with population estimates.....	64
10.4	Appendix 4: Opening Times.....	66
10.5	Appendix 5: Community Pharmacy Accessibility.....	71
10.6	Report on public consultation.....	73

2 Executive 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 PNAs every three years, with the delayed renewed PNA due to be published in October 2022, as set out by the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In 2018, the population of B&NES was 192,106, and was predicted to increase to 207,919 by 2028, with the highest increase predicted to be in the 75 – 84 age range (ONS, 2020). Any increase in population will have an effect on the pharmaceutical needs of the area, and this will need to be considered when determining whether the current pharmaceutical provision can provide for the projected population. Over half of the population of B&NES live in the city of Bath, with the rest of the population residing in market towns and rural communities of varying sizes. Therefore, one arm of the B&NES core strategy is to focus on new housing and community facilities in areas projected to see the biggest population growth.

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 is a widening 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 36 community pharmacies and one distance selling pharmacy, equating to 18 pharmacies per 100,000 population. There are five Dispensing General Practices serving 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. Five of the pharmacies open beyond 6pm, and one pharmacy is open for 100 hours each week. Some pharmacies provide 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 Background to PNA

In England people make 1.2 million visits to a pharmacy for health-related reasons every day. As such 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 (PHE, 2017). 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. (RSPH, n.d.).

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 and challenging communities, providing daily contact for individuals seeking ad hoc health advice, alongside picking up prescribed medicines, or purchasing over-the-counter health-related products (RSPH, 2015).

3.1 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 Joint Strategic Needs Assessment (JSNA).

Whilst the JSNA focuses on the general health 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, in particular, applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

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.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and CCGs. 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.

3.2 HWB duties in respect of the PNA

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 - [legislation.gov.uk](https://www.legislation.gov.uk) 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;
- 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.

The current PNA was originally due to be renewed in April 2021. However, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed PNA was suspended until October 2022.

4 Context of the PNA

4.1 Overview of B&NES

Bath and North East Somerset local authority was formed in 1996, covering an area of approximately 135.2 square miles. 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 (B&NES, n.d.).

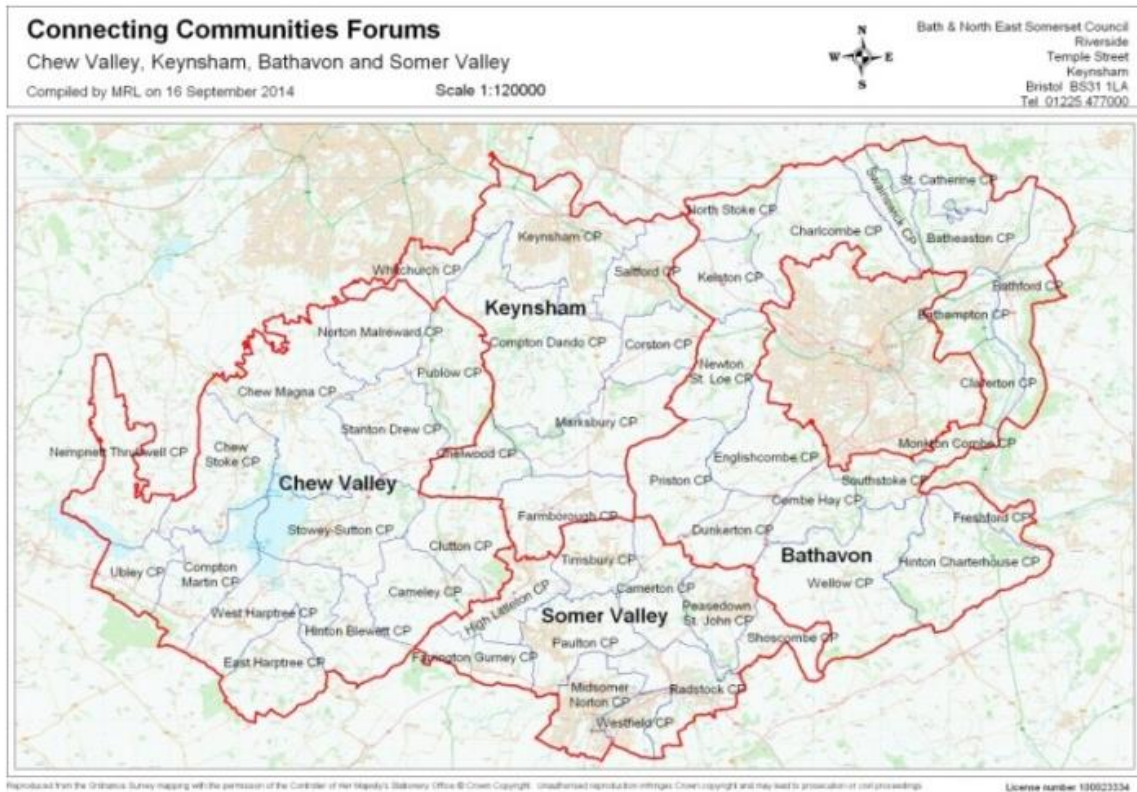
To the west of Bath lies Keynsham, a traditional market town whose population comprises just over 9% of B&NES. Two small further historical market towns located in the south of the B&NES area are Midsomer Norton and Radstock, with a combined population of 12% of the district split between them. These 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 (B&NES, n.d.).

4.2 Localities for the PNA

This PNA uses the same 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 as follows:

Figure 1. Connecting Communities Forum Areas, B&NES (B&NES, 2014)



- **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

The connecting communities forums are made up of parishes. The breakdown of parishes to PNA locality is found in section 10.2 Appendix 2:

4.3 Local Demographics

In 2020, the ONS mid-year estimates put the population of B&NES at 196,537, this figure is broken down by PNA locality in Table 1. It should be noted that some of the geographies that the population estimates are available at do not neatly fit with the parish geographies that the PNA locality boundaries are based on and so this may differ slightly to the actual population of the area (This is further detailed in Appendix 3: Geographic boundary issues with population estimates). Over time the population of B&NES has steadily grown, this may be in part due to increasing

student numbers at the two universities in the area and an increasing number of new housing developments.

Table 1. B&NES Resident Population by Age and PNA Locality (ONS, 2021)

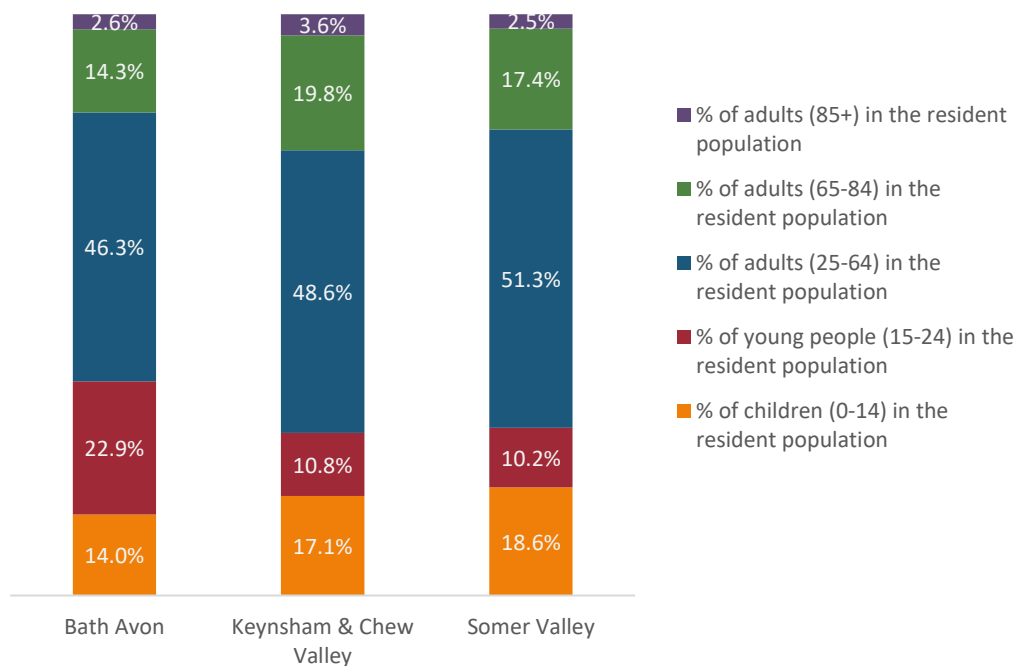
Age Group	B&NES	Bath & Bathavon PNA Locality	Keynsham and Chew Valley PNA Locality	Somer Valley PNA Locality
0-14	30,769	15,687	6,315	8,767
15-24	34,504	25,694	3,997	4,813
25-64	94,093	51,996	17,949	24,148
65-84	31,548	16,078	7,295	8,175
85+	5,443	2,935	1,343	1,165
Total	196,357	112,390	36,899	47,068

The PNA locality with the largest population is Bath & Bathavon at an estimated 112,390 residents (57% of the total B&NES resident population). This is followed by Somer Valley PNA locality with an estimated 47,068 residents (24%); then Keynsham & Chew Valley PNA locality with an estimated 36,899 residents (19%).

Somer Valley PNA locality has the highest proportion of children aged under 15 at 19%, or nearly one in five of the area's population in this age category (Table 1 and Figure 2).

The number and proportion of children and young adults aged 15 to 24 is highest in the Bath & Bathavon PNA Locality with 34,504 and 23% respectively (Table 1 and Figure 2). In large part these will be from the resident student population.

Figure 2. B&NES Resident Population by Age and PNA Locality (ONS, 2021)



Data relating to ethnicity of the B&NES population has not been updated for several years but according to the 2011 Census, 10% of the population, or 17,500 residents, are classified as belonging to a minority ethnic group (non-White British). Approximately 6,600 residents identify themselves as ‘Other White’ (a large proportion of whom are assumed to be from the EU Accession states) and 4,500 as Asian or Asian British descent (B&NES, n.d.).

Gypsy and Traveller communities have poorer health outcomes than UK ethnic minority and socioeconomically disadvantaged groups. The 2015 Health Needs Assessment showed a higher prevalence of risk factors for a range of health issues including child mortality, smoking, mental illness, and physical disabilities (B&NES, 2015).

In addition, B&NES has a relatively high number of resident ‘Boaters’ who are mainly moored along the Kennet and Avon Canal. The 2016 Boaters survey showed the majority comprise single/separated men aged over 40 years, in addition to young families and couples (B&NES, 2016). Definitive numbers are not available due to the fact that there are limited numbers of permanent moorings in the area which mean most boaters are moving every 14 days.

4.4 Population growth

The Office for National Statistics produce regular projections designed to model the

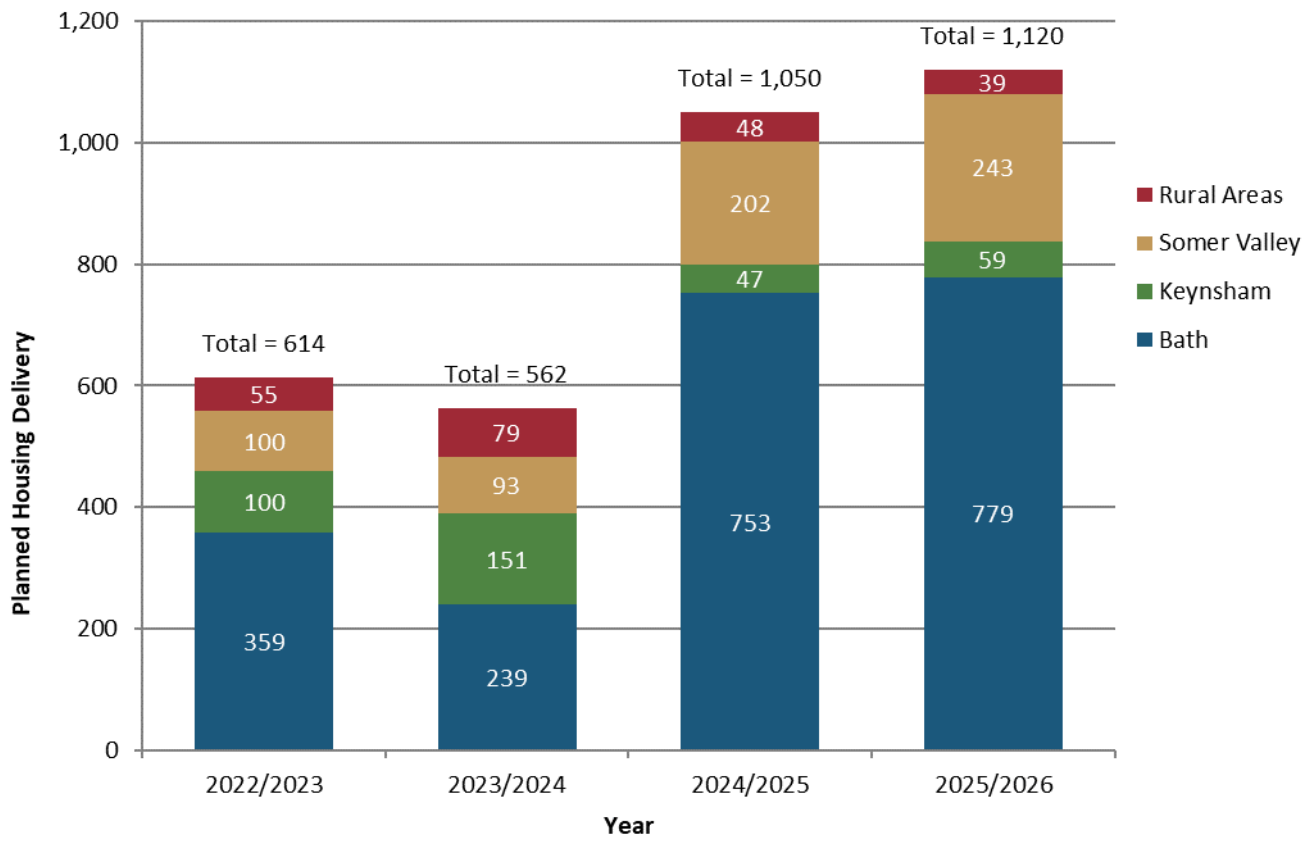
future growth of the population for each local authority. These projections are based on historical trends of births, deaths, and migration.

In the decade from 2018 to 2028, the population of B&NES is projected to rise by 8% from 192,106 to 207,919. In this time, the working age population (15 – 64) is forecast to increase by 7%, and the over-65s population to increase by 15%. Within this group, the largest increase is projected to be in the 75 – 84 age range (33% increase), followed by the 85+ age group (20%). However, these projections do not consider any population changes due to policy, i.e., they exclude increases in the population due to planned new housing development.

4.5 Housing Growth

To address sustainable development in the area, The B&NES Core Strategy 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 April 2022 to March 2026 as subject to agreement through the examination of the Local Plan at the time of writing this PNA. The majority of projected development is located in in the Bath area with a total of 2,130 dwellings, followed by the Somer valley area with 638 dwellings, then much smaller numbers are projected for Keynsham (357 dwellings) and the rural areas across the PNA localities of B&NES (221). The new dwellings are not focused in large developments but are instead spread across different sites with the largest development located in the Bath area with a total projected number of dwellings of 390 over the time period. The anticipated increase in housing, and therefore population, in each B&NES PNA locality over the next three-year period until 2025/26 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.

Figure 3. B&NES Projected Housing Delivery 2022 – 2026 (Subject to agreement through the examination of the Local Plan at the time of writing) (B&NES, 2022)



4.6 Health Needs of the B&NES Population

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. This information is more fully discussed in the B&NES Strategic Evidence Base/JSNA (B&NES, 2022).

4.6.1 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 from 2018 to 2020 for males being 80.9 and 84.9 for females. The healthy life expectancy for both was 65.

The two major causes of premature death, nationally and in B&NES are cardiovascular disease, including coronary heart disease and strokes, and cancer. In 2020 B&NES had a had a mortality rate of 57.3 per 100,000 for under 75's due to cardiovascular disease, and a mortality rate of 101.8 per 100,000 for under 75's due

to cancer.

When looking at the broad causes of premature death by gender, neoplasms account for 35% of deaths in males and 51% of deaths in females, with breast cancer being the most common type. Diseases of the circulatory system account for 24% of deaths in males and 12% of deaths in females. This difference is influenced by a tendency for more men to be overweight, as well as higher rates of smoking and excessive alcohol consumptions, all of which are risk factors for cardiovascular disease.

