Bath & North East Somerset Council

Improving People's Lives

Health and Wellbeing Board

Date: Thursday 4th September 2025
Time: 11.00 am
Venue: Brunswick Room - Guildhall, Bath

Members: Councillor Paul May (Bath and North East Somerset Council), Paul Harris (Curo), Laura Ambler (Integrated Care Board), Charles Bleakley (BEMs+ (Primary Care)), Councillor Alison Born (Bath and North East Somerset Council), Sophie Broadfield (Bath & North East Somerset Council), Becky Brooks (3SG), Cara Charles Barks (Royal United Hospitals Bath NHS Foundation Trust), Fiona Lloyd-Bostock (Oxford Health), Kevin Hamblin (Bath College), Scott Hill (Avon and Somerset Police), Sara Gallagher (Bath Spa University), Will Godfrey (Bath and North East Somerset Council), Amritpal Kaur (Healthwatch), Jean Kelly (Bath and North East Somerset Council), Helen McColl (AWP), Lisa Miller (Oxford Health), Sue Poole (Healthwatch BANES), Stephen Quinton (Avon Fire & Rescue Service), Rebecca Reynolds (Bath and North East Somerset Council), Val Scrase (HCRG Care Group), Emma Solomon-Moore (University of Bath), Nic Streatfield (University of Bath), Agata Vitale (Bath Spa University) and Suzanne Westhead (Bath and North East Somerset Council)

Other appropriate officers
Press and Public

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NOTES:
1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings:-**

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control. Some of our meetings are webcast. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed. If you would prefer not to be filmed for the webcast, please make yourself known to the camera operators. We request that those filming/recording meetings avoid filming public seating areas, children, vulnerable people etc; however, the Council cannot guarantee this will happen.

The Council will broadcast the images and sounds live via the internet www.bathnes.gov.uk/webcast. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

4. **Public Speaking at Meetings**

The Council has a scheme to encourage the public to make their views known at meetings. They may ask a question or make a statement relevant to what the meeting has power to do. They may also present a petition on behalf of a group.

Advance notice is required as follows:

Questions – close of business 4 clear working days before the day of the meeting to submit the wording of the question in full.
Statements/Petitions – close of business 2 clear working days before the day of the meeting to include the subject matter. Individual speakers will be allocated up 3 minutes to speak at the meeting.

Further details of the scheme can be found at:

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=12942

5. Emergency Evacuation Procedure

When the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are signposted. Arrangements are in place for the safe evacuation of disabled people.

6. Supplementary information for meetings

Additional information and Protocols and procedures relating to meetings

https://democracy.bathnes.gov.uk/ecCatDisplay.aspx?sch=doc&cat=13505

Health and Wellbeing Board - Thursday 4th September 2025

at 11.00 am in the Brunswick Room - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Democratic Services Officer will draw attention to the emergency evacuation procedure.

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest** (as defined in Part 4.4 Appendix B of the Code of Conduct and Rules for Registration of Interests).

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

   Please see agenda note 4 overleaf.

7. MINUTES OF PREVIOUS MEETING (Pages 7 - 12)

   To confirm the minutes of the above meeting as a correct record.

ITEMS FOR COMMENT/SIGN OFF

8. FEEDBACK FROM DEVELOPMENT SESSIONS

   5 minutes

   Paul Harris, Curo, to feedback on the previous HWB Development Session on Warm Homes.

9. BETTER CARE FUND UPDATE

5 minutes

Laura Ambler, Executive Director of Place – B&NES BSW ICB to give a verbal update.

10. CHANGES WITHIN NHS

15 minutes

Laura Ambler, Executive Director of Place – B&NES BSW ICB to advise the Board of the latest developments.

11. JOINT HEALTH AND WELLBEING STRATEGY IMPLEMENTATION PLAN (Pages 13 - 44)

20 minutes

The Board to consider the Quarter 2 Exception Reports:
Priority 1 – attached
Priority 2 – attached, please also see: Business and Skills Annual Report 2025
Priority 3 – attached
Priority 4.1 – attached
Priority 4.2, 4.3 – attached, please also note Housing Plan adopted April 2025 and new affordable warmth grant about to launch with details on B&NES own energy advice website www.energyathome.org.uk
Priority 4.4 – attached
Priority 4.5 – attached

Paul Scott, Consultant & Associate Director of Public Health/Priority Theme Sponsors

12. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) (Pages 45 - 112)

30 minutes

To note the findings of the Pharmaceutical Needs Assessment and approve the report for publication.

Paul Scott, Associate Director and Consultant in Public Health, B&NES/Victoria Stanley/Richard Brown, Chief Officer, Community Pharmacy - Avon and Wiltshire

The Democratic Services Officer for this meeting is Corrina Haskins who can be contacted on 01225 394357.

Bath and North East Somerset Council

HEALTH AND WELLBEING BOARD

Minutes of the Meeting held

Thursday 3rd July 2025, 10.30 am

Councillor Paul May	Bath and North East Somerset Council
Laura Ambler	Integrated Care Board
Charles Bleakley	BEMs+ (Primary Care)
Becky Brooks	3SG
Jocelyn Foster	Royal United Hospitals Bath NHS Foundation Trust
Kevin Hamblin	Bath College
Fiona Lloyd-Bostock	Oxford Health
Lisa Miller	Oxford Health
Sue Poole	Healthwatch BANES
Rebecca Reynolds	Bath and North East Somerset Council
Val Scrase	HCRG Care Group
Emma Solomon-Moore	University of Bath
Christopher Wilford	Bath & North East Somerset Council

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer read out the emergency evacuation procedure.

3 APOLOGIES FOR ABSENCE

Cllr Alison Born – Bath and North East Somerset Council
Paul Harris - Curo
Will Godfrey – Bath and North East Somerset Council
Suzanne Westhead – Bath and North East Somerset Council
Sophie Broadfield – Bath and North East Somerset Council
Sara Gallager – Bath Spa University
Nick Streatfield – University of Bath
Scott Hill - Avon and Somerset Police

4 DECLARATIONS OF INTEREST

Becky Brooks declared interests in the following items:
Item 8 – Bath and North East Somerset Health Inequalities Funding - she had sat on the scoring panel for some of the projects.
Item 11 – Better Care Fund Update - 3SG had received funding from the BCF and she would abstain from voting on this item.

5 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

There was no urgent business.

6 PUBLIC QUESTIONS, STATEMENTS AND PETITIONS

There were no items from the public.

7 MINUTES OF PREVIOUS MEETING

RESOLVED that the minutes of the meeting of 1 May 2025 be approved as a correct record and signed by the Chair.

8 BATH AND NORTH EAST SOMERSET HEALTH INEQUALITIES FUNDING

Sarah Heathcote/Paul Scott gave a presentation (attached as an appendix to these minutes).

The following two questions were put forward for the consideration of the Board.

1. ***Any comments, clarifications or questions on the report content?***

The Board responded as follows:

1. How did this work tie in with other inequalities work, e.g., the Youth Trailblazer scheme and closing the education attainment gap? *The funding was focussed on health care, although the Health Inequalities Manager had created networks and made links with other inequalities projects.*
2. It was recognised that there had been an unprecedented level of evaluation/focus on outcomes in relation to this funding aimed at addressing health inequalities.
3. Had there been challenges with secondary care? *There had been good engagement with both primary and secondary care and the steering group provided strategic leadership but there were understandable challenges in terms of operational day to day pressures.*
4. As there was uncertainty about future funding post-March 2026, there was a

need for this work to be integrated into the mainstream, e.g., every plan/report/business case to address health inequalities implications.

2. In the context of wider organisational change and uncertainty regarding the health inequalities funding stream from April 2026, what role can the Health and Wellbeing Board play in sustaining progress on Health Inequalities in B&NES?

a. *Are there opportunities as part of the JHWS strategy implementation plan refresh?*
   - *Include an explicit focus on delivery to and outcomes for specific disadvantaged groups across the 4 priority theme areas?*
   - *Where possible ensure that actions address inequalities?*
b. *Can the process for monitoring the implementation plan do more to support addressing inequality?*
c. *Could development sessions include focus on inequalities?*
   - *Are there other opportunities e.g. extending the Core Indicator Set; Biannual Exception Reporting Process; requirement for board papers….?*
   - *Board members champion inequalities through their board and wider organisational roles.*

1. The Board agreed that there was an opportunity to sustain the work on addressing health inequalities as part of the JHWS strategy implementation plan refresh, but there was a limit to what could be achieved by the implementation plan alone. Leaders of partner organisations had a responsibility to develop and promote this work.
2. It was noted that there was work being done within individual organisations and there was a challenge to make sure work was linked especially as network meetings may not continue after the end of funding in March 2026.
3. There was an opportunity for a deep dive at development sessions.
4. There could be an explicit reference in the template for meetings to ensure that each topic discussed addressed health inequalities.

The Board RESOLVED to:

1. note the performance of the Health Inequalities Network and the B&NES Health Inequalities Fund (BHIF) projects.
2. note the risks to the Health Inequalities work going forward and to consider its role in advocating and championing a continued focus on Place-Based work to address health equity.

9 AWP - MENTAL HEALTH, LEARNING DISABILITY, AND AUTISM (MHLDA) INPATIENT QUALITY TRANSFORMATION PROGRAMME

Representatives from AWP - Sarah Jones (Director of Nursing and SRO for the Inpatient Programme), Cintia Faria (Inpatients Programme Manager) and Holly Matthewman (Head of Inpatient Programme) gave a presentation as circulated to Board members in advance and drew attention to the following:

MHLDA Inpatient Quality Transformation Programme

1. This was a nationally mandated 3-year programme that AWP commenced in June 2024.
2. Overall, the programme aimed to:

a. Bring care closer to home
b. Eliminate out of area placements
c. Enhance the community offer
d. Reduce restrictive practice
e. Provide trauma- and autism-informed care that is equality focused,
f. Increase therapeutic interventions
g. Improve patient outcomes and improve the experience for staff and patients.

Older Adults Project

The project aimed to transform older people's mental health community services and the care pathway for people with dementia in BSW.

Questions for the Board:

1. *What are the opportunities and challenges in your area of work?*
2. *Are there groups we should be engaging with?*

The following comments were raised by the Board:

MHLDA Inpatient Quality Transformation Programme

1. The guidance was intended to ensure same quality of service regarding the setting, so it was important to ensure those in private beds as well as AWP commissioned beds had this standard.
2. There were challenges in acute care in terms of serious Mental Health issues – was AWP working at other facilities? *This was not included in this project but alongside this AWP were doing community transformation piece of work.*
3. It was noted that there was a new 10-bed regional resource, the Kingfisher Unit led by BSW ICB as strategic lead commissioner and AWP as the provider, which would provide short therapeutic stays for people with learning difficulties/autism experiencing a crisis.
4. What about the transition between children to adult services? *There were transition workers within AWP*. *AWP was putting together data re-transitions of children into adult mental health services and this looked positive in terms of improvement.*
5. Consideration needed to be given to young carers whose parents had mental health issues.

Older Adults Project

6. 3SG Vice-Chair was leading on an Ageing Well network and welcomed AWP to join this space.
7. The Older Adults Project was welcomed as it was recognised that there was a gap in acute care.
8. There was also a gap in primary care where an adult developed dementia but was not well enough to be referred to ReMind (dementia research and treatment centre).

The Board **RESOLVED** to feedback any further comments in relation to the Older Adults Project.

10 **ILACS (INSPECTION OF LOCAL AUTHORITY CHILDREN'S SERVICES)**

Chris Wilford gave a verbal report as below:

1. The Council had received formal notification of the inspection on 2 June.
2. Inspectors looked at how the local authority provided service to children.
3. It was a two-week inspection, one week off-site and one week on-site.
4. The first week was about performance data and speaking to senior leaders.
5. The second week involved a lot of interviews with staff, young people, schools and a focus on care leaders.
6. The Inspectors had a particular focus on children outside education/school system and mental health pathways for children in care/care leavers.
7. Inspectors were looking to see if the level of service had been maintained, improved or deteriorated.
8. The outcome of the inspection was embargoed until the report was published at the beginning of August.
9. He thanked all staff including social workers for their input.

The Board **RESOLVED** to note the information about the ILACS inspection.

11 BETTER CARE FUND UPDATE

Laura Ambler, (Executive Director of Place, B&NES BSW ICB) introduced the report and drew attention to the following:

1. There was a requirement to complete quarterly returns and annual returns.
2. Laura Ambler and Suzanne Westhead were delegated to approve returns on behalf of the Board as the timings did not allow the Board to approve prior to submitting the returns.
3. The Board was requested to ratify the BCF Quarter 4 end of year return.
4. The national metrics had been met, everything planned was spent and within budget.

In voting for the recommendation, Becky Brooks abstained as 3SG had benefited from some of the available funding.
The Board **RESOLVED** to ratify the BCF Quarter 4 End of Year return.

12 CURRENT NHS REFORMS

Laura Ambler gave a verbal update as below:

1. The policy paper – 10 Year Health Plan for England had been published on 3 July.
2. There had previously been an announcement that NHS England would be abolished, but it would now be merged with the Health and Social Care department.
3. The running cost of ICBs would be cut by 50%.
4. There was an ICB model blueprint setting out a number of functions to grow and some to be transferred.
5. ICBs would remain, but it was not sustainable for them to stay as they were and there was an expectation for them to cluster into larger geographical areas. BSW ICB was working with Dorset and Somerset. 42 ICBs would be reduced to 26 clusters.

6. Clustering arrangements would stay in place up to 2027.
7. It was a difficult time for staff who continued to work hard.

The Board raised the following questions/comments:

1. Was there a case for joining with BNSSG rather than Dorset/Somerset to reflect the West of England Combined Authority region? *This was considered as an option but combining with Dorset/Somerset made sense from a health footprint point of view. This may change in the future. However, the boundaries were not hard, e.g., people in B&NES could still access health services in Bristol*.
2. The HWB emphasised the need to ensure the community of B&NES would not be negatively impacted by the changes.

The Board RESOLVED to note the latest position in relation to NHS reforms.

13 OFFICE FOR HEALTH IMPROVEMENT AND DISPARITIES (OHID) SOUTH WEST ASSURANCE VISIT

Rebecca Reynolds, Director of Public Health, gave a verbal update as below:

1. All Local Authorities had an annual grant ringfenced for public health activities and a certificate of assurance needed to be signed off.
2. This year there had been much closer scrutiny on how money was being spent.
3. Bath and North East Somerset Council's assurance visit had taken place in June with the Chief Executive, Executive Director – Operations, Director of Public Health, Cabinet Member for Adult Services and Section 151 Officer in attendance.
4. The visit was led by the Regional Director of Public Health, and he gave feedback that there was strong and strategic understanding of action being taken in relation to addressing inequalities in education and food.
5. Cllr Alison Born had reflected on the successes of the Health and Wellbeing Board.
6. There was a second meeting with the 3 Directors of Public Health in B&NES, Swindon and Wiltshire to look at how they worked with the ICB.
7. The certificate of assurance was signed off; there was a minor comment about greater clarification on how information was recorded on the data system.

The Board **RESOLVED** to note the details of the visit.

The meeting ended at 12.30 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Exception report for progress on the Health and Wellbeing Strategy (JHWS) Implementation
Priority 1: Ensure that children and young people are healthy and ready for learning and education.

