
**Bath and North East Somerset
Pharmaceutical Needs
Assessment
2015 to 2018**

**Final Version
12th March 2015**

Bath & North East Somerset PNA: At a Glance

This document sets out an assessment of need for pharmaceutical services in Bath and North East Somerset (B&NES) for the period 2015 to 2018. Producing this assessment is the responsibility of the B&NES Health & Wellbeing Board.

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

The health and wellbeing needs of the local population, in relation to pharmaceutical services, are set out in chapter 2. Alongside this are the priorities of the B&NES Joint Health & Wellbeing Strategy and the NHS BaNES Clinical Commissioning Group (CCG) Five Year Strategic Plan.

Current provision of local pharmaceutical services is outlined in chapter 3. This chapter highlights provision across the different areas of B&NES, including distribution, accessibility, dispensing activity and wider health services. Variations and current gaps in provision are identified, as well as potential gaps in the future due to population and housing growth. Future opportunities for pharmaceutical services are also considered.

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

- 1) Necessary Services are defined as all Essential Services (as defined in 1.1.6).
- 2) Current pharmaceutical provision in B&NES, including out-of-hours provision, appears to be sufficient to meet the needs of the population from the three Bath GP clusters of Bath West, Bath East and Bath Central, and the Norton Radstock GP cluster. Furthermore, there appears to be sufficient pharmaceutical provision during the day until at least 18:30 Monday to Saturday that serve the Chew/Keynsham GP cluster.
- 3) There is a gap in the provision of easily accessible local community pharmaceutical services that serve the Chew/Keynsham GP cluster in the evenings after 18:30 Monday to Saturday, and on Sundays.
- 4) Within existing pharmaceutical provision there is an identified gap in the number of community pharmacies that currently do not have wheelchair accessible 'closed' consultation rooms.
- 5) It is anticipated that current pharmaceutical service provision from existing pharmacies will be able to cope with the demand from new populations for the coming few years. This will be reviewed during 2017/18 (at the latest).
- 6) There are various locally commissioned pharmaceutical services that could potentially be expanded or improved, these include: an expanded role in testing for a greater range of common STIs; improved signposting for people with substance misuse problems for BBV testing; pharmacies working with a greater range of

partners; and individual pharmacies providing a greater range of commissioned services in order to provide a holistic package of care.

- 7) There are various other locally commissioned services that could potentially be commissioned, for example, an NHS Health Checks Service.
- 8) There are no known planned additional 'Other Services' (as defined in 1.2.5) that could significantly alter the need for pharmaceutical services in B&NES.

Acknowledgements

Steering Group Members:

Paul Scott, Consultant in Public Health & Assistant Director, Bath & North East Somerset Council (B&NES)

Joel Hirst, Senior Commissioning Manager for Medicines Management & Primary Care, NHS Bath and North East Somerset Clinical Commissioning Group

Jon Poole, Research & Intelligence Manager, B&NES

Helen Edelstyn, Strategy and Plan Manager, B&NES

Joe Prince, Senior Public Health Research & Intelligence Officer, B&NES

Andrea Wolfenden, Strategy Development Officer, B&NES

Ruth Bartram, Primary Care Contracts Manager (B&NES & Wiltshire), NHS England

Richard Brown, Chief Officer, Avon LPC

Project Manager and Lead Author:

Joe Prince, Senior Public Health Research & Intelligence Officer, B&NES

Thanks for the input and support from colleagues who helped produce the PNA, including:

Avon LPC (for the PNA Questionnaire data collection and validation)

Andrea Wolfenden, Strategy Development Officer, B&NES

Amy McCullough, Public Health Specialty Registrar, B&NES

David Singleton, Research & Intelligence Officer, B&NES

Natalia Urry, Research & Intelligence Officer, B&NES

GIS Team, B&NES

Special thanks to all those who responded to the consultation

Acknowledgement to:

Other PNA's, of which some aspects of our PNA are based.

Contents

Bath & North East Somerset PNA: At a Glance.....	2
Acknowledgements.....	4
List of Figures	8
List of Tables	9
Glossary of Terms.....	10
List of Abbreviations	14
Chapter 1: Background and Process	15
1.0 Introduction	15
1.1 Background	15
1.1.1 Introduction	15
1.1.2 Regulatory Background.....	15
1.1.3 Purpose	16
1.1.4 Scope.....	16
1.1.5 Definition of Pharmaceutical Providers	17
1.1.6 Definition of Pharmaceutical Services	18
1.1.7 Locally Commissioned Services.....	19
1.1.8 Non-Commissioned Added Value Community Pharmacy Services	20
1.1.9 Key changes since the last Pharmaceutical Needs Assessment	20
1.2 Content	21
1.2.1 Necessary Services – current provision (Sch. 1, Para. 1)	21
1.2.2 Necessary Services – gaps in provision (Sch. 1, Para. 2).....	21
1.2.3 Other Relevant Services – current provision (Sch. 1, Para. 3)	21
1.2.4 Improvements and better access – gaps in provision (Sch. 1, Para. 4).....	22
1.2.5 Other Services (Sch. 1, Para. 5)	22
1.2.6 How the assessment was carried out (Sch. 1, Para. 6)	22
1.2.7 Maps (Sch. 1, Para. 7).....	22
1.3 Process	22
1.3.1 Introduction	22
1.3.2 Methodology.....	23
1.3.3 People with Protected Characteristics.....	24
1.3.4 Consultation	25
1.3.5 Governance	27

1.3.6	Ongoing Review Process	27
Chapter 2:	Context	29
2.0	Introduction	29
2.1	Demographics	29
2.1.1	BaNES CCG GP Registered Population	29
2.1.2	Projected Future B&NES Resident Population.....	30
2.1.3	Planned Future Population Changes (BaNES CCG GP Registered Population)	32
2.1.4	Ethnicity (B&NES Resident Population)	33
2.1.5	Deprivation (BaNES CCG GP Registered population).....	34
2.2	Locally Identified Health Needs	35
2.2.1	Locally Identified Health Needs (BaNES CCG GP Registered Population).....	35
2.2.2	Locally Identified Health Needs (B&NES Resident Population)	37
2.2.3	B&NES Joint Health and Wellbeing Strategy	42
2.2.4	BaNES CCG Five Year Strategic Plan.....	43
2.3	Responses to Statutory Consultation.....	43
2.3.1	Accessibility and equality considerations	43
2.3.2	Pharmaceutical service provision in Keynsham and Chew Valley	44
2.3.3	Pharmaceutical service provision in Bath	44
2.3.5	Miscellaneous	45
2.4	Other Services	45
Chapter 3:	Pharmaceutical Services.....	46
3.0	Introduction	46
3.1	Pharmaceutical Service Providers.....	46
3.1.1	Pharmacy Contractors.....	46
3.1.2	Dispensing GP Practices	47
3.1.3	Dispensing Appliance Contractor.....	47
3.1.4	Other Pharmacy Provision	47
3.2	Location of Pharmacies	47
3.2.1	Geographical Location	47
3.2.2	Co-location	48
3.2.3	Deprivation.....	48
3.3	Pharmacy Provision.....	49
3.3.1	Benchmarked Pharmacy Provision	49
3.4	Dispensing Activity	53

3.4.1	National Dispensing Activity	53
3.4.2	Benchmarked Dispensing Activity.....	53
3.4.3	Dispensing Activity in B&NES.....	53
3.5	Analysis of PNA Questionnaire	55
3.5.1	Introduction	55
3.5.2	Methodology.....	55
3.5.3	Accessibility of Pharmaceutical Services.....	56
3.5.4	Facilities Provided	61
3.5.5	NHS Pharmaceutical Services Provided by B&NES’s Pharmacy Contractors	64
3.5.6	Services Commissioned by B&NES Council (Public Health)	68
3.5.7	Services Provided by GP Dispensing Practices.....	70
3.5.8	Services Pharmacy Contractors are Willing to Provide.....	71
3.6	The Future of Community Pharmacies	74
3.7	Potential Future Local Commissioning Opportunities	74
3.7.1	Sexual Health Services	74
3.7.2	Substance Misuse Services	75
3.7.3	Smoking Cessation Services	75
3.7.4	NHS Health Checks.....	75
3.7.5	Partnership Working	75
3.7.6	Holistic Working.....	75
Chapter 4: Conclusion.....		76
4.0	Introduction	76
4.1	Key Findings	76
4.1.1	Necessary Services: definition	76
4.1.2	Necessary Services: gaps in provision.....	76
4.1.3	Improvements and Better Access: gaps in provision.....	77
4.1.4	Other Services	77
References		78
Appendix 1: B&NES Pharmacy Contractors (GP cluster allocation and opening times).....		80
Appendix 2: PNA Questionnaire Responses (services commissioned by B&NES Council)		83

List of Figures

Figure 1: Map of BaNES CCG GP Clusters	24
Figure 2: B&NES 2015 PNA Online Consultation, type of responder	26
Figure 3: B&NES 2015 PNA Online Consultation, ' <i>is the purpose and scope clear?</i> '	26
Figure 4: B&NES GP Registered Population by age and GP Practice Cluster (March 2014)	30
Figure 5: Projected Changes in B&NES Resident Population by Age Group (2012-2022)	31
Figure 6: B&NES Pharmaceutical Providers, Location of Premises (November 2014)	50
Figure 7: B&NES Pharmaceutical Providers, Local Relative Deprivation (November 2014)	51
Figure 8: Percentage of BaNES CCG Prescribed Items Dispensed by Pharmacy Type (2013/14)	55
Figure 9: Opening Hours and Distances of B&NES's Pharmacy Contractors and GP Dispensing Practices	62
Figure 10: Distances from Pharmacy Contractors and GP Dispensing Practices	63

List of Tables

Table 1: BaNES CCG GP Registered Population by age and GP Practice Cluster (March 2014).....	29
Table 2: 10 Year Housing Growth Modelled Estimates, GP Practice Clusters (2011 to 2021)	32
Table 3: Average Indices of Deprivation (ID) Score, GP Practice Clusters (2010).....	34
Table 4: Locally Identified Health Needs, GP Clusters, Disability/Long-Term Conditions (1).....	35
Table 5: Locally Identified Health Needs, GP Clusters, Disability/Long-Term Conditions (2).....	36
Table 6: Locally Identified Health Needs, GP Clusters, Emergency Admissions	37
Table 7: Categorisation of Pharmacy Contractors in B&NES	46
Table 8: Pharmacy Contractors, B&NES and Neighbouring Authorities (31st March 2013)	49
Table 9: Pharmacy Contractors (31 st March), Prescription Items Dispensed per month and population, South West, 2012-13	54
Table 10: Number of Pharmacy Contractors Serving GP Clusters	56
Table 11: B&NES Pharmacies – Opening Hours.....	57
Table 12: B&NES Pharmacy Contractors – Accessibility of Consultation Rooms	60
Table 13: B&NES Pharmacy Contractors – Languages Spoken	60
Table 14: B&NES Pharmacy Contractors – Medicine Use Review (MUR) Service	65
Table 15: B&NES Pharmacy Contractors – New Medicine Service (NMS).....	66
Table 16: B&NES Pharmacy Contractors – Appliance Use Reviews (AURs).....	66
Table 17: B&NES Pharmacy Contractors – Stoma Appliance Customisation (SAC) Services.....	66
Table 18: B&NES Pharmacy Contractors – Specialist Drugs (Palliative Care) Enhanced Service.....	67
Table 19: Pharmacy Contractors Willing to Provide a Service.....	71

Glossary of Terms

Bordering pharmacy	A pharmacy situated within 3 miles of the Bath and North East Somerset border.
Controlled localities	Those which have been determined to be 'rural in character' by NHS England in accordance with guidelines set out in the National Health Services (Pharmaceutical Services) Regulations.
Clinical Commissioning Group (CCG)	The Health and Social Care Act 2012 gives commissioning responsibility to CCGs, formed from groups of GP practices in its geographical area of responsibility. These groups of GP Practices, working with other healthcare professionals and in partnership with local communities and Local Authorities are responsible for commissioning the majority of NHS services for patients within their local communities. They have a duty to work with Local Authorities in relation to health and adult social care, early years services, public health, etc.
CCG 5 Year Strategic Plan	CCGs are required to develop a 5 Year Strategic Plan which describes how local health services need to change over the five years to meet people's needs and also how this will be achieved. The NHS Bath and North East Somerset Clinical Commissioning Group 5 Year Strategic Plan is available online here: www.bathandnortheast Somersetccg.nhs.uk/
Core Strategy	The Core Strategy is a key policy document for the area that puts in place a strategic planning framework to guide change and development in the area over the next 20 years and beyond. The Bath and North East Somerset Core Strategy is available online here: http://www.bathnes.gov.uk/services/planning-and-building-control/planning-policy/core-strategy-examination
Dispensing doctor(s)	GPs practicing in rural areas that provide dispensing services to NHS patients in addition to the usual range of medical services.
Dispensing appliance contractor(s)	A specific sub-set of contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings and bandages and cannot supply medicines.
Fraser guidelines	Fraser guidelines refer to a legal case which looked specifically at whether doctors should be able to give contraceptive advice or treatment to under 16-year olds without parental consent. But since then, they have been more widely used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
Health and Wellbeing Board (HWB)	The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. HWBs are established and hosted by Local Authorities.

Indices of multiple deprivation (IMD)	A measure of deprivation that includes a range of combined information relating to income, employment, education, health, skills and training barriers to housing and services and crime.
Ischaemic heart diseases	Ischemic Heart Disease (also known as Coronary Artery Disease) is a condition that affects the supply of blood to the heart (and may result in a heart attack).
Joint Strategic Needs Assessment (JSNA)	<p>The Joint Strategic Needs Assessment (JSNA) is designed to be the single portal for facts, figures and intelligence about our local area, its communities and its population.</p> <p>The B&NES JSNA is available online in a 'Wiki' format here: www.bathnes.gov.uk/jsna</p>
Joint Health and Wellbeing Strategy (JHWS)	<p>The Joint Health and Wellbeing Strategy sets out the priorities for action based on the health and wellbeing needs identified in the Joint Strategic Needs Assessment.</p> <p>A process of rigorous prioritisation was undertaken by the Health and Wellbeing Board in order to reach agreement on the priorities outlined within the Joint Health and Wellbeing Strategy. The priorities are not an exhaustive list of everything that the Council and NHS are doing to meet local health and wellbeing need; but rather a small set of priorities for the Health and Wellbeing Board to really focus on and make a difference.</p> <p>The Bath and North East Somerset Joint Health and Wellbeing Strategy is available online here: www.bathnes.gov.uk/health-wellbeing-board</p>
Local Pharmaceutical Committee	Local Pharmaceutical Committees (LPCs) represent all NHS pharmacy contractors in a defined locality. LPCs are recognised by local NHS primary care organisations and are consulted on local matters affecting pharmacy contractors.
Minor Ailments Services	Accredited pharmacists may provide some medicines without a prescription for the treatment of conditions such as athlete's foot, conjunctivitis, cold sores, hay-fever, cystitis, thrush, impetigo, ring worm, oral thrush, eye infections and uncomplicated urinary tract infections in females aged 16-65. Unless they are exempt from charges, patients pay the normal NHS prescription charge.
NHS Health Check	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.
Neighbouring Health and Wellbeing Board	A term used within the PNA when, for example, a HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.

Pharmaceutical Services Negotiating Committee (PSNC)	The Pharmaceutical Services Negotiating Committee (PSNC) is recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.
Palliative Care	The active holistic care of patients with advanced progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.
Parenteral	Parenteral drug administration means any non-oral means of administration, but is generally interpreted as relating to injecting directly into the body, bypassing the skin and mucous membranes. The common parenteral routes are intramuscular (IM), subcutaneous (SC) and intravenous (IV).
Patient Group Directions (PGDs)	Patient Group Directions provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a prescriber. However, supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety.
Primary Care Trust (PCT)	<p>Primary care is the first point of contact for most people and is delivered by a wide range of independent contractors, including GPs, dentists, pharmacists and optometrists. Previously, all this was managed by a local primary care trust (PCT).</p> <p>PCT's used to work with local authorities and other agencies that provide health and social care locally to ensure that the local community's needs were being met. The PCT ensured that there were enough services for people within their area and that these services were accessible.</p> <p>On 1st April 2013, PCTs ceased to exist. Their functions have been taken over by Clinical Commissioning Groups (CCGs) and NHS England. They share the responsibilities of commissioning services for their local communities.</p>
Pharmacy contractor (inc. community pharmacies and distance selling pharmacies)	<p>Healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use. Within this category are:</p> <ul style="list-style-type: none"> • Community pharmacies (which mainly provide pharmaceutical services from high street premises, supermarkets or adjacent to doctor's surgeries) • Distance-selling pharmacies (which provide pharmaceutical services remotely through the patient placing an order by post, telephone or over the internet and the medication being delivered to the patients' home).

<p>Pharmaceutical Services</p>	<p>In relation to the PNA these include: essential services, advanced services and locally commissioned services (known as enhanced services) commissioned by NHS England.</p> <p>These services are available from pharmacy contractors (pharmacies), dispensing appliance contractors, dispensing GPs and local pharmaceutical services (LPS) contractors.</p>
<p>Stoma</p>	<p>A stoma, or ostomy, is a surgically created opening on the abdomen which allows stool or urine to exit the body. There are 3 main types of stoma – colostomy, ileostomy and urostomy.</p>
<p>Suicide and mortality of undetermined intent</p>	<p>Deaths of this nature are recorded by coroners. A verdict of suicide should be only recorded if there is clear evidence that the injury was self-inflicted and that the deceased intended to kill him/herself. If there is any doubt about the intentions of the deceased either an accidental or an open verdict is recorded.</p>
<p>Voicebox Resident Survey (B&NES)</p>	<p>The large scale Voicebox Resident Survey aims to provide an insight into Bath and North East Somerset and its local communities and to capture resident’s views on their local area and council services. The questionnaires are posted to a random selection of addresses within the local authority area. Selected respondents also have the opportunity to complete the survey online.</p>

List of Abbreviations

AUR	Appliance Use Reviews
B&NES / BaNES	Bath and North East Somerset
BBV	Blood Borne Viruses
BMI	Body Mass Index
CaSH	Contraception and Sexual Health Services
CCG	Clinical Commissioning Group
DAC	Dispensing Appliance Contractors
DHI	Developing Health and Independence Charity
DRUMS	Dispensing Reviews of the Use of Medicines
ED	Emergency Department
EHC	Emergency Hormonal Contraceptive
EPS	Electronic Prescription Service
GP	General Practice
GUM	Genitourinary Medicine
HWB	Health and Wellbeing Board
IMD	Indices of Multiple Deprivation
INR	International Normalised Ratio
JSNA	Joint Strategic Needs Assessment
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
LTC	Long term health condition
MMR	Immunization vaccine against measles, mumps, and rubella
MUR	Medicines Use Reviews
NAAT	Nucleic Acid Amplification Tests (for chlamydia and gonorrhoea)
NHS	National Health Service
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
NSP	Needle and Syringe Programmes
ONS	Office of National Statistics
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
PoC	Point of Care
PSNC	Pharmacy Services Negotiation Committee
RTI	Respiratory Tract Infection
SAC	Stoma Appliance Customisation
STI	Sexually Transmitted Infection
UCC	Urgent Care Centre

Chapter 1: Background and Process

1.0 Introduction

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

1.1 Background

1.1.1 Introduction

The PNA is a statement from the Bath and North East Somerset Health and Wellbeing Board which assesses local pharmaceutical related health need and describes the provision of pharmaceutical services across Bath and North East Somerset (B&NES). The PNA also considers whether the level of pharmacy provision will be right for local communities over the next three years. Finally, it is intended to help decision makers in the commissioning of future services.

The responsibility for the development, publishing and updating of PNAs became the responsibility of Health & Wellbeing Boards (HWBs) as a result of Section 206 of the *Health and Social Care Act 2012*¹ which amended Section 128 of the *National Health Service Act 2006*.²

The PNA reflects the needs of the local population which are described in detail in the B&NES Joint Strategic Needs Assessment (JSNA)³ and summarised in Chapter 2 of this document.

1.1.2 Regulatory Background

B&NES published its first and most recent PNA in 2011, under a now superseded regulatory regime.

The new regulatory basis for developing and updating a PNA is set out in *The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*⁴ (hereafter referred to as “*The Regulations*”). *The Regulations* require Health and Wellbeing Boards to produce and publish their new PNA by 1st April 2015, and publish a revised assessment as soon as is reasonably practicable after identifying significant changes to the availability of pharmaceutical services.

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

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

³ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics>

⁴ *The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013*, No. 349, available at: <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

The Regulations were amended by the *National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014*⁵ on 1st April 2014. This PNA has considered these amendments, but the 2013 Regulations have been referenced throughout.

1.1.3 Purpose

The PNA will be used when making decisions on pharmacy applications, articulating what the pharmacy needs look like across Bath and North East Somerset so that there is a clear understanding of what service provision is required (for example - whether there is a need for a new NHS pharmacy in a proposed location, or whether current provision is adequate).

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

The PNA will also inform interested parties of the pharmaceutical needs in Bath and North East Somerset so that services can be planned, developed and delivered in the most suitable way for local people.

1.1.4 Scope

The PNA encompasses pharmacy contractors⁶ and dispensing appliance contractors⁷ within B&NES, as well as pharmaceutical services provided by dispensing GP practices in the area. In addition, a small number of pharmacies which are outside of the B&NES district, but are close enough to the boarder to likely be regular suppliers of services to B&NES residents, are included (highlighted in Chapter 3). In particular, this applies to the Chilcompton Branch Surgery (of St Chads GP Practice), located across the border in Somerset.