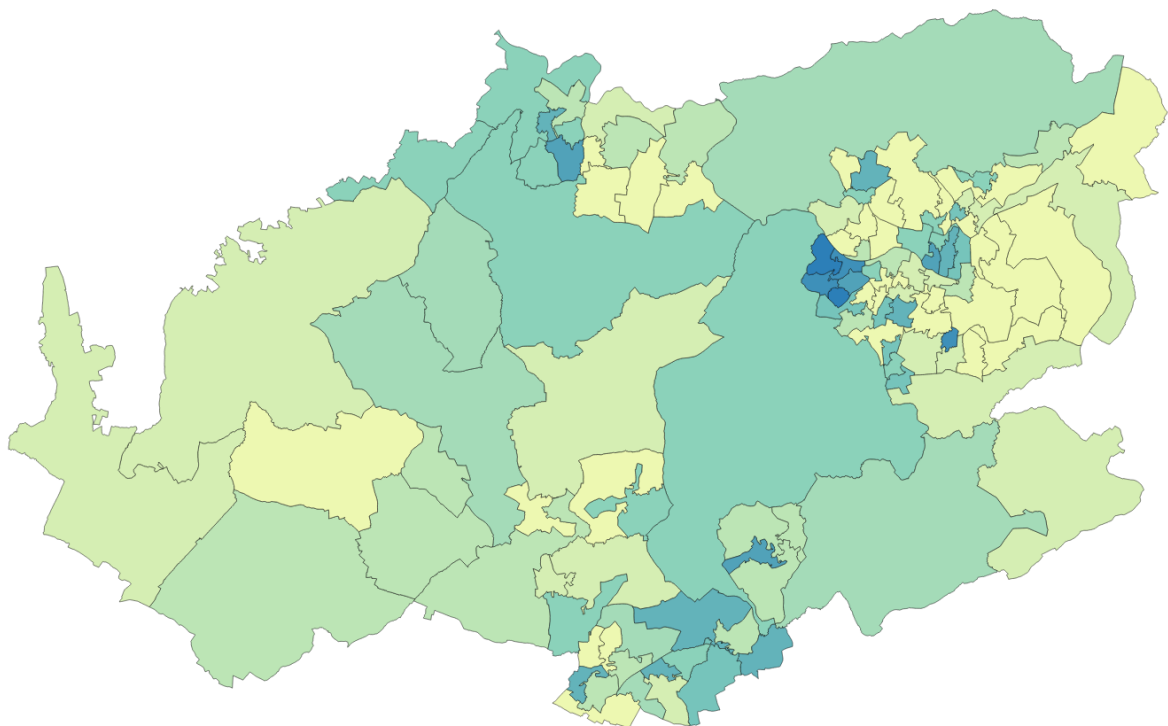
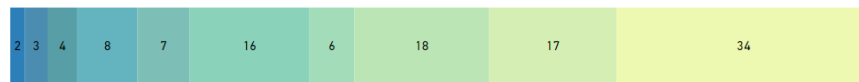
4.6.2 Deprivation

Deprivation is an important factor of health and well-being for communities and individuals. Where there are higher levels of deprivation, there are consistent associations with poorer health outcomes across a range of measures that represent a major cause of inequalities in health and well-being. The indices of deprivation (IMD) are a measure of the relative deprivation across England, which includes information across 7 domains, such as income, employment, health and more.

For overall deprivation in 2019, B&NES ranks 269 out of 317, compared to a rank of 247 in 2015 (where 1 is most deprived). As a whole B&NES remains as one of the least deprived local authorities in England and is continuing to become relatively less deprived over time. However, within some areas of B&NES, inequality is widening, and deprivation remains significant, with Twerton West and Whiteway, two small areas of B&NES, being within the 10% most deprived areas nationally. In Figure 4 the more deprived wards and their location within B&NES are shown in blue, with the least deprived wards in yellow.

Figure 4. IMD 2019 IN B&NES (B&NES , 2019)

Indices of Multiple Deprivation 2019 (1=Most Deprived Nationally)



4.6.3 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 56.1 per 100,000 population in 2016-2018 and 50.6 per 100,000 population in 2017-2019.

In 2020-2021 there were 6,051 people in B&NES that were registered with CHD on the GP register within primary care networks (PCNs). That equates to 2.8% of all patients, which is significantly lower than England's national value of 3.0%.

In 2020-2021 there were 3,896 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 the same as England's national value.

4.6.4 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 2020/2021 GP registers Quality and Outcomes Framework (QOF) 5.4% of the population in B&NES, registered with the GP's PCNs, were diagnosed as having diabetes, equating to 9,663 people. This is a significantly lower figure than England's 7.1% of the total population, however, similarly to the England trend, B&NES figure has been increasing year on year.

4.6.5 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 1.4%, 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.

Asthma is a more common condition than COPD, affecting many children as well as adults. B&NES has a significantly higher number of people recorded with a diagnosis of asthma, with a value of 6.7%, than that of England, with a value of 6.4%. The majority of PCNs in the area also have a significantly higher value than the England value.

4.6.6 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 55.4%, 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 B&NES school's 19.7% of reception aged children are of an unhealthy weight, with 7.9% of B&NES reception aged children being very overweight/obese. Whilst 25% of year 6 aged children in B&NES schools are of an unhealthy weight, with 13.5% 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 49% of children and young people are physically active, compared to the national average of 44.6%. For adults in B&NES the latest figures suggest that 69.9% are physically active, compared to the national average of 66.4%. This is a continuation of a negative trend, whereby the percentage of active adults has decreased from a peak of 79.7% in 2017/2018.

4.6.7 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 has been a similar trend of decreasing numbers of adults smoking, although at a generally lower rate than the national rate. In 2019, smoking prevalence

in B&NES was estimated to stand at 13.0% of the population, equating to 20,484 people. Of those that work in routine and manual occupations this figure is much higher and equates to around 1 in 4.

4.6.8 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 2020-2021 for those under 40 years of age has a rate of 174 per 100,000, which is comparable to the England rate of 171 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 2020/2021 the B&NES rate for 40 to 60 years olds was 617 per 100,000, compared to 719 per 100,000 for England. Whilst the B&NES rate for those aged 65 years plus was 544 per 100,000 compared to 692 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 highest rate of admissions for alcohol specific conditions for those under 18 years of age in the South West region. For males, B&NES rate is 53.3 per 100,000 people, compared to the South West regional figure of 33.8 per 100,000, and the national figure of 22.8 per 100,000. For B&NES females the rate is slightly higher at 104.6 per 100,000, compared to the regional figure of 59.0 per 100,000 and the national figure of 36.1 per 100,000. For the 2018/2019 to 2020/2021 period the overall rate in B&NES is 78.1 per 100,000, presenting a sharp increase in overall admission rates since the 2016/2017 to 2018/2019 period.

4.6.9 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 8.8 per 100,00 people aged 15 to 64 years of age, compared to 8.9% per 100,000 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.

4.6.10 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 2019 the under-18 conception rate for B&NES was 9.6 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 2020 B&NES total prescribed LARC was 50.1 per 1,000.

4.6.11 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, reaching their lowest rate in 2020 at 742 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, reaching their lowest in 2020 at 353 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).

4.6.12 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 the Bath & North Eats Somerset, Swindon & Wiltshire CCG 0.5% of the population are recorded as having a learning disability which is a similar rate to England (OHID, 2022).

4.6.13 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 the recent Coronavirus pandemic has impacted the number of households being assessed. This is 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.

4.7 Key changes since the last PNA

There have been a number of key developments since the publication of the last B&NES PNA in 2018. Demographic changes, such as the projected increase in the number of older people in B&NES, are likely to affect local pharmaceutical service provision, for example, leading to an increase in the number of prescription items being dispensed and an increased demand for services targeted to an older population. Health needs also change over time and pharmaceutical services need to reflect this and make sure they are meeting the needs of a changing population.

There have also been a number of pharmacy changes since the last PNA publication, in particular, the closure of:

- 1 pharmacy in Bath & Bathavon: Jhoots Pharmacy, Brock Street, Bath
- 1 pharmacy in Keynsham & Chew Valley: Lloyds Pharmacy, Keynsham Health Centre, Keynsham
- 1 pharmacy in Somer Valley: Lloyds Pharmacy, Chesterfield House, High Street, Midsomer Norton.

In 2018 there were 40 pharmacy contractors, 39 community pharmacies and 1 distance selling pharmacy. This has decreased to a total of 37 pharmacy contractors, 36 community pharmacies and 1 distance selling pharmacy.

4.8 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.

The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 regulations.

4.9 Definition of NHS pharmaceutical services

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being Local Pharmaceutical Services

contractors). Instead, as noted above, they provide services under terms of service set out in legislation.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services: essential, advanced, and enhanced. Each community pharmacy must provide essential services in order to be entered onto the pharmaceutical list.

For the purposes of this PNA we consider a 'necessary' service to be the essential services. All other advanced, enhanced and locally commissioned services are not considered necessary but secure improvements or better access to pharmaceutical services.

4.9.1 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 includes:

- **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also, the urgent supply of a drug or appliance without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals.
- **Discharge medicines service** - By referring patients to community pharmacy on discharge with information about medication changes made in hospital, community pharmacy can support patients to improve outcomes, prevent harm and reduce readmissions. This service was introduced in 2021.
- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to

promote public health messages to general pharmacy visitors during specific targeted campaign periods.

- **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 organizations who may be able to assist the person. Where appropriate, this may take the form of a referral.
- **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.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services also apply.

4.9.2 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 have been available through community pharmacy in the period since the last PNA in 2018, or are current at the time of writing.

- **New medicine service (NMS)**– The promotion of the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, by providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications and enabling the patient to make appropriate lifestyle changes and self-manage their condition.
- **Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Stoma appliance customisation service (SAC)** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.

- **Appliance use review service (AUR)** – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary, making recommendations to prescribers.
- **Community pharmacist consultation service (CPCS)** – The urgent supply of a Prescription Only Medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM. The service takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service. These services can also refer patients for minor illness consultations. Since November 2020, general practices have also been able to refer patients. If a community pharmacist does make a supply of a medicine or appliance through CPCS they are required to notify the patient’s GP on the day the supply is made or on the following working day.
- **Hypertension case-finding service** – The service aims to help prevent cardiovascular disease by identifying people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the request of a general practice, the pharmaceutical provider can undertake ad hoc normal and ambulatory blood pressure measurements; provide 24-hour ambulatory blood pressure monitoring (ABPM) for those with high blood pressure readings and promote healthy behaviours to patients.
- **Hepatitis C testing service** (currently until 31 March 2022) – The provision of point of care testing for Hepatitis C antibodies to people who inject drugs, i.e., individuals who inject illicit drugs, e.g., steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.
- **Smoking Cessation Service** – The provision of evidence-based smoking cessation support for 12 weeks including follow up after patient discharge from hospital. NHS trusts can refer patients to a pharmacy of their choice so they can receive continuing treatment, advice, and support with their attempt to quit smoking. This service is a new service from March 2022.
- **Covid-19 lateral flow device** distribution – As at October 2021, the community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service are also commissioned from community pharmacies. These may however not be commissioned when the pharmaceutical needs assessment is being drafted or published.

4.9.3 Enhanced services

Enhanced services are directly commissioned by NHS England. The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one.

NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification.

In B&NES the specialist medicines enhanced service is not commissioned through the NHSE, it is commissioned locally through the CCG.

4.9.4 Opening hours

Community pharmacies have what are termed core hours, these are a minimum of 40 hours per week where they are required to be open (NHS, 2019). Many pharmacies choose to open for longer and these additional hours are referred to as supplementary opening hours. Some contractors have successfully applied to open new premises based on being open for 100 core opening hours per week ('100-hour pharmacies'), which means that they are required to be open for at least 100 hours per week, for 52 weeks of the year (apart from weeks which contain a bank holiday, Christmas Day, or Easter Sunday). Any contractor can subsequently apply to change their core opening hours, but they must demonstrate that the needs of the population have changed. NHS England assesses the application against the PNA and whether there have been any changes in the needs of the population.

4.9.5 Locally commissioned services

Local councils and CCGs 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.

The locally commissioned services commissioned by B&NES council are:

- 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
- Chlamydia treatment: Pharmacies provide free doxycycline treatment to men and women aged 15 -24, and their sexual partners, who test positive for chlamydia
- 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 CCG (BNESSW CCG):

- Community Pharmacy Emergency supply: In addition to the service commissioned by NHSE, BSW CCG commissions an Emergency Supply Service for regular medicines that can be accessed by walking into any pharmacy and does not requires a referral via NHS 111
- 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 CCG 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

4.10 Scope of the assessment

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.

4.11 Excluded from the PNA

There are aspects of pharmaceutical services that are beyond the scope of the PNA including some areas in which the CCG 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.

5 PNA process and consultation

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.

5.2 Data Gathering & Sources of Information

B&NES council and Bath & North East Somerset, Swindon & Wiltshire CCG and 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 JSNA (B&NES, 2022) 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 and NHS Improvement. 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.

At the point of production of the PNA the 2021 census data was not yet available therefore some figures utilize 2011 census data which may not reflect the current population.

It should be noted that the information contained within this PNA was correct and accurate at the time of writing (March/April 2022).

5.3 Analysis & Draft Report Writing

The content of the PNA was produced as a result of collecting, analysing and compiling information from published national and local statistics and reports. In addition, commissioners were asked about the services they commission. Much of this information was mapped to show the geographical spread of each commissioned service and also opening hours of the pharmacies to assess out of hours coverage and accessibility. The draft document was shared with a number of stakeholders and an accessibility check was undertaken on the report prior to draft publication.

5.4 Formal consultation

The statutory 60 day consultation commenced on 6th June 2022 and ran until 6th August 2022. A report on the consultation can be found in appendix 6.

5.5 Final publication

After public consultation and final review by the HWB the PNA will be published prior to 1st October 2022 in line with the regulations.

5.6 Lifespan and review of the PNA

The PNA will be valid for three years from 1st October 2022 to 30th September 2025 when an updated version will be published. Supplementary statements may be published before then if any significant changes occur.

6 B&NES Pharmaceutical Services provision

6.1 Pharmaceutical providers

The most recent estimate of the population of B&NES is 196,357 (ONS, 2021). With 36 community pharmacies within the area at the time of writing this equates to 18 pharmacies per 100,000 population or approximately 1 pharmacy for every 5,454 people. This is lower than the England average of 21 per 100,000 (NHSBSA, 2021) 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 17 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 36 community pharmacy locations are shown in purple on the map in Figure 5, 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 due to the fact that for some residents of B&NES that live close to, or work in a neighboring county, these community pharmacies may be the most convenient for them.

The majority of pharmacy contractors in B&NES are located in the Bath & Bathavon PNA locality, with 23 of the 36 community pharmacy contractors (64 per cent). There are no pharmaceutical contractors located within one mile of the border of the Bath & Bathavon PNA locality. Six of the 36 community pharmacy contractors in B&NES are located in the Keynsham and Chew Valley PNA locality (17%). There is also a distance selling pharmacy within this locality. There are nine 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 (19%). 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 section 7, Pharmaceutical Services Provision by PNA Locality.