Date of Health and Wellbeing Board meeting this report will be reviewed at:	**4/9/25 (Q2)**

Risk Assessment

Risk Level - RAG (Red, Amber, Green

None - green

Action plan on or exceeding target
Continue to monitor.

Medium - amber

Some items not delivered to timeframe.
Monitoring suggests a trend line diverging from plan.
Low risk/likely to resolve.

High – red

Action item not being delivered.
Monitoring does not evidence that sufficient progress is being.
High risk

1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
1	**Sarah McCluskey**	**Chris Wilford (interim)**	YES

2. Open 'Amber' and 'Red' actions from previous exception reports

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to HWB?

Recognition that some services have a very strong trauma informed resilience approach which can be shared/promoted amongst the wider CYP workforce	*1.1.2*	Marcia Burgham Sarah Gunner	Plans to review the current trauma information resilience training and resource available are ongoing as we identify appropriate contacts/ workstreams to enable this mapping. July 2025: Targeted training starting in July for 6 schools to develop practice. Early Years version of the trauma informed practice to be available in September along with training offer. Sarah G to progress the internal trauma informed practice steering group.	AMBER	
Big Education commissioned to deliver a project to support schools to improve educational outcomes of disadvantaged children.	1.3.1	Olwyn Donnelly Marcia Burgham	The 3-year project with Big Education to reduce the attainment gap for disadvantaged pupils (jointly funded by B&NES and St John's) culminated in a B&NES Conference, 'Making a Difference – Narrowing the Gap for Pupils in B&NES' on the 27.06.25. The conference provided a platform the celebrate the work of the project, including the impact of the ALSs. The project exceeded its legacy aims as not only do we have a core of ALS leaders willing to continue to support action research across our schools, but 'Disadvantage' has become a key priority across the Council as evidenced in the programme, ensuring areas across the Local Authority understand their roles and responsibilities to address the gap.	AMBER was RED	

			The Be Well B&NES Children's Network has been formed, and the first meeting was held in June. The Network priority is overseeing the development of a business case to support the work of the Educational Attainment Gap Report and recommendations.		
Promote and encourage schools to engage in the Affordable Schools Programme.	1.3.3	Marcia Burgham	The programme was promoted at the 'Making a Difference – Narrowing the Gap for Pupils in B&NES' conference on the 27.06.25 and follow-ups meetings are now underway for schools who have shown an interest. (Total number of B&NES schools enrolled in the programme is 37) Work has commenced to develop a toolkit to promote an Affordable Early Years Settings programme.	AMBER	
Taking forward revised Safety Valve Plan 3 areas of focus: strengthening system of SEN support; Proactive development of local specialist provision; strengthening statutory decision making.	1.4.1	Claire Galloway/Olwyn Donnelly	The SEND & AP Advice Service launched in September 2024. The service has had contact with all mainstream primary and secondary schools and Bath College offering advice, support at the universal and targeted level, and CPD/Training. The offer for Early Years settings continues to grow. The service chairs the Initial	AMBER	

			Request panel and offers settings a consultation following a 'decline to assess' decision to support the setting to meet need. The service has delivered training to over 1,200 education colleagues.		

3. New exception reports

Priority ONE Ensure Children and Young People have the best start in life and are ready for education and learning. Intended outcome: All our children are healthy and ready for learning and education.						
Strategy Objective ***1.1 Strengthen family resilience to ensure children and young people can experience the best start in life.***						
Strategy objective Action	**Risk level – RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
1.1.1 Implement Best Start in Life Action Plan	GREEN					
1.1.2 Work towards a shared trauma informed resilience approach	AMBER					
1.1.3 Ensure constant promotion of existing and new services so practitioners and families know what support is available	GREEN					

Strategy Objective 1.2 Improve timely access to appropriate family and wellbeing support						
Strategy objective Action	**Risk level level – RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
1.2.1 Ensure continuity of Early Help offer	**NEW** AMBER was GREEN	The current Early Help offer is being reviewed considering Families First Partnership reforms.	Dedicated communication lead is being recruited to ensure changes to the Early Help offer are clear and informed by key stakeholders delivering early help and parent/carers	The Early Help offer for families is clear following implementation of Families First Partnership.	Transformation Review in progress 2025/26	To have a focus on Families First partnership reforms at the Priority 1 Development Session Spring 2026 (TBC)
1.2.2 New Family Therapy AWP provision.	GREEN					
1.2.3 Progress work towards a Family Hub/Multi-Disciplinary Team approach to support families linked to new Integrated Neighbourhood Team model.	GREEN					

Strategy Objective 1.3 Reduce the existing educational attainment gap for disadvantaged children and young people.						
Strategy objective Action	**Risk level RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
1.3.1 Improve Disadvantaged Educational Outcomes Programme (IDEOP) to commission work to provide intensive support for children eligible for free school meals, Children Looked After (CLA), SEND and BAME to support them to achieve better outcomes at school	AMBER					
1.3.2 Continue to work alongside schools and social care to reduce exclusions and suspensions for all children open to social care but with a specific focus on CLA and Children with Protection Plans (CPP) in place	GREEN					
1.3.3 Continue affordable school's work.	AMBER					

Strategy Objective **1.4 Ensure services for children and young people who need support for emotional health and wellbeing are needs-led and tailored to respond and provide appropriate care and support (from early help to statutory support services)**						
Strategy objective Action *Add hyperlink to detailed update on progress on this indicator where available.*	**Risk level RAG**	**Reason for escalation (*leave blank if green unless exceptional progress***	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
1.4.1 Retain commissioned services	**NEW** GREEN was AMBER			We currently have the right commissioned services in place, and they are working well. The focus going forward in 2026 will be the transformation programme around Families First and the review of what and our commissioning needs are		Support with changes to future commissioning intentions in line with new national guidance Families First, Childrens Wellbeing and Schools Bill, Best Start in Life Strategy.

					around Early Help.		
1.4.2	Influence ICA to invest and take action to address emotional wellbeing and mental health.	GREEN					
1.4.3	Use and refresh Dynamic Support Register and Care, Education and Treatment Plans to ensure support provided is needs led and tailored to child	GREEN					
1.4.4	Improve transition processes between children and young people and adult services (Physical and MH provision)	**NEW** AMBER was GREEN.	Improvements to Transitions process.	The Preparing for Adulthood sub group of the LAIP Board is working with multiagency partners to map all planned activities to continue to improve transitions processes. This will then create a prioritised list of key actions and timeframes linking with the CYP transformation agenda.		On going	

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Priority 2: Improve skills, good work and employment

1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
2	**Claire Lynch**	**Sophie Broadfield**	Yes / No

2. Open 'Amber' and 'Red' actions from previous exception reports - NONE

3 New exception reports

LEAD OFFICER: Claire Lynch **Priority TWO - Improve skills, good work and employment**						
Strategy Objective ***2.1.*** **Work with education providers and other partners to provide robust and inclusive pathways into work and including for disadvantaged young people**						
Strategy objective Action	**Risk level – RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
2.1.1 Map future skills requirements, including in major projects and emerging sectors, and	Green	www.skillsconnect.org.uk/directory www.achieveinbathnes.co.uk				

	work with skills providers on relevant course provision such as Adult Education Budget (AEB) and the FWD project						
2.1.2	Prioritise projects to address barriers to employment for young people, including care leavers and those with SEND, vulnerable learners	Green	https://weworkforeveryone.org https://www.achieveinbathnes.co.uk/support-and-guidance/supported-internships-bnes				
2.1.3	Improve access to support by providing clarity to the extensive and complex employment and skills ecosystem through high quality and impartial IAG	Green	www.skillsconnect.org.uk/directory				
Strategy Objective **2.2 Work with local employers to encourage, incentivise and promote good quality work**							
Strategy objective Action		**Risk level level – RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**

2.2.1 Encourage partners and local businesses to sign up to WECA Good Employment Charter	Amber	Discussions with B&NES council and MCA have taken place and we are signed up as a supporter however B&NES Council just needs to formalise this.				
2.2.2 B&NEs council to lead by example and support partners and local businesses to transition into an Employer of choice.	Green	We are starting to develop this further within the Business and Skills team and we have set up the Resilient Business working group which is an adoption of the Economic Strategy				
Strategy Objective **2.3 Support the development of and access to an inclusive labour market, focusing on engaging our populations most at risk of inequalities in accessing and maintaining good work**						
Strategy objective Action	**Risk level RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
2.3.1 Create and deliver an inclusive employment and skills plan for Bath and North East Somerset, ensuring UKSPF supports B&NES requirements	GREEN	https://www.achieveinbathnes.co.uk/support-and-guidance/progressive-routes An example of the work we have done with the levelling up fund – supporting B&NES residents				

2.3.2 Promote the Disability Confident Employer scheme and increase our own levels and be an employer who can encourage local employers to enhance the recruitment, retain and develop residents with disabilities	GREEN	The council is a Supporter of Disability Confidence – we are a level 2				
2.3.3 Through the FWD programme, offer an alternative and inclusive structure to training that addresses barriers to training not addressed through existing provision, and has embedded routes to employment	GREEN	This pilot successfully completed last year				
Strategy Objective **2.4 Prioritise inclusiveness and social value as employers, purchasers and investors in the local economy**						
Strategy objective Action	**Risk level RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
2.4.1 Collaborate as B&NES anchor institutions (and major employers) to	GREEN					

	review and adopt good work practices						
2.4.2	Use social value to promote apprenticeships for vulnerable groups	Green	We are doing this through our Digital Open Reach programme. Also S106 through our Constructing B&NES https://www.achieveinbathnes.co.uk/support-and-guidance/constructing-bnes				

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Priority 3: Strengthen compassionate and healthy communities

1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
3	**Amy McCullough**	**Becky Reynolds**	Yes

2. Open 'Amber' and 'Red' actions from previous exception reports - NONE

3 New exception reports

LEAD OFFICER: AMY McCULLOUGH **Priority THREE** **Strengthen compassionate and healthy communities**						
Strategy Objective ***3.1*** **Infrastructure that encourages and enables individuals, organisations and networks to work together in an inclusive way, with the shared aim of supporting people in need and building strong local communities**						
Strategy objective Action	**Risk level – RAG)**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
3.1.1 Implement Community Wellbeing Hub (CWH) strategy* **To Note: This should refer to implementation of the CWH*	**AMBER**	Amber due to two key factors: 1. Nationally, Better Care	.	. BCF (or alternative funding stream)		For HWB members to continue to champion the CWH as an

Business Plan rather than Strategy		Funding (BCF) only able to be agreed for one year (2025-26) due to NHS reforms and national review of (some) funding streams. CWH funding therefore agreed for 2025-26 but remains a lack of certainty over future Better Care Funding. The hope is that it will move to a 3 year funding stream approach.	Ensure CWH continues to be reviewed as part of the BCF process, and any alternative funding streams that are aligned with NHS reforms.	confirmed beyond 2025-26 and ideally for at least a 3 year period.	In line with national updates on BCF	approach that delivers on Council, ICB and NHS Plan reforms/ transformation, and to support the realisation of opportunities to align the CWH with wider transformation work. To support the use of core funding for the CWH where this is possible in the future.
		2. Significant changes in Council leadership means there is	Engage new and future Council (and Health) leaders, and including through visits to the CWH and taking them through	New and future leaders supportive of the CWH (and	During 25/26 – as new postholders in place	

		a potential risk to strategic support for the CWH. Current/past leadership has been very supportive.	the strategic, financial and economic case, and through alignment with transformation programmes and activities (already taking place).	the business case). Good alignment of the CWH to support transformation programmes, including in relation to CYP and families.		
Strategy Objective **3.2 Enable and encourage proactive engagement in health promoting activity at all ages for good quality of life**						
Strategy objective Action	**Risk level level – RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
3.1.2 Implement Health Improvement Strategy* **To note: Now referred to as Be Well B&NES*	**GREEN**					
3.1.3 Cultural strategy to include activities that support/promote wellbeing	**GREEN**					
Strategy Objective **3.3 Develop a strategic approach to social prescribing to enable people to remain healthy and manage physical and mental health conditions** *(cross ref to ICA's priorities 2,3 and 4 and cross cutting themes)*						

Strategy objective Action	Risk level RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
3.3.1 Establish a framework for social prescribing across B&NES – include mapping of existing services, identification of gaps in provision and develop a shared definition of what social prescribing means in B&NES	**GREEN**	Framework complete and delivering next phase of work, which is focussed on delivery of an action plan and plan for securing longer term funding to support social prescribing				

Priority 4: Create Health Promoting Places

1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4.1	**Amy McCullough**	**Laura Ambler**	Yes

2. Open 'Amber' and 'Red' actions from previous exception reports - NONE

3 New exception reports

LEAD OFFICER: AMY McCULLOUGH **Priority FOUR** **Create Health Promoting Places**							
Strategy Objective ***4.1*** **Utilise the Local Plan as an opportunity to shape, promote and deliver healthy and sustainable places and reduce inequalities**							
Strategy objective Action		**Risk level – RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
4.1.1	Key policies included in the Local Plan that promote health and wellbeing and support the implementation of the ecological emergency action plan e.g., policies that	**AMBER**	Options document and draft Local Plan on track to include policy that promotes healthy places, and additional	Infrastructure Task and Finish Group membership to be broadened (as an action from the HWB Informal Devt. Session) to progress health, social care and	Task and Finish Infrastructure Gp membership broadened with	Autumn 2025	Partners that are requested to be on the Task and Finish Group engage

	promote: - Access to green space; Active travel; Access to healthy food; Accessible/safe housing for aging population		engagement with residents across the life-course planned and taking place to inform policy. Amber because further work required to develop health, social care and community infrastructure needs and how the Local Plan and future housing sites and development can align with and help to meet these needs. Evidencing health and social care infrastructure requirements alongside a development trajectory is complex and the policy mechanism to reflect this will need to be jointly developed. Also Amber as the work required to ensure the Local	community infrastructure work.	clear ToR or aims, objectives and outcomes. Clear plan and resources in place to deliver infrastructure work. TRUUD approach systematically considered and informs policy content of the draft Local Plan.	Autumn 2025 By January 2026	and support work.

		Plan is informed by a TRUUD approach (to create health promoting environments and address root causes of unhealthy development e.g. promoting active travel, healthy food environments etc.) is due to be embedded but has not yet been delivered.				

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Priority 4: Create Health Promoting Places

1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4.2, 4.3	**Chris Mordaunt**	**Laura Ambler**	Yes/No

2. Open Amber and Red actions from previous exception reports - NONE

3 New exception reports

LEAD OFFICER: Chris Mordaunt **Priority FOUR** **Create Health Promoting Places**						
Strategy Objective ***4.2*** **Improve take up of low carbon affordable warmth support for private housing; and encourage B&NES social housing providers to provide low carbon affordable warmth for existing social housing to help prevent damp and mould and cold-related illnesses**						
Strategy objective Action	**Risk level – RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**
4.2.1 Develop an overarching "Housing & Delivery Strategy", incorporating action plans for affordable warmth measures, such	GREEN			Housing and Delivery Strategy	April 2025	To promote the new Bright Green Homes affordable warmth grant scheme with gas, electric, LPG and solid fuel heated

	as, improving information & signposting; working with Regulated Providers (RPs) and other partners at West of England level to promote & encourage low carbon affordable warmth etc www.energyathome.org.uk				entitled the Housing Plan completed and adopted		homes all eligible for low income owner occupiers and private landlords https://www.energyathome.org.uk/funding

Strategy Objective **4.3 Maximise opportunities in legislation to facilitate targeted private rented sector inspection programme to ensure the minimum statutory housing and energy efficiency standards are met**							
Strategy objective Action	**Risk level level – RAG**	**Reason for escalation**	**Actions to control risk**	**Success measures**	**Timescales**	**Any requests to Health and Wellbeing Board?**	
4.3.1	Develop an overarching "Housing & Delivery Strategy" incorporating action plans for the regulation and improvement of housing conditions	**GREEN**			See 4,2,1 above		See 4,2,1 above
4.3.2	Commission housing condition survey modelling	**GREEN**			Housing condition stock model and condition		

				report completed		
4.3.3 Assess the evidence for a further discretionary licensing scheme within B&NES	**GREEN**		Assess impact of Renter Rights Bill which is currently in its final stages with amendments made by the Lords being considered	Assessment complete and legal advice obtained	December 2025	

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Priority 4: Create Health Promoting Places

1 - Sign off from Sponsor with any exceptions listed below.