In accordance with *The Regulations* this PNA does not cover dispensing of medicines which takes place at a number of acute and urgent care prescribing centres in the area (see 3.1.4).

⁵ *The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014*, No. 417, available at: <http://www.legislation.gov.uk/ukxi/2014/417/contents/made>

⁶ Defined in 1.1.6.

⁷ *Ibid.*

1.1.5 Definition of Pharmaceutical Providers

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

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

At the time of finalising this post-consultation report (3rd March 2015), within B&NES, there are 39 pharmacy contractors – 38 are non-distance selling and one is distance selling (The Bath Pharmacy Company). Of the 38 non-distance selling pharmacies, 8 are believed to be co-located alongside GP practice premises.

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

At the time of finalising this post-consultation report (3rd March 2015), there are no DACs located in B&NES.

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

At the time of finalising this post-consultation report (3rd March 2015), there are five dispensing GP Practices in B&NES, two with branch surgeries, including one with a branch surgery across the border in Somerset.

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

At the time of finalising this post-consultation report (3rd March 2015), there are no LPS contractors in B&NES.

1.1.6 Definition of Pharmaceutical Services

NHS England is the only organisation that can commission NHS Pharmaceutical Services. Therefore, they are responsible for managing and performance monitoring the Community Pharmacy Contractual Framework.

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

- A. **Essential Services**⁸ – which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service. These services are nationally negotiated and must be provided from all pharmacies:
- Dispensing of medicines;
 - Repeat dispensing;
 - Safe disposal of unwanted medicines;
 - Promotion of healthy lifestyles;
 - Signposting;
 - Support for self-care;
 - Clinical governance; and
 - Electronic Prescription Service (EPS).
- B. **Advanced Services**⁹ – services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation, as necessary. They are negotiated nationally and any contractor may provide:
- Medicines Use Reviews (MURs);
 - New Medicines Service (NMS);¹⁰
 - Appliance Use Reviews (AURs); and/or
 - Stoma Appliance Customisation (SAC).
- C. **Locally Commissioned Services (known as Enhanced Services)**¹¹ – these are negotiated locally by NHS England Area Teams and may only be provided by contractors directly commissioned by NHS England. They can include:
- Anticoagulant Monitoring Service
 - Care Home Service
 - Disease Specific Medicines Management Service
 - Gluten Free Food Supply Service

⁸ Schedule 4 of *The Regulations*.

⁹ Parts 2 and 3 of *The NHS Act 2006, the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*.

¹⁰ This service is temporarily commissioned and is currently under review nationally.

¹¹ Part 4 of the *NHS Act 2006* and the *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013* [available from: <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>]

- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service
- Minor Ailments Service
- Needle and Syringe Exchange Service*
- On Demand Availability of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction Service*
- Prescriber Support Service
- Schools Service
- Screening Services (such as chlamydia screening)*
- Stop Smoking Service*
- Supervised Administration Service*
- Supplementary Prescribing Service
- Emergency Supply Service¹²

The responsibility for public health services transferred from Primary Care Trusts (PCTs) to local authorities with effect from 1st April 2013. Where services marked (*) are currently commissioned by local authorities, they are not considered enhanced or pharmaceutical services. However, NHS England is permitted to commission them from pharmacy contractors if asked to do so by a local authority. In this case, if commissioned by NHS England, they are enhanced services and fall within the definition of pharmaceutical services.

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

1.1.7 Locally Commissioned Services

Other organisations – Clinical Commissioning Groups (CCGs) and Local Authorities being most likely – are also able to commission services from community pharmacies which are not considered part of the NHS Pharmaceutical Services, but meet a particular pharmaceutical need. These are described as ‘Locally Commissioned Services’ and it is important that these are considered as part of a review of pharmacy need in order to acquire a full picture of current provision. Examples of these services which B&NES commissions locally include sexual health services, smoking, drugs and alcohol services.

¹² Added by *The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2013* [available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266023/pharmaceutical_services_directions_amendment_2013.pdf]. The underlying purpose of this service is to ensure that, in cases of urgency, patients, at their request, have prompt access to drugs or appliances which have previously been prescribed for them in an NHS prescription but for which they do not have an NHS prescription.

1.1.8 Non-Commissioned Added Value Community Pharmacy Services

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

1.1.9 Key changes since the last Pharmaceutical Needs Assessment

There have been a number of key developments since the publication of the last B&NES PNA in 2011.

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 with a number of pharmacies closing and new pharmacies opening. Overall, pharmacy provision has increased from 2011 when the last PNA was published – in 2011 there were 36 pharmacy contractors and in 2014 this had increased to 39 pharmacy contractors (including Chew Pharmacy, which opened on 23rd February 2015). Further detail on the specific pharmacy changes can be found in the pharmaceutical services chapter (3.3.1).

An Urgent Care Centre at the Royal United Hospital Bath was opened in 2014.

Adoption of the Bath and North East Somerset Core Strategy in 2014 will also impact on future demand for pharmaceutical services.¹³ The Core Strategy sets out the vision for spatial development within the area until 2029 and the strategy identifies a housing requirement of approximately 13,000 new dwellings that it is seeking to deliver. The provision of pharmaceutical services will need to reflect this and respond to potential changes in demand and need.

¹³ B&NES (2014), *Bath and North East Somerset Core Strategy: Part 1 of the Local Plan*, July 2014, available at: <http://www.bathnes.gov.uk/services/planning-and-building-control/planning-policy/core-strategy-examination>

1.2 Content

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

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

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

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

Necessary Services are defined in 4.1.1.

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

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

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

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

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

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

A. Non-Commissioned Services

- Collection of prescriptions from GP practices (outlined in 3.5.3[B]); and
- Delivery of dispensed medicine (outlined 3.5.3[B]).

B. Commissioned Services

- Medicines Use Reviews (outlined in 3.5.5[B]);
- New Medicine Service (outlined in 3.5.5[B])Advanced Service: Appliance Use Reviews (outlined in 3.5.5[B]); and
- Stoma Appliance Customisation Service (outlined in 3.5.5[B]).
- Specialist Drugs (Palliative Care) Enhanced Service (outlined in 3.5.5[C]);
- Sexual Health Services (3.5.6[A]);
- Smoking Cessation Services (3.5.6[B]); and
- Substance Misuse Services (3.5.6[C]).

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

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

These gaps are outlined in 4.1.3.

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

Any NHS services provided or arranged by the Health and Wellbeing Board, NHS Commissioning Board, a CCG, an NHS Trust or an NHS Foundation Trust which affect current or future need for pharmaceutical services (for example, a large health centre providing a stop smoking service).

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

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

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

A description of the PNA process is outlined in 1.3.

1.2.7 Maps (Sch. 1, Para. 7)

A map (kept up to date in so far as is practicable¹⁴) identifying the premises at which pharmaceutical services are provided in the area.

This requirement is met by the provision of Figure 6.

1.3 Process

1.3.1 Introduction

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

¹⁴ Regulation 4(2) of *The Regulations* requires the HWB to keep the above map up to date, in so far as is practicable.

1.3.2 Methodology

The Department of Health's PNA Information Pack,¹⁵ designed to support local authorities with regards to their responsibilities in developing a PNA, has been used as a guide for the methodology adopted in this PNA.

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

- health and pharmaceutical needs of the population (Chapter 2);
- current local provision of services (Chapter 3); and
- gaps in provision of pharmaceutical services (Chapter 4).

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

The methodology adopted in this PNA differs from the previous PNA (carried out in 2011), which made decisions about provision and need based on where pharmacies were physically located. Rather than always assume that members of the public use only those pharmacies that are located close to where they live, this PNA takes into account current dispensing behaviours of those people registered with GP practices located in the BaNES CCG area. This will mainly include those people normally resident in B&NES. However, the BaNES CCG population also include people who are registered with a B&NES GP, but who are normally resident in areas outside of B&NES. Likewise, it will exclude those people who are normally resident in B&NES, but who are registered with non-B&NES GP practice.

As has been stated, this PNA covers the BaNES CCG GP registered population. Therefore, the use of strict geographical boundaries has not been followed in this PNA. Instead, health need and pharmacy provision have been mapped in relation to the GP registered population in the current five NHS BaNES CCG GP clusters¹⁶ (Figure 1):

- 1) Norton Radstock GP cluster;
- 2) Chew/Keynsham GP cluster;
- 3) Bath East GP cluster;
- 4) Bath West GP cluster; and
- 5) Bath Central GP cluster.

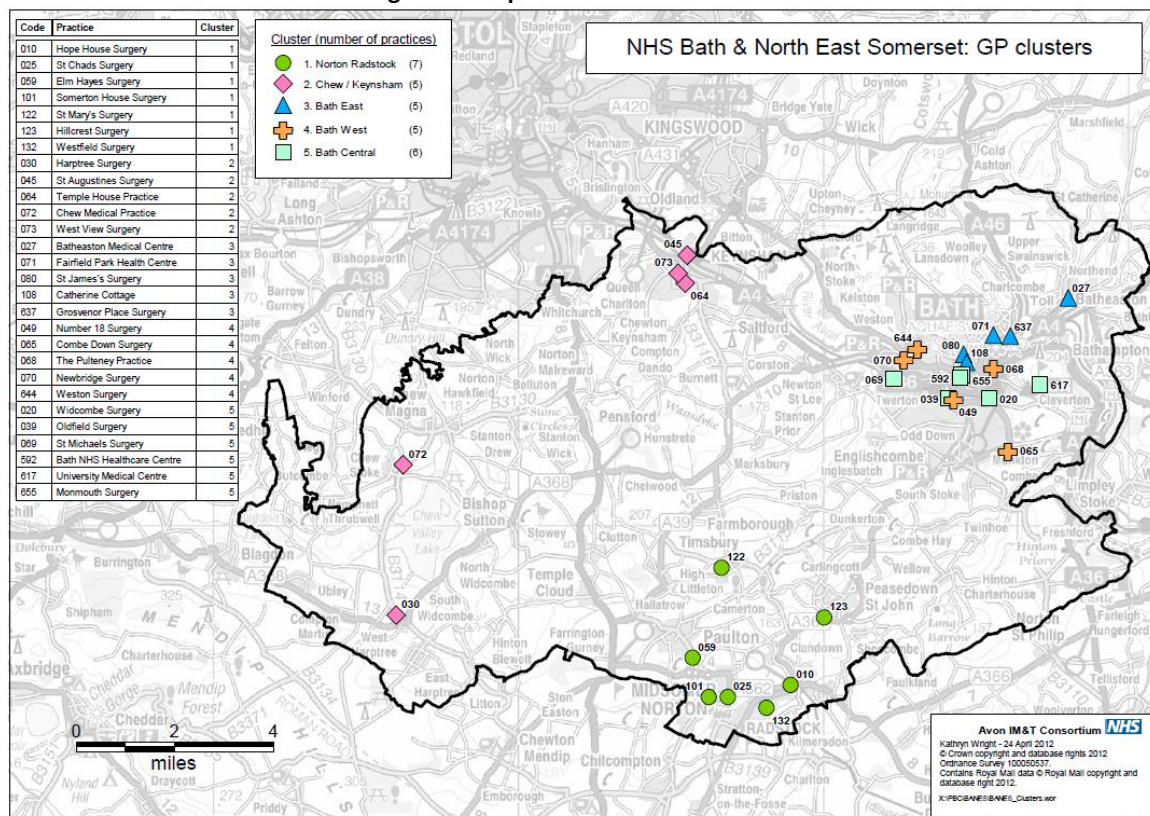
¹⁵ Department of Health (2013), *Pharmaceutical Needs Assessments: Information Pack*, available at: <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

¹⁶ NHS BaNES CCG is structured so that its individual practices are currently grouped into five GP clusters. Each cluster has an elected CCG Board member to represent the views of the cluster at Board level. The clusters act as a liaison between individual practices and the CCG Board and Executive to ensure that local needs are highlighted and met. A GP practice cluster does not have a physical boundary and should not be compared with, or aggregated up to, other geographically based boundaries used for the analysis of healthcare data.

Each GP cluster has a population of between 30,000 and 50,000 (Table 1). The CCG intends to utilise this model to develop community based services in the future.

Consideration has also been given to pharmaceutical providers located outside of the B&NES boundary (Figure 6) that are close enough to the boarder they are likely to be regular suppliers of services to B&NES residents and BaNES CCG GP registered patients.

Figure 1: Map of BaNES CCG GP Clusters



Source: NHS BaNES CCG.

Note: Weston Surgery is now known as Rush Hill & Weston Surgery.

The use of these GP clusters in the methodology adopted for this PNA is a departure from the strict boundary based geographical approach adopted in the previous PNA for B&NES.

1.3.3 People with Protected Characteristics

In accordance with *The Regulations*, this PNA will highlight the demographics and health needs of people in B&NES who share a 'protected characteristic'. Under the Equality Act 2010¹⁷ the following nine characteristics are known as 'protected characteristics':

- age;
- disability;
- gender reassignment;
- marriage and civil partnership;

¹⁷ Equality Act 2010, c.15, available at: <http://www.legislation.gov.uk/ukpga/2010/15>

- pregnancy and maternity;
- race;
- religion or belief;
- sex; and
- sexual orientation.

1.3.4 Consultation

A. PNA Questionnaire

In order to ensure appropriate stakeholder engagement in the development of the PNA, views were sought from pharmaceutical providers through an on-line survey process organised and run by Avon LPC¹⁸ during August 2014. Survey responses were collected from 38 pharmacy contractors (including the distance selling pharmacy, but excluding the new Chew Pharmacy that opened after the survey process was complete). The results of this survey are outlined in the Pharmaceutical Services chapter (Chapter 3).

B. Statutory Consultation

In addition, a statutory 70-day consultation (extended by ten days from the statutory 60-day minimum to allow for the Christmas and New year break) of the draft PNA was carried out during the period Monday, 8th December 2014 to Sunday, 15th February 2015. This consultation sought the views of key stakeholders and members of the public on whether they agreed with the contents and key findings in the pre-consultation draft PNA. The feedback from this consultation has informed this final published PNA document.

To promote the consultation a number of methods were used, including the following:

- A letter to key stakeholders highlighting the consultation period and inviting feedback (including B&NES HWB, Wellbeing Policy Development and Scrutiny Panel, neighbouring authorities, NHS BaNES CCG, dispensing doctors and those on the pharmaceutical list, Ward Councillors, Connecting Community Forum Chairs, key officers, providers and community groups).
- Online questionnaire on the B&NES Council website¹⁹ and promotion through B&NES Council Twitter account.²⁰
- A number of local bulletins and newsletters (including HWB update bulletin, Healthwatch B&NES bulletin, GP Newsletter and NHS BaNES CCG Staff Bulletin).

¹⁸ Commissioned by B&NES.

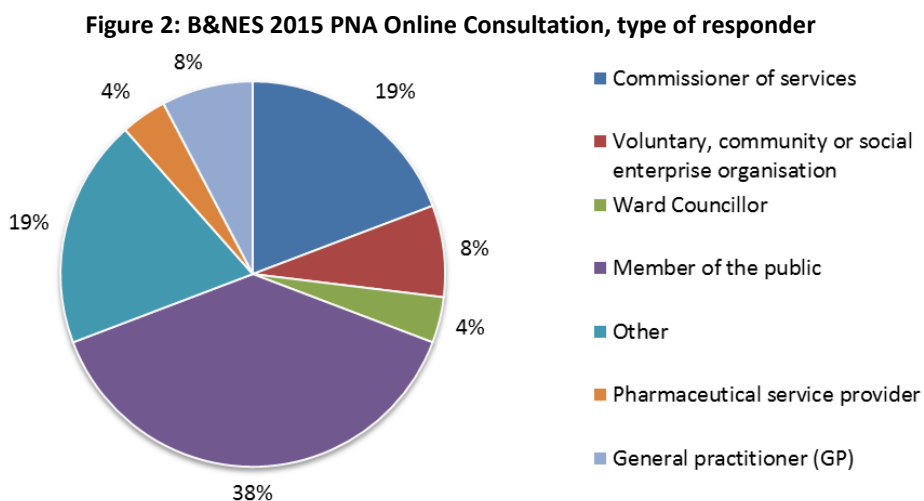
¹⁹ <http://www.bathnes.gov.uk/consultations/bnes-pharmaceutical-needs-assessment-2015>

²⁰ <https://twitter.com/bathnes>

- Websites (including B&NES Council, NHS BaNES CCG and Avon LPC).
- Presented for discussion and feedback at a number of meetings, including: the Independent Equality Advisory Group (IEAG) on 13th January 2015; Your Health, Your Voice on 12th February 2015; and the Joint Commissioning Committee (JCC) on 29th January 2015.

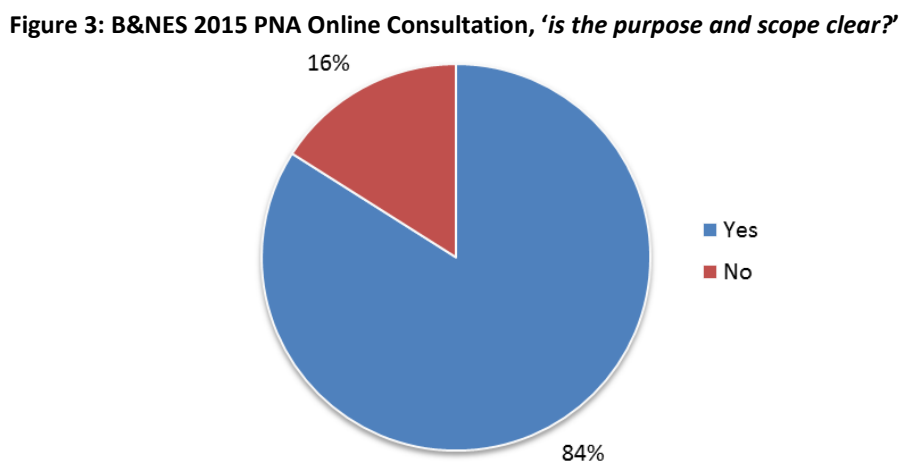
During the period of the statutory consultation there were 26 responses to the online questionnaire.

There was a broad range of respondents to the online questionnaire, including from commissioners of services, members of the public and healthcare professionals (Figure 2).



Source: B&NES online consultation analysis tool.

Feedback from the online questionnaire shows that 84 per cent of responders thought that the purpose and scope of the draft PNA was clear (Figure 3).



Source: B&NES online consultation analysis tool.

Question: Is the purpose and scope clear?

In addition to these online responses, feedback was collected through a number of meetings and emails.

The following is a list of the main themes from the consultation responses:

- Accessibility and equality considerations – including issues of varying levels of provision for disabled access, potential language barriers, access issues experienced by different groups (e.g. LGBT, gypsy and traveller communities) as well as availability of consultation room space within pharmacies.
- Pharmaceutical service provision in Keynsham and Chew Valley – including recognising the impact of new housing developments on pharmacy provision, the role of dispensing doctors in service provision, out-of-hours provision and extending opening hours (particularly on Sunday and bank holidays).
- Pharmaceutical service provision in Bath – particularly out-of-hours provision.

The responses to the statutory consultation are discussed in greater detail in section 2.3.

C. Voicebox

A local community Voicebox survey has also been carried out. The fieldwork for this closed in mid-December 2014. It asked local residents about their use and views of pharmaceutical services in the area. The results of this survey were not available in time for the publication of this PNA and will feed into the process of on-going development of the PNA (1.3.6).

1.3.5 Governance

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

1.3.6 Ongoing Review Process

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

2015 to 31st March 2018). For example, a fundamental redesign of the Community Pharmacy Contract, which is expected following NHS England's 'Call to Action'.²¹

In particular, the following additional pieces of evidence gathering and/or analysis have already been identified in this PNA document for completion following publication on or before the 1st April 2015:

- Analysis of the pharmaceutical questions asked in the most recent local community Voicebox survey (1.3.4[C]);
- Requesting and analysing out-of-hours prescribing activity in Bath and North East Somerset (3.5.3[A]); and
- Co-location of pharmacies with GP practices (3.2.2).

Where additional gaps in pharmaceutical service provision are identified as a result of this additional analysis, and any further analysis or new information, then a Supplementary Statement to this PNA will be presented to the B&NES Health & Wellbeing Board for approval.

²¹ NHS England (2013), *Improving Health and Patient Care Through Community Pharmacy – A Call to Action*, December 2013, available at: <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

Chapter 2: Context

2.0 Introduction

This chapter summarises the demographic characteristics and locally identified health needs of Bath and North East Somerset's (BaNES) Clinical Commissioning Group (CCG) GP registered and resident populations that are relevant to the commissioning of pharmaceutical services in B&NES.

Following the methodology adopted in this PNA (outlined in 1.3.2), this chapter will cover the demographics and health needs of the local CCG GP registered population, sub-grouped by the five GP clusters. Where there is no reliable and robust data available for the local CCG GP registered population the demographics of the local resident population will be used as a proxy.