In addition to community pharmacy there is 1 distance selling pharmacy located within the B&NES (The Bath Pharmacy Company Limited) and 5 Dispensing General

Practices specifically serving the rural areas as shown in green in Figure 5. These practices serve rural populations across the south and south west of B&NES. Two of the 5 dispensing GP practices are located in the Keynsham and Chew Valley PNA Locality, and 3 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
 - St Chads Surgery

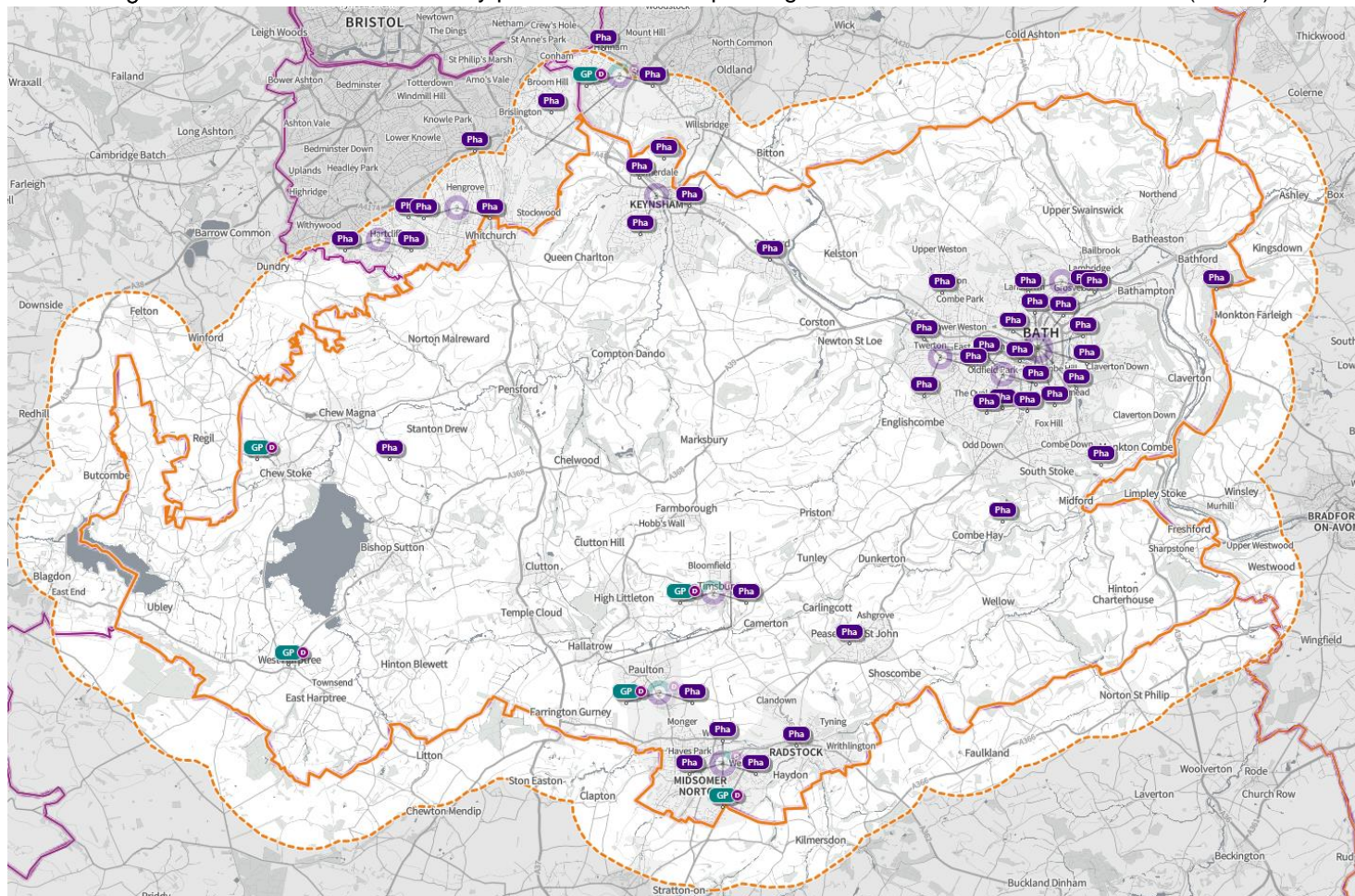
There are no pharmacy contractors in B&NES registered as a Dispensing Appliance Contractor (DAC).

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 not directly commissioned by NHS BaNES CCG or NHS England and 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.

Figure 5. Location of community pharmacies and dispensing GPs in B&NES and within a 1 mile (1.6km) boundary (NHS , 2022)



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.

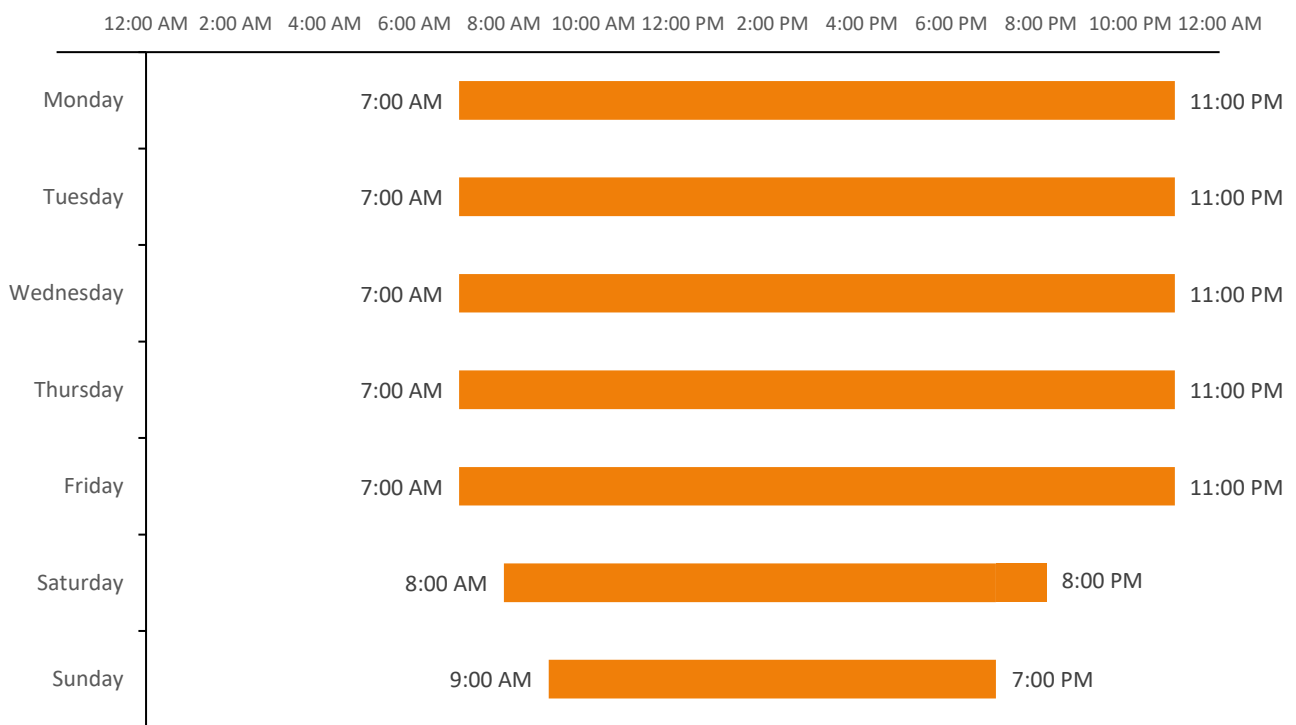
This map shows the location of community pharmacies and dispensing GP practices including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green with a D icon.

6.2 Opening Hours

Detailed opening times of all 37 pharmacy contractors in B&NES are shown in Appendix 4: Opening Times.

There is one 100-hour pharmacy in B&NES, which is open for 100 hours each week and serves the Somer Valley. There are a total of 5 community pharmacies across B&NES that are open 7 days a week. There are 29 that are open on a Saturday, and 7 that are open Monday – Friday. There are 22 that are open on an evening until 6pm, 5 of those being open later than 6pm.

Figure 6. Earliest opening hours and the latest closing hours for community pharmacy in B&NES



6.3 Travel Time

In B&NES the population is at its most dense in the urban areas of Bath, located in the Bath & Bathavon PNA locality, Midsomer Norton in the Somer Valley PNA locality, and Keynsham in the Keynsham & Chew Valley locality, this is visualised in the map in Figure 7. As expected, the majority of community pharmacies are clustered around these areas.

In B&NES 75% of all urban households and 91% of all rural households have access to a car or van according to the 2011 census (ONS, 2011). As such, time travel

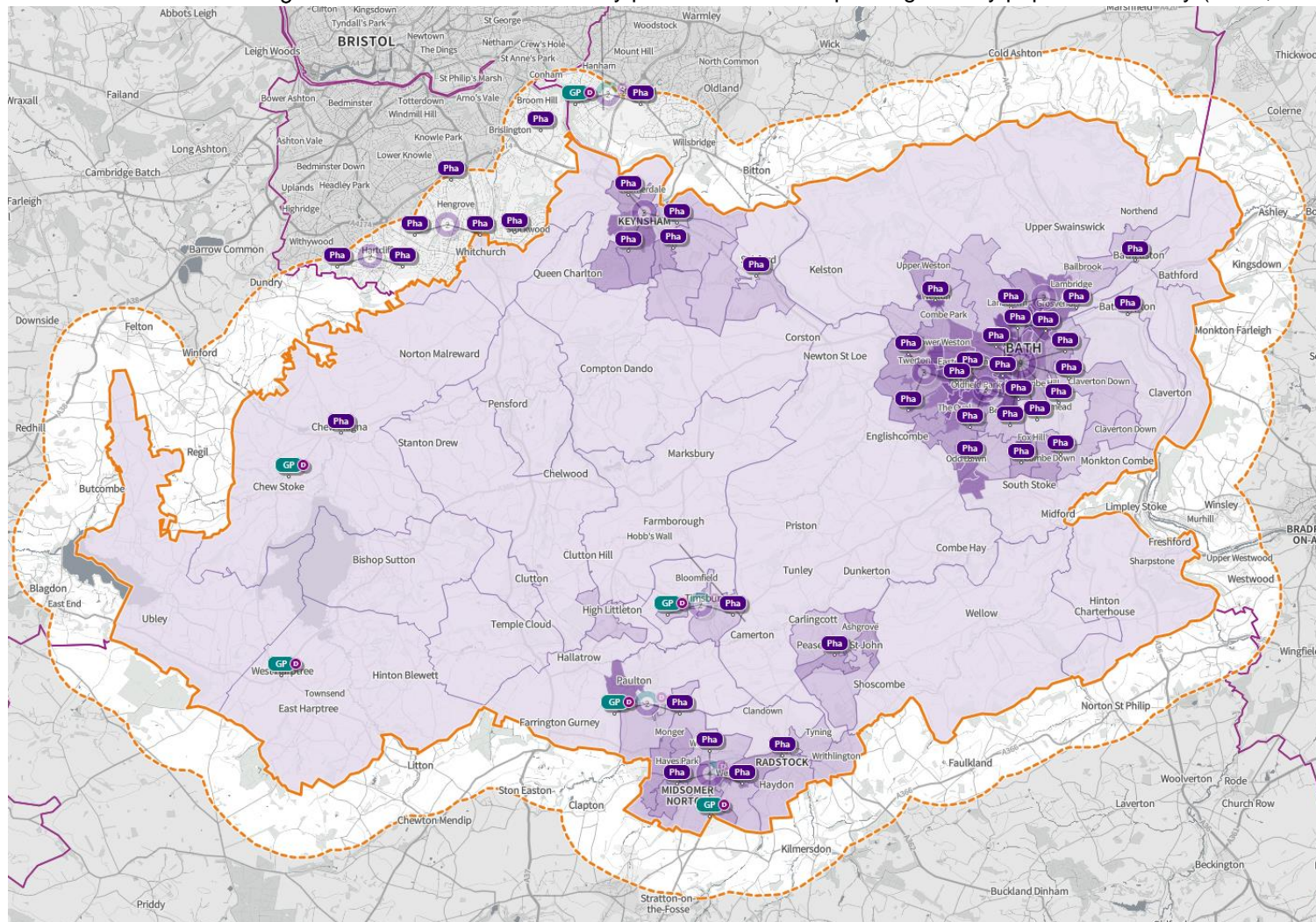
analysis will mainly focus on travel times by car to community pharmacy with the inclusion of public transport analysis for the urban community. This analysis does include community pharmacies within a 1-mile zone of the B&NES boarder. As can be seen from Figure 8 the majority of B&NES population reside within a 10 minute drive time from a community pharmacy, and 100% of the population live within a 20 minute drive time.

The majority of the B&NES population are able to get to a community pharmacy that is open on an evening within a 10 minute drive and 100% are able to get to one within a 20 minute drive (Figure 9). The same is true of drive time to community pharmacies that are open on a Saturday (Figure 10). There are far fewer pharmacies that open on a Sunday but the majority of the population do still reside within a 15 minute drive time of a community pharmacy, and 100% of the population are within a 30 minute drive time of one (Figure 11 – 30 minute drive time not included).

The most deprived areas in B&NES appear to be reasonably well served by with close by community pharmacy services accessible by foot, public transport, or car, or covered within a dispensing GP area (Figure 13).

Regarding the urban areas where it is more likely that a household does not have access to a car or van there is good public transport provision in these areas as seen in Figure 12. Public transport is much more limited in the rural areas therefore, those people that do not drive or have a car are limited in terms of being able to easily access a pharmacy or dispensing practice. This is a particular concern for older and younger people, and people with disabilities, who are less likely to have their own means of independent transport. However, there are now many options for having medicines delivered to an address of the patients choosing, this is discussed further in Distance Selling Pharmacies.

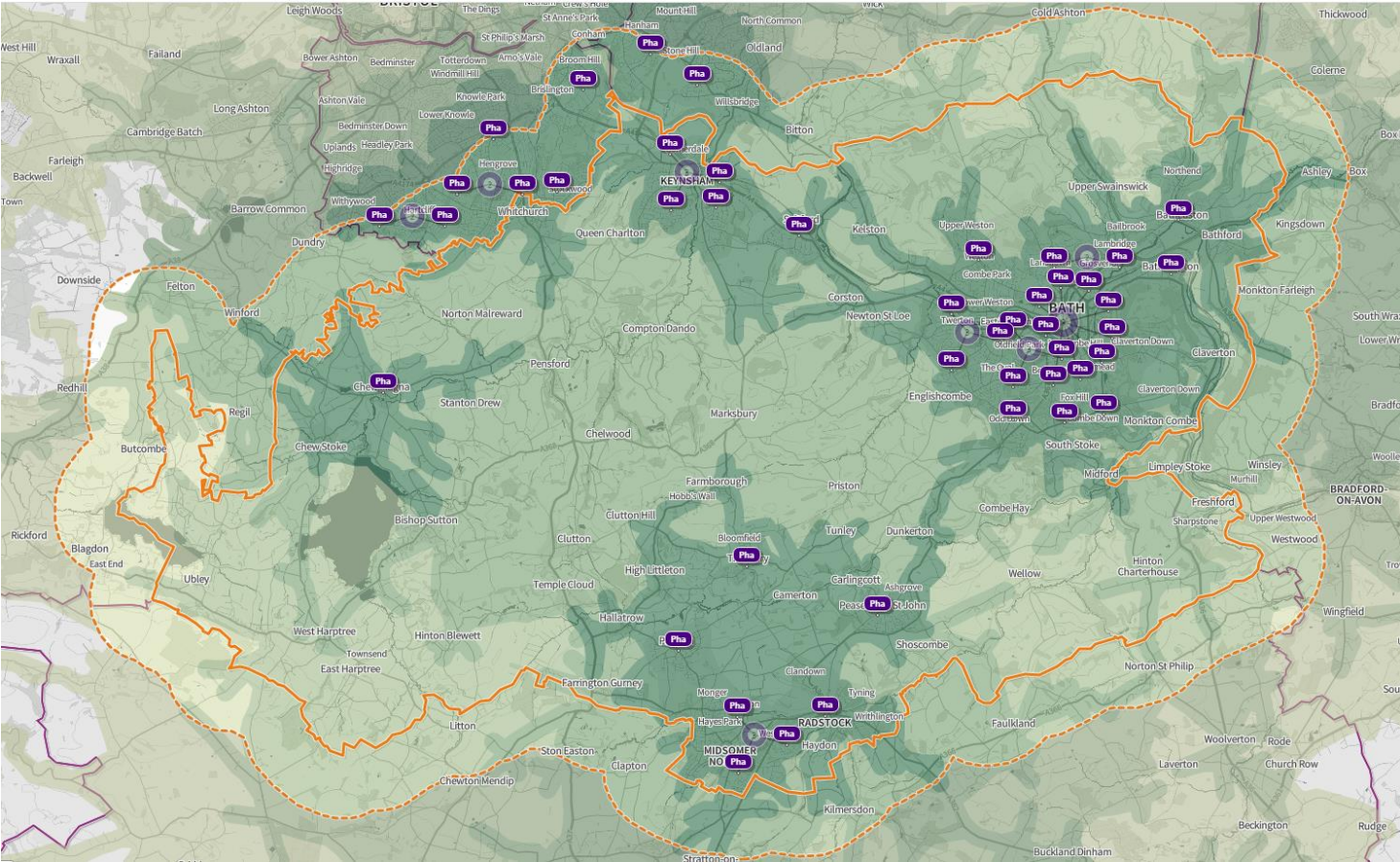
Figure 7. Location of community pharmacies and dispensing GPs by population density (NHS , 2022)



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 with a D icon. Population is at its most dense in areas with darker purple shading and least dense in areas with lighter purple shading.

Figure 8. Travel time by car analysis to community pharmacies in B&NES including a 1.6km (1 mile) buffer around the B&NES border (NHS , 2022)



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.