Reporting leads to ensure exception reports are shared with and signed off by Sponsors prior to submission

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4.4		**Laura Ambler**	Yes

2. Open Amber and Red actions from previous exception reports

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to Health and Wellbeing Board?

3 New exception reports

LEAD OFFICER: Laura Ambler **Priority Four - Create Health Promoting Places**
Strategy Objective ***4.4*** **Improve equitable access to physical and mental health services for all ages via the development of Integrated Neighbourhood Teams (INTs), community-based specialist services and our specialist centres** *(Cross referenced to ICA's priorities 1, 2,3 and 4 and relevant cross cutting themes)*

Strategy objective Action	Risk level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
4.4.1 Design and implement Integrated Neighbourhood teams, taking into consideration existing local models and experience	**AMBER**		Engagement in the development on INTS as part of the ICBC programme Building on previous frailty pilot work to refocus a test and learn INT model in B&NES		Sept 2025 Sept 2025-Spring 2026	
4.4.2 Ensure visibility of wide range of services that are available are known by all (Review previous approaches to directories)	**AMBER**		Learning from any neighbouring authorities who take part in Wave 1 of the National neighbourhood health improvement programme Workshop in B&NES Coordinated by Director of Public Health to bring together relevant workstreams that touch on neighbourhood health		Autmn 2025 Sept 2025	

Priority 4: Create Health Promoting Places

1 - Sign off from Sponsor

Theme	Lead officers	Sponsor	Progress reviewed and exceptions have been reported?
4.5	**Paul Scott**	**Laura Ambler**	Yes

2. Open Amber and Red actions from previous exception reports

Actions to control risk	Strategy action this relates to	Lead officer	Progress on the action	Current risk level (RAG)	Any requests to Health and Wellbeing Board?
The ICB continue to push forward strategic intentions through delivery of the Integrated Community Based Care Programme and the Core20Plus5 Programme for Children and Young People.	*4.5.3*	*Lucy Baker*	*ICBC mobilisation now taking place.* *Joint working to ensure alignment with Families Frist Programme and development of neighbourhood health*	**GREEN**	

3 New exception reports

LEAD OFFICER: PAUL SCOTT **Priority Four** **Create Health Promoting Places**
Strategy Objective ***4.5*** **The NHS, LA, Third Sector and other partners to increasingly embed prevention and inequalities action into their planning and prioritisation (Cross referenced to ICA's priorities 2 and relevant cross cutting teams)**

Strategy objective Action	Risk level – RAG	Reason for escalation	Actions to control risk	Success measures	Timescales	Any requests to Health and Wellbeing Board?
4.5.1 Establish B&NES health inequalities network	**GREEN**					
4.5.2 Develop B&NES health inequalities plan	**GREEN**					
4.5.3 To influence population outcomes group to left shift resources to focus on babies, children and young people	**AMBER**		ICB CYP programme resourcing several targeted programmes for babies CYP and young people including youth workers in ED, Keyworker programme			

Bath & North East Somerset Council	
MEETING:	**Health and Wellbeing Board**
MEETING DATE:	**4 September 2025**
TITLE:	**B&NES Pharmaceutical Needs Assessment 2025**
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: Pharmaceutical Needs Assessment 2025	

1 THE ISSUE

1.1 The purpose of the Pharmaceutical Needs Assessment (PNA) is to provide an assessment of the need for pharmaceutical services in its area for a period of up to three years.

1.2 It is publicly available on the Council's website and it is used by NHS England when making judgements on applications to make changes to local community pharmacy provision, including the provision of new or additional pharmaceutical services or relocation of existing services. The Health and Wellbeing Board is not responsible for making decisions to open, consolidate or close pharmacy services.

1.3 Health and Wellbeing Board's (HWB) have a legislative duty to develop and update Pharmaceutical Needs Assessments (PNAs), as set out in the Health and Social Care Act 2012 and the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The HWB was required to publish its first PNA by 1 April 2015 and then publish updated PNAs on a three yearly basis. The current B&NES PNA 2022 has been refreshed and is now presented for approval by the Health and Wellbeing Board.

2 RECOMMENDATION

The Health and Wellbeing Board is asked to:

2.1 Note the findings of the Pharmaceutical Needs Assessment, in particular the key finding at the end of the Executive Summary.

2.2 Approve the report for publication.

3 THE REPORT

3.1 The B&NES Pharmaceutical Needs Assessment 2025 is attached with this cover report.

3.2 The access to local community pharmacy, opening hours, and the services available to the population of B&NES are considered in this PNA.

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

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

3.5 It is acknowledged that since the last PNA in 2022, some community pharmacies in B&NES have closed, consolidated or reduced their opening hours. This includes within recent months. These changes will be noticeable, especially for residents in the areas affected. However, the purpose of the PNA is to assess provision across overall localities, and to ensure that gaps are not identified inappropriately or in locations where the market cannot sustain another provider.

3.6 Finally, there may be issues with access to pharmaceutical services for some B&NES residents, but which fall outside of the scope of the PNA which is limited to identification of gaps in location, opening hours and service availability as defined by the Department of Health and Social Care (DHSC). These include availability of medicines, staffing levels and waiting times. Concerns relating to these issues should be referred to the Commissioner of Community Pharmacy Services at the NHS South West Collaborative Commissioning Hub.

4 STATUTORY CONSIDERATIONS

4.1 Health and Wellbeing Board's (HWB) have a legislative duty to develop and update Pharmaceutical Needs Assessments (PNAs), as set out in the Health and Social Care Act 2012 and the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. In summary the HWB must:

- produce its first PNA which complies with the regulatory requirements;
- publish its first PNA by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;

4.2 The 2022 PNA was originally due to be renewed in April 2021. However, the Department of Health and Social Care (DHSC) announced that due to ongoing COVID-19 pressures across all sectors, the requirement to publish renewed PNA was suspended until October 2022. The 2025 report contained with this paper is the updated version of that 2022 report.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

5.1 The direct resource implications of this work have been through the time and capacity involved from the PNA steering group members.

6 RISK MANAGEMENT

6.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

7 EQUALITIES

7.1 Equality issues in current service provision and inequalities in population health are set out in the report. A formal Equality Impact Assessment has not been carried out as there is no recommended change in service provision.

8 CLIMATE CHANGE

8.1 The pharmaceutical needs assessment is a key document for those wishing to open new pharmacy or dispensing appliance contractor premises and is used by NHS England to determine such applications. There are no changes recommended to current service provision and so is considered to have a neutral impact on the current climate position.

9 OTHER OPTIONS CONSIDERED

9.1 None.

10 CONSULTATION

10.1 The PNA report was open for public consultation during May and June of 2025.

10.2 The final PNA report has been considered by the relevant council officers.

Contact person	Paul Scott, Associate Director of Public Health, B&NES Council
Background papers	None
Please contact the report author if you need to access this report in an alternative format	

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Bath & North East Somerset Council

Improving People's Lives

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

1 Contents

Bath & North East Somerset Pharmaceutical Needs Assessment (PNA) 2025 1
1 Contents 2
2 Exec Summary 4
3 Introduction 5
3.1 What is the Purpose of the PNA 6
3.2 Duties of the Health and Wellbeing Board 7
3.3 Legislative Framework 7
3.4 Scope of the PNA 8
3.5 Process Followed 8
3.5.1 PNA Steering group 8
3.5.2 Data Gathering & Sources of Information 8
3.5.3 Analysis & Draft Report Writing 9
3.5.4 Formal consultation 9
3.5.5 Final publication 9
3.5.6 Lifespan and review of the PNA 9
4 NHS Pharmaceutical Services 10
4.1 Types of Pharmaceutical Provider 10
4.2 Opening Hours 11
4.3 Essential Services 12
4.4 Advanced services 13
4.5 Enhanced Services 13
4.6 Locally Commissioned Services 13
4.7 Other Services 13
4.8 Necessary Services 15
5 B&NES 15
5.1 Overview of B&NES 15
5.2 Localities for PNA 16
5.3 Local Demographics 17
5.4 Housing growth 18
5.5 Health Needs 20
5.5.1 Overview of the population health in B&NES 20
5.5.2 Cardiovascular disease 20
5.5.3 Diabetes 20

5.5.4 Respiratory Diseases 21
5.5.5 Healthy Lifestyles 21
5.5.6 Smoking 22
5.5.7 Alcohol 22
5.5.8 Substance Misuse 23
5.5.9 Under-18 Conceptions 23
5.5.10 Sexually Transmitted Infections 24
5.5.11 Life Limiting Long-Term Illness, Disability, and learning difficulties 24
5.5.12 Homelessness 25
6 B&NES Whole LA Provision 25
6.1 Pharmaceutical Providers 25
6.2 Opening Hours 29
6.3 Travel Times 29
6.4 Distance Selling Pharmacies (DSPs) 38
6.5 Accessibility 38
6.6 Choice 39
6.7 Advanced Services 39
6.7.1 NMS service provision in B&NES 39
6.7.2 Influenza vaccination service provision in B&NES 40
6.7.3 Lateral Flow Device Distribution (LFD) 40
6.7.4 Stoma Appliance Customisation (SAC) 40
6.7.5 Hypertension case-finding service 40
6.7.6 Appliance Use Review Service 41
6.7.7 Smoking Cessation Service 41
6.7.8 Pharmacy First Service 41
6.7.9 Pharmacy Contraception Service 41
6.8 Enhanced Services 41
6.9 Locally Commissioned Services 41
7 Bath & Bathavon Locality Profile 42
8 Keynsham & Chew Valley Locality Profile 46
9 Somer Valley Locality Profile 48
10 Conclusions 51
10.1 Necessary services – current provision 51
10.1.1 Access to necessary services during normal working hours 51
10.1.2 Access to necessary services outside normal working hours 52

10.1.3 Future provision of necessary services....52
10.2 Improvements and better access – gaps in provision....52
11 Appendices....52
11.1 Essential Services....52
11.1.1 Dispensing of prescriptions....52
11.1.2 Dispensing of repeatable prescriptions....52
11.1.3 Disposal of unwanted drugs....52
11.1.4 Promotion of healthy lifestyles....52
11.1.5 Signposting....53
11.1.6 Support for self-care....53
11.1.7 Discharge medicines service....53
11.1.8 Healthy Living Pharmacies....53
11.2 Advanced Services....53
11.2.1 New medicine service....53
11.2.2 Stoma appliance customisation....54
11.2.3 Appliance use review....54
11.2.4 Flu vaccination service....54
11.2.5 Hypertension case finding service....54
11.2.6 Smoking cessation service....54
11.2.7 Pharmacy first service....55
11.2.8 Lateral flow device service....55
11.2.9 Pharmacy contraception service....55
11.3 Enhanced Services....55
11.4 Steering Group Membership....56
11.5 Opening Hours....57
11.6 Consultation Report....61

2 Exec Summary

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

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

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

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

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

3 Introduction

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

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

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

3.1 What is the Purpose of the PNA

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

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

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

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

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

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

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

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

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

3.2 Duties of the Health and Wellbeing Board

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

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

3.3 Legislative Framework

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

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

3.4 Scope of the PNA

[5] Pharmaceutical needs assessments https://assets.publishing.service.gov.uk/media/617bdc31d3bf7f5601cf3168/pharmaceutical-needs-assessment-information-pack.pdf Accessed: Feb 2025

[6] https://www.legislation.gov.uk/uksi/2013/349/contents Accessed: Feb 2025

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

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

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

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

3.5 Process Followed

3.5.1 PNA Steering group

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

3.5.2 Data Gathering & Sources of Information

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

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

The B&NES Strategic Evidence Base[7] and Fingertips[8] provided background information on the health needs of the population.

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

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

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

3.5.3 Analysis & Draft Report Writing

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

3.5.4 Formal consultation

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

3.5.5 Final publication

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

3.5.6 Lifespan and review of the PNA

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

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

[8] Fingertips | Department of Health and Social Care," n.d. https://fingertips.phe.org.uk/

4 NHS Pharmaceutical Services

4.1 Types of Pharmaceutical Provider

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

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

Within this group there are:

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

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

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

4.2 Opening Hours

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

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

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

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

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

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

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

4.3 Essential Services

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

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

4.4 Advanced services

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

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

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

4.5 Enhanced Services

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

- Covid-19 Vaccination Service

4.6 Locally Commissioned Services

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

4.7 Other Services

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

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

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

4.8 Necessary Services

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

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

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

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

5 B&NES

5.1 Overview of B&NES

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

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

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

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

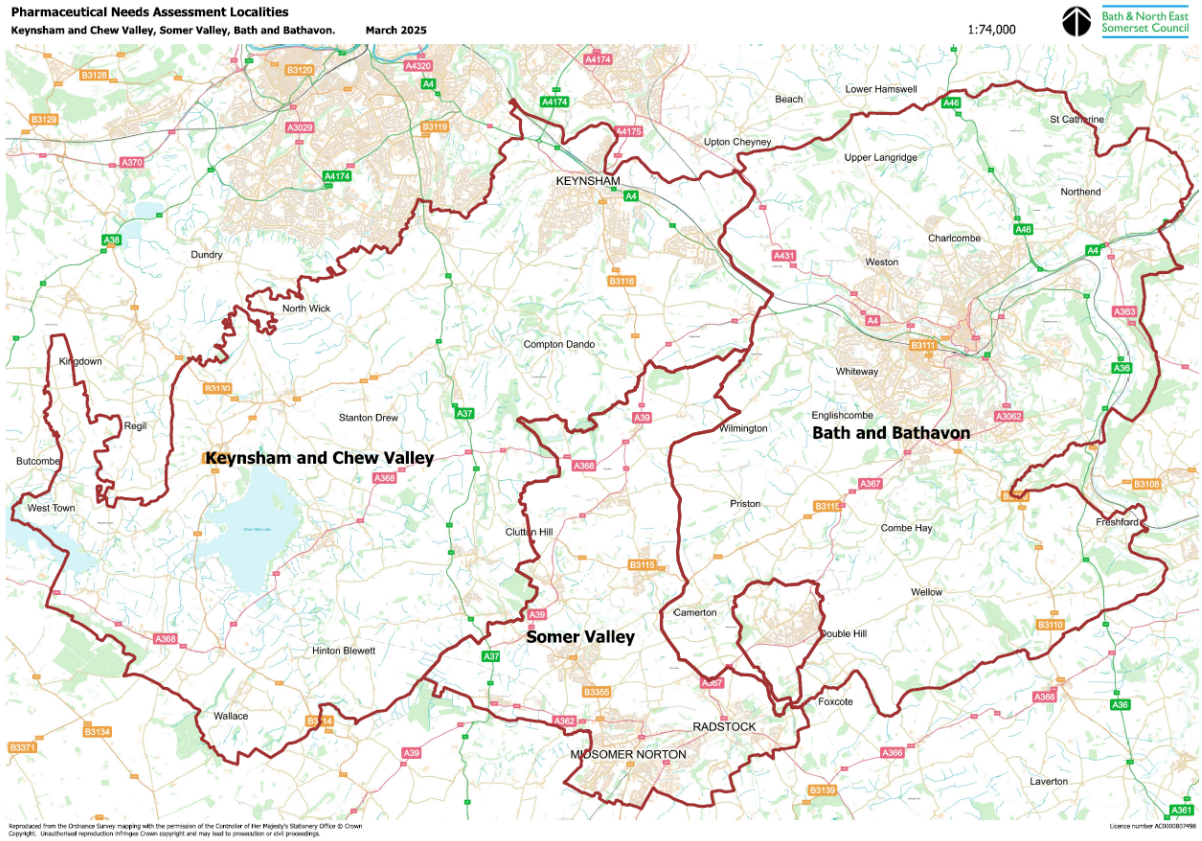
[9] UNESCO. "City of Bath." UNESCO World Heritage Convention, 1BC.