2.1 Demographics

2.1.1 BaNES CCG GP Registered Population²²

Table 1: BaNES CCG GP Registered Population by age and GP Practice Cluster (March 2014)

Age Group	BaNES CCG	Norton Radstock	Chew /Keynsham	Bath East	Bath West	Bath Central
0-14	29,861	8,620	6,012	4,388	6,383	4,458
15-24	31,920	5,625	4,275	5,360	4,400	12,260
25-64	101,121	25,566	19,505	16,312	21,251	18,487
65-84	31,260	8,428	7,702	4,657	6,695	3,778
85+	5,498	1,282	1,267	810	1,483	656
Total	199,660	49,521	38,761	31,527	40,212	39,639

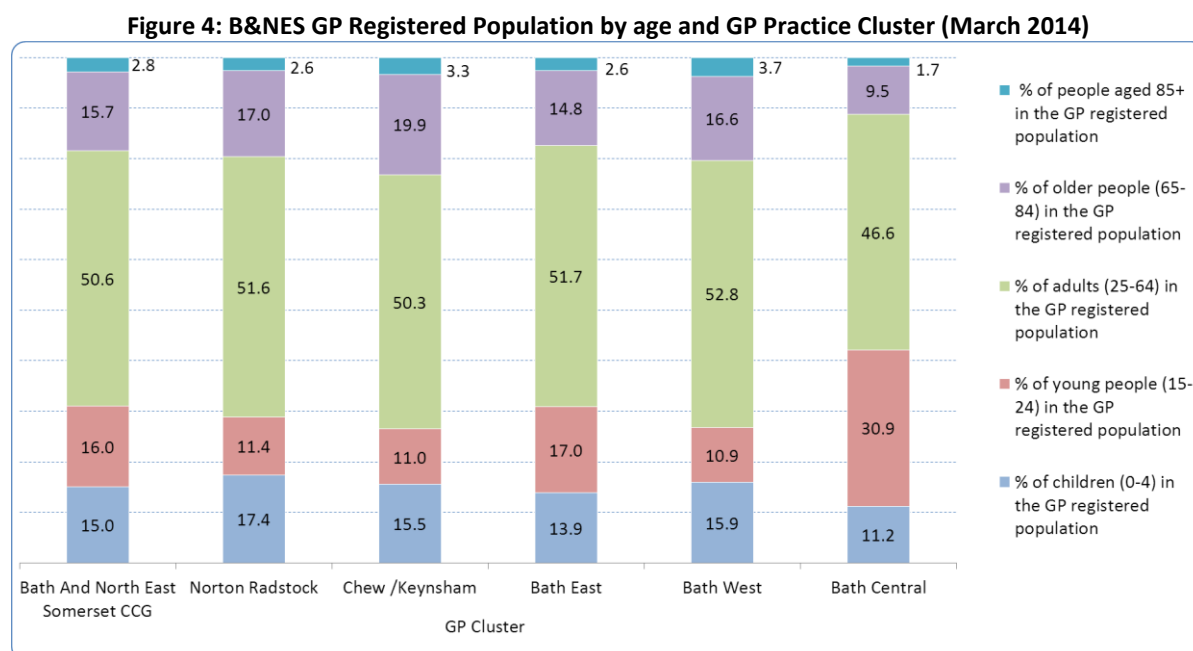
Source: NHS BaNES CCG.

- The BaNES CCG GP registered population – 199,660 as at March 2014 (Table 1) – is slightly higher than the resident population (180,097 as at mid-2013).²³ The GP registered population is greater than the residential population because GP catchment areas are not coterminous with local authority boundaries, and some include substantial areas within neighbouring local authorities.²⁴

²² B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/gp-practice-population>

²³ Office for National Statistics (2014), *mid-2013 Annual Mid-year Population Estimates*, available at: <http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/stb--mid-2013-uk-population-estimates.html>

²⁴ At the time of writing this report it is understood that NHS BaNES CCG will soon be starting a data cleansing exercise to improve the accuracy of their GP registered population. This is likely to result in a lower GP registered population in the future.



Source: NHS BaNES CCG.

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

- One of the most notable demographic characteristic is Bath Central GP cluster’s large population of young people aged 15-24 – (12,260) nearly a third (30.9 per cent) of the total GP registered population in the Bath Central GP cluster (Table 1 and Figure 4). A large proportion of these young people will be from the resident student population in B&NES.²⁵
- Norton Radstock GP cluster has the highest number (8,620) and proportion (17.4 per cent) of 0-14 year olds registered with a GP (Table 1 and Figure 4).
- Chew/Keynsham GP cluster has the greatest concentration of older people (19.9% are aged 65-84 and a further 3.3% are aged 85 and over) (Table 1 and Figure 4).
- Bath West GP cluster has the highest number (1,483) and proportion (3.5 per cent) of GP registered people aged 85 and over (Table 1 and Figure 4).

2.1.2 Projected Future B&NES Resident Population²⁶

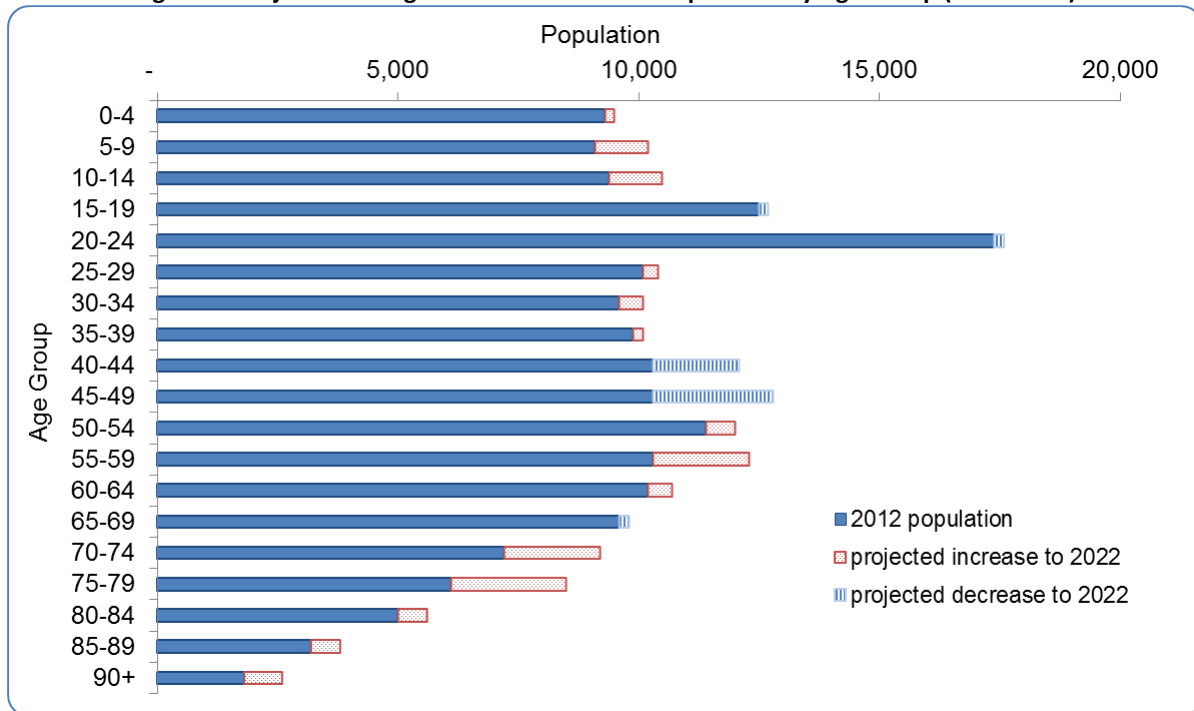
There are no reliable CCG based figures available for determining the projected population in the future. However, the Office for National Statistics (ONS) sub-national resident population projections for B&NES²⁷ have been used as a proxy for the BaNES CCG GP practice population.

²⁵ There are two universities located within the border of B&NES – University of Bath and Bath Spa University.

²⁶ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/population-change>

²⁷ Office for National Statistics (2014), *2012-based Subnational Population Projections for England*, available at: <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html>

Figure 5: Projected Changes in B&NES Resident Population by Age Group (2012-2022)



Source: Office for National Statistics (2014), *2012-based Subnational Population Projections for England*, available at: <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html>

Note: These ONS population projections are based on projecting forward past trends and do not take into account changes in the population due to changes in policy, for example, planned future housing developments.

- Between 2012 and 2022 the resident population of B&NES is projected to increase by approximately 8,100 people (or 8.1 per cent). This projected population increase comes from a combination of a natural increase in the population (excess of births over deaths) and net positive internal and/or international migration.
- The largest projected increase in the number of residents between 2012 and 2022 is in those aged in their 70s (Figure 5) – a projected increase of approximately 4,400 people (from 13,300 to 17,700 people, or 33 per cent).
- The largest projected increase in the proportion of residents between 2012 and 2022 is in those aged 90 and over (Figure 5) – a projected increase of 44 per cent (from 1,800 to 2,600 additional people).
- For the decade from 2012 there is projected to be an increase in the 5-14 school aged population (Figure 5), as the relatively high birth rate of the late 2000s and early 2010s starts to work its way through.
- There is projected to be a fall in the population of those aged in their 40s (Figure 5) – from 24,900 in 2012 to 20,600 in 2022, a reduction in this economically active population sub-group of 4,300.
- Taken together, these projected changes will have an impact on the total dependency ratio – the number of people aged 0-15 and 65 and over compared to

the number of 16-64 working age population – rising from 7 dependents to 13 in 2012, to 9 dependents to 11 in 2037.

2.1.3 Planned Future Population Changes (BaNES CCG GP Registered Population)

The ONS population projections outlined in 2.1.2 do not take account of population changes due to policy, i.e. they exclude increases in the population due to planned new housing development. Bath & North East Somerset's Adopted Core Strategy is the main planning document for guiding and managing new development in B&NES from 2011 to 2029.²⁸ It proposes the building of c.13,000 new homes between 2011 and 2029 (including c.3,300 affordable housing units).

The following analysis assumes that all the housing that is planned in Bath & North East Somerset's Adopted Core Strategy during the decade from 2011 to 2021 will be delivered. There are many factors that could make this assumption invalid. Nor do these figures take into account what has already been delivered, in terms of already completed dwellings, between 2011 and now.

Table 2: 10 Year Housing Growth Modelled Estimates, GP Practice Clusters (2011 to 2021)

Housing Growth	Bath Central	Bath East	Bath West	Chew/Keynsham	Norton Radstock
Households 2011	14,436	12,164	15,247	13,191	17,167
New Dwellings to 2021	1,313	745	1,514	3,355	1,602
% Growth	9	6	10	25	9

Notes: (i) Calculations assume that the same proportion of households is allocated to GP Clusters as there are people for each electoral ward. (ii) For this analysis dwelling and households are assumed to be the same, even though in reality they are slightly different. (iii) Household projection figures are based on B&NES's Adopted Core Strategy. (iv) Estimates do not take account of the type of dwelling unit that will be delivered on each site (so it is not presently possible to turn this model into direct population growth forecasts).

- Chew/Keynsham GP cluster is expected to witness the greatest housing growth up to 2021 – a 25 per cent increase in the decade from 2011, delivering an estimated 3,355 dwellings (Table 2). Keynsham will be a key growth area in the future, particularly to the south west and south of Keynsham, where there is planned growth of around 700 new homes during the decade up to 2021. Situated in Keynsham North ward, there will be up to 700 new homes on the finished Somerdale site, with 350 new homes planned during the decade 2011 to 2021.
- At the Bath Western Riverside redevelopment site – mainly feeding into the Bath Central GP cluster – there are plans to deliver some 1,250 new homes during the decade from 2011.

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

- The Old Print-Works site (Polestar) in Paulton – mainly feeding into the Norton Radstock GP cluster – is expected to deliver some 550 new homes between 2011 and 2021.
- Redevelopment of the former MoD sites of Foxhill and Ensleigh are expected to add an additional 330 homes each between 2011 and 2021 – the former mainly feeding into Bath West GP cluster, and the latter mainly feeding into Bath East GP cluster.

It is anticipated that current pharmaceutical service provision from existing pharmacies will be able to cope with the demand from these new populations for the coming few years. This PNA will be reviewed by 2018 (at the latest) and the development completion dates for these sites run beyond this time. This is reflected in the key findings (4.1.3).

2.1.4 Ethnicity (B&NES Resident Population)²⁹

There are no reliable CCG based figures available for determining the Black and Minority Ethnic (BME) population. However, the resident population BME statistics for B&NES have been used as a proxy for the BaNES CCG GP practice population instead.

- The 2011 Census showed the population of Bath & North East Somerset to be 90 per cent White British and ten per cent other ethnicities.
- Approximately 17,500 residents of B&NES are classified as non-White-British in 2011. Of this non-White-British group, those classified as White non-British (i.e. including 'Other White', White Irish, and Gypsy or Irish Traveller) made up nearly half (approximately 7,750 residents). It is likely that a large proportion of this group will be economic migrants from the Eastern European EU-Accession states, particularly Poland.³⁰ However, people are increasingly coming to seek employment opportunities from southern European states, for example, Spain.³¹
- There were approximately 4,500 people of Asian or Asian British descent living in B&NES in 2011. The largest ethnic Asian group is Chinese, accounting for approximately 2,000 people in 2011, with a large proportion likely to be from the resident student population.
- In 2011 there were 58 residents who classified themselves as White Gypsy, Traveller or Irish Traveller.³² In January 2014 50 caravans were counted in B&NES. Gypsy Travellers have significantly poorer health status and significantly more self-reported

²⁹ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/ethnicity>

³⁰ There were 217 (out of a total of 1,424) National Insurance Number (NINo) allocations to adult overseas nationals from Poland during 2013/14.

³¹ There were 223 (out of a total of 1,424) National Insurance Number (NINo) allocations to adult overseas nationals from Spain during 2013/14.

³² B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/travellers-and-gypsy>

symptoms of ill-health than other UK-resident, English speaking ethnic minorities and economically disadvantaged white UK residents.³³

- B&NES has a relatively high number of resident 'Boaters', mainly moored along the Kennet and Avon Canal. In 2012 a local health survey was carried out, and from crude observations of other localities in which 'Boaters' reside, the demographics of live-aboard 'Boaters' is thought to primarily comprise of: young single women (under 30); young couples with children and without children under the age of five; and older males. There is a high proportion of 'Boaters' in B&NES without access to long-term moorings. This may reflect the significant shortage of affordable moorings.

2.1.5 Deprivation (BaNES CCG GP Registered population)³⁴

The most up-to-date Indices of Deprivation (ID) available at the time of writing this report is from 2010.³⁵ B&NES is ranked 247th out of 326 English authorities, and 49th out of 56 Unitary Authorities, in terms of relative deprivation. Despite these relatively low levels of social inequality, there are small geographical areas with notable issues – with the following five Lower Super Output Areas (LSOA) areas within B&NES being within the most deprived twenty per cent of the country: Twerton West, Whiteway, Twerton, Fox Hill North and Whiteway West.

Table 3: Average Indices of Deprivation (ID) Score, GP Practice Clusters (2010)

Indicator	BaNES CCG	Norton Radstock	Chew /Keynsham	Bath East	Bath West	Bath Central
Deprivation score (ID)	12.0	11.9	10.0	11.4	11.9	14.5

Source: Public Health England (2014), *National General Practice Profiles*, available at:

<http://fingertips.phe.org.uk/profile/general-practice>

Note: Derived from 2012 BaNES CCG GP Practice population.

Bath Central GP Cluster has the most deprived profile of GP registered people (with an average ID score of 14.5) (Table 3). This is mainly due to St Michael's Surgery (with an ID average score of 27.9) being part of the Bath Central GP cluster, who's patients, on average, come from the most deprived areas of B&NES.

³³ Parry, G. et. al. (2004), *The Health Status of Gypsies & Travellers in England*, University of Sheffield: School of Health and Related Research, available at: <https://www.shef.ac.uk/scharr/research/publications/travellers>

³⁴ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/socio-economic-inequality>

³⁵ Department for Communities and Local Government (2011), *English indices of deprivation 2010*, available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>

2.2 Locally Identified Health Needs

This section summarises key relevant locally identified health needs; first, for the BaNES CCG GP registered population (i.e. following the methodology adopted for this PNA); then, for the B&NES resident population (i.e. where reliable and robust data is not readily available at CCG GP practice level). Finally, the themes in the local Joint Health and Wellbeing Strategy, and the priorities in the local CCG Five Year Strategic Plan, are summarised.

2.2.1 Locally Identified Health Needs (BaNES CCG GP Registered Population)

This sub-section presents a selection of ten GP cluster aggregated indicators from the national GP Practice Profile. These indicators are grouped into two categories: (i) disabilities and long-term health conditions; and (ii) emergency hospital admissions.

A. Disability and Long-Term Health Conditions³⁶

Table 4: Locally Identified Health Needs, GP Clusters, Disability/Long-Term Conditions (1)

Indicator	Date	BaNES CCG	Norton Radstock	Chew /Keynsham	Bath East	Bath West	Bath Central
% of registered GP population with a long-standing health condition	2012/13	51.0	53.5 ^H	51.8 ^H	53.3 ^H	50.3	46.0 ^L
% of registered GP population with health-related problems in daily life	2011/12	45.0	47.9 ^H	44.2 ^L	43.8 ^L	43.7 ^L	44.8

Source: Public Health England (2014), *National General Practice Profiles*, available at:

<http://fingertips.phe.org.uk/profile/general-practice>

Notes: (1) GP cluster figures are highlighted for statistical significance against overall BaNES CCG GP practice population: where (H) indicates significantly higher than BaNES CCG and (L) indicates significantly lower than BaNES CCG (at the 95 per cent level of significance). (2) For detailed definitions go to source.

Caution: due to probable bias, these figures are not necessarily representative of the whole of the BaNES CCG GP registered population. A likely more reliable indication of the 'true' prevalence of people with long-term health conditions and disability in B&NES is from the 2011 national Census (2.2.2)

- People registered at GP practices in the Norton Radstock GP cluster report significantly higher rates of long-standing health conditions and health related problems in daily life compared to those registered with all GPs in B&NES (Table 4). This suggests that people registered with GP practices in the Norton Radstock GP cluster have the greatest level of health needs.
- People registered at GP practices in Chew/Keynsham GP cluster appear to have the most significant long-term health needs (Table 5). However, these significantly higher rates are likely to be due to an older population profile and are an indication of the likely higher demand for health services.

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

- Adults registered at GP practices in Norton Radstock GP cluster are estimated to have the highest prevalence of diabetes – 5.7 per cent (significantly higher than the BaNES CCG rate of 4.6 per cent).
- People registered at GP practices in Bath Central GP cluster appear to have significantly lower prevalence rates of long-term health conditions. However, these significantly lower rates are likely to be due to a younger population profile (Table 5). It is likely that inclusion of the University Medical Centre in Bath Central GP practice cluster is masking some of the health needs of this population (Table 5).

Table 5: Locally Identified Health Needs, GP Clusters, Disability/Long-Term Conditions (2)

Indicator	Date	BaNES CCG	Norton Radstock	Chew /Keynsham	Bath East	Bath West	Bath Central
% of GP registered population estimated prevalence: CVD (all ages)	2011	9.8	10.0	11.2 ^H	9.6	10.6 ^H	7.3 ^L
% of GP registered population estimated prevalence: CHD (all ages)	2011	4.2	4.4	5.0 ^H	4.1	4.6 ^L	2.9 ^L
% of GP registered population estimated prevalence: COPD (all ages)	2011	2.1	2.2	2.3	2.1	2.2	1.7 ^L
% of GP registered population estimated prevalence: hypertension (all ages)	2011	24.2	24.8	27.2 ^H	24.9 ^H	25.8	18.2 ^L
% of GP registered population estimated prevalence: stroke (all ages)	2011	2.0	2.0	2.3 ^H	1.9	2.2	1.4 ^L
% of GP registered population with Diabetes : QOF prevalence (aged 17+)	2012/13	4.6	5.7 ^H	5.4 ^H	4.0 ^L	4.3	3.2 ^L

Source: Public Health England (2014), *National General Practice Profiles*, available at:

<http://fingertips.phe.org.uk/profile/general-practice>

Notes: (1) **CVD** – Cardio-Vascular Disease; **CHD** – Coronary Heart Disease; **COPD** - Chronic Obstructive Pulmonary Disease. (2) The Quality and Outcomes Framework (**QOF**) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. (3) For detailed definitions go to source. (4) GP cluster figures are shaded for statistical significance against overall BaNES CCG GP practice population: where (H) indicates significantly higher than BaNES CCG and (L) indicates significantly lower than BaNES CCG (at the 95 per cent level of significance).

- The most common long-term health condition among B&NES GP registered patients is hypertension (high blood pressure) – 25,395 patients having been diagnosed as at 2012/13.

B. Emergency Hospital Admissions

Table 6: Locally Identified Health Needs, GP Clusters, Emergency Admissions

Indicator	Date	BaNES CCG	Norton Radstock	Chew /Keynsham	Bath East	Bath West	Bath Central
Emergency admissions rate (per 1,000)	2010/11	76.1	78.1	77.0	77.8	81.3 ^H	65.3 ^L
Emergency admissions for chronic conditions rate (per 1,000)	2010/11	12.3	13.0	12.0	12.4	12.9	10.9

Source: Public Health England (2014), *National General Practice Profiles*, available at:

<http://fingertips.phe.org.uk/profile/general-practice>

Notes: (1) For detailed definitions go to source. (2) GP cluster figures are shaded for statistical significance against overall BaNES CCG GP practice population: where (H) indicates significantly higher than BaNES CCG and (L) indicates significantly lower than BaNES CCG (at the 95 per cent level of significance).

- During 2010/11 people registered at GP practices in Bath West GP cluster had significantly higher rates of emergency hospital admissions when compared to the overall comparable rate of emergency hospital admissions across BaNES CCG (Table 6). This could partly be due to Bath West GP cluster having the highest number and proportion of people aged 85 and over (Figure 4). This older age group are more likely to have complex co-morbidities that place greater demands on acute health services (as well as primary care).
- During 2010/11 people registered at GP practices in Norton Radstock and Bath West GP clusters had highest rates of emergency hospital admissions for chronic conditions (although neither rate is significantly different from the overall comparable B&NES rate) (Table 6).