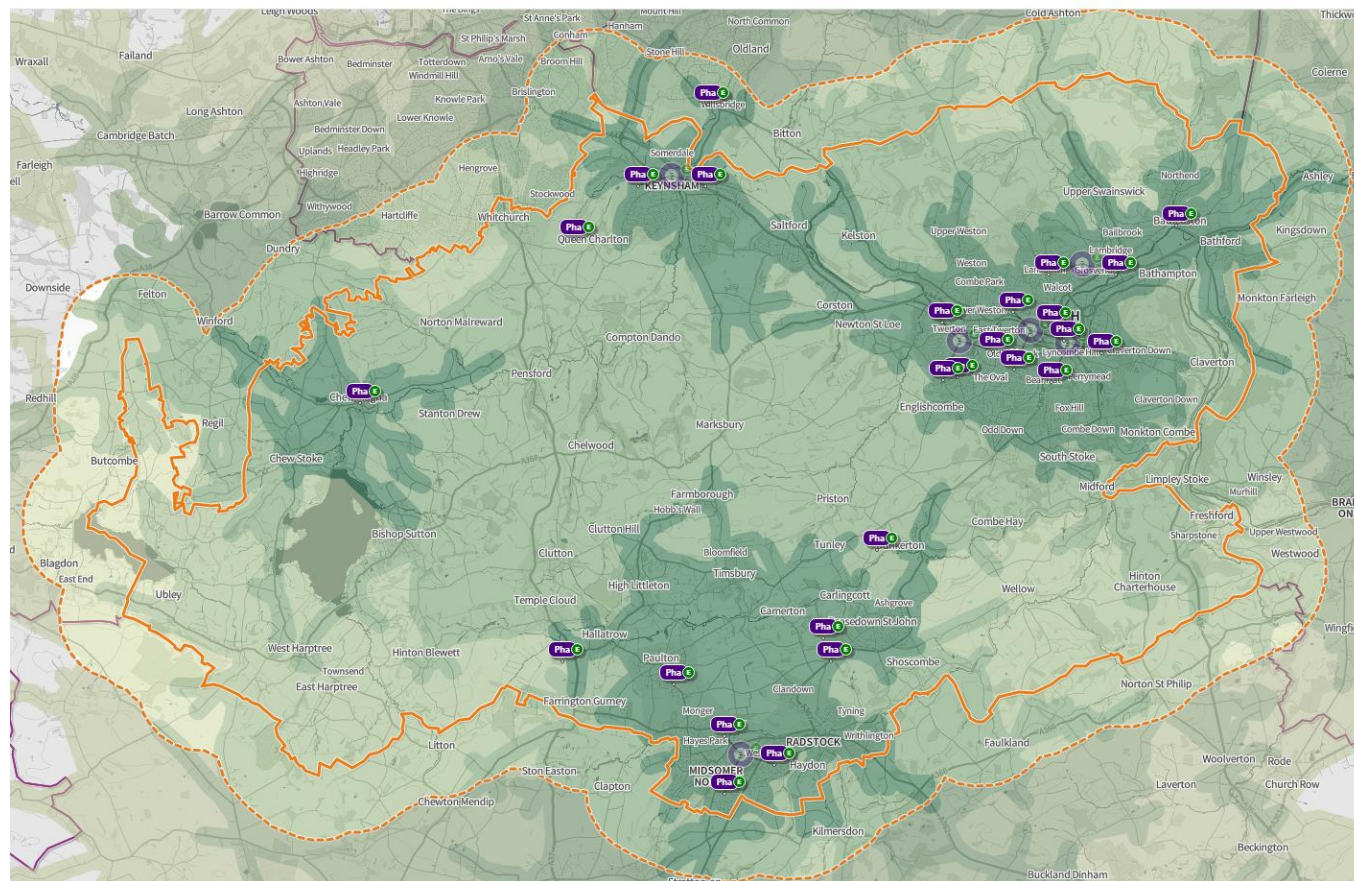
This map shows the travel time by car to community pharmacies, including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.

Travel time in minutes:

5 10 15 20

Figure 9. Travel time by car analysis to community pharmacies with evening opening hours in B&NES including a 1.6km (1 mile) buffer around the B&NES border (NHS , 2022)



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.

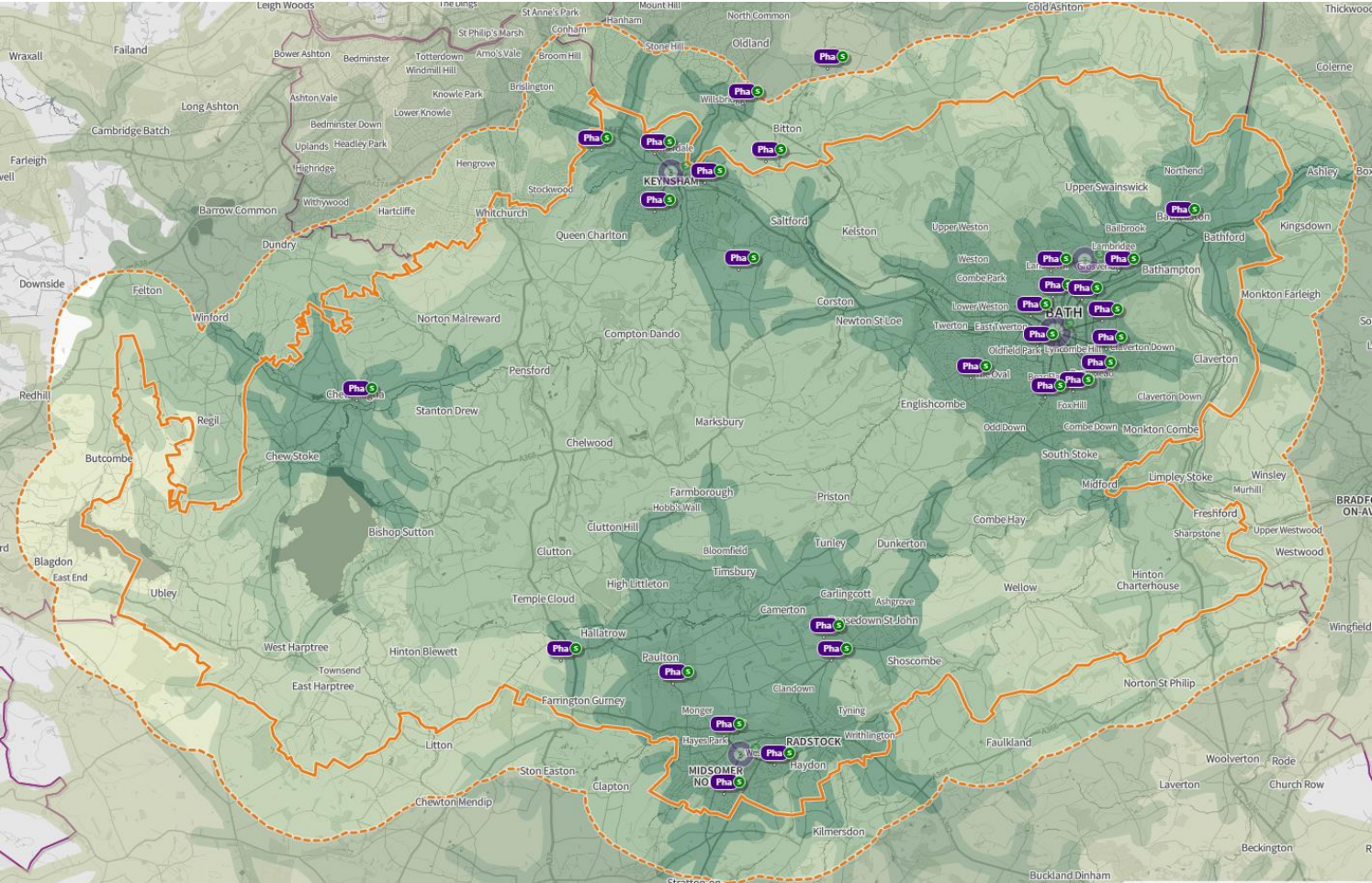
This map shows the travel time by car to community pharmacies with evening opening hours, including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.

Travel time in minutes:

5 10 15 20

Figure 10. Travel time by car analysis to community pharmacies with Saturday opening hours in B&NES including a 1.6km (1 mile) buffer around the B&NES border (NHS , 2022)



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.

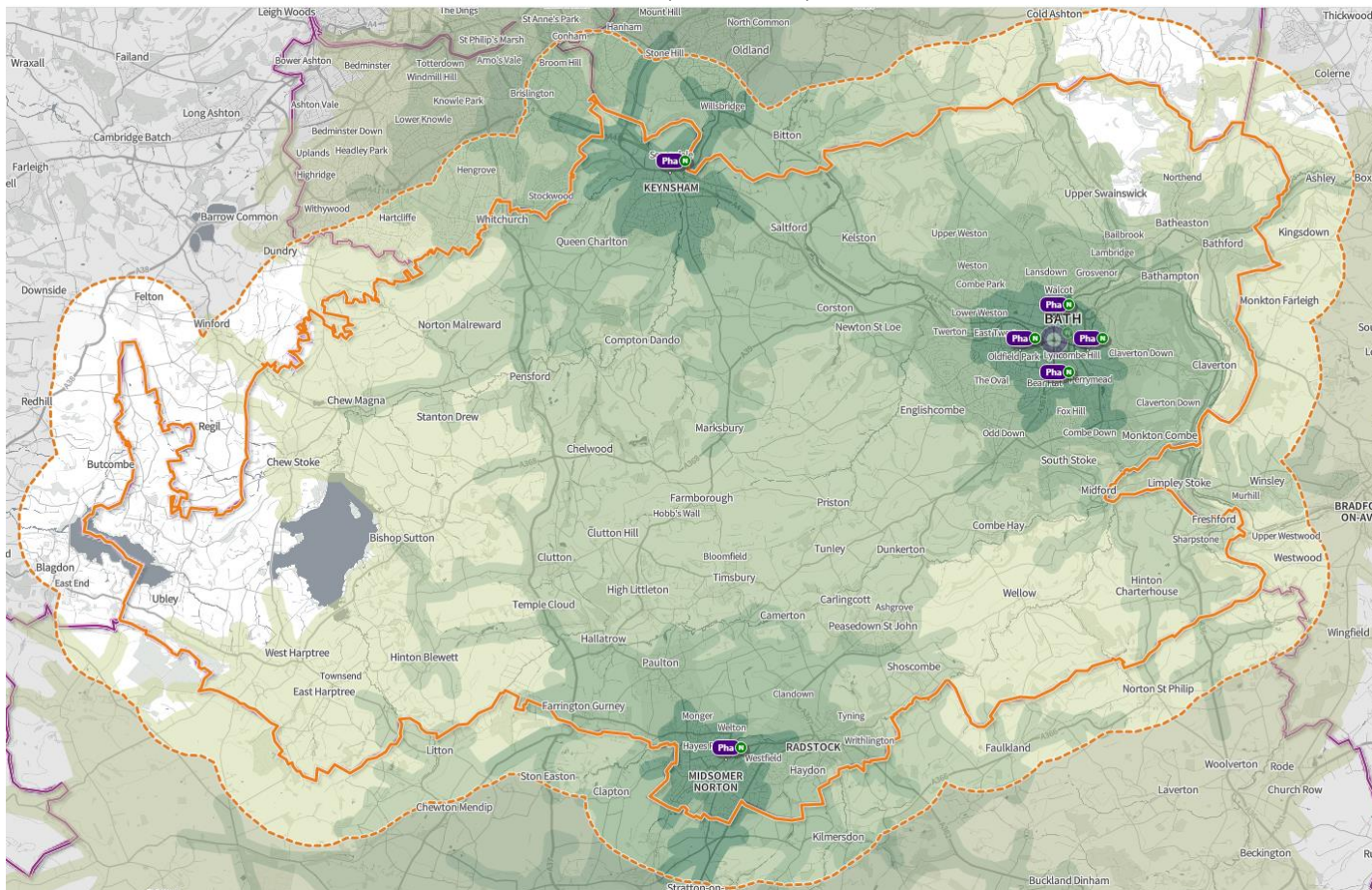
This map shows the travel time by car to community pharmacies with Saturday opening hours, including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.

Travel time in minutes:



Figure 11. Travel time by car analysis to community pharmacies with Sunday opening hours in B&NES including a 1.6km (1 mile) buffer around the B&NES border (NHS , 2022)



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.

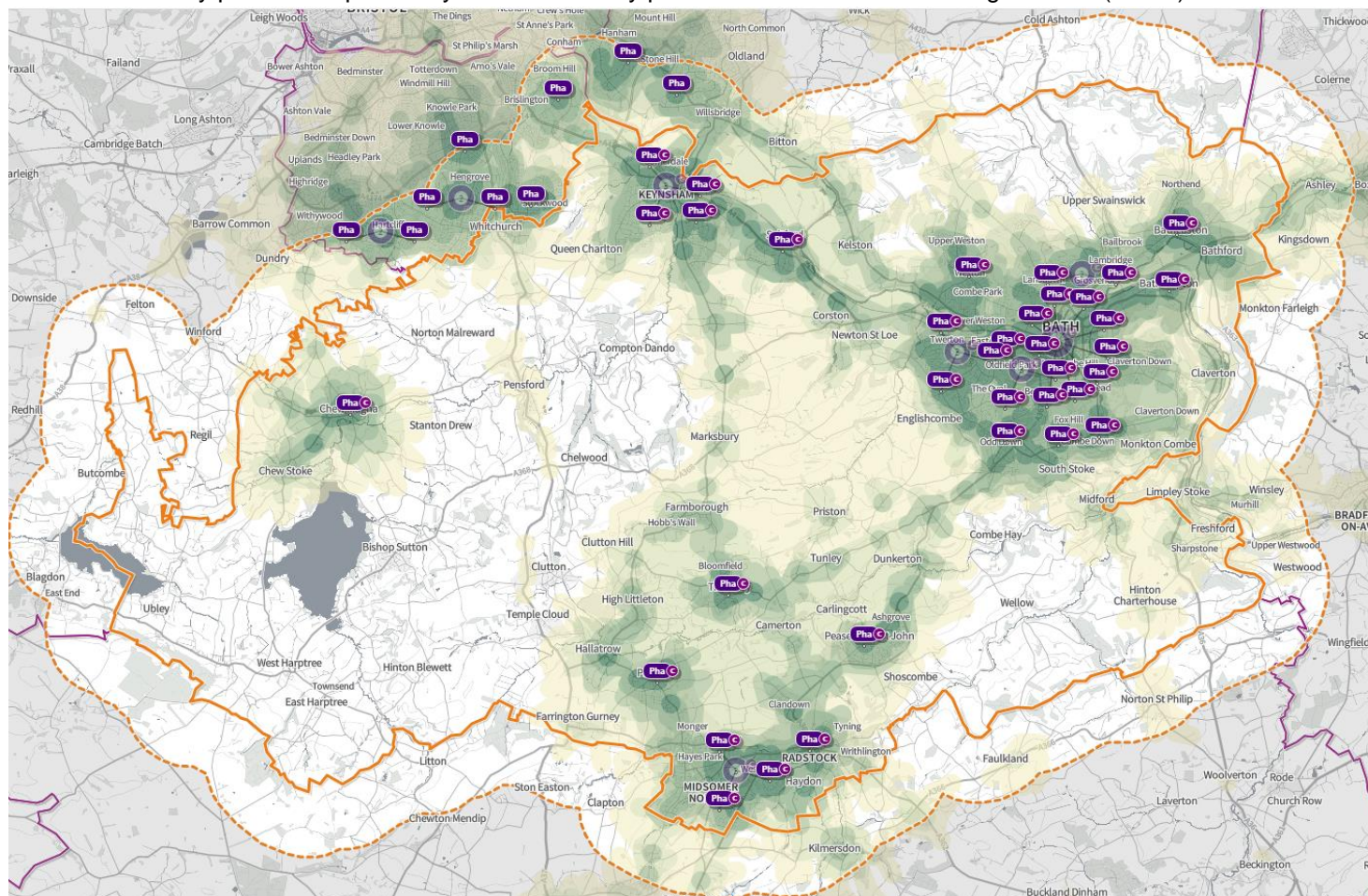
This map shows the travel time by car to community pharmacies with Sunday opening hours, including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by car.

Travel time in minutes:

5 10 15 20

Figure 12. Travel time by public transport analysis to community pharmacies in B&NES including a 1.6km (1 mile) buffer around the B&NES border (NHS , 2022)



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.