5.2 Localities for PNA

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

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

Figure 1 Connecting Communities Forum Areas, B&NES[10]



5.3 Local Demographics

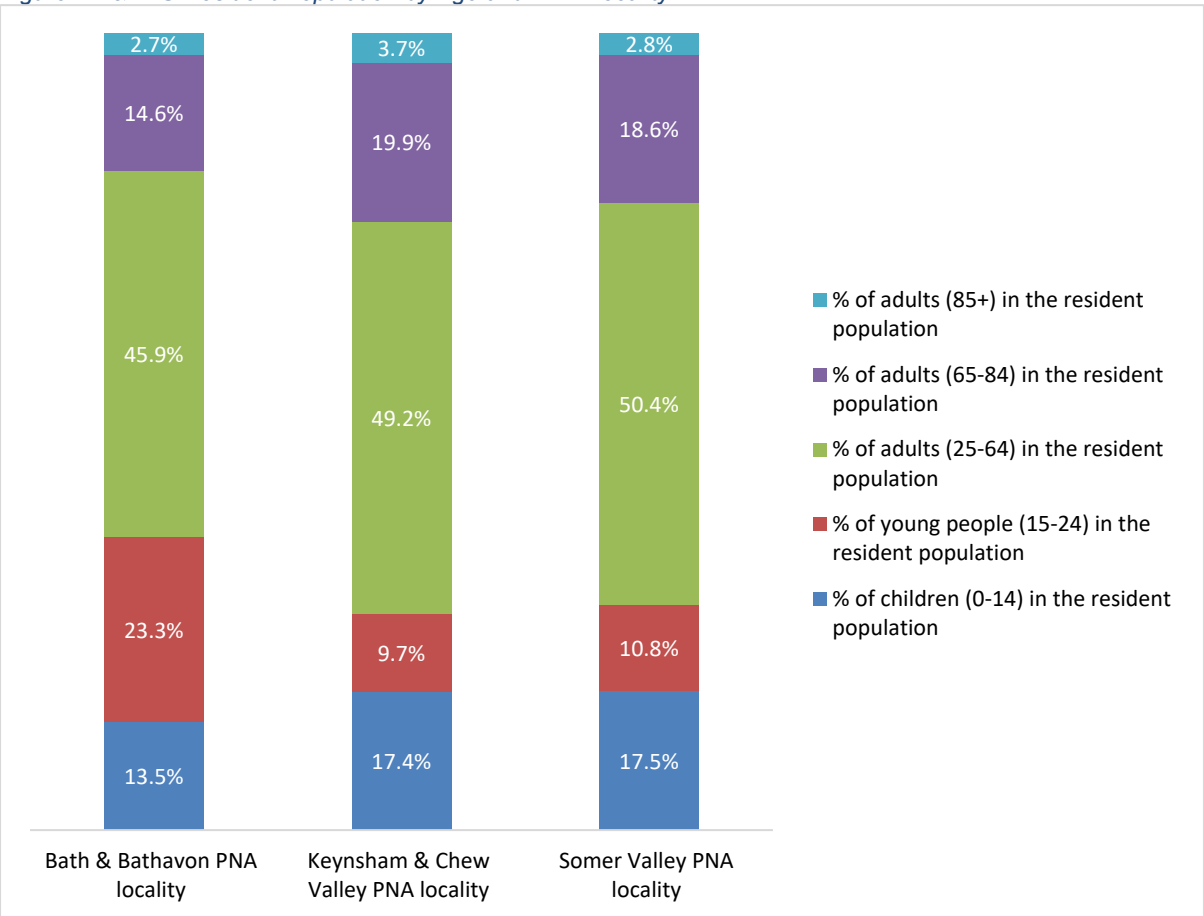
[10] "Bath Community Conversations | Bath and North East Somerset Council," n.d. https://www.bathnes.gov.uk/bath-community-conversations.

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

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

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

Figure 2 B&NES Resident Population by Age and PNA Locality[10]



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

[11] ONS 2022

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

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

5.4 Housing growth

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

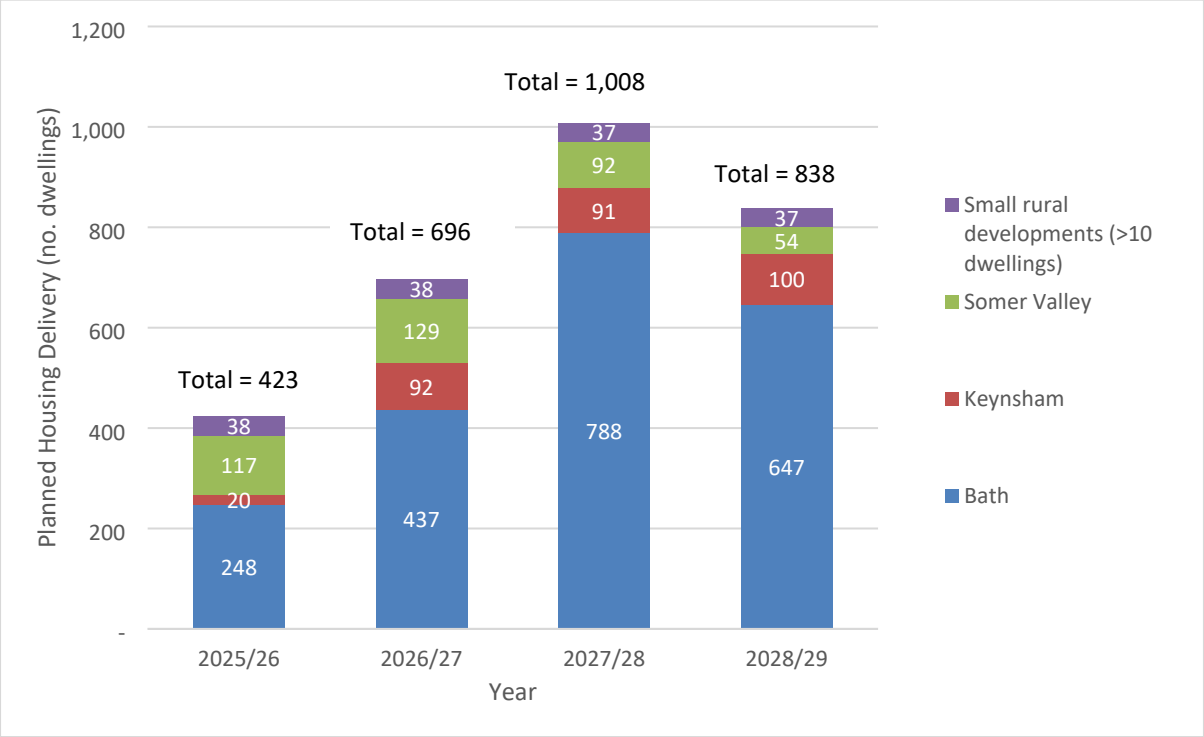
The majority of projected development is located in in the Bath area with a total of 2,120 dwellings, followed by the Somer valley area with 392 dwellings, and Keynsham with 303 dwellings. There are 150 planned dwellings across small rural developments (less than 10 dwellings) across the PNA localities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

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

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

[12] “Bath and North East Somerset Local Plan 2011-2029.” *District-Wide Strategy and Policies*. Vol. 1, July 2017.

Figure 3 B&NES Projected Housing Delivery 2025 -2028



5.5 Health Needs

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

5.5.1 Overview of the population health in B&NES

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

[13] Department of Health and Social Care (DHSC). "Fingertips | Department of Health and Social Care," n.d. https://fingertips.phe.org.uk/.
[14] B&NES Council. "Strategic Evidence Base for Bath and North East Somerset." *Https://Www.Bathnes.Gov.Uk/Strategic-Evidence/Document-Library/Strategic-Evidence-Base-Summary-and-Full-Report*, October 2024. Accessed March 20, 2025. https://www.bathnes.gov.uk/sites/default/files/Strategic%20Evidence%20Base%20-%20Main%20Document%2024%20July%202024_1.pdf.

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

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

5.5.2 Cardiovascular disease

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

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

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

5.5.3 Diabetes

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

5.5.4 Respiratory Diseases

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

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

5.5.5 Healthy Lifestyles

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

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

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

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

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

5.5.6 Smoking

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

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

5.5.7 Alcohol

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

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

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

5.5.8 Substance Misuse

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

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

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

5.5.9 Under-18 Conceptions

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

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

5.5.10 Sexually Transmitted Infections

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

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

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

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

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

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

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

5.5.12 Homelessness

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

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

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

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

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

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

6 B&NES Whole LA Provision

6.1 Pharmaceutical Providers

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

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[15] Midyear Estimates ONS, 2023

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

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

Table 1 Community Pharmacy Contractors by PNA locality

Locality	Number of Community Pharmacies	Percentage of Community Pharmacies
Bath & Bathavon	21	64%
Keynsham and Chew Valley	5	15%
Somer Valley	7	21%

In addition to community pharmacy there is one distance selling pharmacy located within B&NES (The Bath Pharmacy Company Limited) and five Dispensing GPs specifically serving the rural areas as shown in green in Figure 4. These practices serve rural populations across the south and south west of B&NES. Two of the five dispensing GP practices are located in the Keynsham and Chew Valley PNA Locality, and three are located in the Somer Valley PNA Locality.

The Dispensing GP practices are as follows:

Keynsham and Chew Valley PNA Locality

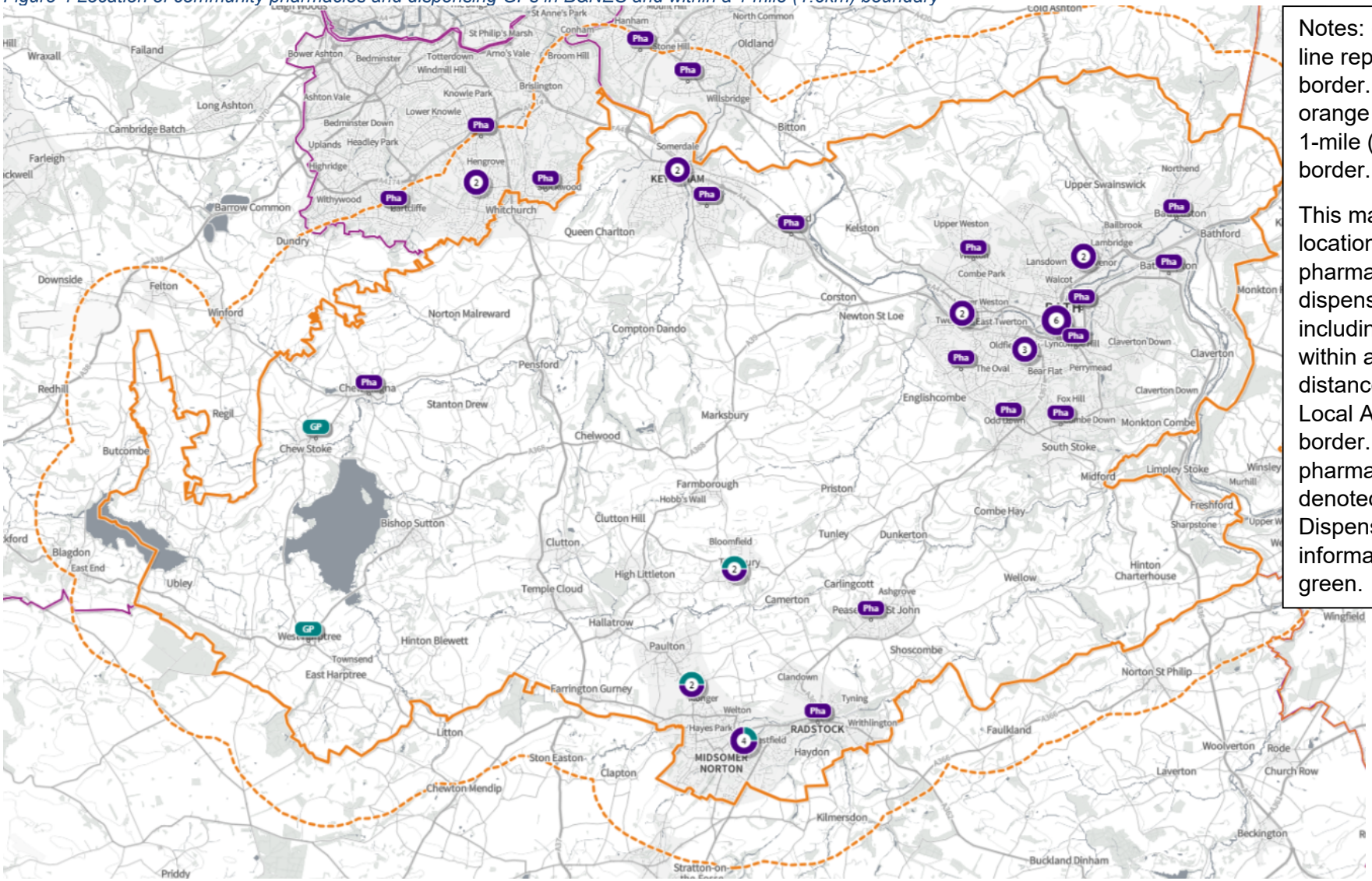
- Chew Medical Practice
- Harptree Surgery

Somer Valley PNA Locality

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

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

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



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border.