2.2.2 Locally Identified Health Needs (B&NES Resident Population)

Indicators from the resident population for B&NES have been used as a proxy for the BaNES CCG GP practice population in the following analysis.

Mortality³⁷ and Life Expectancy³⁸

- The all-cause mortality rate for B&NES is lower than national. Furthermore, there has been a continued long-term fall in all-cause mortality rates, both nationally and locally.
- In England and Wales in 2013, cancer was the most common broad cause of death (29 per cent of all deaths registered) followed by circulatory diseases, such as heart disease and strokes (28 per cent of all deaths registered). During 2008 to 2010 the leading causes of death in B&NES were from circulatory diseases (e.g. heart disease) and cancer.

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

³⁸ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/life-expectancy>

- The performance of the UK in terms of premature mortality – generally considered to be deaths of those aged under 75 – is persistently and significantly below the mean of the original 15 members of the European Union, Australia, Canada, Norway, and the USA.
- The top three causes of premature mortality in B&NES are ischaemic heart diseases; suicide and mortality of undetermined intent; and cancer of trachea, bronchus and lung. In terms of premature mortality, B&NES compares well to **England** on all measures. However, compared to **similar authorities**, B&NES comes out second worst for liver disease (which is the only major disease category in which premature mortality is increasing) and worse than average for cancer and overall premature mortality.
- As a result of falling mortality rates, life expectancy is continually improving. Life expectancy at birth is significantly higher in B&NES for both men (80.6 years in 2010-12) and women (84.4 years in 2020-12) compared to the national and regional figures. However, there are significant variations in life expectancy related to socio-economic inequality. For someone living in the most deprived area of B&NES, they can expect to die at a younger age than someone in the most affluent area of B&NES – seven years earlier for men and four years earlier for women.

Long-term Health Conditions (LTCs)³⁹

- Long-term conditions or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.
- In the 2011 census 12,267 residents of B&NES reported that their day-to-day activities were limited a lot through a long term illness or disability. This represents seven per cent of the local population, lower than rates for both the South West and England & Wales.
- People with LTCs are more likely to be elderly and live in deprived areas.
- People with LTCs are likely to be taking medication, often several medications. These people have a particular need to understand the role medicines play in managing their conditions in order to gain maximum benefit and reduce the potential for harm.
- Many people with LTCs also receive a number of different medications for co-morbidities. There is a need for these people to be given assistance with the adherence of taking their medication.

³⁹ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/ill-health-and-disability>

Mental Health and Mental Illness⁴⁰

- Mental illness is the largest single cause of disability and represents 23 per cent of the national disease burden in the UK.
- There is a very significant overall treatment gap in mental healthcare in England, with about three-quarters of people with mental illness receiving no treatment at all.
- Estimates suggest that 16 per cent of the working age population of B&NES have a common mental illness.
- The estimated prevalence of adults (18+) with depression in B&NES in 2011/12 is 13.2 per cent, significantly higher than national (11.7 per cent).
- Suicide rates in B&NES have been increasing since 2005-07, from 5.1 per 100,000 population (26 deaths), to 10.2 per 100,000 population (54 deaths) during the period 2011-13.⁴¹
- Hospital admissions as a result of self-harm among 10-24 year olds during 2012/13 in B&NES (456.1 per 100,000 population) is significantly higher than national (346.3 per 100,000 population).⁴²

Dementia⁴³

- The strongest evidence for possible causal associations with dementia are those of low education in early life, hypertension in midlife, and smoking and diabetes across the life course.
- Twenty-two per cent of death certifications in B&NES mention dementia, or a related condition, as opposed to national levels of 17 per cent.
- Largely as a consequence of an ageing society, dementia cases in B&NES are expected to increase by 23 per cent for females and 43 per cent for males between 2010 and 2025 – amounting to an estimated 1,916 females and 1,225 males with dementia by 2025 (up from an estimated 1,549 females and 853 men in 2010).

Smoking⁴⁴

- Smoking is the primary cause of preventable illness and death. Smoking causes around 80 per cent of deaths from lung cancer, around 80 per cent of deaths from bronchitis and emphysema, and about 17 per cent of deaths from heart disease.

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

⁴¹ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/suicide-and-mortality>

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

⁴³ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/dementia>

⁴⁴ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/smoking>

- The proportion of adults smoking in B&NES is falling, and the latest prevalence rate is 14.5 per cent (21,153 smokers aged 18+), which is lower than the England rate of 18.4 per cent (2013 data). However, the rate of smoking among routine and manual occupation groups is higher, at 21.1 per cent.
- In B&NES one in ten (10.1 per cent) women smoke at the time of delivery.

Alcohol⁴⁵

- Excess alcohol consumption is associated with cardiovascular disease, cancers of the digestive organs, breast cancer, and suicide.
- Hospital admissions for alcohol related conditions (broad measure) in B&NES are rising, but remain lower than regional and national rates.
- People living in the most deprived areas of B&NES are significantly more likely to be admitted for an alcohol related condition compared to those living in the least deprived areas.

Substance Misuse⁴⁶

- Prevalence estimates show that B&NES has a lower than national average of opiate and/or crack users in the population (842, or 7.1 per 1,000 15-64 year old population, compared to 8.9 per 1,000 15-64 year old population nationally).

Healthy Weight⁴⁷

- Over half (56 per cent) of adults in B&NES are estimated to be overweight or obese, although this is significantly lower than regional and national figures. Rates of recorded obesity are rising in adults in B&NES, but are lower than national rates.
- In the 2012/13 school year, nearly one in four (23.2 per cent) of Reception aged children (4-5 year olds) attending schools in B&NES had an unhealthy weight (overweight or obese), higher than national and regional levels.
- In the 2012/13 school year, just over one in four (26.4 per cent) of Year 6 aged children (10-11 year olds) attending schools in B&NES had an unhealthy weight (overweight or obese); significantly lower than national and regional levels. Generally speaking, national and local trends in childhood unhealthy weight have been levelling out.
- Keynsham (particularly Keynsham South) and Midsomer Norton/Radstock areas consistently have higher levels of unhealthy weight and obesity than other areas in B&NES. As parental obesity is a risk factor for childhood obesity, these

⁴⁵ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/alcohol>

⁴⁶ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/substance-misuse>

⁴⁷ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/obesity>

geographical areas are also likely to have relatively high levels of adult overweight and obesity.

- More deprived areas in B&NES have higher rates of obesity and unhealthy weight than less deprived areas, for year 6 this difference is significant for both obesity and unhealthy weight.

Diabetes⁴⁸

- People with diabetes are at risk of a range of health complications, including cardiovascular disease, blindness, amputation, kidney disease and depression.
- The prevalence rate of diabetes mellitus in those 17 years and over has been steadily increasing locally and nationally.
- There is a gap between expected and observed prevalence rates of diabetes in B&NES. In 2008/09 there were 6,432 people living with diagnosed Type 1 or 2 diabetes, but a further 2,864 people are expected to have Type 1 or 2 diabetes.
- Because of the impact of obesity on type 2 diabetes, the rising prevalence of obesity has led, and will continue to lead, to a rise in the prevalence of diabetes. The local resident based prevalence of diabetes is forecast to rise from 6.3 per cent in 2012 (approximately 9,598 people) to 7.4 per cent by 2030 (approximately 12,712 people), a 32 per cent increase over the next 16 years (due to the large margins of uncertainty the modelled prevalence by 2030 could be between 5.3 per cent and 13 per cent).

Sexual Health⁴⁹

- Rates of Sexually Transmitted Infections (STIs) in B&NES are low compared to regional and national rates. However, these low rates could relate to testing not reaching the most in need.
- Chlamydia testing is lower than recommended levels. However, this may relate to the high student population, who may receive testing at their home GP. There are also known on-going local issues with data quality (which are being resolved).
- Nationally, Men who have Sex with Men (MSM) display a disproportionate burden of ill-health – they are the group most affected by HIV, they are at greater risk of mental ill health problems, and display proportionately higher rates of unhealthy behaviours and lifestyles.
- Although HIV prevalence in B&NES is low (0.66 infections per 1,000 population aged 15-59 years, compared to 2.1 per 1,000 in England), almost half of those who are diagnosed with HIV during 2010 – 2012 (46%) were diagnosed late – defined at having a CD4 count below 350 cells/mm³ within 90 days of diagnosis. Late

⁴⁸ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/coronary-heart-disease>

⁴⁹ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/sexual-health>

diagnosis is an important predictor of HIV-related morbidity and short-term mortality. People diagnosed late have a eleven-fold increased risk of death within one year of HIV diagnosis compared to those diagnosed promptly (3.8 percent vs. 0.35 percent).

Screening and Immunisation⁵⁰

- Overall vaccination rates for childhood vaccinations are better than regional and national rates.
- MMR Vaccination coverage is good, but still lower than recommended targets. Over 500 people had catch-up vaccinations following the 2013 measles epidemic, but up to 1,400 children aged 10-16 may still not be vaccinated against measles.
- Whooping cough vaccinations amongst pregnant women are low, at 40 per cent.

2.2.3 B&NES Joint Health and Wellbeing Strategy⁵¹

There are three main themes identified in B&NES Joint Health and Wellbeing Strategy:

Theme 1 - Helping people to stay healthy

- Helping children to be a healthy weight.
- Improved support for families with complex needs.
- Reduced rates of alcohol misuse.
- Create healthy and sustainable places.

Theme 2 - Improving the quality of people's lives

- Improved support for people with long term health conditions.
- Reduced rates of mental ill-health.
- Enhanced quality of life for people with dementia.
- Improved services for older people which support and encourage independent living and dying well.

Theme 3 – Creating fairer life chances

- Improve skills, education and employment.
- Reduce the health and wellbeing consequences of domestic abuse.
- Increase the resilience of people and communities including action on loneliness.

⁵⁰ B&NES JSNA web-link: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/vaccine-preventable>

⁵¹ Bath and North East Somerset Council (2013), *Joint Health and Wellbeing Strategy*, available at: <http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/working-partnership/health-and-wellbeing-board>

2.2.4 BaNES CCG Five Year Strategic Plan⁵²

NHS BaNES CCG has developed a five year strategic plan that sets out six key priorities for the coming years:

1. **Care for older people:** to ensure older people are not lonely and isolated at home, as this will mean they are less likely to need to go to hospital.
2. **Self-care and keeping well (prevention):** doing more to stop people getting unwell, i.e. when people take good care of themselves they need less medical treatment.
3. **Diabetes care:** there are more people with diabetes and there is a need to think about new ways to help people to have the support and care they need closer to their homes.
4. **Musculoskeletal services:** need to make sure there are good services that treat bones and muscles, joints and tendons to keep bodies working well.
5. **Patient record systems:** need to get better at sharing information in order to get better medical care and treatment.
6. **Urgent care:** need to ensure everyone knows how urgent care services work so people see the right medical professional at the right time.

2.3 Responses to Statutory Consultation

Section 1.3.4[B] listed the main themes from the consultation responses. These responses are considered in more detail in this section.

2.3.1 Accessibility and equality considerations

Responses were received from range of organisations, groups (including B&NES's Independent Equality Advisory Group) and individuals (including a ward councillor) that highlighted accessibility and equality considerations. Examples included: lack of wheelchair access to some pharmacy premises and consultation rooms; language barriers between pharmacy staff and members of the public; a need for more convenient modes of delivery of pharmaceutical services to the local traveller, gypsy traveller and boater communities; ensuring there is wide use of Induction Loop Systems so that people with hearing difficulties can access pharmaceutical services; delivery services for prescriptions to people in rural areas; lack of data about the confidentiality of some consultation areas within pharmacy premises; the tailoring of sexual health services to the LGBT community; and a lack of advertising (particularly on the premises) of what services pharmacies provide.

Whilst the remit of the PNA means it is not able to address some of these responses, they have been noted and included so that commissioners of pharmaceutical services within

⁵² Bath and North East Somerset Clinical Commissioning Group (2014), *Five Year Strategic Plan*, available at: <http://www.bathandnortheastsomersetccg.nhs.uk/news/five-year-strategic-plan>

B&NES can take them into consideration in future commissioning decisions and service improvements.

The issue of lack of wheelchair access to some pharmacy consultation rooms is highlighted in sub-section 3.5.3[C] and is reflected in the key findings (4.1.2).

The issue of lack of private consultation space is highlighted in sub-section 3.5.4[A].

2.3.2 Pharmaceutical service provision in Keynsham and Chew Valley

A variety of different responses were received regarding the identified gap in the provision of pharmaceutical services in the Chew Valley area that were highlighted in the consultation draft of the PNA. A new community pharmacy opened in Chew Magna on 23rd February 2015. As a result, there is no longer a gap in the provision of pharmaceutical services serving the Chew Valley area and this is reflected in the finalised key findings (4.1.2).

Responses were also received that highlighted a lack of locally accessible community pharmaceutical services serving the Chew/Keynsham GP cluster during the evenings after 18:30 and on a Sunday. This is particularly the case since the closure of the 100-hour 'in-store' Co-Op pharmacy in Keynsham during 2014. Whilst there has been an application approved by NHS England and the commencement of one hour of Sunday opening (on a Supplementary Hours basis⁵³) in Saltford, there still remains a lack of easily accessible out-of-hours pharmaceutical services serving the Chew/Keynsham GP cluster (3.5.3[A]). Therefore, there remains an identified gap in easily accessible out-of-hours pharmaceutical services for this area (4.1.2).

Finally, responses were received to the key finding in the draft consultation PNA that there may not be sufficient local pharmaceutical services in Keynsham to meet the expected increase in demand from new housing development. Over the three year life of this PNA (1st April 2015 to 31st March 2018) existing pharmacy provision appears to be sufficient to cater for the new housing development that is planned to take place across B&NES (2.1.3). However, this issue will need to be revisited by at least 2017/18, i.e. in time for preparation of a new PNA. This is reflected in the finalised key findings (4.1.3).

2.3.3 Pharmaceutical service provision in Bath

There were a number of responses received that indicated a perceived lack of out-of-hours late night pharmacy provision, especially in Bath. Whilst opening hours of at least one central Bath community pharmacy runs to 21:00 Monday to Friday, 20:00 on Saturday and 17:00 on Sunday (3.5.3), it is considered prudent to gather and examine the evidence to establish whether there is a demonstrable gap in the provision of out-of-hours late night pharmaceutical provision in central Bath. As a result, this work will take place following

⁵³ A pharmacy has the right to amend hours, so long as 90 days notice is given to NHS England.

publication of this PNA and a Supplementary Statement will be issued should a gap in the provision of locally accessible late night pharmacy provision be demonstrated (1.3.6).

2.3.5 Miscellaneous

There were a number of responses highlighting planned future housing development in the Midsomer Norton/Radstock area of B&NES. This has been considered in 2.1.3 and reflected in the finalised key findings (4.1.3).

There was a response that highlighted accessibility issues for urgent palliative care drugs, particularly at busy times in central Bath (3.5.5[C]). It is understood that whilst the NHS BaNES CCG chose the pharmacies for ease of access as one of its key criteria, the CCG is willing to hear requests for additional capacity for this service.

One response referred to the lack of consideration of the benefits that co-locating pharmacies with GP practices can bring. This is referred to in a new sub-section (3.2.2) and will be considered in a further piece of work to be carried out following publication of this document (1.3.6).

The previously identified DAC in B&NES highlighted in the consultation draft PNA was incorrect. It has been confirmed by NHS England that there is no DAC in B&NES and this fact has been corrected in the final PNA (1.1.5[B] and 3.1.3).

Finally, a number of other factual and typographical errors were highlighted by several responders. These have all been corrected.

2.4 Other Services

There are no known planned additional 'Other Services' (as defined in 1.2.5) that could significantly alter the need for pharmaceutical services in B&NES.

Chapter 3: Pharmaceutical Services

3.0 Introduction

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

3.1 Pharmaceutical Service Providers

3.1.1 Pharmacy Contractors

There are currently 39 pharmacy contractors in B&NES (including the new Chew Pharmacy, which opened on 23rd February 2015) – 38 of these pharmacy contractors are non-distance selling community pharmacies and one is a distance selling pharmacy (The Bath Pharmacy Company). The 39 pharmacy contractors can be categorised as large multiples, small multiples and independents (Table 7).

Table 7: Categorisation of Pharmacy Contractors in B&NES

Multiple or Independent	Pharmacy Name (where a multiple)	Number	Percentage
Large Multiples	Boots (7) Lloyds (7) Sainsbury's (1) Best Way National Chemist Ltd* (1) Superdrug (1)	17	43%
Small Multiples	Jhoots (2) Dudley Taylor (3) Day Lewis (1) Shaunak Pharmacy Ltd. (1) The John Preddy Co. Ltd. (1)	8	21%
Independents	Lifestyle Pharmacy (1) A. H. Hale Ltd. (1) Chew Pharmacy (1) [opened 23 rd February 2015] Wellbeing (Keynsham) Ltd. (1) Larkhall Pharmacy (1) TANS Pharmacy Ltd. (1) Hawes Whiston and Co. (1) Midsomer Pharmacy (1) Wellsway Pharmacy (1) Widcombe Pharmacy (1) Bathampton Pharmacy (1) Hounsell and Greene (1) Pulteney Pharmacy (1) The Bath Pharmacy Co. Ltd. (the distance selling pharmacy) (1)	14	36%

Note: * bought out the Cooperative pharmacies.

3.1.2 Dispensing GP Practices

There are five dispensing practices in B&NES, which operate across six different sites, though one of these – Chilcompton (a Branch Surgery) – is outside the B&NES border, in Somerset County Council area. All five dispensing practices serve rural populations across the south and south west of B&NES.

The dispensing practices are as follows:

- Chew Medical Practice.
- Elm Hayes Surgery.
- Harptree Surgery (provides a dispensing service at both the Harptree site, and its branch surgery in Cameley).
- St Chads Surgery (only the branch surgery, Chilcompton, has a dispensing service, which is located in Somerset County Council).
- St Mary's Surgery.

3.1.3 Dispensing Appliance Contractor

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

3.1.4 Other Pharmacy Provision

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

- The RUH and UCC, Bath (Royal United Hospitals Bath NHS Foundation Trust);
- The Royal National Hospital for Rheumatic Diseases, Bath (Royal United Hospitals Bath NHS Foundation Trust);
- St Martin's Hospital, Bath (Avon and Wiltshire Mental Health Partnership NHS Trust);
- CircleBath, Peasedown St John, Bath; and
- BMI Bath Clinic, Combe Down, Bath.

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

3.2 Location of Pharmacies

3.2.1 Geographical Location

Figure 6 shows the geographical location of the pharmacy contractors and GP dispensing practices across B&NES.

The majority of pharmacy contractors in B&NES are located in Bath City Centre, with 22 of the 38 non-distance selling community pharmacies (58 per cent) located in the wards that

make up Bath City Centre.⁵⁴ The remaining 16 non-distance selling community pharmacies (42 per cent) are located in the areas of Keynsham, the urban and rural areas around Midsomer Norton and Radstock, and the village of Chew Magna. When the four GP dispensing practices located in B&NES,⁵⁵ and the one dispensing branch surgery (in Cameley), are taken into account, the proportion of pharmacies outside of Bath City Centre increases to 49 per cent (as they are all outside Bath City Centre).

3.2.2 Co-location

Of the 38 non-distance selling pharmacies located in B&NES, 8 are believed to be co-located alongside GP practice premises.⁵⁶

There are potential benefits to co-locating pharmacies with GP practices, for example, ease of access to pharmaceutical services for patients visiting primary care practitioners and greater opportunity for community pharmacists to integrate with other primary care staff. However, there are also potential benefits of having a pharmacy in a separate location, for example, if it makes it more accessible by a greater range of transport options and being closer to other amenities.

As part of the on-going review process of this PNA (1.3.6), evidence of the benefits of co-location will be considered further.

3.2.3 Deprivation

Figure 7 shows the geographical location of the pharmacy contractors and GP dispensing practices across B&NES in relation to the relative level of deprivation for B&NES.

Indices of Deprivation: the most deprived areas are those where residents are more likely to be living in poverty, and as a consequence, are more likely to experience a lack of basic necessities and poorer outcomes. For example, poorer health (including disability) outcomes and living environments; lower unemployment, ill health or family circumstances; educational attainment and qualifications; and household incomes, higher crime, and barriers to housing and other services. These distinct dimensions of deprivation are measured separately and have been combined into a single overall measure called the Indices of Deprivation (2010). It is this measure that is displayed geographically in Figure 7 and which allows comparison of deprivation between areas in B&NES.

Twelve of the 38 non-distance selling community pharmacies (32 per cent) and one GP dispensing practice are located in the most deprived fifth of Lower Super Output Areas (LSOAs) areas of B&NES (Figure 7). Five community pharmacies and the distance selling pharmacy are located in the least deprived quintile of Lower Super Output Areas (LSOAs) areas of B&NES, i.e. those areas where people experience a range of better outcomes.

⁵⁴ Abbey, Bathwick, Combe Down, Kingsmead, Lambridge, Lansdown, Lyncombe, Newbridge, Odd Down, Oldfield, Southdown, Twerton, Walcot, Westmoreland, Weston and Widcombe wards.

⁵⁵ St Chads GP practice in B&NES does not have a dispensing service (only the branch surgery in Somerset has this).

⁵⁶ (1) Widcombe Pharmacy; (2) Bathhampton Pharmacy; (3) Hounsell & Green Pharmacy; (4) Jhoots Pharmacy, Newbridge; (5) Pultney Pharmacy; (6) Lloyds Pharmacy, Combe Down; (7) Lloyds Pharmacy, Paulton; and (8) Lloyds Pharmacy, Keynsham.