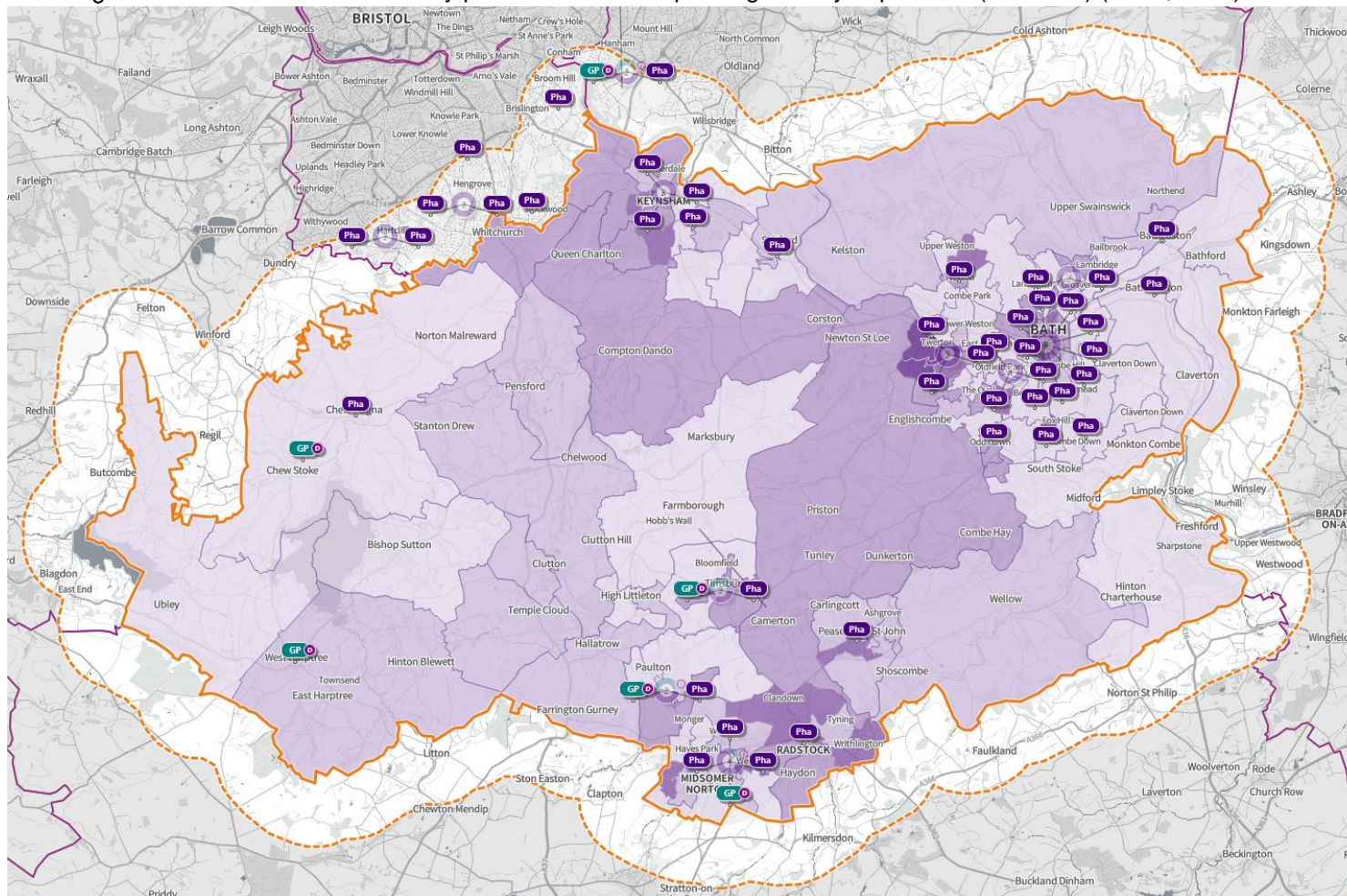
This map shows the travel time by public transport to community pharmacies including those that lie within a 1.6 km (1 mile) distance of the B&NES Local Authority area border.

Community pharmacy information is denoted in purple. The darker the green shading the less the travel time by public transport.

Travel time in minutes:



Figure 13. Location of community pharmacies and dispensing GPs by deprivation (IMD2019) (NHS , 2022)



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 deprivation. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green with a D icon. Deprivation is at its highest in areas with darker purple shading and lowest in areas with lighter purple shading.

6.4 Distance Selling Pharmacies

There has been a change in how people choose to have their medicines dispensed with more choosing to get their medicines delivered. It was reported by the Pharmaceutical Journal (2021) that the online pharmacy dispensing volume increased by 45% in 2020 during the COVID-19 pandemic (The Pharmaceutical Journal, 2021). As such residents in B&NES can choose to use any one of the 372 online/distance selling pharmacies in England within their opening hours and have their medicines delivered to their chosen address, this figure includes The Bath Company Pharmacy Ltd, a local distance selling pharmacy located in the Keynsham and Chew Valley PNA locality. Table 2 shows that the percentage of prescriptions generated in B&NES that are dispensed by community pharmacy and by distance selling pharmacies. Distance selling pharmacies dispense 6.9% of prescriptions generated in B&NES, a figure that is higher than the UK local authority average. In addition to distance selling pharmacies, 35 out of 36 (94%) of the pharmacy contractors in B&NES offer a discretionary delivery service for dispensed medicines, either to resident's homes, or a secure local community location (e.g. village hall, shop).

Table 2. Dispenser Contract Type in B&NES 2021/22

	Community Pharmacy	Distance Selling Pharmacies	DAC/LPS/Missing
B&NES	76.14%	6.91%	16.96%

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

6.5 Accessibility

The Equalities Act 2010 legislates against direct discrimination against any person for the supply of goods or services. Pharmacy contractors are required to make reasonable adjustments to accommodate any person with a disability both on their premises and in terms of service, for example, wheelchair access and ramps. Wherever possible, provision of disabled-friendly services (wheelchair accessible consulting rooms, provision for those with visual or hearing difficulties, etc.) should

be considered an important aspect of good service provision.

Twenty seven (75 per cent) of local pharmacy contractors stated that they have step free access to the pharmacy (see 10.5 Appendix 3). The majority of pharmacy contractors that do not have wheelchair accessible consultation rooms or areas serve the Bath & Bathavon PNA locality (6 out of 23 pharmacies). This is due, at least in part, to the physical and planning related constraints of Bath's historic buildings. Despite this though, there are 17 pharmacy contractors in the Bath & Bathavon PNA Locality which have a consultation room or area with wheelchair access.

Eighteen (50 per cent) offer induction loops which are a type of audio technology which supports improved hearing and communication for people with a hearing impairment.

Language spoken can be another barrier to accessing health services, and as such it is important to consider access for those for whom English is not their first language. All pharmacies in B&NES are able to utilize the NHS interpretation and translation services, in addition to this 14 (39%) of local pharmacy contractors have multi-lingual staff.

6.6 Choice

There are a variety of ways in which the B&NES population are able to choose to access pharmaceutical services, these include the in person access to community pharmacies or the remote services offered by these pharmacies, dispensing GPs, and distance selling pharmacies.

6.7 Advanced and Enhanced services

Advanced and enhanced services are defined in sections 4.9.2 and 4.9.3.

6.7.1 New Medicine Service (NMS)

There is generally good coverage of the New Medicines Service (NMS) across B&NES with 92% of pharmacy contractors (distance selling pharmacy included) providing this service.

Table 3. NMS service provision in B&NES

New Medicine Service (NMS)	B&NES	Bath & Bathavon PNA Locality	Keynsham and Chew Valley PNA Locality	Somer Valley PNA Locality
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	No.	%	No.	%	No.	%	No.	%
NMS	34	92%	22	96%	6	86%	6	86%
No NMS	3	8%	1	4%	1	14%	1	14%

6.7.2 Influenza vaccination service

The majority of pharmacy contractors in B&NES deliver the influenza vaccination service with 31 out of 37 pharmacy contractors doing so (84%).

Table 4. Influenza vaccination service provision in B&NES

Influenza vaccination service	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somerset Valley PNA Locality	
	No.	%	No.	%	No.	%	No.	%
Flu Vaccine	31	84%	19	83%	6	86%	6	86%
No Flu Vaccine	6	16%	4	17%	1	14%	1	14%

6.7.3 Lateral Flow Device Distribution (LF)

During the time period in which pharmacies were commissioned to distribute lateral flow devices, 97% of pharmacies in B&NES did so.

Table 5. LF service provision in B&NES

Lateral Flow Device Distribution (LF)	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somerset Valley PNA Locality	
	No.	%	No.	%	No.	%	No.	%
LF	36	97%	22	96%	7	100%	7	100%
No LF	1	3%	1	4%	0	0%	0	0%

6.7.4 Stoma Appliance Customisation (SAC)

At the time of writing 8% of pharmacies in B&NES provide a stoma appliance customization service.

Table 6. SAC service provision in B&NES

Stoma Appliance Customisation (SAC)	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somerset Valley PNA Locality	
	No.	%	No.	%	No.	%	No.	%
SAC	3	8%	0	0%	1	14%	2	29%
No SAC	34	92%	23	100%	6	86%	5	71%

6.7.5 Hypertension case-finding service

Of the 37 pharmacy contractors in B&NES, 11 provided the hypertension case-finding service to the local population.

Table 7. Hypertension case-finding service provision in B&NES

Hypertension case-finding service	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somerset Valley PNA Locality	
	No.	%	No.	%	No.	%	No.	%
Hypertension Service	11	30%	7	30%	3	43%	1	14%
No Service	26	70%	16	70%	4	57%	6	86%

6.7.6 Hepatitis C testing service

During 2021/22, 2 pharmacies, both situated in the Bath & Bathavon PNA Locality delivered the Hep C testing service. This equates to 5% of B&NES pharmacy contractors.

Table 8. Hep C service provision in B&NES

Hepatitis C testing service	B&NES		Bath & Bathavon PNA Locality		Keynsham and Chew Valley PNA Locality		Somerset Valley PNA Locality	
	No.	%	No.	%	No.	%	No.	%
Hep C Service	2	5%	2	9%	0	0%	0	0%
No Service	35	95%	21	91%	7	100%	7	100%

6.7.7 AUR

No pharmacy contractors in B&NES delivered the Appliance Use Review services in 2021/22.

6.8 Locally Commissioned Services

The locally commissioned services are defined in section 4.9.5. These services are commissioned locally through B&NES council and BNSSG CCG and access and delivery are 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 Pharmaceutical Services Provision by PNA Locality

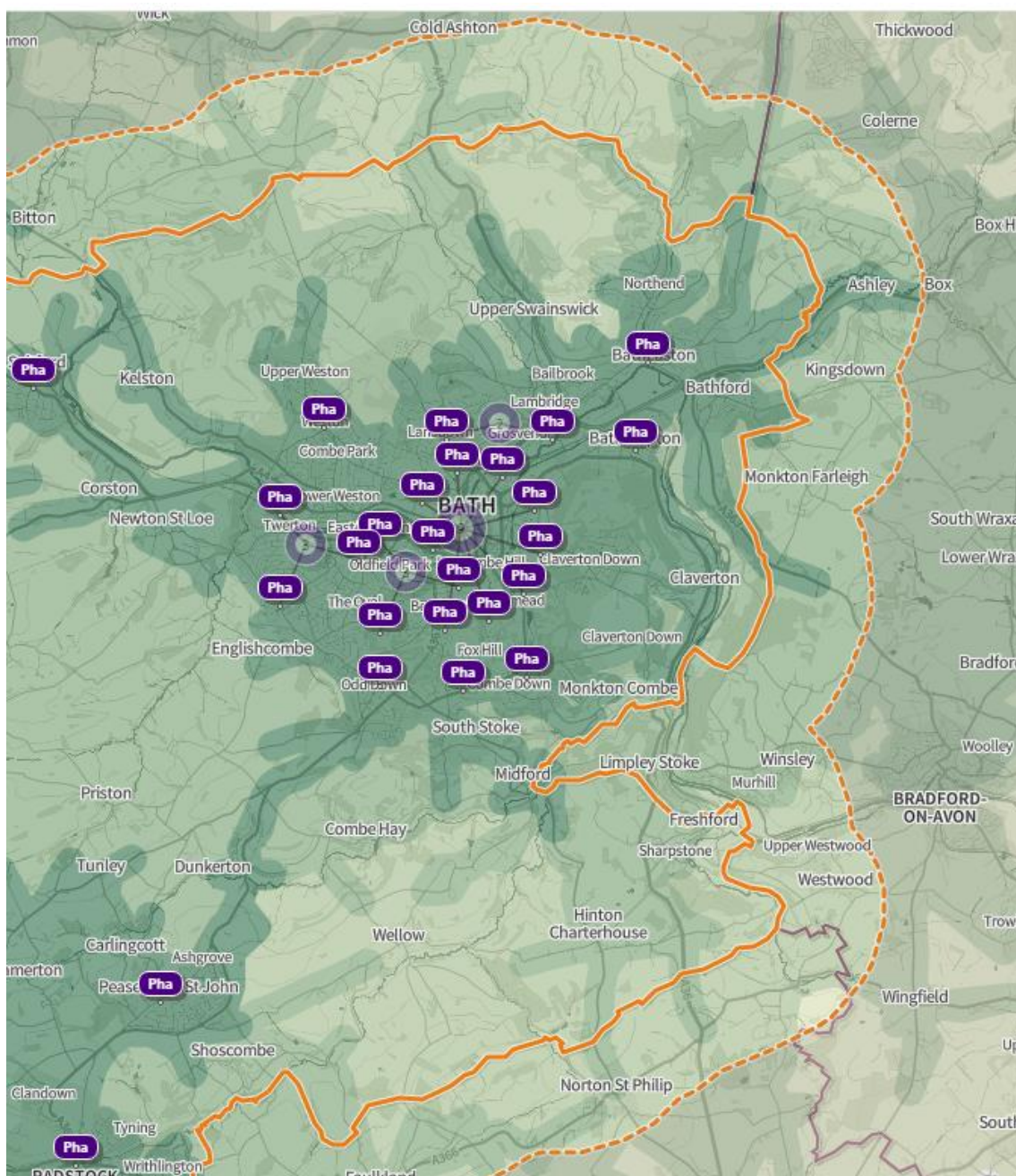
7.1 Bath & Bathavon Locality

There are currently 23 pharmacies in Bath & Bathavon as of 2021/22. Of these, 12 pharmacies are owned by national pharmacy chains:

- 6 by Boots Pharmacy
- 1 by Lloyd's Pharmacy
- 2 by Jhoots Pharmacy
- 1 by Superdrug Pharmacy
- 1 by Bestway (Well) Pharmacy
- 1 by Dudley Taylor Pharmacy

There are 11 other pharmacies in Bath & Bathavon not part of national pharmacy chains. All 23 of the pharmacies are currently 40-hour pharmacies, there are no 100-hour pharmacies.

Figure 14. Travel time by car analysis to community pharmacies and dispensing GP practices in the Bath & Bathavon PNA locality including a 1.6km (1 mile) buffer around the B&NES border (NHS , 2022)



All of the pharmacies are Community Pharmacist Consultation Service (CPCS) accredited, providing a total of 1,294 CPCS consultations in the first seven months of 2021/22 (April to October 2021).

In addition, all of the pharmacies have access to EPS and, based on regional NHSEI data, 22 pharmacies provide lateral flow devices.

There are no distance-selling pharmacies and no pharmacies with LPS contracts as of January 2022. There are also no DACs in Bath & Bathavon.