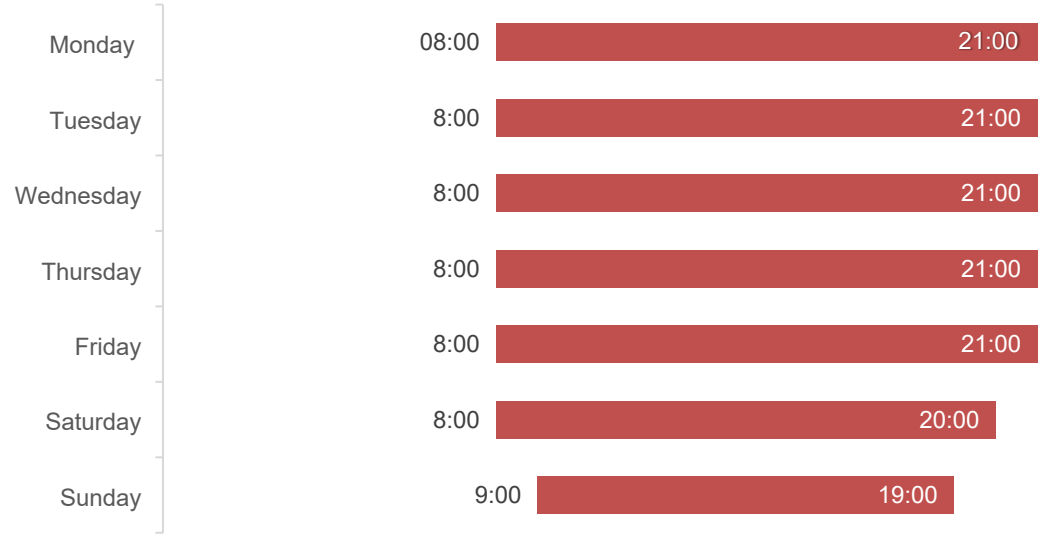
This map shows the location of community pharmacies and dispensing GP practices including those that lie within a 1 mile (1.6 km) distance of the B&NES Local Authority area border. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green.

6.2 Opening Hours

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

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

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



6.3 Travel Times

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

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

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

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

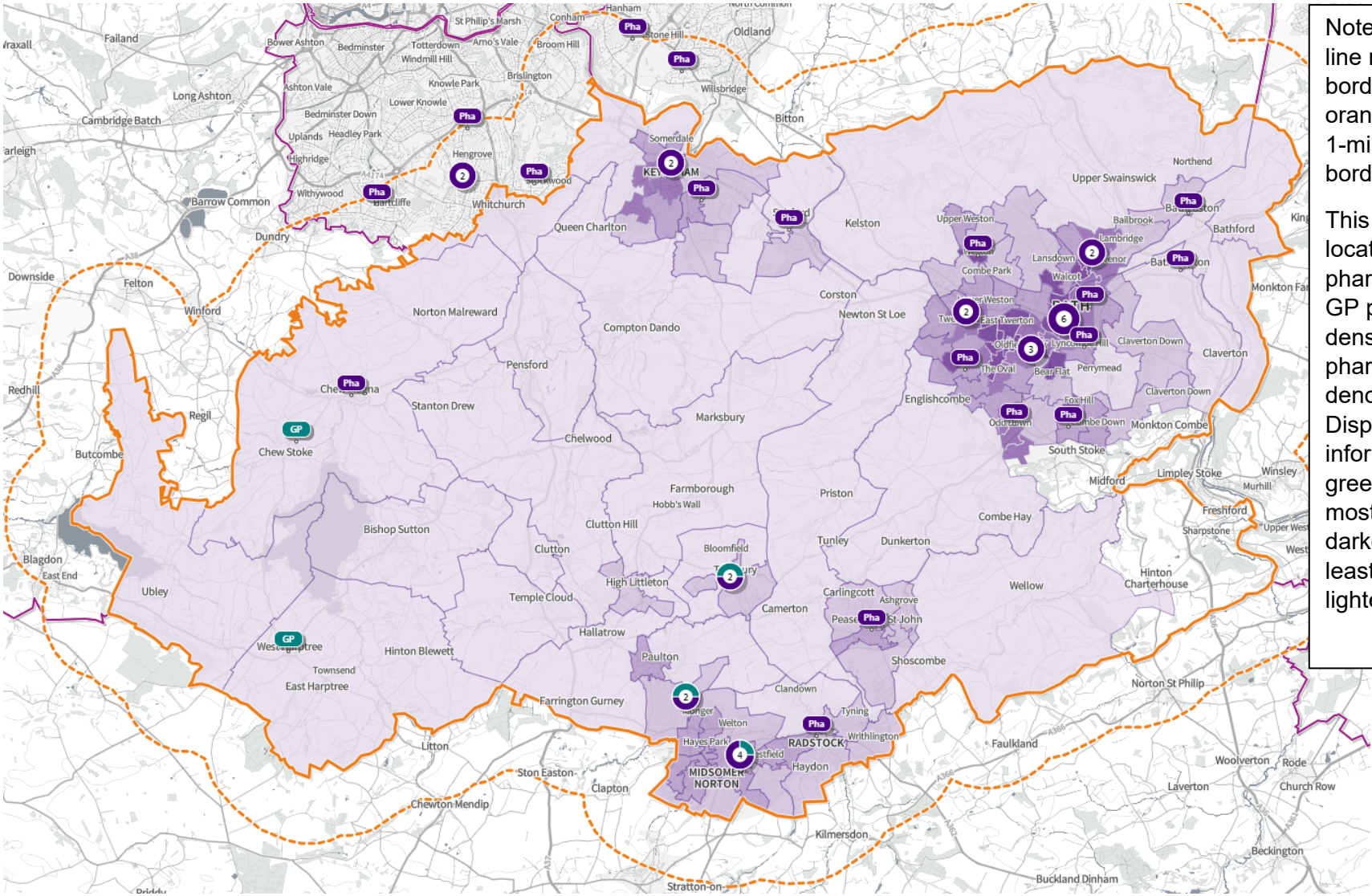
As shown in Figure 7 the majority of B&NES residents live within a 10-minute drive from a community pharmacy, and 100% of the population can reach one within 20 minutes. Most people can access a community pharmacy that is open in the evening within a 15-minute drive, and nearly everyone can reach one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

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

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

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

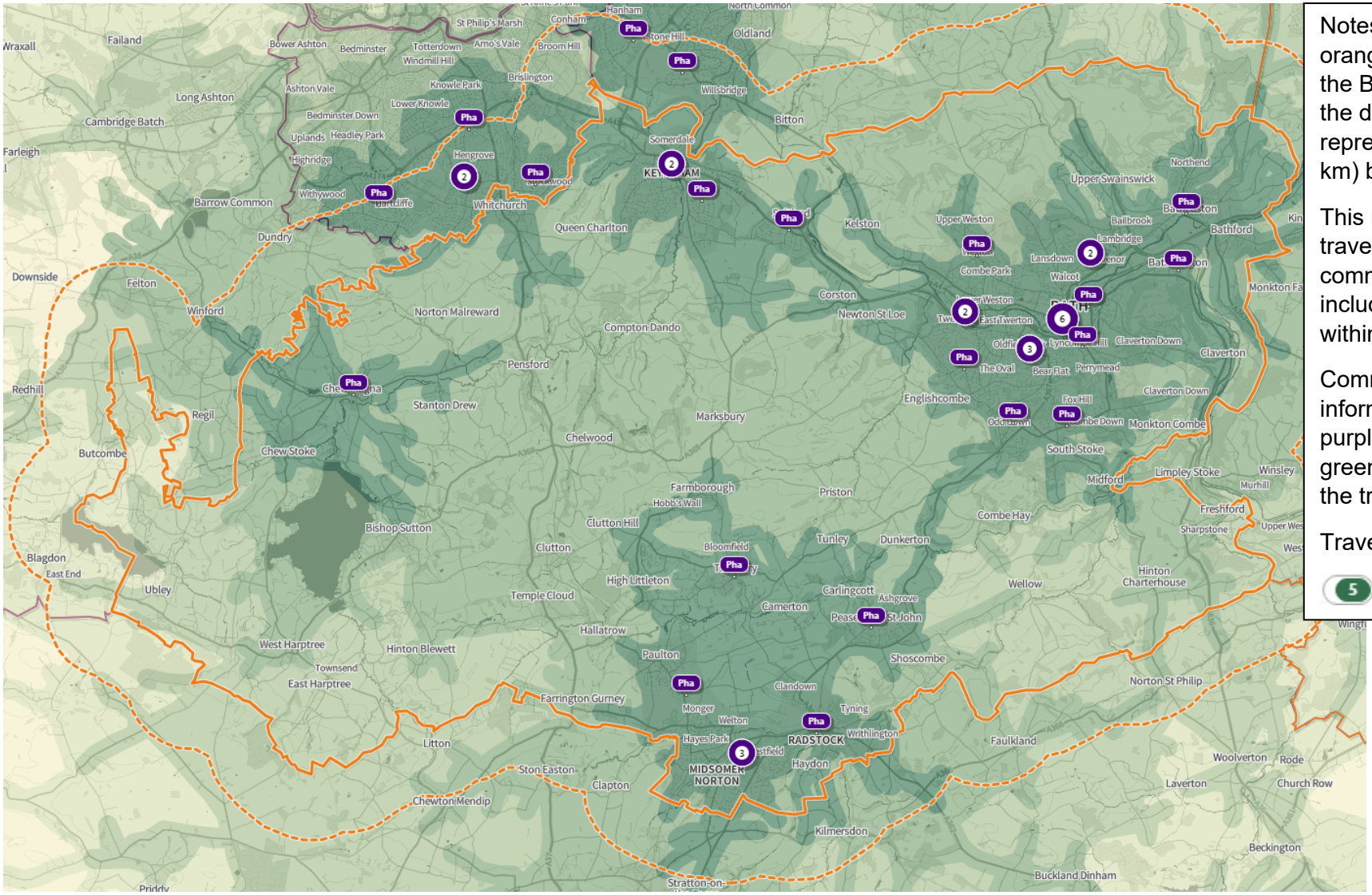
Figure 6 Location of community pharmacies and dispensing GPs by population density including a 1-mile buffer around the B&NES border



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border.

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

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



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer zone border.

This map shows the travel time by car to community pharmacies, including those that lie within the buffer zone.

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

Travel time in minutes:

5 10 15 20

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

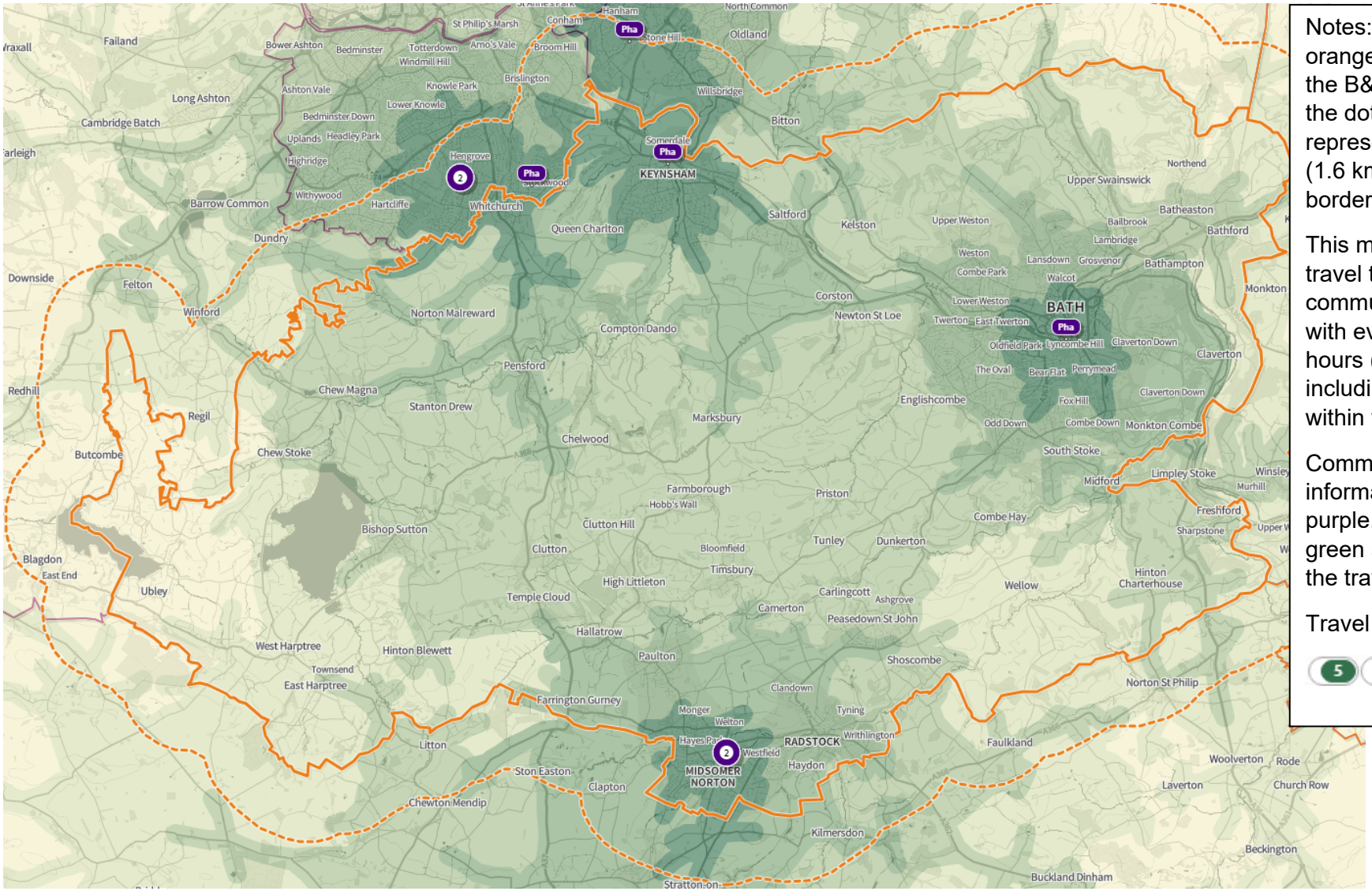
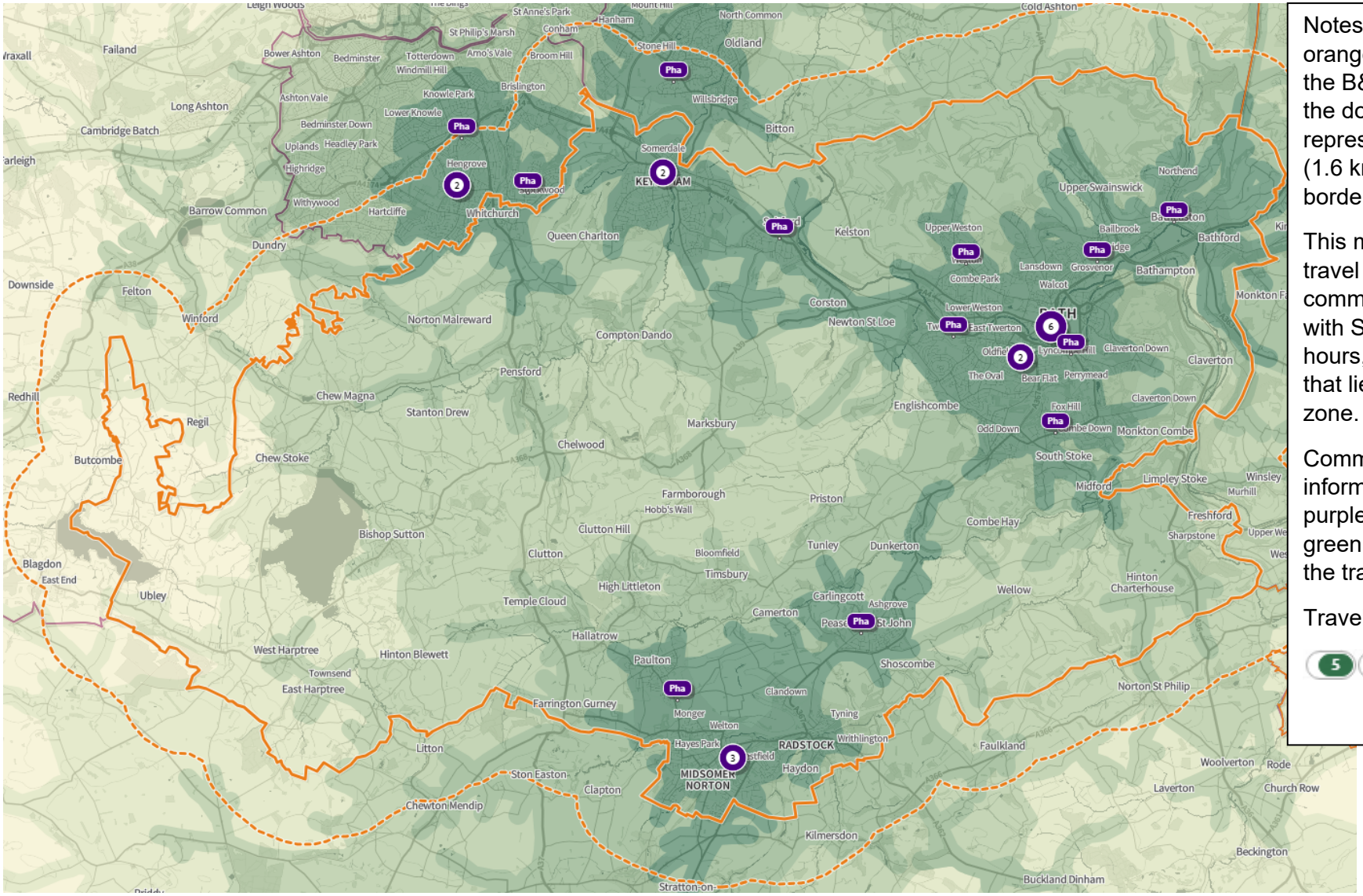


Figure 9 Analysis of travel time by car to community pharmacies with Saturday hours in B&NES, including a 1-mile buffer zone around the B&NES border



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer zone border.