3.3 Pharmacy Provision

3.3.1 Benchmarked Pharmacy Provision

Table 8: Pharmacy Contractors, B&NES and Neighbouring Authorities (31st March 2013)

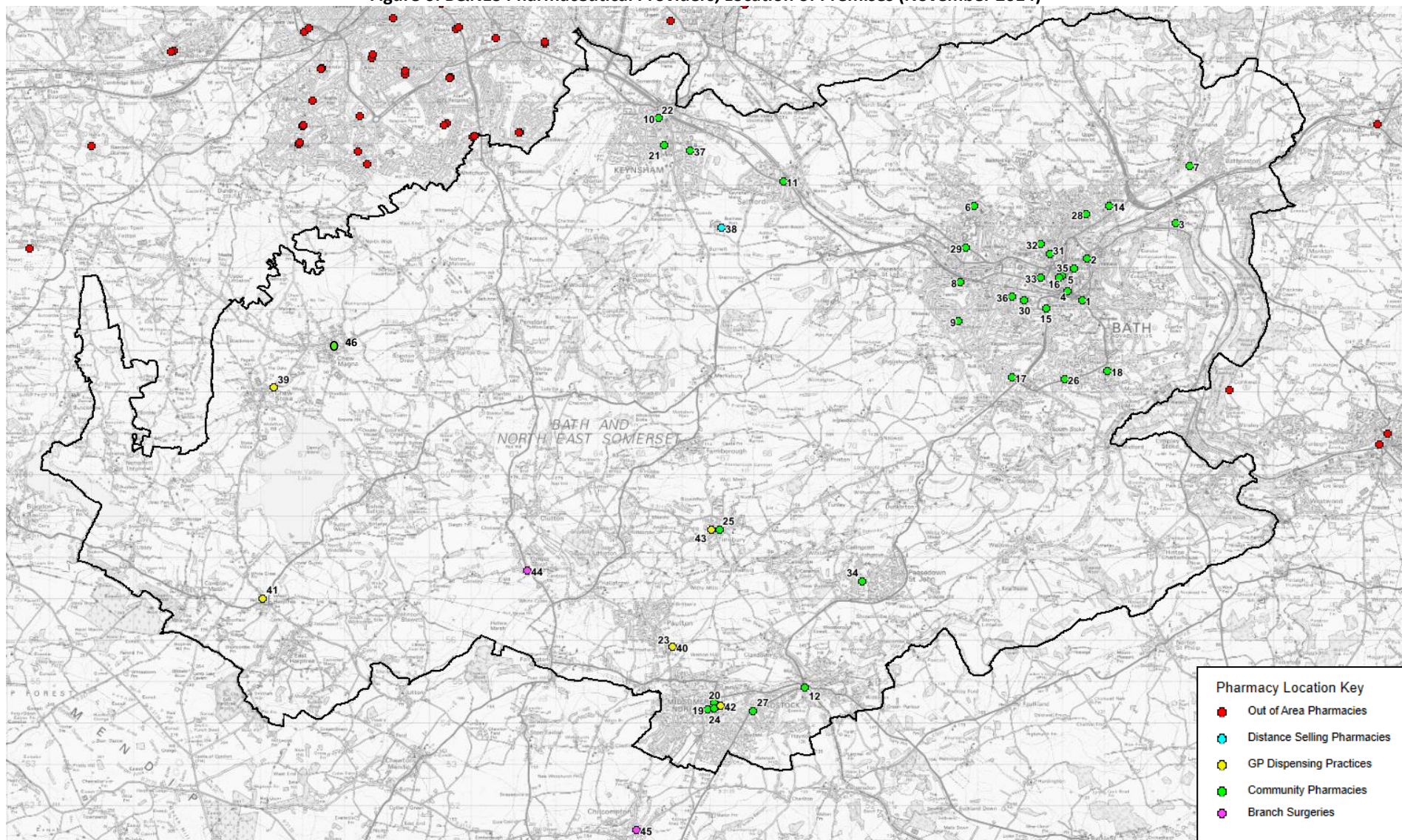
Primary Care Trust (PCT)	Number of Pharmacy Contractors	Population (000's) Mid-2011 ⁽¹⁾	Pharmacy Contractors (per 100,000 population)
England	11,495	53,107	22
South West	1,048	5,301	20
Bath and North East Somerset	39	176	22
Bristol Teaching	96	428	22
North Somerset	42	203	21
Somerset	102	532	19
South Gloucestershire	54	263	20
Wiltshire	74	474	16

Source: Health and Social Care Information Centre (2013), *General Pharmaceutical Services in England: 2003-04 to 2012-13*, available at: <http://www.hscic.gov.uk/catalogue/PUB12683>

Notes: (1) ONS mid-2011 populations taken from the former Primary Care Trust (PCT) geographies.

In 2013 B&NES had 22 pharmacy contractors per 100,000 population (Table 8). This is the same rate of pharmacy contractors per 100,000 population as at the time of finalising this post-consultation document. This is also the same as the England average (22 per 100,000 population) and higher than the South West average (20 per 100,000 population). Neighbouring areas vary in provision, from 22 pharmacy contractors per 100,000 population in Bristol, to 16 pharmacy contractors per 100,000 population in Wiltshire.

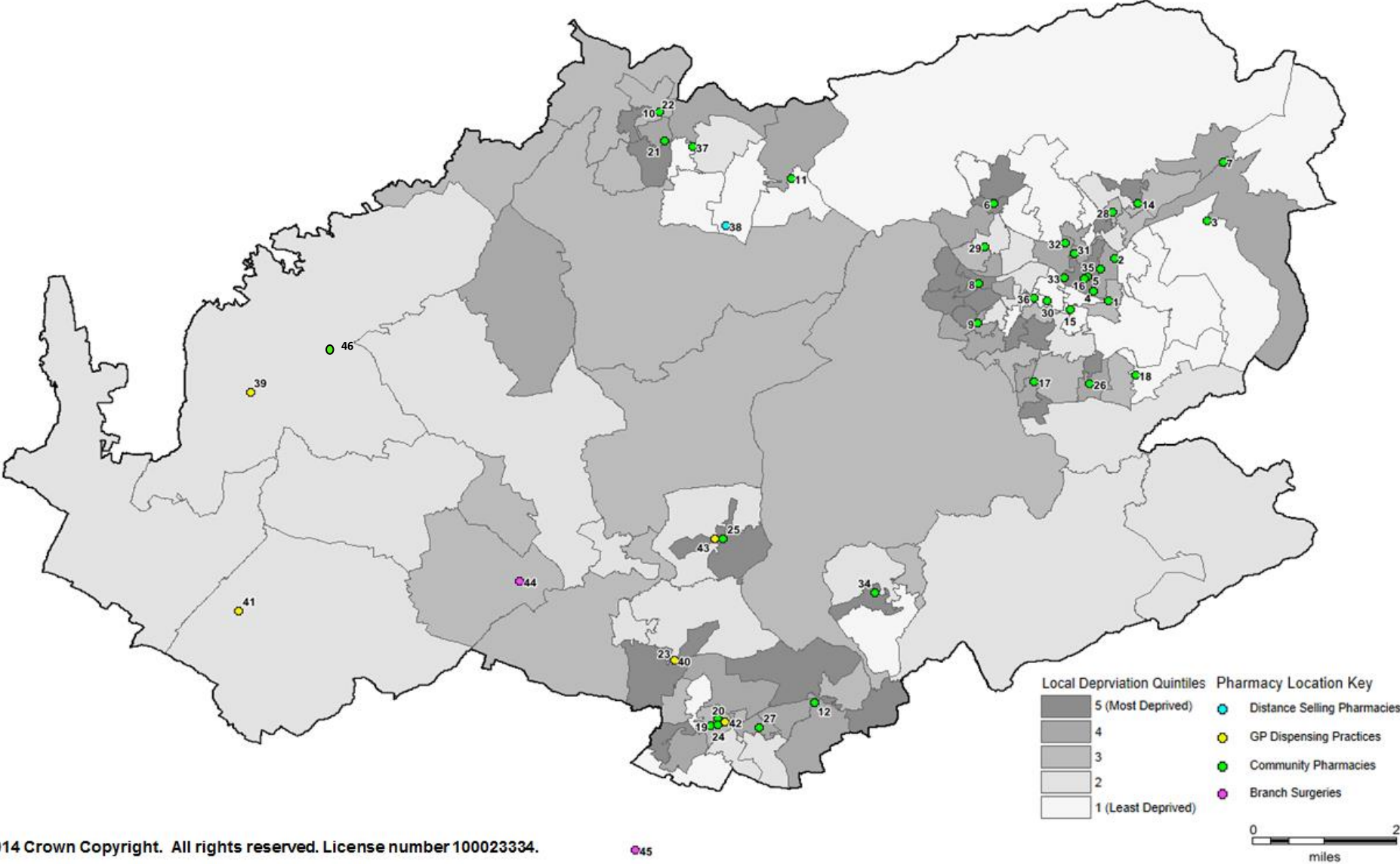
Figure 6: B&NES Pharmaceutical Providers, Location of Premises (November 2014)



Note: it is advisable to print this map in colour.

© 2014 Crown Copyright. All rights reserved. License number 100023334.

Figure 7: B&NES Pharmaceutical Providers, Local Relative Deprivation (November 2014)



Key to Maps

1	Widcombe Pharmacy	11	Day Lewis PLC (Saltford)	21	Lloyds Pharmacy (Keynsham Health Centre)	31	Jhoots Pharmacy (Brock Street)	41	Harpree Surgery
2	Pulteney Pharmacy	12	Clement Pharmacy (Radstock)	22	Lloyds Pharmacy (High Street, Keynsham)	32	Hawes Whiston and Co. (St James Square)	42	St Chads Surgery
3	Bathampton Pharmacy	13	A.H.Hale Ltd (Argyle Street)	23	Lloyds Pharmacy (Paulton)	33	Sainsburys Pharmacy (Green Park Station)	43	St Mary's Surgery
4	Boots (Southgate Centre)	14	Larkhall Pharmacy	24	Midsomer Pharmacy (100-hour)	34	Shaunak Pharmacy Ltd (Peasedown)	44	Harpree Surgery
5	Boots (Westgate Street)	15	Wellsway Pharmacy	25	TANS Pharm Ltd (Timsbury)	35	Superdrug (Westgate Street)		(Cameley Branch)
6	Boots (Weston)	16	Lifestyle Pharmacy (Westgate Street)	26	Dudley Taylor Pharmacy (Combe Down)	36	The John Preddy Company Ltd (Oldfield Park)	45	St Chads Surgery
7	Boots (Batheaston)	17	Lloyds Pharmacy (Odd Down)	27	Westfield Pharmacy (Dudley Taylor)	37	Wellbeing (Keynsham) Ltd (Chandag Road)		(Chilcompton Branch)
8	Boots (Twerton)	18	Lloyds Pharmacy (Combe Down)	28	The Co-operative Pharmacy (Fairfield Park)	38	The Bath Pharmacy Company Ltd (Internet Pharmacy)	46	Chew Pharmacy
9	Boots (Southdown)	19	Lloyds Pharmacy (Chesterfield House, Midsomer Norton)	29	Jhoots Pharmacy (Newbridge Hill)	39	Chew Medical Practice		
10	Boots (Keynsham)	20	Lloyds Pharmacy (Norton House, Midsomer Norton)	30	Hounsell and Greene (Upper Oldfield Park)	40	Elm Hayes Surgery		

3.4 Dispensing Activity

3.4.1 National Dispensing Activity

National data indicates that in England during 2012/13 there were close to a billion scripts issued and dispensed (Table 9). Since 2001 there has been a year-on-year growth of around four to five per cent in the number of items being prescribed.⁵⁷ Almost 60 per cent of all prescriptions are for those over the age of sixty.⁵⁸

3.4.2 Benchmarked Dispensing Activity

During 2012/13 the former B&NES PCT had an average prescribed items dispensed per month, per pharmacy, of 6,410 (Table 9). This was the third lowest in the South West, with the highest rate in Plymouth (at 8,170 items per month), and the lowest rate in Bournemouth and Poole (at 5,960 items per month). B&NES PCT's 6,410 items dispensed per month, per pharmacy, is also lower than both the England average of 6,630; and the South West average of 7,200.

During 2012/13 the former B&NES PCT had an average prescribed items dispensed per month, per person, of 1.42 (Table 9). This is similar to the national average of 1.43 items, and the same as the South West average. This suggests that use of pharmacies for dispensed medicines by B&NES residents is about average when compared to national and regional figures.

As the average items per month are below the national and regional averages, and residents' use of pharmacies for dispensed medicines is average, it could be assumed that the current proposed number of pharmacy contractors across B&NES (i.e. 39 with one additional community pharmacy in the Chew Valley) is sufficient to meet current need. Furthermore, this number of proposed pharmacy contractors in B&NES could cope with a further increase in prescription items. An increase such as this may occur if the population increases or the population gets older, both of which are predicted to happen in the years leading up to 2020 (see 2.1.2).

3.4.3 Dispensing Activity in B&NES

Data taken from ePACT⁵⁹ for the year 1st April 2013 to 31st March 2014 can be used to show where prescriptions issued by NHS BaNES CCG GPs were dispensed (Figure 8). During 2013/14 the vast majority of all prescriptions issued by NHS BaNES CCG GPs – totalling 3.69 million scripts – were dispensed by pharmacy contractors located within B&NES (81 per cent). An additional 14 per cent were dispensed by the five GP dispensing practices and one per cent by non-dispensing GPs. Only 3.5 per cent were dispensed by pharmacies outside of B&NES (Figure 8).

⁵⁷ NHS England (2013), *Improving Health and Patient Care Through Community Pharmacy – Evidence Resource Pack*, December 2013, available at: <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

⁵⁸ *Ibid.*

⁵⁹ ePACT.net is an application which allows authorised users at CCG/Trusts and National users to electronically access prescription data.

Table 9: Pharmacy Contractors (31st March), Prescription Items Dispensed per month and population, South West, 2012-13

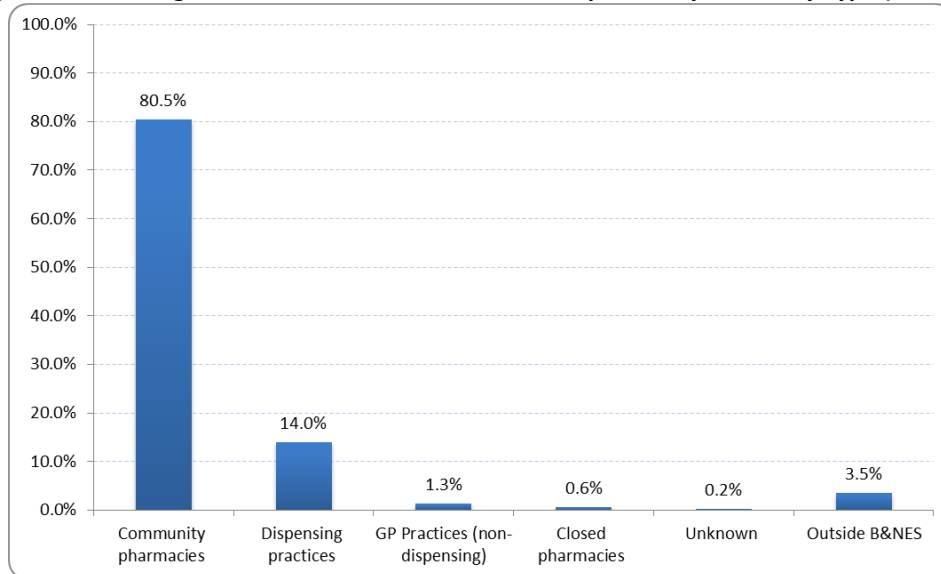
Name	Number of pharmacy contractors as at 31 st March 2013 (A)	Prescription items (000's) dispensed per month 2012-13 (B)	Population (000's) mid-2011 ⁽¹⁾ (C)	Average prescribed items dispensed per month, per person [(B)/(C)]	Pharmacies per 100,000 population [(A)/(C)x100]	Average prescribed items (000's) dispensed per month, per pharmacy [(B)/(A)]
ENGLAND	11,495	76,191	53,107	1.43	22	6.63
SOUTH WEST	1,048	7,546	5,301	1.42	20	7.20
Bath and North East Somerset	39	250	176	1.42	22	6.41
Bournemouth and Poole	74	441	332	1.33	22	5.96
Bristol Teaching	96	733	428	1.71	22	7.64
Cornwall and Isles of Scilly	94	713	536	1.33	18	7.59
Devon	147	1,076	748	1.44	20	7.32
Dorset	82	606	414	1.46	20	7.39
Gloucestershire	111	818	598	1.37	19	7.37
North Somerset	42	311	203	1.53	21	7.40
Plymouth Teaching	52	425	257	1.65	20	8.17
Somerset	102	690	532	1.30	19	6.76
South Gloucestershire	54	338	263	1.29	21	6.26
Swindon	42	330	215	1.53	20	7.86
Torbay Care Trust	39	265	131	2.02	30	6.79
Wiltshire	74	551	474	1.16	16	7.45

Source: Health and Social Care Information Centre (2013), *General Pharmaceutical Services in England: 2003-04 to 2012-13*, available at:

<http://www.hscic.gov.uk/catalogue/PUB12683>

Notes: (1) ONS mid-2011 populations taken from the former Primary Care Trust (PCT) geographies.

Figure 8: Percentage of BaNES CCG Prescribed Items Dispensed by Pharmacy Type (2013/14)



Source: NHS BaNES CCG.

3.5 Analysis of PNA Questionnaire

3.5.1 Introduction

The following information has been gained from a questionnaire **completed and submitted by 38 of the 39 pharmacy contractors in B&NES** (Chew Pharmacy could not take part as they opened after the completion of the analysis), known as the **2014 PNA Questionnaire** (Annex). The questionnaire used was developed by the Pharmacy Services Negotiation Committee (PSNC) to support the PNA process.⁶⁰ B&NES's five GP dispensing practices were also surveyed – three responded to the PNA Questionnaire and two responded by telephone only.

3.5.2 Methodology

Picking up on the methodology discussion in Chapter 1 (1.3.2), for some pharmacies, dispensing activity suggests that the vast majority of their customers come from the GP cluster close to where the pharmacy is located. Where this is the case, analyses of the responses to the PNA Questionnaire link the services provided by, and accessibility of, that pharmacy with the GP cluster in which it is located. This is predominantly the case for those pharmacies located close to the GP practices that make up the Norton Radstock and Chew/Keynsham GP clusters (Table 10).

For those pharmacies that serve customers across a number of GP cluster's, which applies to many pharmacies in Bath City Centre, pharmacies have been allocated to a GP cluster providing they dispense at least ten per cent of their total dispensing activity⁶¹ to that GP cluster. So, for example, a pharmacy in central Bath can be allocated to more than one GP cluster (Table 10).

⁶⁰ Available at: <http://psnc.org.uk/contract-it/market-entry-regulations/pharmaceutical-needs-assessment/>

⁶¹ Based on analysing local ePACT data for 2013/14.

Table 10: Number of Pharmacy Contractors Serving GP Clusters

	B&NES	Bath Central	Bath West	Bath East	Norton Radstock	Chew/Keynsham
Number of pharmacy contractors serving B&NES and each GP cluster	38	16	21	15	8	5

Note: a pharmacy contractor will appear in more than one GP cluster when the threshold of ten per cent of a pharmacy's total dispensing activity has been reached. For example, if a pharmacy's total dispensing activity is split 80 per cent from Bath Central GP cluster practices, 12 per cent from Bath West GP cluster practices, and the remaining 8 per cent from Bath East GP cluster practices; then this pharmacy will be allocated to the Bath Central and Bath West GP clusters.

The GP cluster that each pharmacy contractor has been allocated to is detailed in Appendix 1.

3.5.3 Accessibility of Pharmaceutical Services

There are several aspects to assessing the accessibility of pharmaceutical services that will be considered in this sub-section. Firstly, there is opening times, and whether people are able to access pharmacies at times to suit them. Secondly, there is distance to a pharmacy, and how many people are not within a reasonable distance⁶² of a pharmacy. Thirdly, there is the issue of how accessible pharmaceutical services are to people with disabilities. Finally, there are potential accessibility issues to people whose first language is other than English.

A. Opening hours

Appendix 1 shows the detailed opening times of the 38 pharmacy contractors in B&NES who took part in the 2014 PNA Questionnaire.

Figure 9 shows the location of pharmacy contractors and GP dispensing practices in B&NES, along with their opening pattern by days of the week. Also shown on this map is a half and one mile distance radius around each pharmacy location point.

There is one 100-hour pharmacy in B&NES, which is open for 100 hours each week, serving the Norton Radstock GP cluster (Table 11). Four community pharmacies are open seven days a week; all serving the Bath Central, Bath West and Bath East GP clusters (Table 11). A further 26 pharmacies (68 per cent) are open six days a week (Monday to Saturday); with eight open for the whole day on a Saturday and 18 open for half the day on a Saturday (Table 11). Seven pharmacy contractors (18 per cent) operate Monday-Friday only (Table 11).

All GP dispensing practices are open during the week before 09:00 and are open until at least 18:00. Two GP dispensing practices are open on Saturday mornings (one alternate Saturday mornings only) (Table 11).

⁶² The University of the West of England (UWE) WHO Collaborating Centre for Healthy Urban Environment's adopts half- and one-mile buffers as standard.