Since the last PNA was published one pharmacy has closed (Jhoots Pharmacy on Brock Street, Bath) and no new pharmacies have opened in Bath & Bathavon. Over the last three years provision in Bath & Bathavon can be seen in table Table 9:

Table 9. Pharmacy provision by population in Bath & Bathavon Locality

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head
2018/19	-	24	-	1,616,816	-
2019/20	110,324	24	21.8	1,615,871	14.6
2020/21	112,390	24	21.4	1,510,445	13.4
2021/22 (7 month)	-	23	-	855,771	-
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9
England 2018/19	55,977,178	11,997	21.4	1,015,065,205	18.1
England 2019/20	56,286,961	11,938	21.2	1,035,763,855	18.4
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:

- Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
- Mid-year population estimates were not available for 2021 at the time of writing
- Ward level populations assigned to locality were not available in 2018/19 due to changes in ward boundaries in the same year
- Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>
- All pharmacy numbers include both community pharmacies and DACs

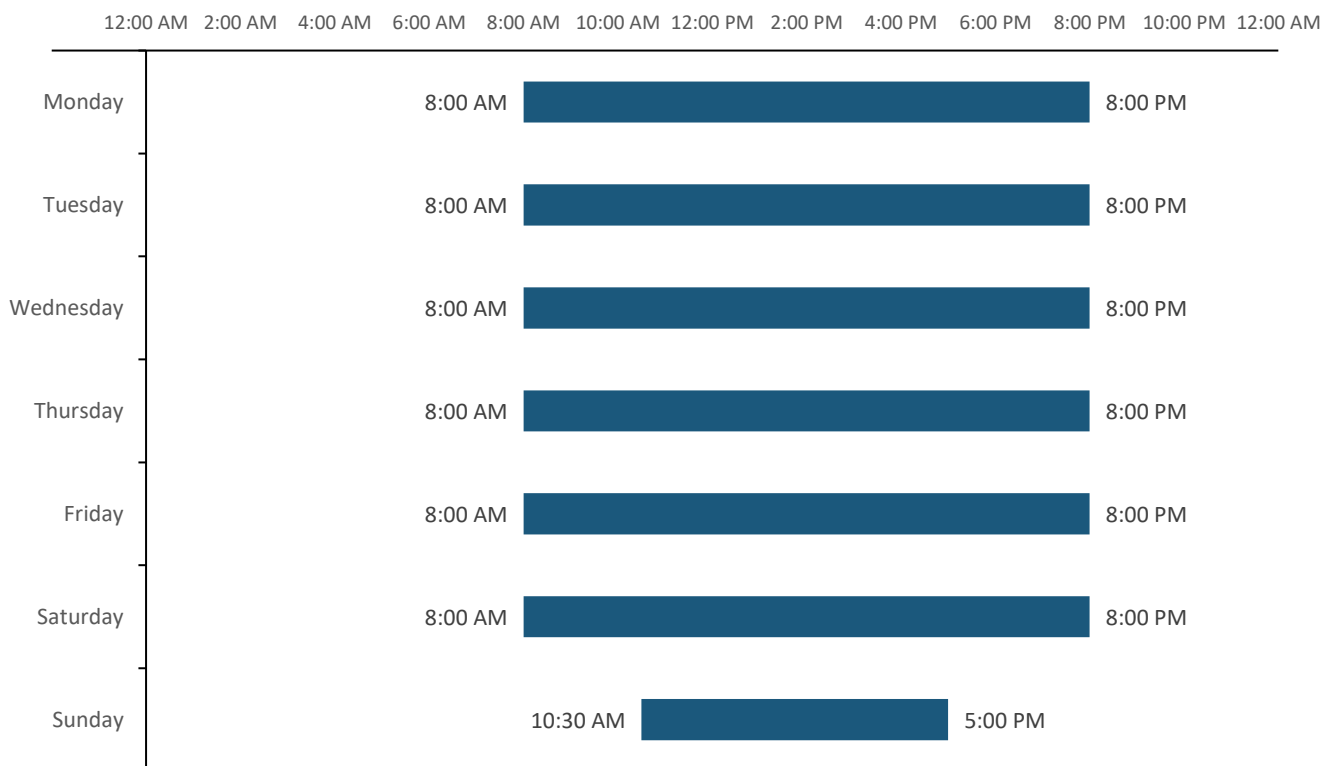
The number of pharmacies per 100,000 population is above the South West and England averages as of 2020/21.

The overall number of items dispensed reduced by 6.6% between 2018/19 and 2020/21 with the largest fall occurring between 2019/20 and 2020/21. Additionally, the number of items dispensed per head in 2020/21 was lower than both the South West and England averages.

In terms of access to the essential services:

- 3 pharmacies are open 7 days a week
 - Boots Pharmacy, 33-35 Westgate, Bath
 - Lloyds Pharmacy inside Sainsbury’s on Green Park Road, Bath
 - Boots Pharmacy, Newark Street, Bath
- 13 pharmacies are open on Monday to Saturday only
- 7 pharmacies are open Monday to Friday only
- No pharmacies are open before 8am from Monday to Friday
- 2 pharmacies are open until after 6.30pm from Monday to Friday
 - Lloyds Pharmacy inside Sainsbury’s on Green Park Road, Bath
 - Boots Pharmacy, 1 Newark Street, Bath

Figure 15. Earliest opening hours and the latest closing hours for the Bath & Bathavon Locality



In terms of access to advanced services, several of the pharmacies in Bath & Bathavon provide advanced services to their patients, for definitions of these refer to 3.7.2 advanced services.

According to the data 22 out of 23 pharmacies in Bath & Bathavon had NMS

accreditation in 2021/22 and during the first seven months 1,413 NMSs were undertaken, an increase on the total of 1,203 NMSs undertaken in 2020/21.

In 2021/22, 19 out of 23 pharmacies in Bath & Bathavon delivered the influenza vaccination advanced service. This amounted to a total of 4,316 vaccinations given, according to the NHSBSAs Advanced Flu Vaccination Service report dataset by matched locality pharmacies with B&NES, Swindon and Wiltshire STP (September 2020 to March 2021).

During the same year no pharmacies in Bath & Bathavon provided stoma appliance customisation, nor AUR advanced services. The latter may have been done through the DACs based around the country who may dispense the appliances.

The Hypertension Case-Finding Service was provided by seven pharmacies over this period:

- Well Pharmacy, Claremont Terrace, Bath
- Combe Down Pharmacy, The Avenue, Combe Down
- Jhoots Pharmacy, Newbridge Hill Surgery, Bath
- Hawes Whiston & Company, St. James Square, Bath
- Pulteney Pharmacy, Great Pulteney Street, Bath
- Bathampton Pharmacy, Holcombe Lane, Bathampton
- Jhoots Pharmacy, Frome Road, Odd Dow

Two pharmacies provided the Hepatitis-C Antibody Testing Service during 2021/22:

- The Hawes Whiston and Company Pharmacy, 38 James Square, Bath
- Jhoots Pharmacy, 88 Frome Road, Odd Down

Given the above analysis it is concluded that there is no gap in current provision of community pharmacy services nor any gap in the access to community pharmacy in the Bath Avon Locality.

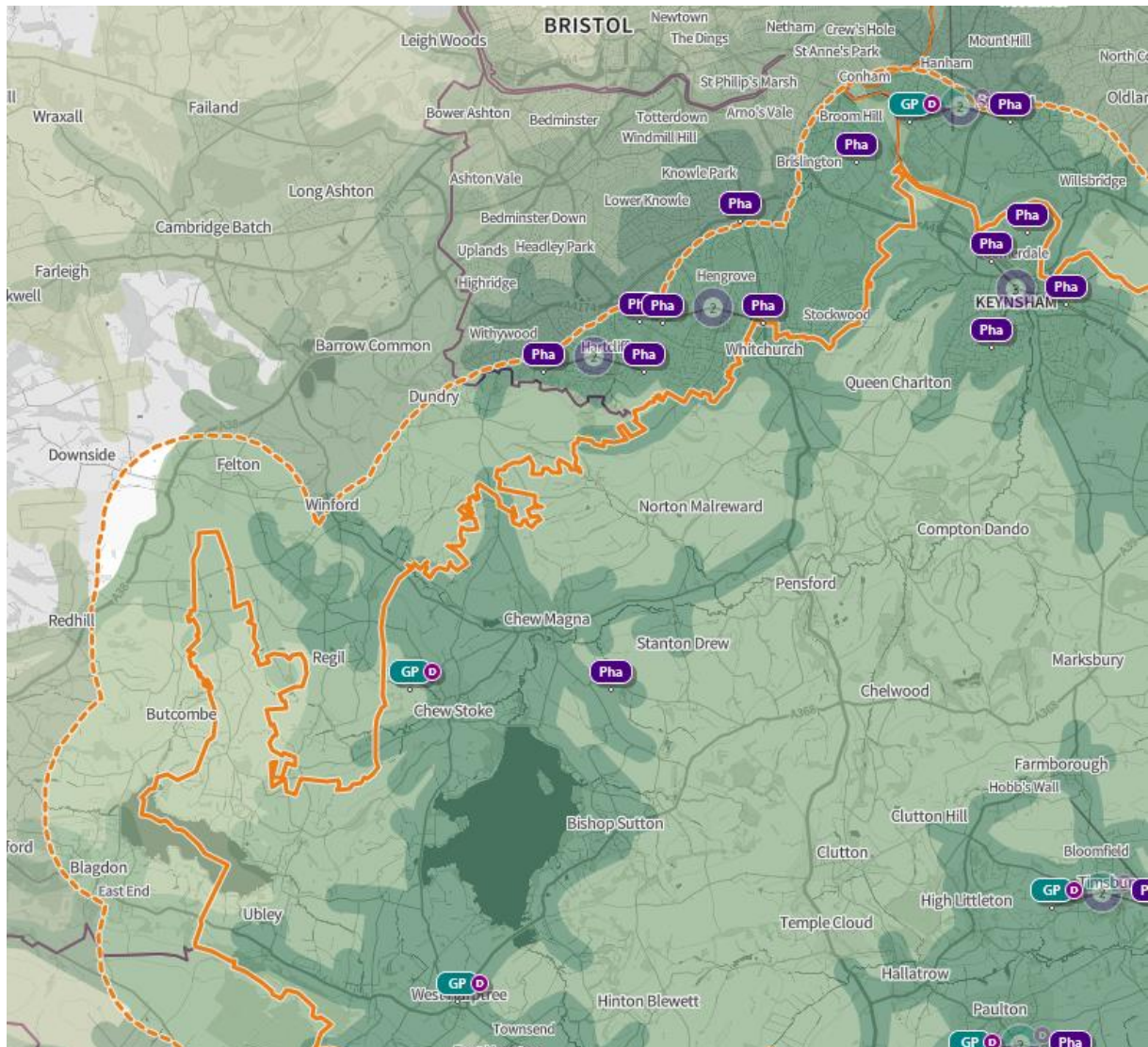
7.2 Keynsham & Chew Valley Locality

There are currently seven pharmacies in Keynsham and Chew Valley as of 2021/22. Of these, three pharmacies are owned by national pharmacy chains:

- 1 by Boots Pharmacy
- 1 by Lloyd's Pharmacy
- 1 by Day Lewis Pharmacy

There are four other pharmacies in Keynsham and Chew Valley not part of national pharmacy chains. All seven pharmacies currently in Keynsham and Chew Valley are 40-hour pharmacies; there are no 100-hour pharmacies.

Figure 16. Travel time by car analysis to community pharmacies and dispensing GP practices in the Keynsham & Chew Valley PNA locality including a 1.6km (1 mile) buffer around the B&NES border (NHS , 2022)



All pharmacies are Community Pharmacist Consultation Service (CPCS) accredited, providing a total of 162 CPCS consultations in the first seven months of 2021/22 (April to October 2021).

In addition, all pharmacies have access to EPS and all pharmacies provide lateral flow devices.

There is one distance-selling pharmacy (The Bath Company Pharmacy, Unit 32, Burnett Business Park, Keynsham) but no pharmacies with local pharmaceutical services contracts as of January 2022, additionally there are no DACs in Keynsham and Chew Valley.

Since the last PNA was published one pharmacy has closed (Lloyds Pharmacy, Keynsham Health Centre, Keynsham) and no new pharmacies have opened in

Keynsham and Chew Valley. Over the last three years provision in Keynsham and Chew Valley can be seen in Table 10.

Table 10. Pharmacy provision by population in Keynsham & Chew Valley Locality

Year	Population ¹	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head
2018/19	-	8	-	796,070	-
2019/20	36,107	8	22.2	813,828	22.5
2020/21	36,899	8	21.7	757,716	20.5
2021/22 (7 month)	-	7	-	431,709	-
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9
England 2018/19	55,977,178	11,997	21.4	1,015,065,205	18.1
England 2019/20	56,286,961	11,938	21.2	1,035,763,855	18.4
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:

- Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019.
- Mid-year population estimates were not available for 2021 at the time of writing.
- Ward level populations assigned to locality were not available in 2018/19 due to changes in ward boundaries in the same year.
- Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>
- All pharmacy numbers include both community pharmacies and DACs

The number of pharmacies per 100,000 population is higher than the South West and England averages.

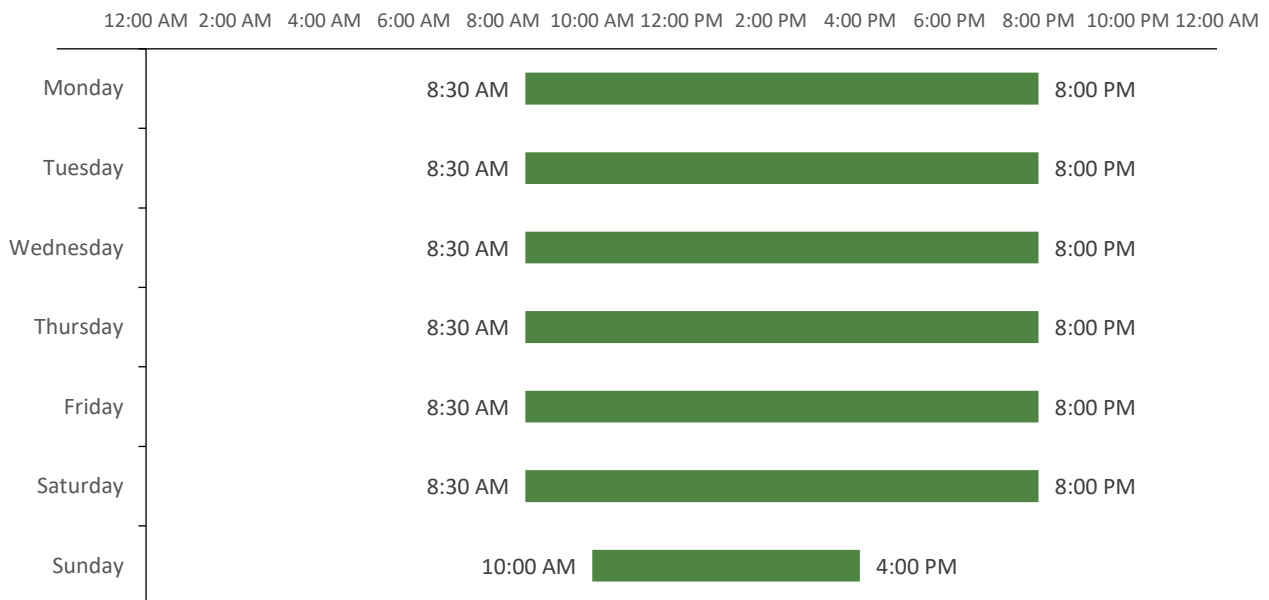
The total number of items dispensed has fallen overall by 4.8% between 2018/19 and 2020/21, despite the total number increasing in 2019/20. The number of

items dispensed per head was higher than the South West and England averages in both 2019/2020 and 2020/2021.

In terms of access to the essential services:

- 1 pharmacy is open 7 days a week
 - Keynsham Pharmacy, 15 Station Road, Keynsham
- 5 pharmacies are open on Monday to Saturday only
- No pharmacies are open before 8am from Monday to Friday
- 1 pharmacy is open after 6.30pm from Monday to Friday
 - Keynsham Pharmacy, 15 Station Road, Keynsham

Figure 17. Earliest opening hours and the latest closing hours for the Keynsham & Chew Valley Locality



In terms of access to the advanced services:

In the year 2021/22, several pharmacies provided advanced services to their patients, for definitions of these refer to 3.7.2 advanced services.

NMS accreditation is held by six out of the seven pharmacies in Keynsham and Chew Valley and during the first seven months of 2021/22 389 NMSs were undertaken, this is an increase on the 354 NMSs completed in the whole of 2020/21.

The influenza vaccination service was delivered by six out of seven pharmacies in Keynsham and Chew Valley in 2021/22. According to the NHSBSAs Advanced Flu Vaccination Service report dataset, a total of 1,788 vaccinations were given in the last complete flu season by matched locality pharmacies within the B&NES, Swindon and Wiltshire STP from September 2020 to March 2021.

One pharmacy in Keynsham and Chew Valley provided stoma customisation (Lloyds pharmacy, 58 High Street, Keynsham) with 19 stoma customisations provided in the first seven months of 2021/22. By comparison, 50 stoma customisations were provided in 2020/21.

No pharmacies provided AUR, as it is possible that this service may be provided by DACs based around the country which provide these appliances. Additionally, no pharmacies provided the Hepatitis-C Antibody Testing Service.

Three pharmacies provided the Hypertension Case-Finding Service at this time:

- Day Lewis Pharmacy, Bath Road, Saltford
- Chandag Road Pharmacy, Chandag Road, Keynsham
- Chew Pharmacy, South Parade, Chew Magna

Given the above analysis it is concluded that there is no gap in current provision of community pharmacy services nor any gap in the access to community pharmacy in the Keynsham and Chew Valley Locality.