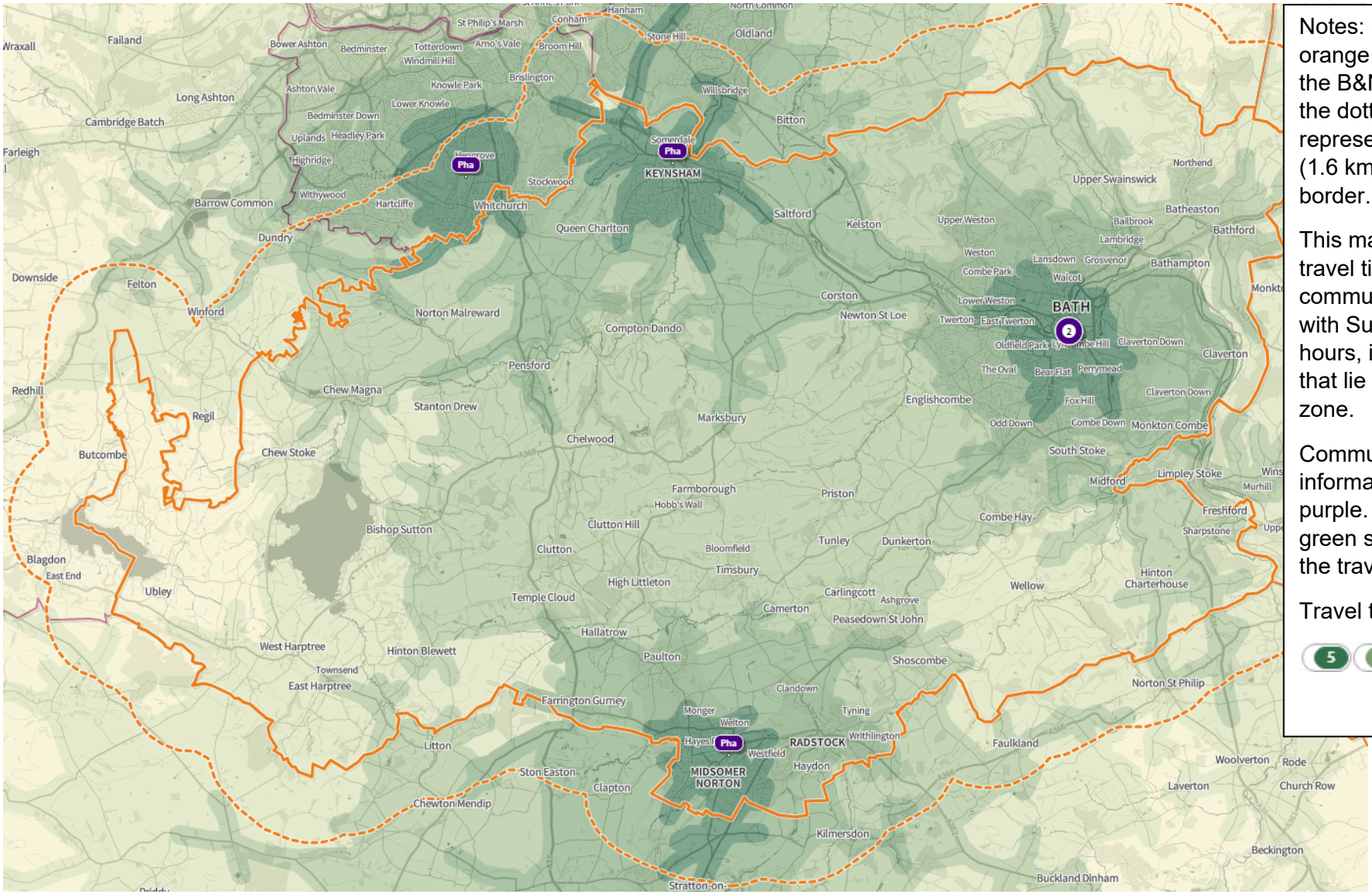
This map shows the travel time by car to community pharmacies with Saturday opening hours, including those that lie within the buffer zone.

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

Travel time in minutes:

5 10 15 20

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



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer zone border.

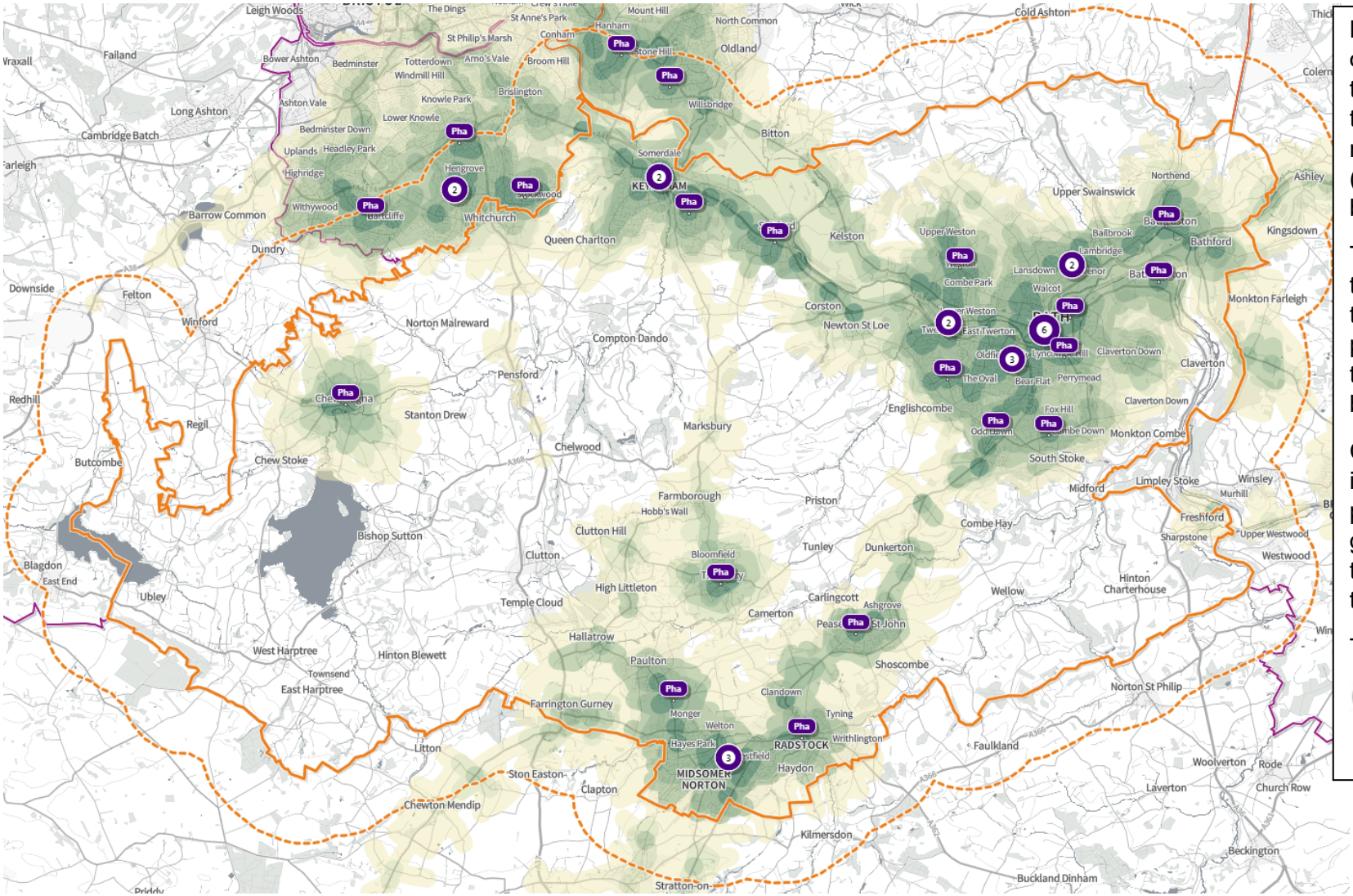
This map shows the travel time by car to community pharmacies with Sunday opening hours, including those that lie within the buffer zone.

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

Travel time in minutes:

5 10 15 20

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



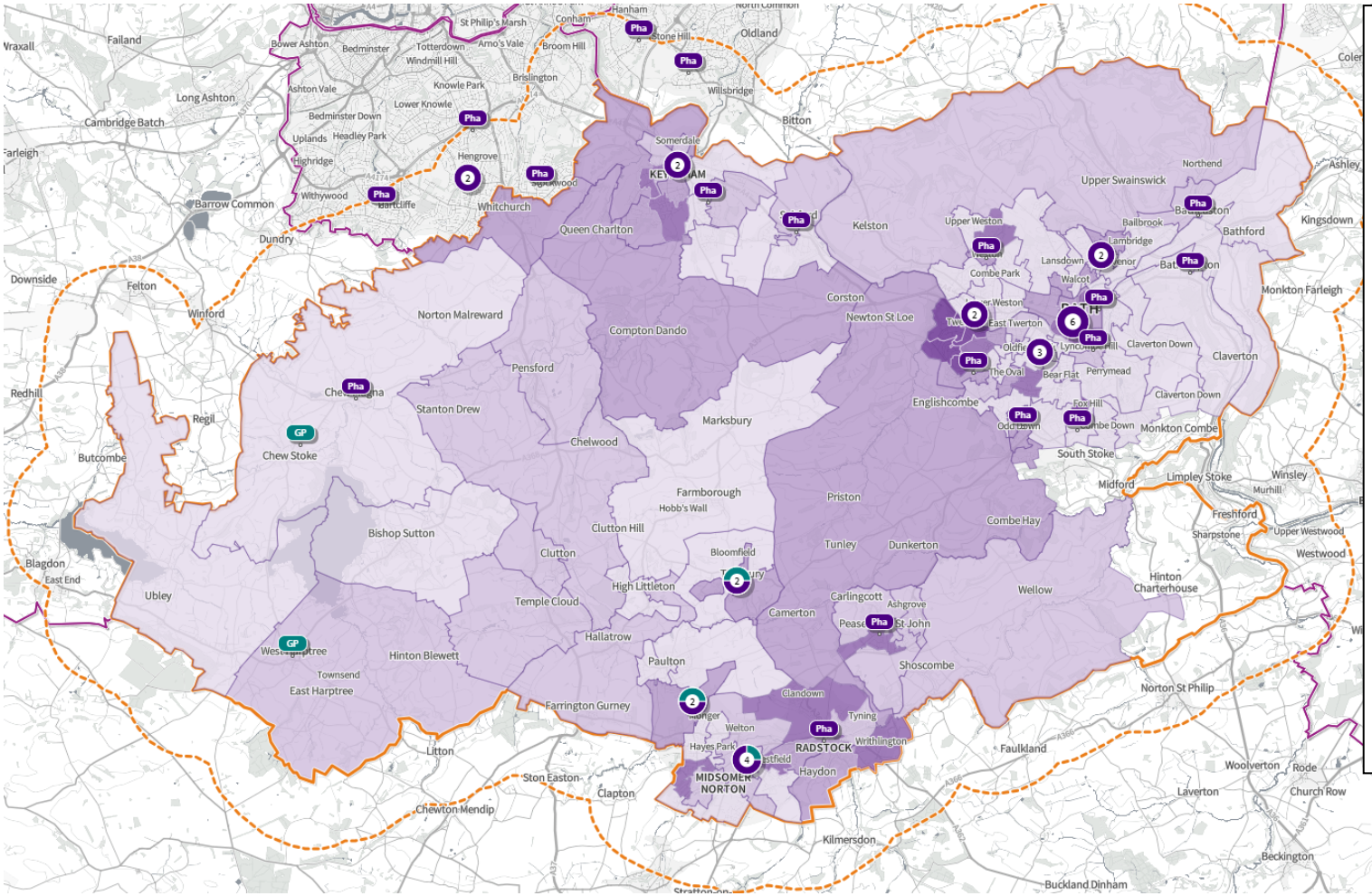
Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer zone border.

This map shows the travel time by public transport to community pharmacies including those that lie within the buffer zone.

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

Travel time in minutes:

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



Notes: (1) the bold orange line represents the B&NES border. (2) the dotted orange line represents the 1-mile (1.6 km) buffer border.

This map shows the location of community pharmacies and dispensing GP practices by deprivation. Community pharmacy information is denoted in purple; Dispensing GP practice information is denoted in green.

Deprivation is at its highest in areas with darker purple shading and lowest in areas with lighter purple shading.

[17] IMD19

6.4 Distance Selling Pharmacies (DSPs)

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

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

6.5 Accessibility

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

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

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

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[18] Website, Nhs. "NHS Services." nhs.uk, April 1, 2025. https://www.nhs.uk/nhs-services/.
[19] West, Nhs England — South. "NHS England — South West » Interpretation and Translation Services," n.d. https://www.england.nhs.uk/south/info-professional/eye-health/interpretation-and-language-services/#:~:text=Translations%20%7C%20Sign%20Solutions-,Pharmacy's%2C%20Optoms%20and%20Dentists%20can%20access%20BSL%20services%20including%20face,or%20phoning%200121%20447%209620.