Table 11: B&NES Pharmacies – Opening Hours

	B&NES	Bath Central	Bath West	Bath East	Norton Radstock	Chew/Keynsham
Pharmacy Contractors						
100-hour Pharmacy	1	0	0	0	1	0
7-days a week	4	4	4	4	0	0
All-day Saturday	8	3	3	3	3	2
Half-day Saturday	18	6	7	7	4	3
Monday to Friday only	7	3	7	1	0	0
GP Dispensing Practices						
Half-day Saturday	2				1	1
Monday to Friday only	3				3	0

Source: B&NES 2014 PNA Questionnaire.

Note: refer to Appendix 1 for detail.

- **Monday to Friday opening**

All of the pharmacies are open between the hours of 09:00 until 17:30 from Monday to Friday. Twenty one pharmacies (54 per cent) open before 09:00. The majority (74 per cent) are open beyond 17:30, with most closing at 18:00 and five pharmacies open beyond 18:00. Fifteen pharmacies (39 per cent) are closed during the lunch hour; seven are closed for half an hour at some point between 13:00 and 14:00, seven for the full hour between 13:00 and 14:00, and one pharmacy is closed for an hour and a quarter.

During the week there is no pharmacy open beyond 21:00 serving the three Bath GP clusters. During the consultation period there were several responses highlighting a perceived lack of late night opening hours, especially in Bath (2.3.3). This will be considered as part of an update to this PNA (1.3.6).

There is no community pharmacy that is open beyond 18:30 that serves the Chew/Keynsham GP cluster. There are community pharmacies open beyond 18:30, but they are located across the border in South Gloucestershire and Bristol City Council – approximately 3½ miles away in Longwell Green (open until midnight) and approximately 2½ miles away in Stockwood (open until 23:00) respectively. During the consultation there were several responses received that made a strong case for easily accessible out-of-hours pharmaceutical provision in this area (2.3.2). This is reflected in the key findings (4.1.2).

Every Wednesday evening there is a GP dispensing practice open until 19:30 that serves the Chew/Keynsham GP cluster.

- **Saturday opening**

Thirty-one community pharmacies (82 per cent) are open on a Saturday, with eight (21 per cent) open all day (including the 100-hour pharmacy) and 18 (47 per cent) open for half the day. There are at least two pharmacies serving each GP cluster that are open all day.

The majority of pharmacies that are open on a Saturday open at 09:00 (though nine open earlier), and either close at 13:00 (if open for half the day), or at 17:30 (if open for the full day). Of the six pharmacies that are open beyond 17:30, three are open until 18:00, one until 19:00, one until 20:00, and the 100-hour pharmacy is open until midnight. The 100-hour pharmacy serves the Norton Radstock GP cluster, while the other five serve Bath Central, Bath West and Bath East GP clusters.

On a Saturday there is no pharmacy open beyond 20:00 serving the three Bath GP clusters. During the consultation period there were several responses highlighting a perceived lack of late night opening hours, especially in Bath (2.3.3). This will be considered as part of an update to this PNA (1.3.6).

All of the pharmacies that serve Norton Radstock and Chew/Keynsham GP clusters are open for at least a half day on Saturday. The two dispensing practices that serve the Chew/Keynsham GP cluster are open on Saturdays between 09.00 and 12.00 (one on alternative Saturdays only). There is no easily accessible local community pharmacy open beyond 17:30 on a Saturday that serves the Chew/Keynsham GP cluster. This is also a gap identified by respondents to the consultation (2.3.2) and is reflected in the key findings (4.1.2).

- **Sunday opening**

Five community pharmacies (13 per cent) are open on a Sunday, including the 100-hour pharmacy. The 100-hour pharmacy serves Norton Radstock GP cluster, whilst the other four pharmacies serve Bath Central, Bath West and Bath East GP clusters. The 100-hour pharmacy is open from 8:00 until midnight on a Sunday, whilst the opening hours for the other four pharmacies are 10:30 to 16:30 for one pharmacy, and 11:00 to 17:00 for the other three pharmacies.

On a Sunday there is no pharmacy open beyond 17:00 serving the three Bath GP clusters. During the consultation period there were several responses highlighting a perceived lack of late night opening hours, especially in Bath (2.3.3). This will be considered as part of an update to this PNA (1.3.6).

Apart from one Supplementary Hour⁶³ between 13:00 and 14:00, there is currently no local easily accessible community pharmacy or dispensing practice serving the Chew/Keynsham GP cluster that is open on a Sunday. This has been the case since the 'in-store' Co-Op community pharmacy in Keynsham closed in 2014. This is also a gap in provision identified by respondents to the consultation (2.3.2). Whilst this gap in Sunday provision has been highlighted in the key findings (4.1.2), further work could be carried out in order to determine the demand for prescription dispensing services on a Sunday in this area (1.3.6).

B. Distance to pharmacies

Figure 10 shows the location of pharmacies, dispensing practices and bordering pharmacies (within 3 miles of the B&NES boarder) and the residential areas that are within a half and

⁶³ A pharmacy has the right to amend hours, so long as 90 days notice is given to NHS England.

one mile of them. The majority of people living in Bath, Radstock and Midsomer Norton are within one mile of their nearest pharmacy or dispensing practice.

Figure 10 also shows areas where residents need to travel more than a mile to reach their nearest pharmacy or dispensing practice, mainly those living in the rural areas to the south and south east of Bath. This includes those living in the villages of:

- Marksbury;
- Englishcombe;
- Bishop Sutton;
- Pensford;
- Farmborough;
- Corston;
- Stanton Drew;
- Norton Malreward;
- Norton Hawkfield;
- Hinton Charterhouse; and
- Wellow.

As public transport in these rural locations is limited, the majority of people are likely to travel by car to access pharmacies and dispensing practices. Therefore, those people that do not drive or have a car are limited in terms of being able to easily access a pharmacy or dispensing practice. This is a particular concern for older and younger people, and people with disabilities, who are less likely to have their own means of independent transport. However, many of the pharmacies, and all of the GP dispensing practices, do offer a delivery service for dispensed medicines, either to resident's homes, or a secure local community location (e.g. village hall, shop). However, the issue of collection should be overcome through the advent of the Electronic Prescription Service (3.5.5[A]).

○ **Bordering pharmacies**

B&NES shares borders with five other unitary local authorities – Wiltshire, Somerset, South Gloucestershire, North Somerset and Bristol City. There are a large number of pharmacies within three miles of B&NES, i.e. to the north-north-west towards Bristol (Figure 10). There are fewer pharmacies within three miles of B&NES located to the south and east.

○ **Collection of scripts and delivery of dispensed medicines**

All 38 pharmacies (100 per cent) said that they collect scripts from GP Practices, which should soon no longer be an issue, due to the roll-out of the Electronic Prescription Service (3.5.5[A]). Eighty-one per cent of pharmacies (31) say they will currently deliver dispensed medicines to peoples' homes. Twenty-two of these pharmacies said that they can deliver to any customer, and one said they restrict the service to the elderly and housebound. All of the pharmacies restrict to some extent on a geographical basis, for example, they will only deliver within a certain distance of the pharmacy, or within specific wards. Three of the pharmacies that deliver dispensed medicines to customers' homes said that they charge for this service. Only one pharmacy would not be willing to provide a '*Home Delivery*' service.

GP dispensing practices also operate delivery services (3.5.7).

C. Access for people with disabilities

Table 12: B&NES Pharmacy Contractors – Accessibility of Consultation Rooms

Accessibility of Consultation Room(s)	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew/Keynsham	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
With wheelchair access	26	74	11	79	14	74	10	71	7	88	5	100
Without wheelchair access	9	26	3	21	5	26	4	29	1	13	0	0

Source: B&NES 2014 PNA Questionnaire.

Note: pharmacies without consultation rooms are not included.

Of the 35 pharmacies that stated that they have a consultation room available to deliver services (3.5.4[A]), 74 per cent (26) stated that they are accessible by wheelchair (Table 12). Seven of the eight pharmacies that serve Norton Radstock GP cluster, and all of the pharmacies that serve the Chew/Keynsham GP cluster, have consultation rooms that are accessible by wheelchair (Table 12). The largest proportion of pharmacies that do not have wheelchair accessible consultation rooms serve the Bath East GP cluster (Table 12).

The issue of lack of wheelchair access to some consultation rooms was raised by several respondents to the consultation (2.3.1). This issue is reflected in the key findings (4.1.3).

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

Table 13: B&NES Pharmacy Contractors – Languages Spoken

Language spoken	B&NES	Bath Central	Bath West	Bath East	Norton Radstock	Chew/Keynsham
Polish	2		1		1	
Italian	1		1			
Spanish	4	2	2	1	3	
Portuguese	1				1	
German	2	1	1	1	1	
French	2	1	1		1	
Greek	1		1			
Mandarin	1		1			
Cantonese	2		2			
Guajarati	3	1	1	1	1	1
Hindi	3	1	1	1	1	1
Swahili	2	1	1	1		1
Arabic	1				1	

Source: B&NES 2014 PNA Questionnaire.

Thirteen non-English languages are spoken by pharmacy staff across the 38 pharmacies in B&NES. The different languages spoken in B&NES, and in pharmacies that serve the different GP clusters, are shown in Table 13. Seven of the languages spoken are European, with one Eastern European (Polish). Some of the consultation responses reflected the need for NHS England and pharmacies to better publicise the services they provide, or example, languages spoken by staff in pharmacies.

3.5.4 Facilities Provided

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

A. Onsite Consultation Room

Thirty-five of the 38 pharmacy contractors (92 per cent) have a consultation room available to use. One of the three pharmacies that do not have a consultation room is the distance selling pharmacy (as expected). One of the other two pharmacies has plans in place to have a consultation room available in the next 12 months, and the other is currently in negotiations to have a consultation room available. These two pharmacies serve the Bath Central, Bath West and Bath East GP clusters.

All 35 pharmacies have consultation rooms that are 'closed' so that private consultations can take place. This is an issue that was raised by respondents to the consultation (2.3.1). It is therefore encouraging to see that all of the remaining non-distance selling pharmacies have plans in place to secure a 'closed' consultation area.

All of the dispensing practices have access to a consultation room, and all are accessible by wheelchair.

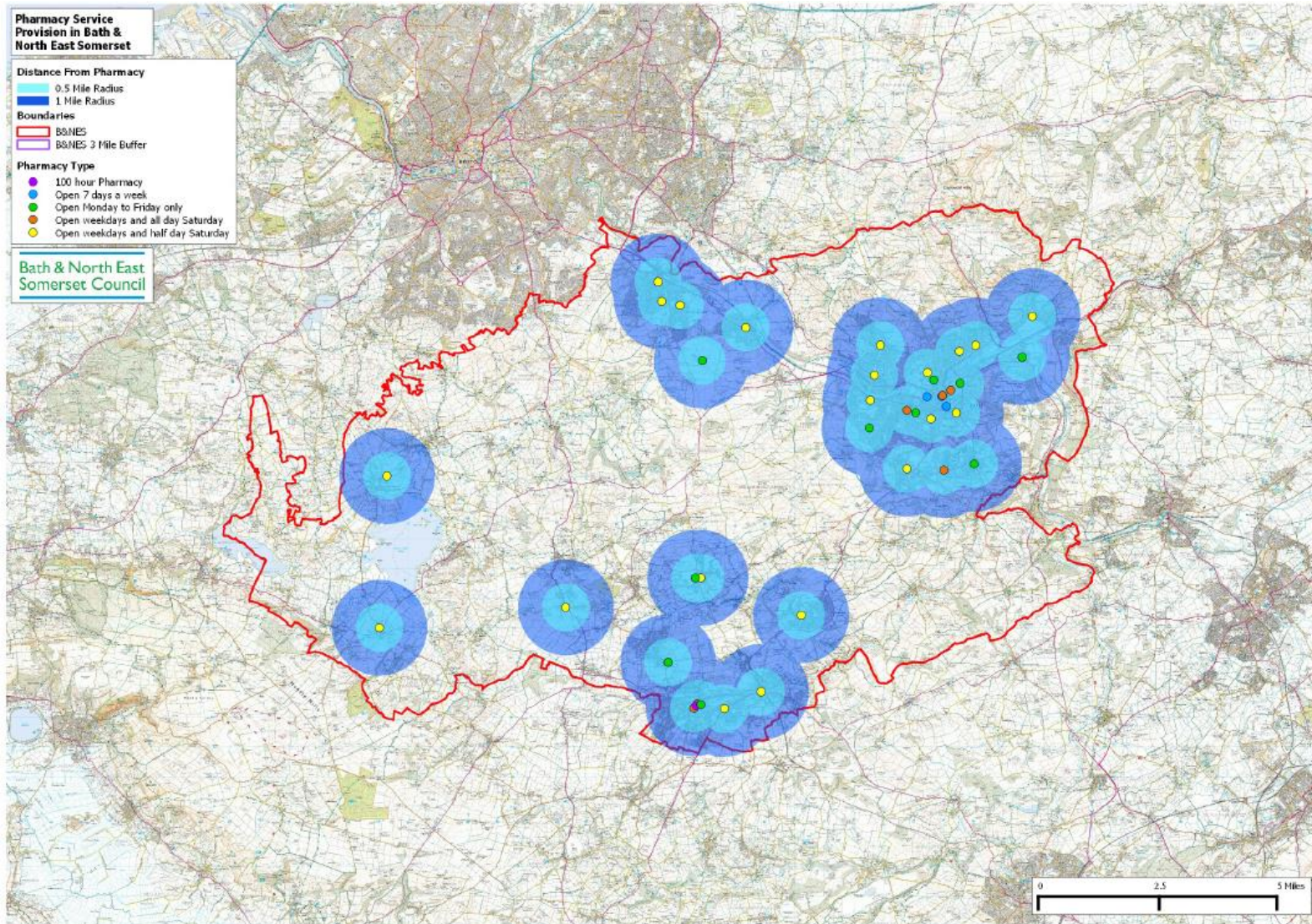
B. Off-site consultations

Thirteen of the 38 pharmacies (34 per cent) are willing to undertake consultations in patients' homes, or other suitable sites.

C. Hand-washing/toilet facilities

There are hand-washing facilities in 33 of the 38 pharmacies (87 per cent), the majority of which are within the consultation rooms. One of the five pharmacies that do not provide hand-washing facilities is the distance-selling pharmacy. All five dispensing practices have hand-washing and toilet facilities available.

Figure 9: Opening Hours and Distances of B&NES's Pharmacy Contractors and GP Dispensing Practices



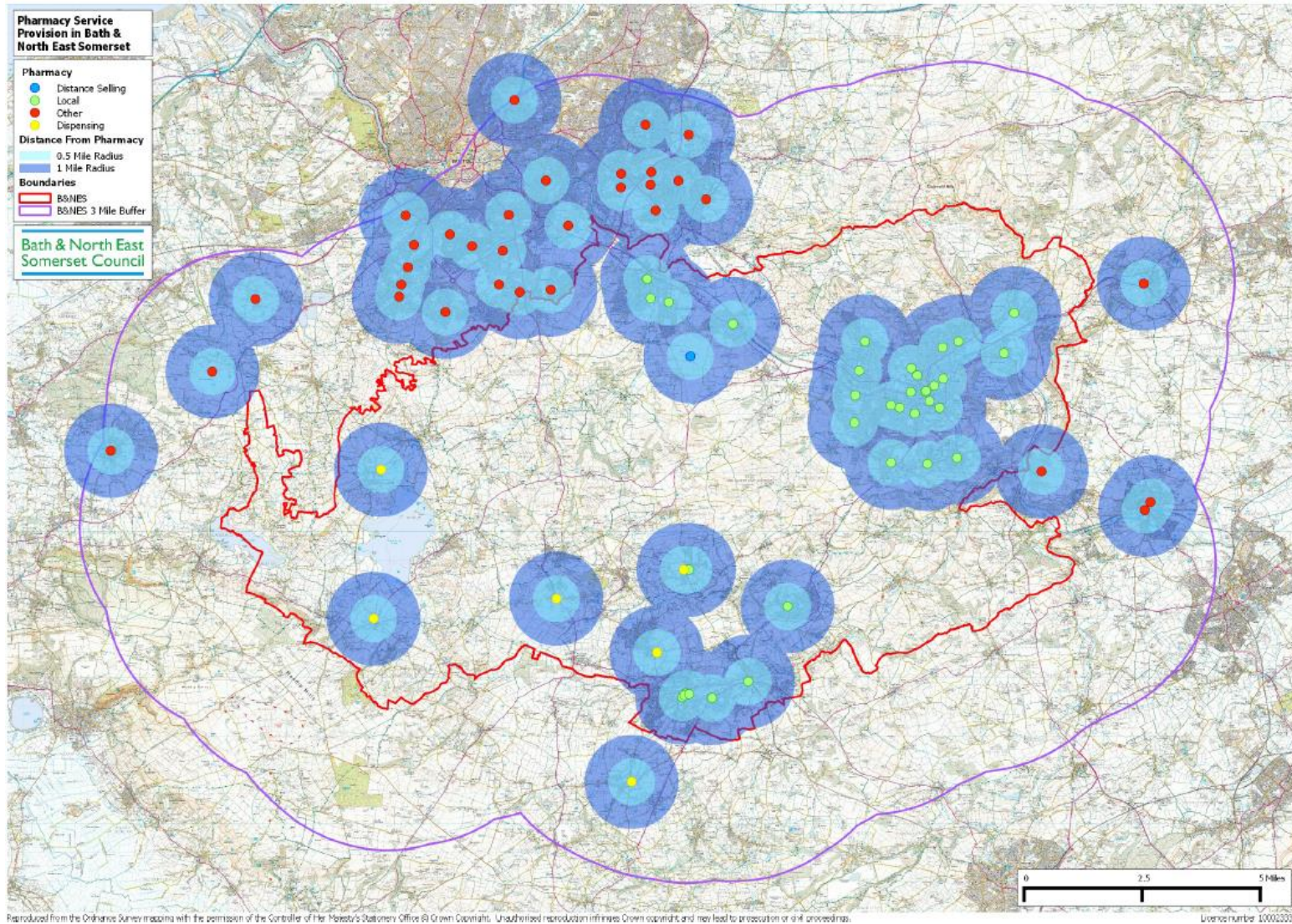
Reproduced from the Ordnance Survey maps with the permission of the Controller of Her Majesty's Stationery Office © Crown Copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings.

Licence number 100023304

Source: B&NES GIS team.

Note: uses information provided by the B&NES 2014 PNA Questionnaire.

Figure 10: Distances from Pharmacy Contractors and GP Dispensing Practices



Source: B&NES GIS team.

Note: standard distances taken from The University of the West of England (UWE) WHO Collaborating Centre for Healthy Urban Environment.

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

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

A. Essential Services

Essential services are those services that every community pharmacy providing NHS pharmaceutical services must provide. Essential services are described by the PSNC as:

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

prescribing and dispensing process more efficient and convenient for patients and staff. In addition, EPS can help to reduce wastage of medicines by allowing pharmacy more opportunities to help patients use their medicines more effectively as well as reduces risks of disruption to the supply of medicines to patients.⁶⁴

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

B. Advanced Services

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

- **Medicine Use Review (MUR) service** (Table 14) – a medicine check-up service, which is useful for people who regularly take several prescription medicines, or are on medicines for a long-term illness. Thirty-three of the 38 pharmacies in B&NES (87 per cent) provide a MUR service. This includes all of the pharmacies that serve the Norton Radstock and Chew Keynsham GP clusters. There is also good coverage in the pharmacies that serve Bath Central, Bath West and Bath East GP clusters, with between 81 and 93 per cent providing an MUR service. Of those pharmacies that serve the Bath West GP cluster, 19 per cent of pharmacies (4 out of 21) do not provide a MUR service. However, three of these four pharmacies state that they will be providing an MUR service to Bath West GP cluster customers “soon”, and one is the distance-selling pharmacy. Eighty-nine per cent of pharmacies (34) stated that they would be willing to provide the *Medicines Use Review Plus (MUR Plus)* service if it was to be commissioned locally. This includes pharmacies serving all five GP clusters in B&NES.

Table 14: B&NES Pharmacy Contractors – Medicine Use Review (MUR) Service

Medicine Use Review (MUR) service	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew/Keynsham	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
MUR	33	87	13	81	17	81	14	93	8	100	5	100
No MUR	5	13	3	19	4	19	1	7	0	0	0	0

Source: B&NES 2014 PNA Questionnaire.

- **New Medicine Service (NMS)** (Table 15) – is a service offered to people when they are prescribed a medicine to treat a long-term condition for the first time. The pharmacist will support them to use the medicine safely and to best effect. Thirty-one of the 38 pharmacies in B&NES (82 per cent) provide a NMS. This includes all of the pharmacies that serve the Norton Radstock and Chew Keynsham GP clusters. Of those pharmacies that serve the Bath West GP cluster, seven (33 per cent) do not provide a NMR service. However, four of these pharmacies state that they will be providing a NMR service to Bath West GP cluster customers “soon”, and one of the pharmacies that serve this cluster is the distance-selling pharmacy.

⁶⁴ At the time of writing this report (March 2015), EPS has been rolled out in 20 of the 27 GP practices in the NHS BaNES CCG area, with over 40 percent of prescriptions being transferred electronically from GP practices to community pharmacies. This roll-out is expected to be complete by the summer of 2015.

Table 15: B&NES Pharmacy Contractors – New Medicine Service (NMS)

New Medicine Service (NMS)	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew/Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
NMS	31	82	11	69	14	67	13	87	8	100	5	100
No NMS	7	18	5	31	7	33	2	13	0	0	0	0

Source: B&NES 2014 PNA Questionnaire.