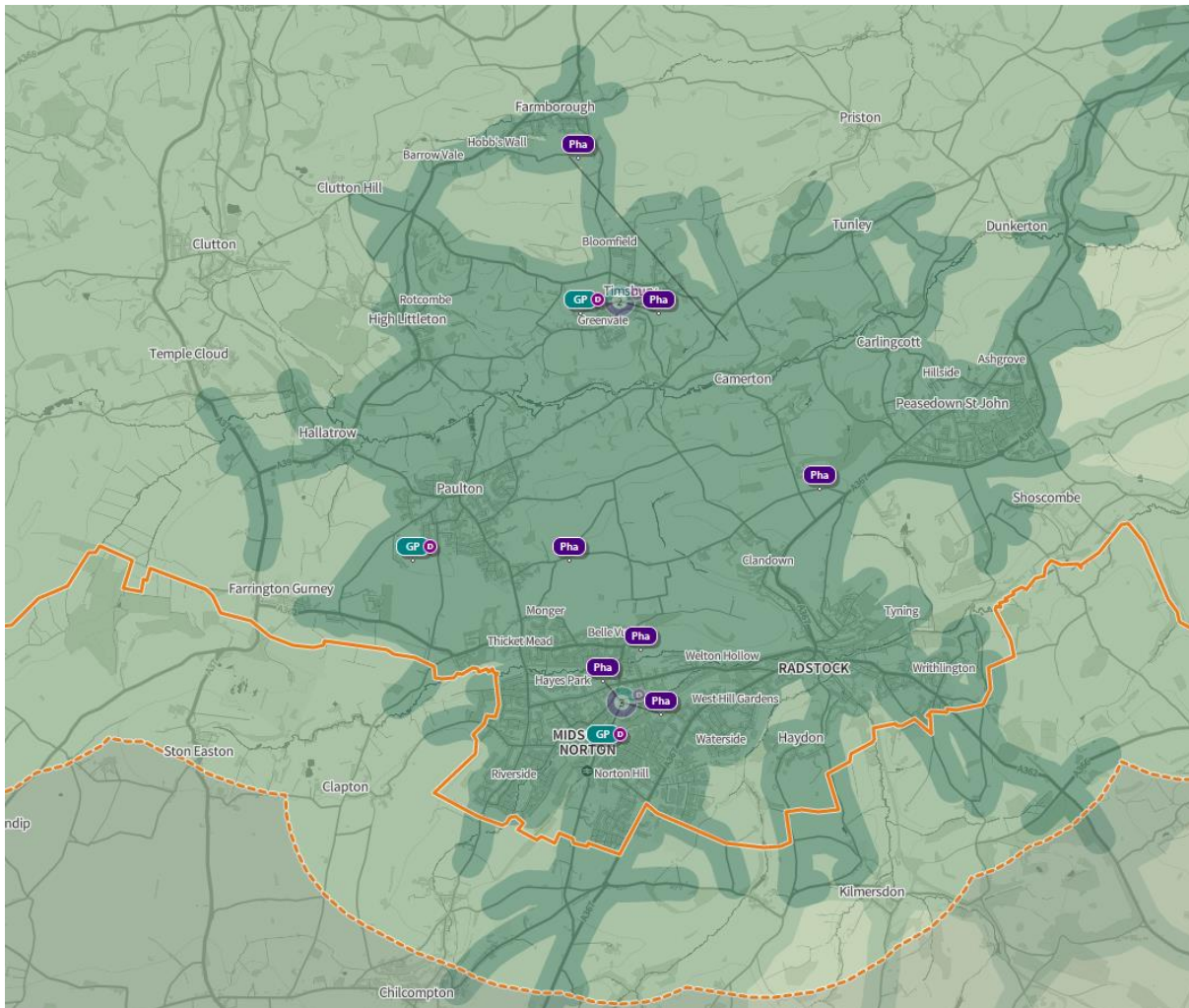
7.3 Somer Valley Locality

There are currently seven pharmacies in Somer Valley as of 2021/22. Of these, four pharmacies are owned by national pharmacy chains:

- 2 by Lloyd's Pharmacy
- 2 by Dudley Taylor Pharmacy

There are three other pharmacies in Somer Valley not part of national pharmacy chains. There is one 100-hour pharmacy in Somer Valley as of 2021/22 (Midsomer Pharmacy, 98 High Street, Midsomer Norton) and six 40-hour pharmacies.

Figure 18. Travel time by car analysis to community pharmacies and dispensing GP practices in the Somer Valley PNA locality including a 1.6km (1 mile) buffer around the B&NES border (NHS , 2022)



All pharmacies are Community Pharmacist Consultation Service (CPCS) accredited providing a total of 227 CPCS consultations in the first seven months of 2021/22 (April to October 2021).

In addition, all pharmacies have access to EPS and all pharmacies provide lateral flow devices.

There are no distance-selling pharmacies and no pharmacies with local pharmaceutical services contracts as of January 2022, nor are there any DACS in Somer Valley.

Since the last PNA was published one pharmacy has closed (Lloyds Pharmacy, Chesterfield House, High Street, Midsomer Norton) and no new pharmacies have opened in Somer Valley. Over the last three years provision in Somer Valley can be seen in Table 11.

Table 11. Pharmacy provision by population in the Somer Valley Locality

Year	Population ¹	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head
2018/19	-	8	-	865,990	-
2019/20	46,851	8	17.1	877,280	18.7
2020/21	47,068	8	17.0	836,424	17.8
2021/22 (7 months)	-	7	-	481,495	-
South West 2020/21	5,659,143	1,065	18.8	95,447,553	16.9
England 2018/19	55,977,178	11,997	21.4	1,015,065,205	18.1
England 2019/20	56,286,961	11,938	21.2	1,035,763,855	18.4
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:

1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
2. Mid-year population estimates were not available for 2021 at the time of writing
3. Ward level populations assigned to locality were not available in 2018/19 due to changes in ward boundaries in the same year
4. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>
5. All pharmacy numbers include both community pharmacies and DACs

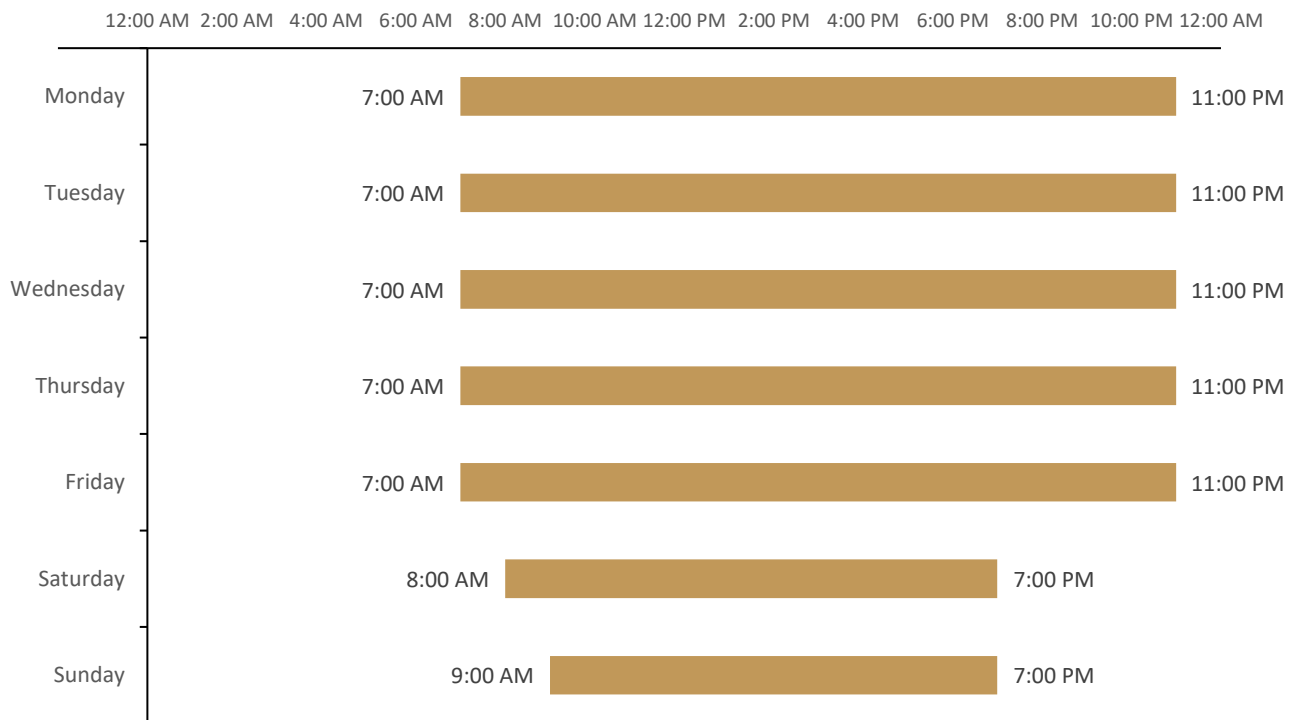
The number of pharmacies per 100,000 in Somer Valley is lower than the South West and England averages as of 2020/21.

The total number of items dispensed has decreased by 3.4% between 2018/19 and 2020/21 despite an increase in 2019/20. The number of items dispensed per head in 2020/21 remains higher than the South West average but lower than the England average.

In terms of access to the essential services:

- 1 pharmacy is open 7 days a week
 - Midsomer Pharmacy, 98 High Street, Midsomer Norton
- 6 pharmacies are open on Monday to Saturday only
- 1 pharmacy is open before 8am from Monday to Friday
 - Midsomer Pharmacy, 98 High Street, Midsomer Norton
- 2 pharmacies are open until after 6.30pm from Monday to Friday
 - Midsomer Pharmacy, 98 High Street, Midsomer Norton
 - Lloyds Pharmacy, St. Chads Surgery, Midsomer Norton

Figure 19. Earliest opening hours and the latest closing hours for the Somer Valley Locality



In terms of access to the advanced services, in the year 2021/22, several pharmacies provided advanced services to their patients, for definitions of these, refer to 3.7.2 advanced services.

At this time six out of seven pharmacies in Somer Valley had NMS accreditation in 2021/22. Over the first seven-month period of 2021/22, 584 NMSs were undertaken, an increase on the 565 NMSs undertaken during the whole of 2020/21.

Influenza vaccinations were administered at six out of seven pharmacies in Somer Valley totaling 1,387 vaccinations according to the NHSBSAs Advanced Flu Vaccination Service report dataset, by matched locality pharmacies within the B&NES, Swindon and Wiltshire STP in the last complete flu vaccination season from September 2020 to March 2021.

Stoma customisations were provided by two pharmacies in Somer Valley in 2021/22:

- Lloyds Pharmacy, St Chads Surgery
- Lloyds Pharmacy, Elm Hayes Health Centre

In the first seven months of the year, 17 stoma customisations were provided, compared to the 45 customisations provided over the whole of 2020/21.

No pharmacies in Somer Valley provided AUR. It is possible that many appliances will be serviced by the DACs based around the country which dispense them. Additionally, no pharmacies provide the Hepatitis-C Antibody Testing Service.

In this timeframe, one pharmacy provided the Hypertension Case-Finding Service (Midsomer Pharmacy, High Street, Midsomer Norton).

Given the above analysis it is concluded that there is no gap in current provision of community pharmacy services nor any gap in the access to community pharmacy in the Somer Valley Locality.

8 Conclusion

- In this PNA the potential changes in the population demographics of B&NES and its PNA localities has been considered in respect to the area's need for pharmaceutical services. There have not been any gaps identified that cannot be met by current providers in the lifetime of this PNA.
- There are no known planned relevant local NHS services that could significantly alter the need for pharmaceutical services in B&NES and as such no gaps have been identified in this respect.
- A thorough analysis of access was undertaken and it was found that the pharmaceutical needs of the area continue to be met by the existing providers.
- There are no gaps in the current provision of local community pharmaceutical services that serve all three PNA localities in B&NES.

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10 Appendices

10.1 Appendix 1: List of Abbreviations

AUR	Appliance Use Reviews
B&NES / BaNES	Bath and North East Somerset
BMI	Body Mass Index
BSW	B&NES, Swindon and Wiltshire
BSWSTP	B&NES, Swindon and Wiltshire Sustainability and Transformation Plan
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance Contractors
DH	Department of Health
DHI	Developing Health and Independence Charity
ED	Emergency Department
EHC	Emergency Hormonal Contraceptive
EPS	Electronic Prescription Service
ETTF	Estates and Technology Transformation Fund
GP	General Practice
HLP	Healthy Living Pharmacy

HWB	Health and Wellbeing Board
ID	Indices of Deprivation
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LPS	Local Pharmaceutical Services
MUR	Medicines Use Reviews
NHS	National Health Service
NMS	New Medicines Service
NRLS	National Reporting and Learning System
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Programmes
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONS	Office of National Statistics
PCN	Primary Care Network
PGD	Patient Group Direction
PhAC	Pharmacy Access Scheme
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmacy Services Negotiation Committee
SAC	Stoma Appliance Customisation
SCR	Summary Care Record
STI	Sexually Transmitted Infection
STP	Sustainability and Transformation Plan
UCC	Urgent Care Centre

10.2 Appendix 2: Localities by Parish

Parishes	Locality
Bath and North East Somerset, unparished area	Bathavon
Bathampton	Bathavon
Batheaston	Bathavon
Bathford	Bathavon
Camerton	Bathavon
Charlcombe	Bathavon
Chelwood	Keynsham & Chew Valley
Chew Magna	Keynsham & Chew Valley
Chew Stoke	Keynsham & Chew Valley
Claverton	Bathavon
Clutton	Keynsham & Chew Valley
Combe Hay	Bathavon
Compton Dando	Keynsham & Chew Valley
Compton Martin	Keynsham & Chew Valley
Corston	Keynsham & Chew Valley
Dunkerton and Tunley	Bathavon
East Harptree	Keynsham & Chew Valley
Englishcombe	Bathavon
Farmborough	Somer Valley

Farrington Gurney	Somer Valley
Freshford	Bathavon
High Littleton	Somer Valley
Hinton Blewett	Keynsham & Chew Valley
Hinton Charterhouse	Bathavon
Kelston	Bathavon
Keynsham	Keynsham & Chew Valley
Marksbury	Keynsham & Chew Valley
Midsomer Norton	Somer Valley
Monkton Combe	Bathavon
Nempnett Thrubwell	Keynsham & Chew Valley
Newton St. Loe	Bathavon
North Stoke	Bathavon
Norton Malreward	Keynsham & Chew Valley
Paulton	Somer Valley
Peasedown St. John	Somer Valley
Priston	Bathavon
Publow	Keynsham & Chew Valley
Radstock	Somer Valley
Saltford	Keynsham & Chew Valley
Shoscombe	Bathavon
Southstoke	Bathavon
St. Catherine	Bathavon
Stanton Drew	Keynsham & Chew Valley
Stowey-Sutton	Keynsham & Chew Valley
Swainswick	Bathavon
Temple Cloud with Cameley	Keynsham & Chew Valley
Timsbury	Somer Valley
Ubley	Keynsham & Chew Valley
Wellow	Bathavon
West Harptree	Keynsham & Chew Valley
Westfield	Somer Valley
Whitchurch	Keynsham & Chew Valley

10.3 Appendix 3: Geographic boundary issues with population estimates

The population estimates for the following parishes were not counted in their geographic PNA locality. This is because parishes are a very old form of spatial unit that are confined within local authority district boundaries but are not contiguous with other UK administrative geographies such as wards or lower super output areas (LSOAs). The parishes that cross ward boundaries were matched with the ward in which the majority of their postcodes sit within, and then their population allocated to

the PNA locality within which that ward sits.