- **Appliance Use Reviews (AURs) service** (Table 16) – an appliance (medical device) check-up service, which is useful for people who use a medical device, such as stoma bags. Twenty-two pharmacies (58 per cent) provide an AUR service, with between three and eight pharmacies providing this service to each GP cluster. Two further pharmacies state that they will be providing this service “soon”; one of these serves the Norton Radstock GP cluster, and the other serves the Bath West GP cluster.

Table 16: B&NES Pharmacy Contractors – Appliance Use Reviews (AURs)

Appliance Use Reviews (AURs)	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew/Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
AUR	22	58	7	44	8	38	5	33	4	50	3	60
No AUR	16	42	9	56	13	62	10	67	4	50	2	40

Source: B&NES 2014 PNA Questionnaire.

- **Stoma Appliance Customisation (SAC) service** (Table 17) – involving the customisation of a quantity of more than one stoma appliance. The aim of the SAC service is to ensure proper use and comfortable fitting of the stoma appliance and to prolong the duration of its use. Eleven pharmacies (29 per cent) provide a SAC service. There are at least two pharmacies that provide this service to each GP cluster, with four pharmacies providing the service to the Bath West GP cluster and four to the Norton Radstock GP cluster. One pharmacy that serves the Norton Radstock GP cluster states that it will be providing this service “soon”.

Table 17: B&NES Pharmacy Contractors – Stoma Appliance Customisation (SAC) Services

Stoma Appliance Customisation (SAC)	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew/Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
SAC	11	29	2	13	4	19	2	13	4	50	2	40
No SAC	27	71	14	88	17	81	13	87	4	50	3	60

Source: B&NES 2014 PNA Questionnaire.

- **Dispensing Reviews of the Use of Medicines (DRUMs)** – whilst not an ‘Advanced Service’, dispensing GP practices who opt to participate in a Quality Scheme which is commissioned by NHS England must provide DRUMs to “...help patients understand their therapy and to identify any problems that they are experiencing and, where appropriate, suggest possible solutions.”⁶⁵

⁶⁵ Information on DRUMs were not collected from GP dispensing practices.

C. Enhanced Services

Enhanced services are services that are commissioned locally by either, NHS England,⁶⁶ or Clinical Commissioning Groups (CCGs). The following enhanced services are commissioned by NHS BaNES CCG:

- **Specialist Drugs (Palliative Care) Enhanced Service** (Table 18) – involves commissioning (usually a small number of) pharmacies to keep in stock certain specialist medicines (used in palliative care or to treat severe infections) so that they can be made available on receipt of a valid prescription. These medicines are often required at short notice and may not normally be stocked by pharmacies. NHS BaNES CCG currently commissions five pharmacies to provide this service. A further 24 pharmacy contractors would be willing to provide a Specialist Drugs (Palliative Care) Enhanced Service, whilst nine would not. There is at least one pharmacy contractor serving each GP cluster that is commissioned to provide this service. However, one response was received during the consultation period that expressed a view that the pharmacies involved in the specialist drugs enhanced service are not easily accessible to patients/carers or nurses, particularly on a busy Saturday in the centre of Bath (2.3.3).

Table 18: B&NES Pharmacy Contractors – Specialist Drugs (Palliative Care) Enhanced Service

Palliative care scheme	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew/Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
CP	5	13	2	13	2	10	2	13	2	25	1	20
WA	12	32	6	38	8	38	5	33	0	0	2	40
WT	11	29	3	19	5	24	3	20	3	38	1	20
WF	1	3	1	6	1	5	1	7	0	0	0	0
PP	0	0	0	0	0	0	0	0	0	0	0	0
N	9	24	4	25	5	24	4	27	3	38	1	20
Total No.	38		16		21		15		8		5	

Source: B&NES 2014 PNA Questionnaire.

Note: CP – currently providing NHS funded service; WA – willing and able to provide if commissioned; WT – willing to provide if commissioned, but training required; WF – willing to provide if commissioned, but facilities adjustment required; PP – currently providing private service; N – not able or willing to provide. Percentages may not add up to 100 per cent due to rounding.

- **Emergency Supply of Repeat Medicines** – NHS BaNES CCG are mobilising a new service to support patients accessing emergency supplies of repeat medication as a first port of call from community pharmacies by removing financial barriers. This service will support patients not to inappropriately attend the out-of-hours doctor service or hospital Emergency Departments to meet the need for emergency supplies of medicines that they have run out of. NHS BaNES CCG is anticipating a good uptake of this service, which should be fully mobilised by end of March 2015.

⁶⁶ NHS England does not currently commission any enhanced services in B&NES.

3.5.6 Services Commissioned by B&NES Council (Public Health)

B&NES commissions pharmacy contractors to provide a number of sexual health, smoking cessation and substance misuse services. These are set out as follows:⁶⁷

A. Sexual Health Services

Community pharmacies in B&NES are commissioned to deliver contraceptive and sexual health services through a two tiered model.

Tier 1 services are:

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

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

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

The vast majority of pharmacies deliver the Tier 2 service (27 pharmacies), with three pharmacies delivering the Tier 1 service. All pharmacies offering either Tier 1 or Tier 2 services are expected to offer the service for a minimum of five days per week. Pharmacies deliver services in compliance with the Fraser Guidelines and Department of Health guidance on confidential sexual health advice and treatment for young people aged under-16, in line with the B&NES Sexual Health Policy. In addition, many pharmacies are also SAFE⁶⁸ accredited. Currently 22 of the 30 pharmacies delivering sexual health services are SAFE accredited. There is an on-going programme to ensure that all pharmacies become SAFE accredited.

- **Chlamydia testing:** according to questionnaire responses (Appendix 2), 50 per cent of pharmacies (19) are currently providing chlamydia testing, a further one pharmacy is willing and able to provide the service, and 15 pharmacies willing to provide the service, but with training. Only three pharmacies are not willing to provide the service and these provide to the Bath Central, Bath West and Bath East GP clusters, where there is already good provision. Current provision is lowest in Norton Radstock, where only 25 per cent of the pharmacies serving Norton Radstock GP cluster provide the service.

⁶⁷ Where relevant, the PNA Questionnaire responses have been validated with Local Authority records. This is relevant to the sexual health, smoking cessation and substance misuse services described.

⁶⁸ SAFE is a quality standard branding scheme offered to all organisations in B&NES who provide sexual health information and services to young people. The SAFE accreditation is given to pharmacies that can demonstrate they: (i) are accessible to young people regardless of disability, gender, ethnicity, sexuality, locality or financial situation; (ii) provide up to date information and resources on a range of sexual health and relationship issues for all young people; (iii) are confidential; (iv) are friendly, welcoming and comfortable places for young people to be; and (v) are encouraging and supportive of opportunities for young people to help services to continue to improve and develop, in both what services are provided and how they are provided.

- **Chlamydia treatment:** 82 per cent of pharmacies (31) are accredited and contracted to provide the chlamydia treatment service, though only 47 per cent (18) have actively been providing this service over the last six months. This latter figure is similar to the questionnaire response (Appendix 2), where 17 pharmacies have stated that they are currently providing the service. However, only two pharmacies stated that they are not willing to provide the service, and these provide to the Bath GP clusters, where there is already good provision.
- **Emergency Hormonal Contraceptive (EHC):** 82 per cent (31) of pharmacies are accredited and contracted to provide the EHC service, and 67 per cent (25) have been actively providing this service over the last six months. This latter figure is similar to the questionnaire response (Appendix 2), where 26 pharmacies have stated that they are currently providing the service. Only one pharmacy is not willing to provide an EHC service, and they provide to the Bath Central and Bath West GP clusters, where provision is already 69 and 71 per cent respectively.
- **Contraception Service (C-Card Scheme):** 82 per cent of pharmacies (31) are accredited and contracted to provide the EHC service, and 47 per cent (18) have actively been providing it over the last 6 months. According to questionnaire responses (Appendix 2), only two pharmacies are not willing to provide this service and they serve the Bath GP clusters. No pharmacies that serve the Chew/Keynsham GP cluster are actively providing the C-Card Scheme.

No pharmacies stated that they are providing sexual health services privately.

B. Smoking Cessation Services

Smoking cessation services that can be provided by community pharmacy include the provision of stop smoking support services and nicotine replacement therapy (NRT) supply. The Stop Smoking Service supports people who want to stop smoking through one to one support and advice and facilitates access to, and where appropriate supply of, pharmacotherapy and aids. The service will also refer clients to specialist services where appropriate. The NRT service involves the supply of NRT to clients receiving support from the Specialist Stop Smoking Service who have been issued with a voucher for supply of NRT.

- **Stop Smoking Service:** the majority of pharmacies have signed up to deliver the stop smoking service though levels of activity are fairly low. However, activity in delivering this service has increased year on year since 2009, and during 2013/14 approximately 13 per cent of four week quitters in B&NES used the pharmacy stop smoking service. According to the survey responses from B&NES pharmacy contractors (Appendix 2), 26 (68 per cent) are currently providing the stop smoking service, and only five have chosen not to sign up.
- **NRT Supply Service** - 36 pharmacies in B&NES have signed up to deliver the NRT supply service, though not all the pharmacies are generating NRT supply activity. This suggests that not all pharmacies are actively providing this service to smoking cessation service clients, even when they have signed up to the service. According to the survey responses from B&NES pharmacies (Appendix 2), 24 (63 per cent) of pharmacy contractors are

currently providing the service, seven have chosen not to sign up. However, there is provision across the GP clusters.

C. Substance Misuse Services

Substance misuse services that pharmacies can provide include the Needle and Syringe Programmes (NSP), supervised administration (consumption), and sharps disposal. The first two of these are commissioned by B&NES Council.

- **Needle and Syringe Programmes (NSP):** eight pharmacy contractors in B&NES currently provide a needle exchange service. The majority of these eight serve the Bath GP clusters, with two pharmacies that serve Norton Radstock and Peasdown. The pharmacy service supplements the two NSPs delivered by DHI from bases in Midsomer Norton and Bath City Centre. NSPs are targeted based on need, i.e. which pharmacy clients wish to use for needle exchange, to ensure that all injecting drug users have easy access to clean works and return used works for safe disposal to reduce the incidence of Blood Borne Viruses and to keep the community safe. According to survey responses from B&NES pharmacies (Appendix 2), 10 (26%) currently provide a needle exchange service. However the majority of pharmacies are willing to provide the service, with only seven stating that they would not wish to deliver the service.
- **Supervised Administration (Consumption):** according to survey responses from B&NES pharmacy contractors (Appendix 2) a much higher proportion (84%) are currently providing the supervised administration service. Only two pharmacies stated that they would not wish to deliver this service. Clients choose which pharmacy they wish to attend for supervised consumption or to collect their prescription from (if they are on take home medication). There is excellent coverage in B&NES.

3.5.7 Services Provided by GP Dispensing Practices

All GP dispensing practices in B&NES provide a wide range of services for their registered patients.

3.5.8 Services Pharmacy Contractors are Willing to Provide

Table 19: Pharmacy Contractors Willing to Provide a Service

Name of Service	Percentage of Pharmacy Contractors serving B&NES and GP Clusters Willing to Provide Service (Not Currently Commissioned)					
	B&NES	Bath Central	Bath West	Bath East	Norton Radstock	Chew Keynsham
SUBSTANCE MISUSE SERVICES						
Sharps disposal	82% - 31 pharmacies	69%	71%	80%	88%	80%
LONG TERM CONDITIONS						
Long-term Conditions (combined responses)	95% (36)	88%	86%	93%	100%	100%
OTHER HEALTH PROMOTION SERVICES						
Obesity Management	87% (33)	69%	71%	87%	100%	100%
Supplementary prescribing therapeutic areas	61% (23)	63%	57%	67%	50%	40%
NHS Health Check	63% (24)	69%	62%	73%	38%	60%
SCREENING SERVICES						
Alcohol	82% (31)	69%	67%	73%	88%	100%
Cholesterol	89% (34)	81%	76%	87%	100%	100%
Diabetes	92% (35)	81%	81%	93%	100%	100%
Gonorrhoea	66% (25)	63%	57%	67%	63%	60%
Helicobacter Pylori (breath test)	71% (27)	75%	67%	80%	63%	60%
Glycated Haemoglobin (HbA1c)	66% (25)	63%	57%	67%	63%	60%
Hepatitis	66% (25)	63%	57%	67%	38%	60%
HIV	66% (25)	56%	52%	67%	38%	60%
VACCINATION SERVICES						
Seasonal Flu	79% (30)	75%	71%	87%	75%	80%
Childhood Immunisations	71% (20)	75%	67%	80%	63%	60%
Human Papilloma Virus (HPV)	76% (29)	75%	67%	80%	75%	80%
Hepatitis-B	76% (29)	75%	67%	80%	75%	80%
MEDICINES ASSESSMENT AND COMPLIANCE SERVICE						
Medicine Review Service	92% (35)	88%	81%	87%	100%	100%
Medicines Management and Support	76% (29)	75%	71%	73%	75%	60%
Domiciliary MAR Carers Chart	82% (31)	75%	71%	80%	75%	100%
ON DEMAND AVAILABILITY OF SPECIALIST DRUGS						
Directly Observed Therapy	82% (31)	69%	67%	73%	100%	80%
Out of Hours Service	58% (22)	50%	57%	73%	50%	40%
OTHER SERVICES						
Anticoagulant Monitoring	92% (35)	81%	86%	87%	100%	100%
Anti-viral distribution Service	95% (36)	88%	90%	87%	100%	100%
Care Home Service	82% (31)	81%	76%	87%	75%	80%
Medicines Use Review Plus	89% (34)	81%	76%	87%	100%	100%
Minor Ailments Service	92% (35)	81%	81%	93%	100%	100%
Phlebotomy Service	66% (25)	69%	62%	73%	50%	60%
Prescriber Support Service	66% (25)	69%	62%	73%	50%	60%
Schools Service	66% (25)	69%	62%	73%	50%	60%
Access Language Service	61% (23)	63%	57%	73%	50%	40%

Source: B&NES 2014 PNA Questionnaire.

Note: includes the following responses: WA – willing and able to provide if commissioned; WT – willing to provide if commissioned, but training required; WF – willing to provide if commissioned, but facilities adjustment required; and PP – currently providing private service.

Where services are not commissioned as enhanced services by NHS England, the CCG, or as local services by the Local Authority, pharmacies were asked in the PNA questionnaire about their willingness to provide a service. Table 19 summarises B&NES pharmacy contractors' willingness to provide services currently not commissioned.

The services that are pharmacies in B&NES are willing to provide (if commissioned), and which are more likely to be commissioned in England under local arrangements, are described below.

A. Minor Ailments Service

Accredited pharmacists may provide medicines without a prescription (including some Prescription-Only Medicines, under the authority of a Patient Group Direction) for the treatment of: athlete's foot, conjunctivitis, cold sores, hay-fever, cystitis, thrush, impetigo, ring worm, oral thrush, eye infections and uncomplicated urinary tract infections in females aged 16-65. Unless they are exempt from charges, patients pay the normal NHS prescription charge. Minor Ailments services are often commissioned by pharmacies serving more deprived communities. Community pharmacy minor ailment schemes are currently commissioned at a local level, but there has been a call to shift this to a national level.

The **final report of the evaluation of Pharmacy based Minor Ailment schemes**, which provides some evidence into the effectiveness (patient and cost) of community pharmacies managing minor ailments, was published earlier this year.⁽ⁱ⁾ Main points are as follows:

- Consultations for minor ailments are a burden to health care providers; 18 per cent to 37 per cent of GP consultations are for minor ailments.
- Musculoskeletal pain was the most dominant minor ailment presenting in Emergency Departments, while upper RTIs were the most dominant in GP practice. Globally, pain is the most common reason for presenting to ED.
- Healthcare professionals cannot agree what constitutes a minor ailment, so patients probably do not know either in terms of access to appropriate care.
- Community pharmacies deliver equivalent health outcomes at a lower cost when compared with GP and ED services.
- Patients rated convenience as the major influence on choosing where to present with minor ailments, with community pharmacies rated most convenient.
- But community pharmacy minor ailment services demonstrated large variability in quality of consultation and communication skills and this needs to be addressed with education and training.

Recommendations for policy suggest co-location of pharmacies alongside EDs and GP practices; campaigns to raise public awareness of community pharmacy Minor Ailment schemes; urgent need to address the deficiencies in communication and consultation skills of pharmacists and their staff.

(i) Royal Pharmaceutical Society (2014), *Community Pharmacy Management of Minor Illness*, Final Report to Pharmacy Research UK, available at: http://www.rpharms.com/pressreleases/pr_show.asp?id=2342

There are currently no pharmacies providing a Minor Ailments service in B&NES, though 92 per cent (35) pharmacies are willing to provide the service. Three pharmacies are unwilling to provide a minor ailment service – all serving the three Bath GP clusters.

B. Obesity Management Service

Accredited pharmacy staff initiate discussion with adults, who appear to be overweight, about the health risks of overweight and obesity, offer to determine their Body Mass Index (BMI) and waist measurement, and undertake a risk assessment. Appropriate advice, support and referral are provided to those at risk of ill health due to overweight or obesity to help them to modify their lifestyle and risk.

Eighty-seven per cent (33) of B&NES pharmacies (across all GP clusters) would be willing to provide an obesity management service, whilst five are unwilling.

C. Sharps Disposal Service

Pharmacies distribute sharps bins to patients who are prescribed medicines which require parenteral administration or appliances for point of care testing, which consequently result in the production of sharps. Pharmacies subsequently provide a disposal service for these patient generated sharps in order to facilitate its safe disposal. Patients will return filled and sealed sharps bins to the pharmacy.

Eighty-two per cent (31) of pharmacies in B&NES would be willing to provide a sharps disposal service, and this includes pharmacies that serve all GP clusters. Seven pharmacies do not wish to provide this service.

D. Vaccination Services

Seventy-nine per cent (30) of pharmacies in B&NES would be willing to provide a seasonal influenza vaccination service, and this includes pharmacies that serve all GP clusters. Seventy-six per cent (29) of pharmacies are willing to provide a Hepatitis-B vaccination service, which could be used (as appropriate) in conjunction with services offered to clients receiving sexual health and/or substance misuse commissioned services.

E. NHS Health Checks

Accredited pharmacy staff provide a vascular risk assessment and management service for people in the target group (people aged 40-74 years of age who have not had a previous diagnosis of vascular disease) in order to improve awareness of their vascular risk and how to minimise or manage that risk. People who are found to be at moderate or high risk will be offered appropriate interventions and referral where required. Where pre-existing disease is suspected or identified, the person is referred to their GP surgery for further tests.

Sixty-three per cent (24) of pharmacies in B&NES would be willing to provide an NHS Health Check service, and this includes pharmacies serving all GP clusters. Twelve pharmacies are currently not willing to provide this service.

F. Screening services

The majority of pharmacies in B&NES are willing to provide the screening services listed in Table 19, and this includes pharmacies serving all GP clusters. Some screening services (e.g. alcohol screening) are now included within the NHS Health Check locally.

G. Anticoagulant Service

Anticoagulation monitoring involves the pharmacy testing the patient's blood clotting time to determine the International Normalised Ratio (INR), which measures the delay in the clotting of the blood caused by warfarin. The pharmacist will make recommendations about dosage, and provide support and advice to the patient on the use of their anticoagulant therapy, including referral to other primary or secondary care professionals where appropriate.

Ninety-two per cent (35) pharmacies in B&NES would be willing to provide an anticoagulant service, and three would not wish to provide it.

3.6 The Future of Community Pharmacies

All of the identified services that pharmacies provide, along with those they indicate they are willing to provide, need to be seen against a drive for community pharmacies to play an even greater role at the heart of a more integrated out-of-hospital service. This forms part of a wider '*Call to Action*'⁶⁹ that NHS England launched in July 2013; following which community pharmacies are set to work with general practice to play a stronger role in delivering better integrated health service that supports better outcomes for patients. The stated aims for community pharmacies are as follows:

- develop the role of the pharmacy team to provide personalised care;
- play an even stronger role at the heart of more integrated out-of-hospital services;
- provide a greater role in healthy living advice, improving health and reducing health inequalities; and
- deliver excellent patient experience which helps people to get the most from their medicines.

3.7 Potential Future Local Commissioning Opportunities

The following outline the potential future local commissioning opportunities identified by B&NES Council that could meet locally identified unmet need.

3.7.1 Sexual Health Services

With the development in testing technologies such as HIV Point of Care (PoC) testing, and NAAT testing for chlamydia and gonorrhoea, there is the potential for community pharmacies to play a bigger role in testing of common STIs in the future. Pharmacies can link to wider CaSH and Genitourinary Medicine (GUM) services in ensuring that potential treatments for these STIs can also be offered. This already happens with treatment for chlamydia infection (3.5.6[A]) and this could be extended to other common STIs, ensuring services are delivered to wherever is convenient to the patient.

⁶⁹ NHS England (2013), *Improving Health and Patient Care Through Community Pharmacy – A Call to Action*, December 2013, available at: <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

Other identified gaps in the provision of local sexual health services may be identified in a soon to be published B&NES Sexual Health Needs Assessment.

3.7.2 Substance Misuse Services

B&NES has made the Needle and Syringe Programmes very accessible. However, this means that most injecting drug users now use pharmacies to obtain needles and the drug agencies are missing the opportunity to test/re-test for Hepatitis-C and immunise against Hepatitis-B. This will include training with pharmacies on Blood Borne Viruses (BBV) and seeking their help in signposting/referring NSP clients to the treatment agencies for BBV testing, immunisation and harm reduction advice.

3.7.3 Smoking Cessation Services

Whilst coverage of local smoking cessation services is high across B&NES, activity rates are relatively low (3.5.6[B]). There is a need to explore ways of increasing these relatively low activity rates.