Parish	Geographical PNA Locality	Population Estimate Locality
Marksbury	Keynsham & Chew Valley	Bathavon
Farmborough	Somer Valley	Keynsham & Chew Valley
Newton St. Loe	Bathavon	Keynsham & Chew Valley

10.4 Appendix 4: Opening Times

ODS CODE	Trading Name	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
FAL03	Boots Pharmacy	40	17	08:30-13:00 13:30-17:30	08:30-13:00 13:30-17:30	08:30-13:00 13:30-17:30	08:30-13:00 13:30-17:30	08:30-13:00 13:30-17:30	08:30-13:00 13:30-17:30	10:30-16:30	57
FAX91	Wellsway Pharmacy	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
FD358	The Bath Company Pharmacy Ltd	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
FDL00	Lloydspharmacy Inside Sainsbury's	40	38	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	11:00-17:00	78
FFA62	Day Lewis Pharmacy	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
FFQ25	Clement Pharmacy	40	11.5	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-13:00	Closed	51.5

FFX95	Dudley Taylor Pharmacies Ltd	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 13:30-17:30	Closed	44
FG072	Lloydspharmacy	53.5	2.5	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-17:30	Closed	56
FGH83	Westfield Pharmacy	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
FGQ09	Boots Pharmacy	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
FGW41	Chandag Road Pharmacy	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
FH238	Boots Pharmacy	51	3	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	Closed	54
FH641	Well Pharmacy	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 14:00-18:00	Closed	44

FHH40	Shaunaks Pharmacy	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
FJ361	Chew Pharmacy	40	3	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed	43
FJL09	Superdrug Pharmacy	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
FKE13	Lifestyle Pharmacy	40	10	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	50
FKH73	Widcombe Pharmacy	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
FKL51	Midsomer Pharmacy	100	0	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	09:00-19:00	09:00-19:00	100
FM343	Lloydspharmacy	40	20	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-13:00	Closed	60

FMQ62	Preddy Newco Ltd	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
FN163	Boots Pharmacy	66	6	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	11:00-17:00	72
FN326	Boots Pharmacy	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
FNW33	Keynsham Pharmacy	67.5	7	08:30-20:00	08:30-20:00	08:30-20:00	08:30-20:00	08:30-20:00	09:00-20:00	10:00-16:00	74.5
FQ484	The Bathwick Pharmacy	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
FQX10	Lloydspharmacy	55	1.25	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:45-17:30	Closed	56.25
FRM92	Timsbury Pharmacy	43.5	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	09:00-12:30	Closed	43.5
FT528	Combe Down Pharmacy	50	0	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed	50
FTE07	Boots Pharmacy	44	0	09:00-13:00	09:00-13:00	09:00-13:00	09:00-13:00	09:00-13:00	09:00-13:00	Closed	44

				14:00-18:00	14:00-18:00	14:00-18:00	14:00-18:00	14:00-18:00			
FVD88	Boots Pharmacy	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
FW879	Jhoots Pharmacy	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
FWJ55	Larkhall Pharmacy	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
FX290	Hawes Whiston & Company	40	7.5	08:45-13:15 13:45-18:00	08:45-13:15 13:45-18:00	08:45-13:15 13:45-17:30	08:45-13:15 13:45-18:00	08:45-13:15 13:45-18:00	08:45-13:00	Closed	47.5
FXJ77	Pulteney Pharmacy	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
FXL67	Bathamton Pharmacy	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
FYT07	Hounsell & Greene	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

FG530	Jhoots Pharmacy	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

10.5 Appendix 5: Community Pharmacy Accessibility

ODS CODE	Trading Name	Induction Loop	Step Free Access	Consultation Room	Multi-lingual Staff	Prescription Delivery Service
FAL03	Boots Pharmacy	Yes	Yes	Yes	No	Yes
FAX91	Wellsway Pharmacy	No	No	Yes	Yes	Yes
FDL00	Lloydspharmacy Inside Sainsbury's	No	Yes	Yes	No	Yes
FFA62	Day Lewis Pharmacy	No	Yes	Yes	No	Yes
FFQ25	Clement Pharmacy	Yes	Yes	Yes	No	Yes
FFX95	Dudley Taylor Pharmacies Ltd	Yes	Yes	Yes	No	Yes
FG072	Lloydspharmacy	Yes	Yes	Yes	No	Yes
FGH83	Westfield Pharmacy	Yes	Yes	Yes	No	Yes
FGQ09	Boots Pharmacy	Yes	No	Yes	No	Yes
FGW41	Chandag Road Pharmacy	No	Yes	Yes	No	Yes
FH238	Boots Pharmacy	Yes	No	Yes	Yes	Yes
FH641	Well Pharmacy	Yes	No	Yes	No	No
FHH40	Shaunaks Pharmacy	Yes	Yes	Yes	No	Yes

FJ361	Chew Pharmacy	No	No	Yes	Yes	Yes
FJL09	Superdrug Pharmacy	Yes	Yes	Yes	No	No
FKE13	Lifestyle Pharmacy	No	Yes	Yes	Yes	Yes
FKH73	Widcombe Pharmacy	No	Yes	No	No	Yes
FKL51	Midsomer Pharmacy	No	Yes	Yes	Yes	Yes
FM343	Lloydspharmacy	Yes	Yes	Yes	No	Yes
FMQ62	Preddy Newco Ltd	No	Yes	Yes	No	Yes
FN163	Boots Pharmacy	Yes	Yes	Yes	No	Yes
FN326	Boots Pharmacy	Yes	Yes	No	No	Yes
FNW33	Keynsham Pharmacy	No	Yes	Yes	Yes	Yes
FQ484	The Bathwick Pharmacy	No	No	Yes	Yes	Yes
FQX10	Lloydspharmacy	Yes	Yes	Yes	No	Yes
FRM92	Timsbury Pharmacy	No	No	Yes	Yes	Yes
FT528	Combe Down Pharmacy	Yes	Yes	Yes	Yes	Yes
FTE07	Boots Pharmacy	Yes	Yes	Yes	Yes	Yes
FVD88	Boots Pharmacy	Yes	No	No	No	Yes
FW879	Jhoots Pharmacy	No	Yes	Yes	Yes	Yes
FWJ55	Larkhall Pharmacy	No	Yes	Yes	No	Yes
FX290	Hawes Whiston & Company	No	Yes	Yes	No	Yes
FXJ77	Pulteney Pharmacy	No	No	Yes	Yes	Yes
FXL67	Bathampton Pharmacy	No	Yes	Yes	No	Yes
FYT07	Hounsell & Greene	No	Yes	Yes	Yes	Yes
FG530	Jhoots Pharmacy	Yes	Yes	Yes	Yes	Yes

10.6 Appendix 6: Report on public consultation

As required by the Pharmaceutical Regulations 2013, B&NES HWB held a 60-day consultation on the draft PNA from 6th June to the 6th August 2022.

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 or email.

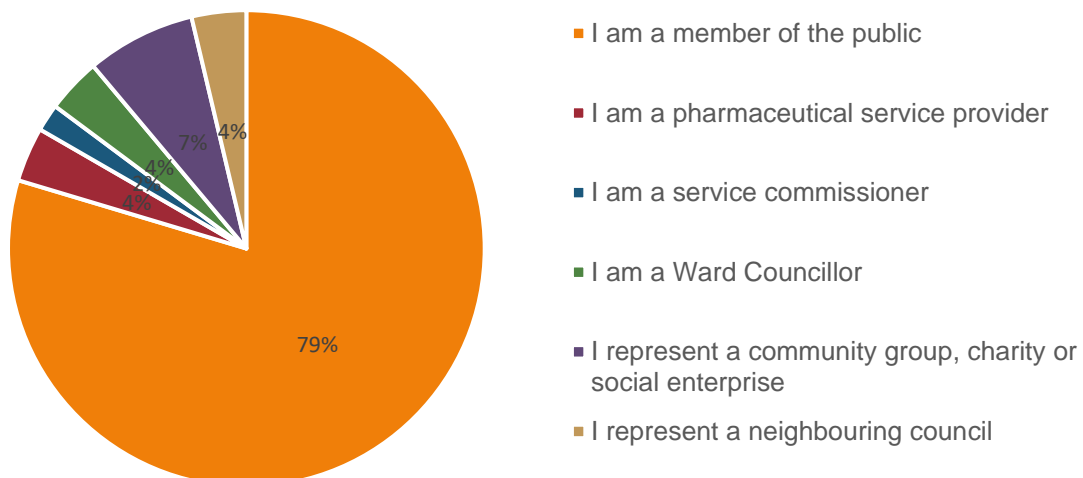
All responses were considered by the PNA Steering Group before completing the final report. These responses included comments and views on the following issues:

- Accessibility
- Quality of services
- Use of interpreters
- Users of community pharmacy
- Staffing

There were a variety of responses relating to the quality of services in particular. This is not within the remit of the PNA itself and so we have passed these comments on to NHSE England who are the commissioner of community pharmacies and are better placed to consider them.

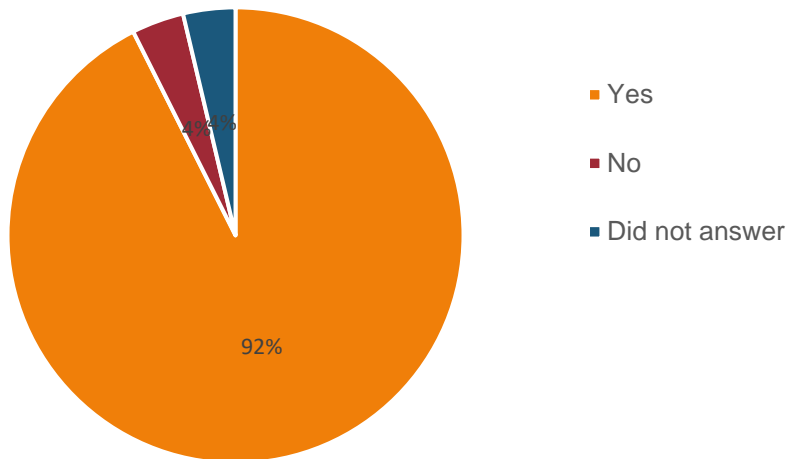
Question 1. What is the basis of your interest in the Pharmaceutical Needs Assessment (PNA)?

There was a total of 54 responses, 79% (43) of which were from members of the public.



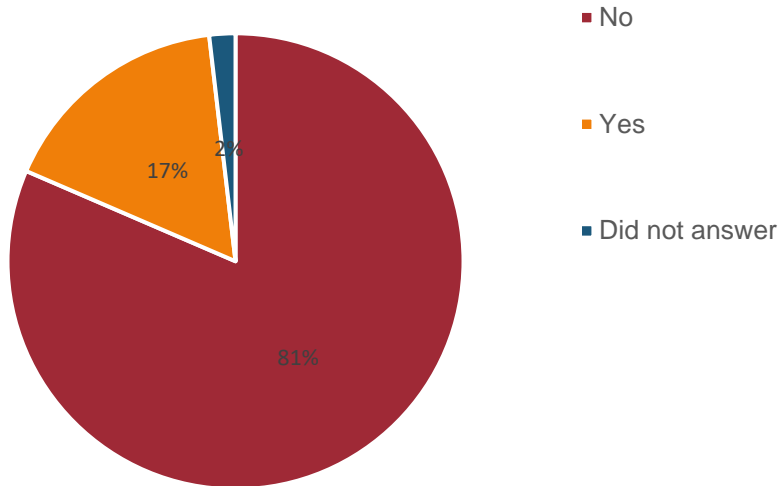
Question 2. Is the purpose and scope of the PNA clear?

The majority of respondents (92% or 50 respondents) agreed that the purpose and scope of the PNA was clear. Two respondents disagreed. Their responses indicated that it was not clear due to the document being long and difficult to understand for the average person. Two respondents did not answer this question.



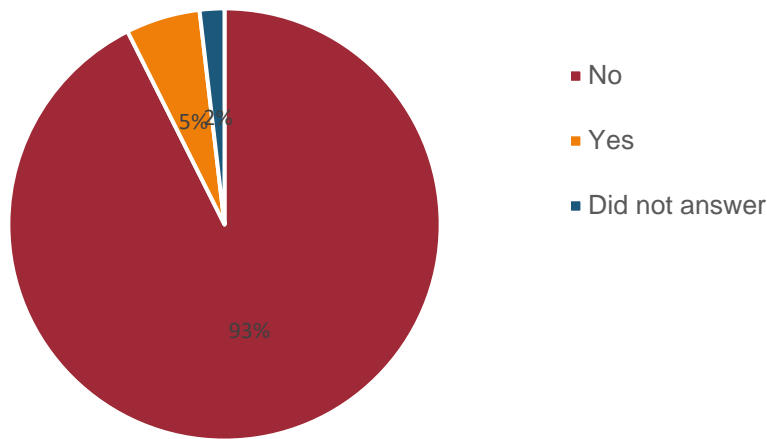
Question 3. Are any current pharmaceutical services not mentioned in the draft PNA?

The majority of respondents (81% or 44 respondents) did not know of any current pharmaceutical services not mentioned in the draft PNA. Nine respondents (17%) felt there were services missing, and one respondent (2%) did not answer this question.



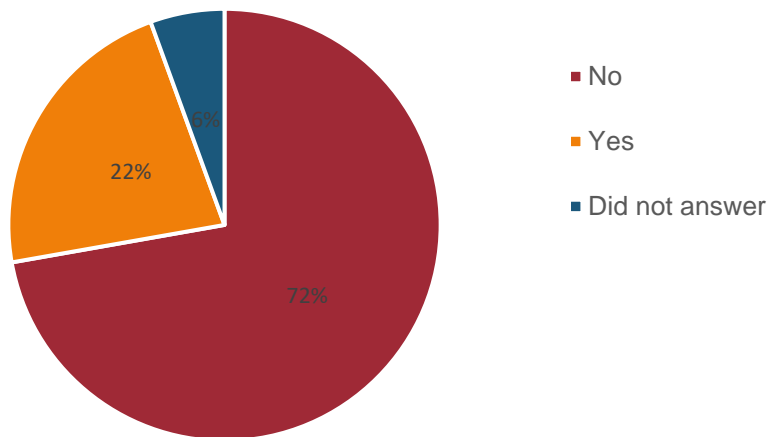
Question 4. Are you aware of any future changes to pharmaceutical services which are not identified in the draft PNA?

The majority of respondents (93% or 50 respondents) did not know of any future changes to pharmaceutical services not identified in the draft PNA. 3 respondents (5%) felt there were future changes not considered, and 1 respondent (2%) did not answer this question.



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

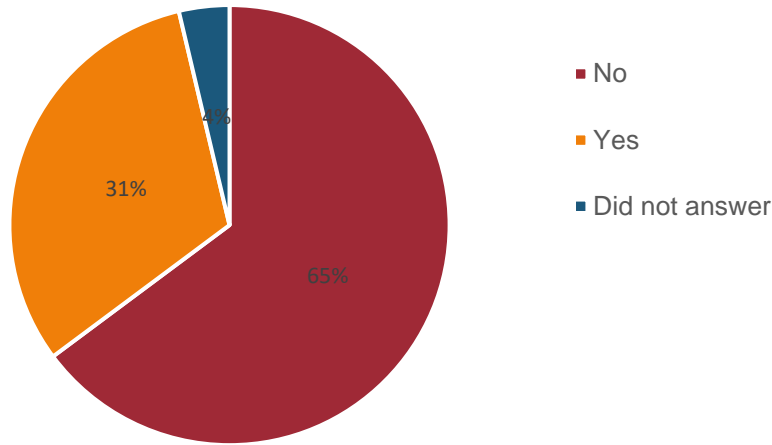
The majority of respondents (72% or 39 respondents) did not know of any current or anticipated pharmaceutical service needs that were not already considered in the draft PNA. Twelve respondents (22%) felt there were needs that were not considered, and 3 respondents (6%) did not answer this question.



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

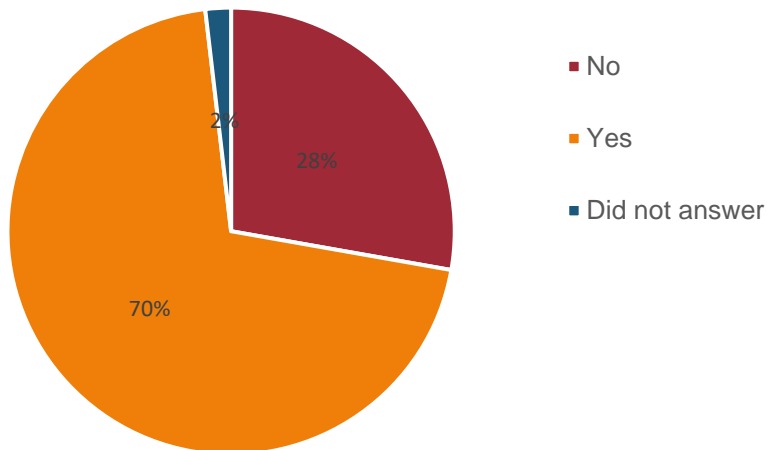
The majority of respondents (65% or 35 respondents) were not aware of any barriers to pharmaceutical service access which are not identified in the PNA. Seventeen

respondents (31%) felt there were barriers that were not considered, and two respondents (4%) did not answer this question.



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

The majority of respondents (70% or 38 respondents) agreed with the key findings of the draft PNA. Fifteen respondents (28%) did not agree with the key findings, and 1 respondent (2%) did not answer this question.



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

There were fourteen futher comments.