3.7.4 NHS Health Checks

B&NES Council is currently working with one pharmacy and a local GP surgery to test out a joint working approach to delivery of the NHS Health Checks. This is an area of need identified by the NHS Health Check Steering Group, which is looking for ways of increasing uptake of the NHS Health Check in the local community. Other areas have successfully used pharmacy providers to deliver this service.

3.7.5 Partnership Working

There are a range of services that community pharmacies could develop closer links with, including GP practices, local schools and youth clubs. This would complement the existing locally commissioned health services in these venues, and also ensure a more joined-up approach to health care.

3.7.6 Holistic Working

A number of pharmacies could supply a more holistic package of services. For example, a number of pharmacies state (in their questionnaire responses) that they currently provide NRT, but not a smoking cessation service, and vice versa.

Chapter 4: Conclusion

4.0 Introduction

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

4.1 Key Findings

4.1.1 Necessary Services: definition

Key Finding 1: Necessary Services are defined as all Essential Services (as defined in 1.1.6).

4.1.2 Necessary Services: gaps in provision

A. Essential Services

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

Key Finding 2: current pharmaceutical provision in B&NES, including out-of-hours provision, appears to be sufficient to meet the needs of the population from the three Bath GP clusters of Bath West, Bath East and Bath Central, and the Norton Radstock GP cluster. Furthermore, there appears to be sufficient pharmaceutical provision during the day until at least 18:30 Monday to Saturday that serve the Chew/Keynsham GP cluster.

During the week there is no local community pharmacy in B&NES that is open beyond 18:30 that serves Keynsham (3.5.3[A]). Furthermore, there is no local community pharmacy in B&NES that is open for longer than one hour on a Sunday that serves Keynsham (3.5.3[A]).

Key Finding 3: there is a gap in the provision of easily accessible local community pharmaceutical services that serve the Chew/Keynsham GP cluster in the evenings after 18:30 Monday to Saturday, and on Sundays.

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

Key Finding 4: within existing pharmaceutical provision there is an identified gap in the number of community pharmacies that currently do not have wheelchair accessible 'closed' consultation rooms.

4.1.3 Improvements and Better Access: gaps in provision

Assuming planned future housing development takes place as provided for by the local adopted Core Strategy, this would lead to additional predicted population growth (i.e. over and above increases due to projected current population trends). This predicted population growth is likely to be greatest in the Keynsham area (2.1.3).

Key Finding 5: It is anticipated that current pharmaceutical service provision from existing pharmacies will be able to cope with the demand from new populations for the coming few years. This will be reviewed during 2017/18 (at the latest).

Section 3.7 identified various Enhanced Services and locally commissioned services that could be expanded, improved or newly commissioned.

Key Finding 6: there are various locally commissioned pharmaceutical services that could potentially be expanded or improved, these include: an expanded role in testing for a greater range of common STIs; improved signposting for people with substance misuse problems for BBV testing; pharmacies working with a greater range of partners; and individual pharmacies providing a greater range of commissioned services in order to provide a holistic package of care.

Key Finding 7: there are various other locally commissioned services that could potentially be commissioned, for example, an NHS Health Checks Service.

4.1.4 Other Services

As stated in 2.4:

Key Finding 8: there are no known planned additional 'Other Services' (as defined in 1.2.5) that could significantly alter the need for pharmaceutical services in B&NES.

References

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

Bath and North East Somerset Council (2013), *Joint Health and Wellbeing Strategy*, available at: <http://www.bathnes.gov.uk/services/neighbourhoods-and-community-safety/working-partnership/health-and-wellbeing-board>

Bath and North East Somerset Council (2014), *Joint Strategic Needs Assessment (JSNA)*, available at: <http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics>

Bath and North East Somerset Clinical Commissioning Group (2014), *Five Year Strategic Plan*, available at: <http://www.bathandnortheast Somersetccg.nhs.uk/news/five-year-strategic-plan>

Department for Communities and Local Government (2011), *English indices of deprivation 2010*, available at: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>

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

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

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

Health and Social Care Information Centre (2013), *General Pharmaceutical Services in England: 2003-04 to 2012-13*, available at: <http://www.hscic.gov.uk/catalogue/PUB12683>

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

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

NHS England (2013), *Improving Health and Patient Care Through Community Pharmacy – A Call to Action*, December 2013, available at: <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

NHS England (2013), *Improving Health and Patient Care Through Community Pharmacy – Evidence Resource Pack*, December 2013, available at: <http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pharm-cta/>

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014, No. 417, available at:

<http://www.legislation.gov.uk/uksi/2014/417/contents/made>

Office for National Statistics (2014), *2012-based Subnational Population Projections for England*,

available at: <http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html>

Office for National Statistics (2014), *mid-2013 Annual Mid-year Population Estimates*, available

at: <http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/stb---mid-2013-uk-population-estimates.html>

Parry, G. et. al. (2004), *The Health Status of Gypsies & Travellers in England*, University of Sheffield: School of Health and Related Research, available at:

<https://www.shef.ac.uk/scharr/research/publications/travellers>

Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, available

at: <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2013, available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266023/pharmaceutical_services_directions_amendment_2013.pdf

Public Health England (2014), *National General Practice Profiles*, available at:

<http://fingertips.phe.org.uk/profile/general-practice>

Royal Pharmaceutical Society (2014), *Community Pharmacy Management of Minor Illness*, Final Report to Pharmacy Research UK, available at:

http://www.rpharms.com/pressreleases/pr_show.asp?id=2342

Appendix 1: B&NES Pharmacy Contractors (GP cluster allocation and opening times)

Purple - 100 hr pharmacy									
Blue - Open 7 days a week									
Yellow - Open weekdays and all day Saturday			Note: Chew Pharmacy in Chew Magna opened on 23rd February 2015. Chew Pharmacy is not included in this list.						
Orange - Open week days and half day Saturday									
Green - Open Monday to Friday only									
Pharmacy	Address	GP cluster(s) serve	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Midsomer Dispensing Limited (Midsomer Pharmacy)	98 High Street, Midsomer Norton BA3 2DE	Norton Radstock	08:00 - 20.00	08:00 - 20.00	08:00 - 20.00	08:00 - midnight	08:00 - midnight	08:00 - midnight	08:00 - midnight
Boots Pharmacy	1 Newark Street, Southgate, Bath, BA1 1AT	Bath Central, Bath West, Bath East	08:00 - 19.00	08:00 - 19.00	08:00 - 19.00	08:00 - 20.00	08:00 - 19.00	08:00 - 19.00	11:00 - 17.00
Boots Pharmacy	33-35 Westgate Street, Bath BA1 1EL	Bath Central, Bath West, Bath East	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	10:30 - 16.30
Sainsburys Instore Pharmacy	Green Park Station, Green Park Road, Bath, Somerset, BA1 2DR	Bath Central, Bath West, Bath East	08:00 - 21.00	08:00 - 21.00	08:00 - 21.00	08:00 - 21.00	08:00 - 21.00	08:00 - 20.00	11:00 - 17.00
Lifestyle Pharmacy Ltd.	15 Westgate Street	Bath Central Bath West, Bath East	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	9.00 - 18.00	11.00 - 17.00
Lloyds Pharmacy	Chesterfield House High Street, Midsomer Norton, Bath	Norton Radstock	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
Lloyds Pharmacy	54 High Street, Keynsham, Bristol	Chew Keynsham	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	09:00 - 17.30	Closed
Lloyds Pharmacy	Norton House, High Street, Midsomer Norton, Bath	Norton Radstock	08:00 - 20.00	08:00 - 20.00	08:00 - 20.00	08:00 - 20.00	08:00 - 20.00	09:00 - 17.30	Closed
Lloyds Pharmacy	Elm Hayes Health Centre, Clansdown Road, Paulton, Bristol	Norton Radstock	08:45 - 18.00	08:45 - 18.00	08:45 - 18.00	08:45 - 18.00	08:45 - 18.00	08:45 - 17.30	Closed
Boots Pharmacy	40 High Street, Keynsham, Bristol BS31 1DX	Chew Keysham	08:30 - 17.30 Closed 13.00 - 14.00	08:30 - 17.30 Closed 13.00 - 14.00	08:30 - 17.30 Closed 13.00 - 14.00	08:30 - 17.30 Closed 13.00 - 14.00	08:30 - 17.30 Closed 13.00 - 14.00	08:30 - 17.30 Closed 13.00 - 14.00	Closed
Superdrug Pharmacy	30-32 Westgate Street, Bath, Somerset, BA1 1EL	Bath Central, Bath West, Bath East	08:30 - 17.30 Closed 14.00 - 14.30	08:30 - 17.30 Closed 14.00 - 14.30	08:30 - 17.30 Closed 14.00 - 14.30	08:30 - 17.30 Closed 14.00 - 14.30	08:30 - 17.30 Closed 14.00 - 14.30	09:00 - 17.30 Closed 14.00 - 14.30	Closed
The Bathwick Pharmacy (A.H. Hale Ltd.)	8 Argyle Street, Bath, Somerset, BA2 4BQ	Bath Central, Bath West, Bath East	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	Closed
The John Preddy Co. Ltd.	41 Moorland Road, Bath	Bath Central, Bath West, Bath East	09:00 - 17.30 Closed 13.00 - 14.00	09:00 - 17.30 Closed 13.00 - 14.00	09:00 - 17.30 Closed 13.00 - 14.00	09:00 - 17.30 Closed 13.00 - 14.00	09:00 - 17.30 Closed 13.00 - 14.00	09:00 - 17.00 Closed 13.00 - 14.00	Closed

Purple - 100 hr pharmacy									
Blue - Open 7 days a week									
Yellow - Open weekdays and all day Saturday									
Orange - Open week days and half day Saturday									
Green - Open Monday to Friday only									
Pharmacy	Address	GP cluster(s) serve	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shaunak Pharmacy Ltd Pharmacy (Peasedown)	15 Bath Road, Peasedown St John, Bath BA2 8DH	Norton Radstock	09:00 - 18.00 Closed: 13.00-14.00	09:00 - 18.00 Closed: 13.00-14.00	09:00 - 18.00 Closed: 13.00-14.00	09:00 - 18.00 Closed: 13.00-14.00	09:00 - 18.00 Closed: 13.00-14.00	09:00 - 13.00	Closed
Jhoots Pharmacy	Newbridge Road Surgery, 129 Newbridge Hill BA1 3PT	Bath East	08:30 - 18.00 Closed 13.00-14.00	08:30 - 18.00 Closed 13.00-14.00	08:30 - 18.00 Closed 13.00-14.00	08:30 - 18.00 Closed 13.00-14.00	08:30 - 18.00 Closed 13.00-14.00	09:00 - 13.00	Closed
Lloyds Pharmacy	Keynsham Health Centre, St. Clements Road, Keynsham	Chew Keynsham	08:30 - 18.30	08:30 - 18.30	08:30 - 18.30	08:30 - 18.30	08:30 - 18.30	09:00 - 13.00	Closed
Boots Pharmacy	125 High Street, Weston, Bath BA1 4DF	Bath Central, Bath West, Bath East	09:00 - 18.00 Closed 13.30 - 14.00	09:00 - 18.00 Closed 13.30 - 14.00	09:00 - 18.00 Closed 13.30 - 14.00	09:00 - 18.00 Closed 13.30 - 14.00	09:00 - 18.00 Closed 13.30 - 14.00	09:00 - 13.00	Closed
Boots Pharmacy	201 London Road East, Batheaston, Bath BA1 7NB	Bath East	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00 Closed 13.00-14.00	09:00 - 13.00	Closed
Your Local Boots	84-85 High Street, Twerton, Bath BA2 1DE	Bath Central, Bath West	09:00 - 18.00 Closed 13.30 -14.00	09:00 - 18.00 Closed 13.30 -14.00	09:00 - 18.00 Closed 13.30 -14.00	09:00 - 18.00 Closed 13.30 -14.00	09:00 - 18.00 Closed 13.30 -14.00	09:00 - 13.00	Closed
Chandag Road Pharmacy	47 Chandag Road, Keynsham, Bristol, Bristol, BS31 1PW	Chew Keynsham	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	09:00 - 13.00	Closed
Day Lewis Pharmacy	497 Bath Road, Saltford, Bristol, Bristol, BS31 3HQ	Chew Keynsham	08:30 - 18.00 Closed 13.00 - 14.00	08:30 - 18.00 Closed 13.00 - 14.00	08:30 - 18.00 Closed 13.00 - 14.00	08:30 - 18.00 Closed 13.00 - 14.00	08:30 - 18.00 Closed 13.00 - 14.00	09:00 - 13.00	Supplementary Hours from 13:00 to 14:00
Dudley Taylor Pharmacy Ltd (Clement)	7 The Street, Radstock, Bath	Norton Radstock	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 13.30	Closed
Westfield Pharmacy (Dudley Taylor)	9 Elm Tree Avenue, Radstock, Somerset, BA3 3SX	Norton Radstock	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
Larkhall Pharmacy	1 St. Saviours Road, Bath, Somerset, BA1 6RT	Bath East	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 15.00	Closed
Timsbury Pharmacy (Tans Pharmacy)	High street timsbury, bath	Norton Radstock	09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 18.00 Closed 13.00 - 14.00	09:00 - 12.30	Closed

Purple - 100 hr pharmacy									
Blue - Open 7 days a week									
Yellow - Open weekdays and all day Saturday									
Orange - Open weekdays and half-day Saturday									
Green - Open Monday to Friday only									
Pharmacy	Address	GP cluster(s) serve	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lloyds Pharmacy	88 Frome Road, Odd Down, Bath	Bath Central, Bath West, Bath East	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
The Co-operative Pharmacy	3 Claremont Terrace, Campden Road, Bath BA1 6EH	Bath East	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
Dudley Taylor Pharmacy Ltd	87 Bradford Road BATH	Bath Central, Bath West, Bath East	09:00 - 17.30 Closed 13.00 - 13.30	09:00 - 17.30 Closed 13.00 - 13.30	09:00 - 17.30 Closed 13.00 - 13.30	09:00 - 17.30 Closed 13.00 - 13.30	09:00 - 17.30 Closed 13.00 - 13.30	9.00 - 13.00	Closed
Hawes Whiston and Co.	38 St. James's Square, Bath, Somerset, BA1 2TU	Bath West, Bath East	09:00 - 17.30 Closed 13.15 - 13.45	09:00 - 17.30 Closed 13.15 - 13.45	09:00 - 17.30 Closed 13.15 - 13.45	09:00 - 17.30 Closed 13.15 - 13.45	09:00 - 17.30 Closed 13.15 - 13.45	8.45 - 13.00	Closed
Wellsway Pharmacy	2 Hayes Place, Bath, Somerset, BA2 4QW	Bath Central, Bath West	09:00 - 17.30 Closed 13.00 - 14.00	09:00 - 17.30 Closed 13.00 - 14.00	09:00 - 17.30 Closed 13.00 - 14.00	09:00 - 17.30 Closed 13.00 - 14.00	09:00 - 17.30 Closed 13.00 - 14.00	09.00 - 13.00	Closed
Widcombe Pharmacy	4a Widcombe Parade, Bath, Somerset, BA2 4JT	Bath Central	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	08:30 - 18.00	09.00 - 14.00	Closed
Jhoots Pharmacy	28 Brock Street, Bath BA1 2LN	Bath West, Bath East	09:00 - 18.00 Closed 13.00-13.30	09:00 - 18.00 Closed 13.00-13.30	09:00 - 18.00 Closed 13.00-13.30	09:00 - 18.00 Closed 13.00-13.30	09:00 - 18.00 Closed 13.00-13.30	Closed	Closed
Lloyds Pharmacy	Combe Down Surgery, Combe Down House, The Avenue, Combe Down	Bath West	08:30 - 18.30	08:30 - 18.30	08:30 - 18.30	08:30 - 18.30	08:30 - 18.30	Closed	Closed
Your Local Boots	100 Mount Road, Southdown, Bath BA2 1LN	Bath Central, Bath West	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	09:00 - 18.00	Closed	Closed
Bathampton Pharmacy	27 Holcombe Lane, Bathampton, Bath, Somerset, BA2 6UL	Bath West	08:45 - 17.30 Closed 12.45 - 14.00	08:45 - 17.30 Closed 12.45 - 14.00	08:45 - 17.30 Closed 12.45 - 14.00	08:45 - 17.30 Closed 12.45 - 14.00	08:45 - 17.30 Closed 12.45 - 14.00	Closed	Closed
Hounsell and Greene	45 Upper Oldfield Park	Bath Central, Bath West	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	08.30 - 18.00	Closed	Closed
Pulteney Pharmacy	35 Great Pulteney Street, Bath, Somerset, BA2 4BY	Bath West	08:30 - 17.45	08:30 - 17.45	08:30 - 17.45	08:30 - 17.45	08:30 - 17.45	Closed	Closed
The Bath Pharmacy Company	Unit 20, Burnett Business Park, Gypsy Lane, Gypsy Lane, Bristol, Bristol, BS31 2ED	Bath Central, Bath West	08:30 - 17.30 Closed 13.00 - 13.30	08:30 - 17.30 Closed 13.00 - 13.30	08:30 - 17.30 Closed 13.00 - 13.30	08:30 - 17.30 Closed 13.00 - 13.30	08:30 - 17.30 Closed 13.00 - 13.30	Closed	Closed

Appendix 2: PNA Questionnaire Responses (services commissioned by B&NES Council)

SEXUAL HEALTH SERVICES

Chlamydia testing	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
CP	19	50	9	56	11	52	10	67	2	25	3	60
WA	1	3	0	0	1	5	0	0	0	0	0	0
WT	15	39	4	25	6	29	3	20	6	75	2	40
WF	0	0	0	0	0	0	0	0	0	0	0	0
PP	0	0	0	0	0	0	0	0	0	0	0	0
Not willing to provide	3	8	3	19	3	14	2	13	0	0	0	0
	38		16		21		15		8		5	

Chlamydia treatment	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
CP	17	45	6	38	9	43	7	47	5	63	2	40
WA	8	21	5	31	6	29	4	27	0	0	1	20
WT	11	29	3	19	4	19	3	20	3	38	2	40
WF	0	0	0	0	0	0	0	0	0	0	0	0
PP	0	0	0	0	0	0	0	0	0	0	0	0
Not willing to provide	2	5	2	13	2	10	1	7	0	0	0	0
	38		16		21		15		8		5	

Contraceptive service (not EHC) E.G. Condom-card scheme	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
CP	6	16	3	19	3	14	5	33	0	0	0	0
WA	18	47	7	44	9	43	8	53	5	63	2	40
WT	12	32	4	25	7	33	1	7	3	38	3	60
WF	0	0	0	0	0	0	0	0	0	0	0	0
PP	0	0	0	0	0	0	0	0	0	0	0	0
Not willing to provide	2	5	2	13	2	10	1	7	0	0	0	0
	38		16		21		15		8		5	

NB. Updated above questionnaire data information using Pharma Outcomes data

SEXUAL HEALTH SERVICES

Emergency Hormonal Contraceptive (EHC)	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
CP	26	68	11	69	15	71	11	73	6	75	3	60
WA	2	5	1	6	1	5	1	7	1	13	0	0
WT	9	24	3	19	4	19	3	20	1	13	2	40
WF	0	0	0	0	0	0	0	0	0	0	0	0
PP	0	0	0	0	0	0	0	0	0	0	0	0
Not willing to provide	1	3	1	6	1	5	0	0	0	0	0	0
	38		16		21		15		8		5	

SMOKING CESSATION SERVICES

Stop Smoking Service	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
CP	26	68	8	50	13	62	9	60	6	75	4	80
WA	1	3	0	0	0	0	0	0	1	13	0	0
WT	6	16	4	25	4	19	4	27	1	13	0	0
WF	0	0	0	0	0	0	0	0	0	0	0	0
PP	0	0	0	0	0	0	0	0	0	0	0	0
Not willing to provide	5	13	4	25	4	19	2	13	0	0	1	20
	38		16		21		15		8		5	

NRT vouchers	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
CP	24	63	11	69	15	71	10	67	4	50	3	60
WA	1	3	0	0	0	0	0	0	1	13	0	0
WT	5	13	1	6	1	5	2	13	2	25	0	0
WF	1	3	0	0	1	5	0	0	0	0	0	0
PP	0	0	0	0	0	0	0	0	0	0	0	0
Not willing to provide	7	18	4	25	4	19	3	20	1	13	2	40
	38		16		21		15		8		5	

SUBSTANCE MISUSE SERVICES

Needle and Syringe Programmes (NSP)	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
CP	10	26	6	38	6	29	4	27	2	25	1	20
WA	10	26	1	6	2	10	3	20	4	50	2	40
WT	9	24	1	6	5	24	3	20	2	25	1	20
WF	2	5	1	6	1	5	0	0	0	0	1	20
PP	0	0	0	0	0	0	0	0	0	0	0	0
Not willing to provide	7	18	7	44	7	33	5	33	0	0	0	0
	38		16		21		15		8		5	

Supervised Administration (Consumption)	B&NES		Bath Central		Bath West		Bath East		Norton Radstock		Chew Keynsham	
	No.	%	No	%	No.	%	No.	%	No.	%	No	%
CP	32	84	14	88	17	81	12	80	8	100	4	80
WA	1	3	0	0	0	0	0	0	0	0	1	20
WT	2	5	0	0	1	5	2	13	0	0	0	0
WF	1	3	0	0	1	5	0	0	0	0	0	0
PP	0	0	0	0	0	0	0	0	0	0	0	0
Not willing to provide	2	5	2	13	2	10	1	7	0	0	0	0
	38		16		21		15		8		5	