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

6.6 Choice

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

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

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

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

6.7 Advanced Services

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

6.7.1 NMS service provision in B&NES

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

6.7.2 Influenza vaccination service provision in B&NES

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

Table 2 Influenza vaccination service provision in B&NES

	B&NES	Bath & Bathavon PNA Locality	Keynsham & Chew Valley PNA Locality	Somer Valley PNA Locality
Number	26	15	5	6
Percentage	79%	71%	100%	86%

6.7.3 Lateral Flow Device Distribution (LFD)

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

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

	B&NES	Bath & Bathavon PNA Locality	Keynsham & Chew Valley PNA Locality	Somer Valley PNA Locality
Number	24	15	2	7
Percentage	73%	71%	40%	100%

6.7.4 Stoma Appliance Customisation (SAC)

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

6.7.5 Hypertension case-finding service

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

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

	B&NES	Bath & Bathavon PNA Locality	Keynsham & Chew Valley PNA Locality	Somer Valley PNA Locality
Number	31	19	5	7
Percentage	94%	90%	100%	100%

6.7.6 Appliance Use Review Service

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

6.7.7 Smoking Cessation Service

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

6.7.8 Pharmacy First Service

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

6.7.9 Pharmacy Contraception Service

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

Table 5 Pharmacy Contraception Service provision in B&NES

	B&NES	Bath & Bathavon PNA Locality	Keynsham & Chew Valley PNA Locality	Somer Valley PNA Locality
Number	26	16	3	7
Percentage	79%	76%	60%	100%

6.8 Enhanced Services

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

6.9 Locally Commissioned Services

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

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

- Ccard provision: Pharmacies participate in the Ccard scheme which enables people aged 13 – 24 to access free condoms from a range of services and community venues across B&NES
- Pregnancy testing supply: Pharmacies provide free pregnancy tests to women aged 13 – 24 upon request.
- Supervised Consumption: Pharmacies provide supervised self-administration of opiate substitution therapy by patients referred from identified general practitioners or Avon & Wiltshire Partnerships Specialist Drug & Alcohol Services (SDAS).
- Nicotine Replacement Therapy (NRT): the supply of NRT to clients receiving support from the Specialist Stop Smoking Service who have been issued with a voucher for supply of NRT
- Stop smoking support services: Supports people who want to stop smoking through one to one support and advice and facilitates access to, and where appropriate supply of, pharmacotherapy and aids. The service will also refer clients to specialist services where appropriate.

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

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

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

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

7 Bath & Bathavon Locality Profile

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

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

- 1 by Bestway (Well) Pharmacy

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

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

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

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

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

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

These residents can still access pharmaceutical services remotely through:

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

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

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

[20] Office for National Statistics Mid year Population Estimates 2022

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

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

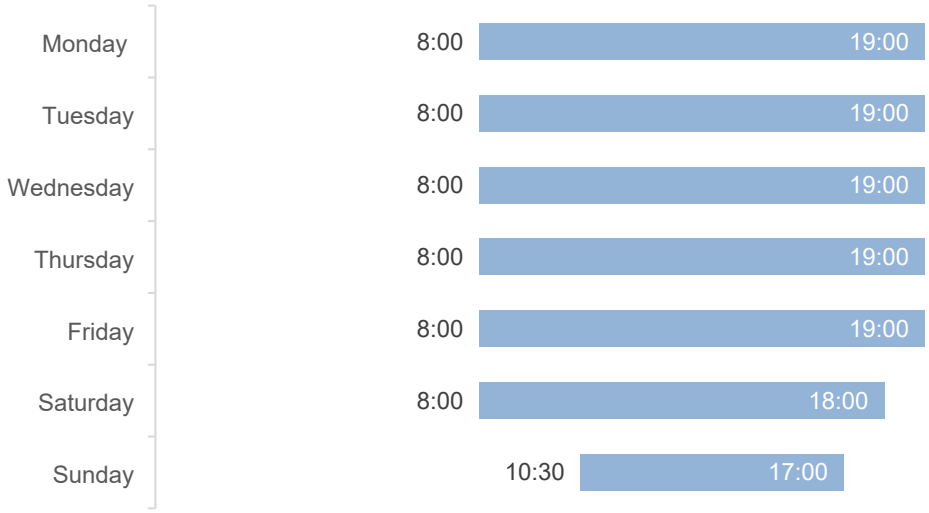
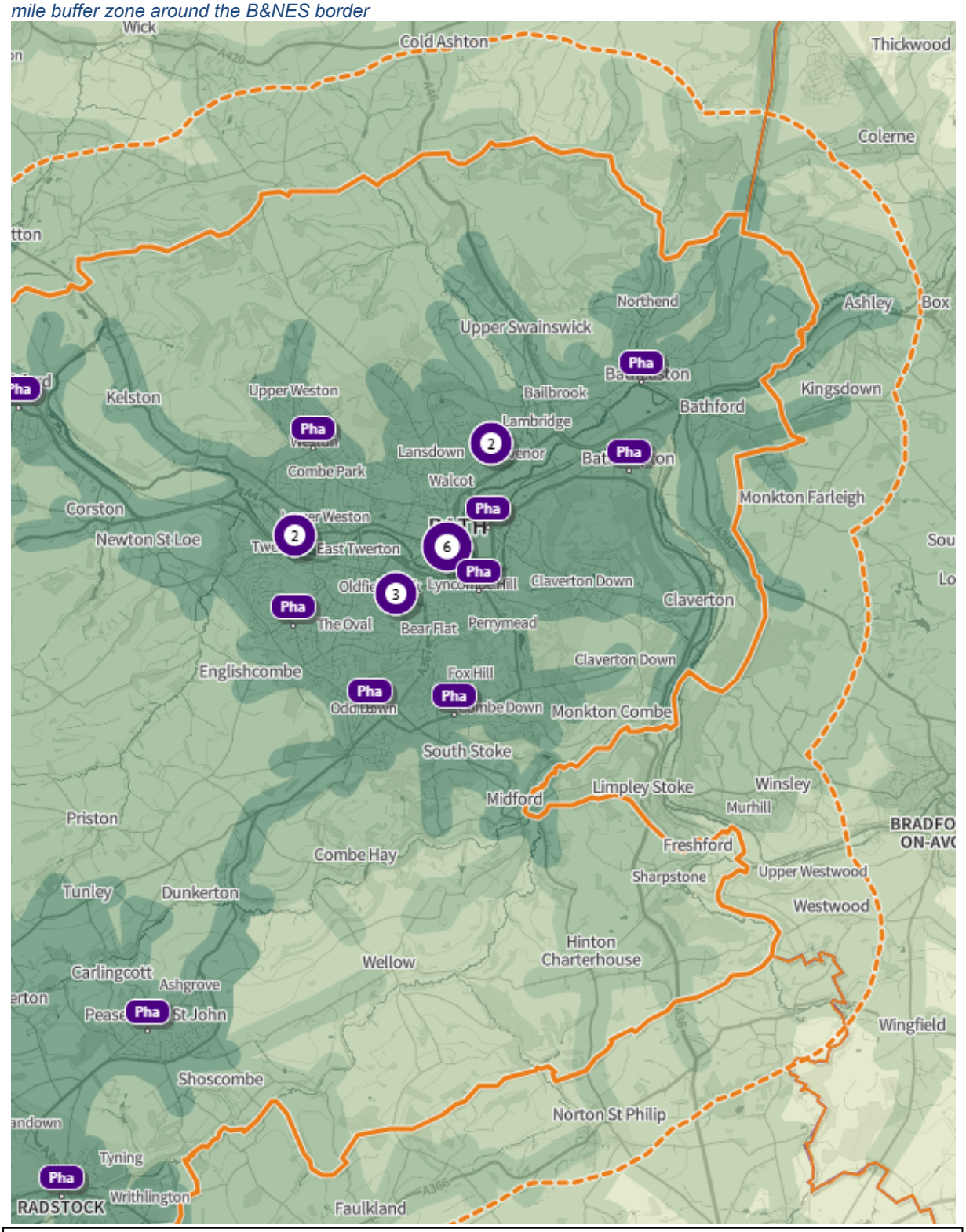


Figure 14 Analysis of travel time by car to community pharmacies in the Bath & Bathavon locality, including a 1-mile buffer zone around the B&NES border



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

Travel time in minutes: 5 10 15 20

8 Keynsham & Chew Valley Locality Profile

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

- 1 by Boots Pharmacy
- 1 by Day Lewis

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

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

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

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

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

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

These residents can still access pharmaceutical services remotely through:

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

[21] Office for National Statistics Mid year Population Estimates 2022

- Remote access to services via telephone or online.

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

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

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

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

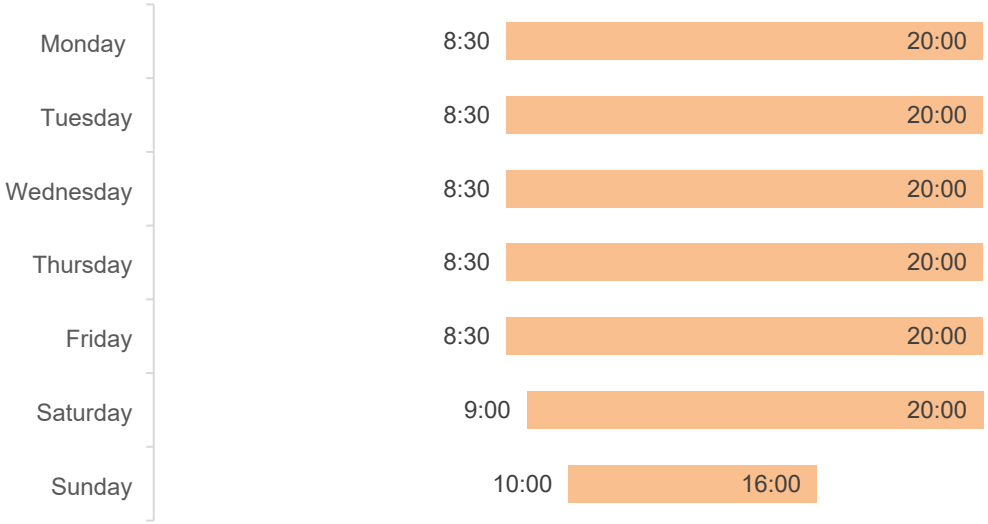
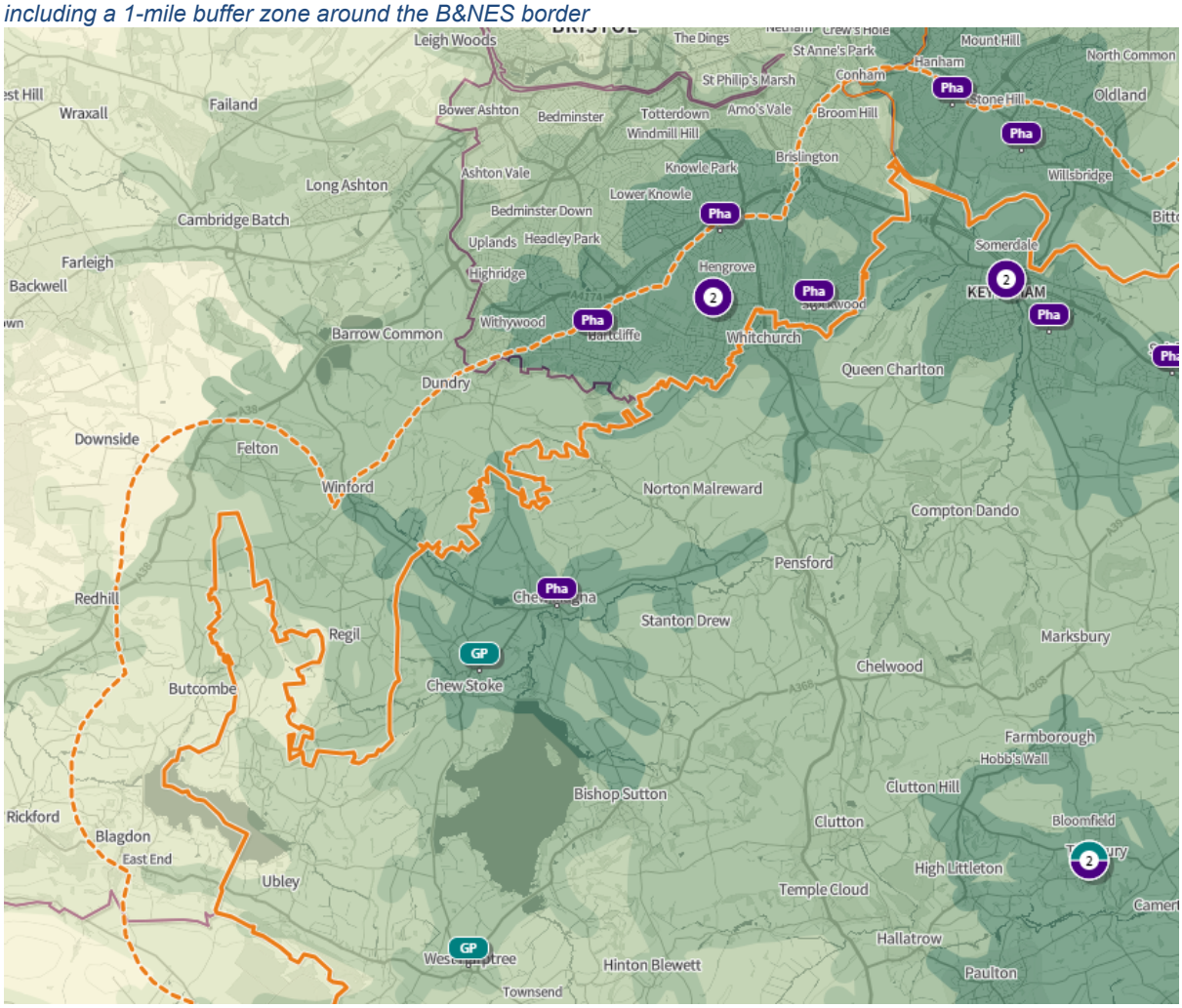


Figure 16 Analysis of travel time by car to community pharmacies in the Keynsham & Chew Valley locality, including a 1-mile buffer zone around the B&NES border



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

Travel time in minutes: 5 10 15 20

9 Somer Valley Locality Profile

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

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

[22] Office for National Statistics Mid year Population Estimates 2022

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

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

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

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

These residents can still access pharmaceutical services remotely through:

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

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

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

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

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

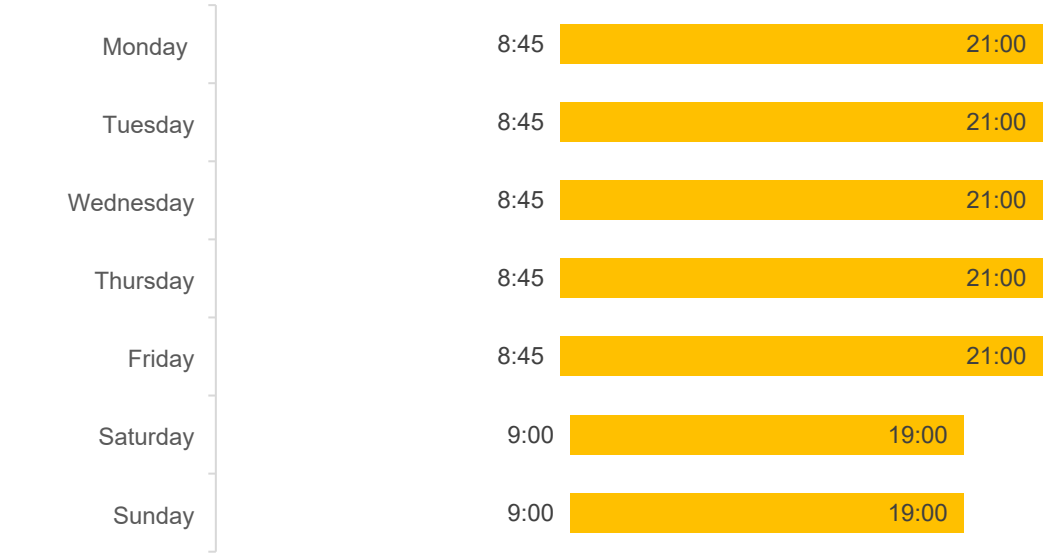
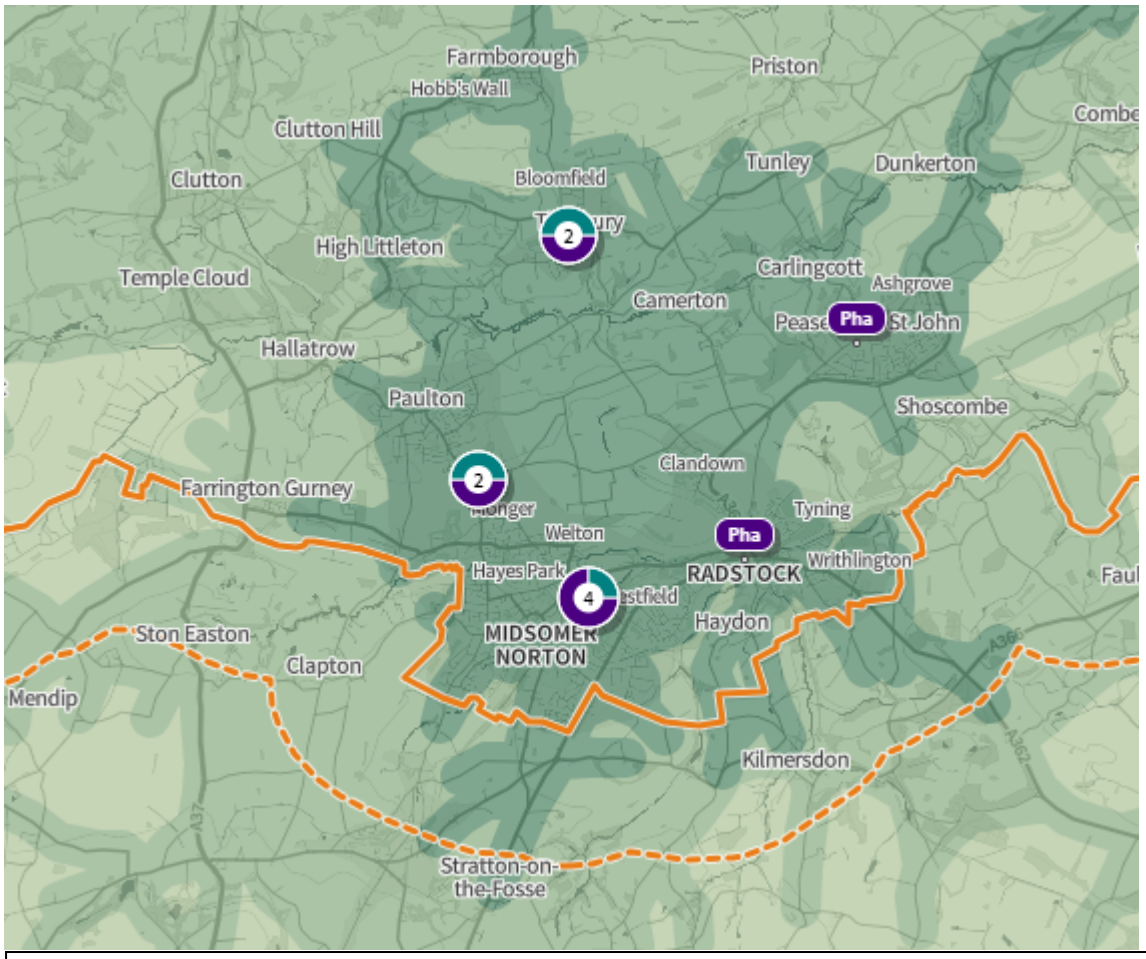


Figure 18 Analysis of travel time by car to community pharmacies in the Keynsham & Chew Valley locality, including a 1-mile buffer zone around the B&NES border



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

Travel time in minutes: 5 10 15 20

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

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

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

10.1 Necessary services – current provision

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

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

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

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

10.1.1 Access to necessary services during normal working hours

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

10.1.2 Access to necessary services outside normal working hours

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

10.1.3 Future provision of necessary services

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

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

10.2 Improvements and better access – gaps in provision

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

11 Appendices

11.1 Essential Services

11.1.1 Dispensing of prescriptions

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

11.1.2 Dispensing of repeatable prescriptions

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

11.1.3 Disposal of unwanted drugs

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

11.1.4 Promotion of healthy lifestyles

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

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

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

11.1.5 Signposting

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

11.1.6 Support for self-care

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

11.1.7 Discharge medicines service

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

11.1.8 Healthy Living Pharmacies

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

11.2 Advanced Services

11.2.1 New medicine service

The New Medicine Service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The

New Medicine Service involves three stages, recruitment into the service, an intervention about one or two weeks later, and a follow up after a two or three weeks.

11.2.2 Stoma appliance customisation

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

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

11.2.3 Appliance use review

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

11.2.4 Flu vaccination service

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

11.2.5 Hypertension case finding service

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

11.2.6 Smoking cessation service

The NHS community pharmacy smoking cessation service was launched on 10th March 2022 as an Advanced Service. It was commissioned as a branch of the wider aim of supporting hospital patients to continue their stop smoking efforts after discharge.

11.2.7 Pharmacy first service

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

11.2.8 Lateral flow device service

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

11.2.9 Pharmacy contraception service

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

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

11.3 Enhanced Services

The COVID-19 Vaccination Service is a national enhanced service under the Community Pharmacy Contractual Framework (CPCF) in England. It enables community pharmacies to administer COVID-19 vaccinations, playing a crucial role in the national vaccination programme. Pharmacies provide accessible vaccination sites within communities, offering both booked appointments and walk-in services. This service supports the wider healthcare system by increasing vaccination capacity and ensuring equitable access, contributing to public health efforts to control the spread of COVID-19.

11.4 Steering Group Membership

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

Joseph Prince - Insight Team Manager B&NES Council

Jon Poole – Business Intelligence Manager B&NES Council

David Singleton – Insight Team Principle Analyst B&NES Council

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

Richard Brown - Chief Officer Community Pharmacy Avon

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

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

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

11.5 Opening Hours

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

FVD88	Boots Pharmacy	Bath and Bathavon	40	4	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed	
FH641	Well Pharmacy	Bath and Bathavon	40	0	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed	
FW288	Combe Down Pharmacy	Bath and Bathavon	40	4	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00	Closed	
FFA62	Day Lewis Pharmacy	Keynsham and Chew Valley	40	6.5	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	09:00-13:00	Closed	4
FJ361	Chew Pharmacy	Keynsham and Chew Valley	40	5	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	
FWJ55	Larkhall Pharmacy	Bath and Bathavon	40	9	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	
FK422	Chandag Road Pharmacy	Keynsham and Chew Valley	40	5	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	
FTE59	Jhoots Pharmacy	Bath and Bathavon	44	0	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed	
FQ838	Keynsham Pharmacy	Keynsham and Chew Valley	40	32	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	10:00-16:00	

FKE13	Lifestyle Pharmacy	Bath and Bathavon	40	11	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	
FJ169	Swiftcare Pharmacy	Somer Valley	40	14	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed	
FF229	Paulton Pharmacy	Somer Valley	40	10.25	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-13:00	Closed	50
FKL51	Midsomer Pharmacy	Somer Valley	73	0	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	09:00-13:00 14:00-21:00	10:00-13:00 14:00-19:00	09:00-19:00	
FMQ62	Preddy Newco Ltd	Bath and Bathavon	44.5	6	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	Closed	5
FX290	Hawes Whiston & Company	Bath and Bathavon	40	6	09:00-13:15 13:45-18:00	09:00-13:15 13:45-18:00	09:00-13:15 13:45-17:30	09:00-13:15 13:45-18:00	09:00-13:15 13:45-18:00	09:00-13:00	Closed	
FQX02	Jhoots Pharmacy	Bath and Bathavon	40	0	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed	
FRM92	Timsbury Pharmacy	Somer Valley	40	0	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed	
FHH40	Shaunaks Pharmacy	Somer Valley	40	4	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed	
FQA78	Jhoots Pharmacy	Bath and Bathavon	40	9	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	

FJL09	Superdrug Pharmacy	Bath and Bathavon	40	10.5	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	08:30-14:00 14:30-17:30	09:00-13:30 14:00-17:30	Closed	5
FW879	Jhoots Pharmacy	Bath and Bathavon	40	2.5	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	Closed	Closed	4
FAX91	Wellsway Pharmacy	Bath and Bathavon	42.5	4	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed	4
FKH73	Widcombe Pharmacy	Bath and Bathavon	42.5	10	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	09:00-14:00	Closed	5
FXJ77	Pulteney Pharmacy	Bath and Bathavon	42.5	1.25	08:30-13:00 14:00-17:45	08:30-13:00 14:00-17:45	08:30-13:00 14:00-17:45	08:30-13:00 14:00-17:45	08:30-13:00 14:00-17:45	Closed	Closed	43
FXL67	Bathampton Pharmacy	Bath and Bathavon	37.5	0	08:45-12:45 14:00-17:30	08:45-12:45 14:00-17:30	08:45-12:45 14:00-17:30	08:45-12:45 14:00-17:30	08:45-12:45 14:00-17:30	Closed	Closed	3
FYT07	Hounsell & Greene	Bath and Bathavon	42.5	2.5	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-17:30	Closed	Closed	

11.6 Consultation Report

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

The draft PNA was hosted on the B&NES Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders. Responses to the consultation were possible via an online survey.

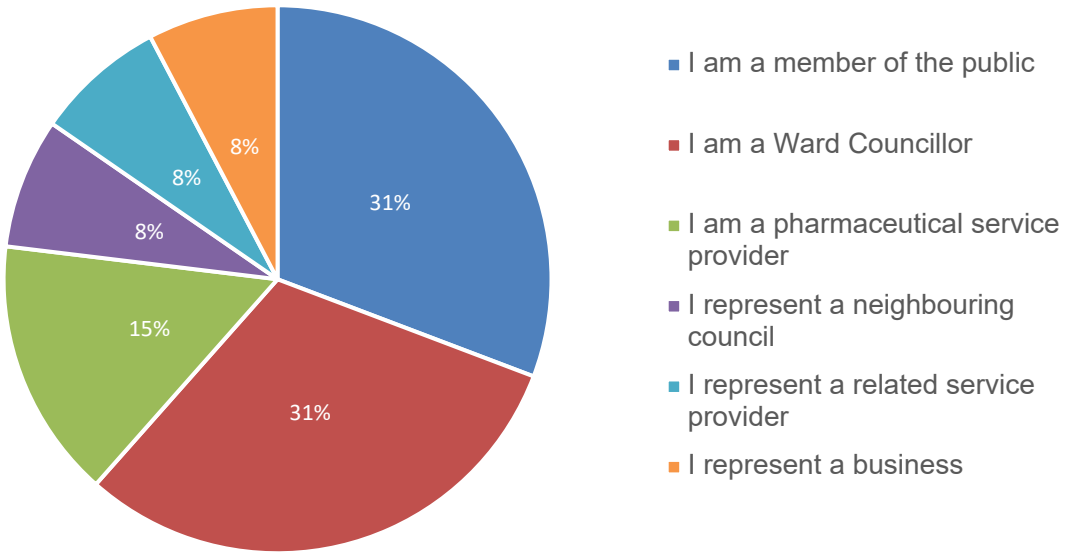
All responses were considered by the PNA Steering Group before completing the final report. These responses included comments and views on the following issues:

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

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

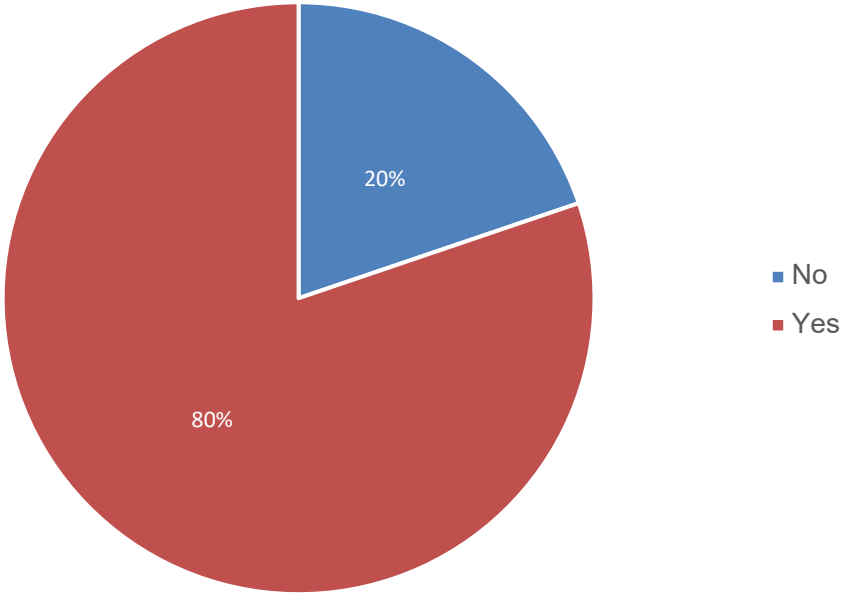
Question 1. What is the basis of your interest in the Pharmaceutical Needs Assessment (PNA)?

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



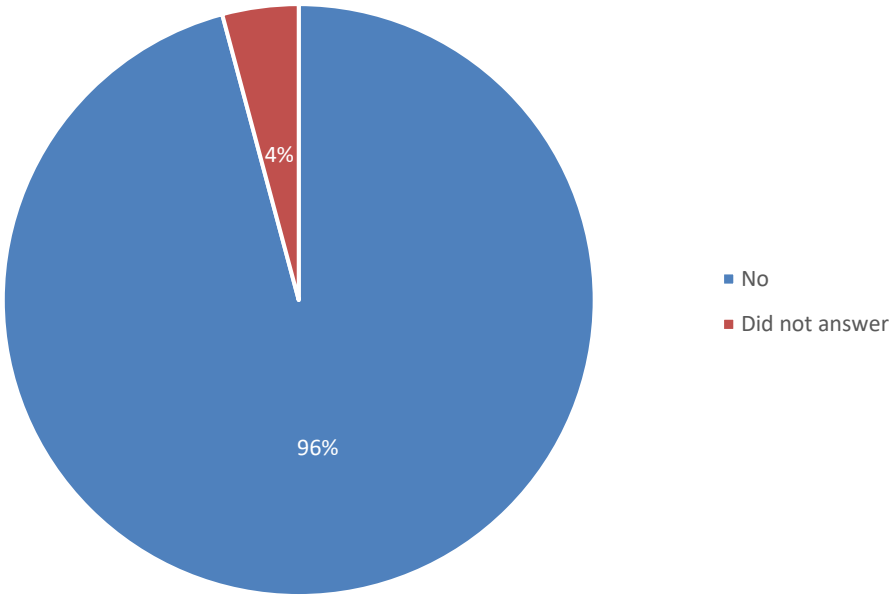
Question 2. Is the purpose and scope of the PNA clear?

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



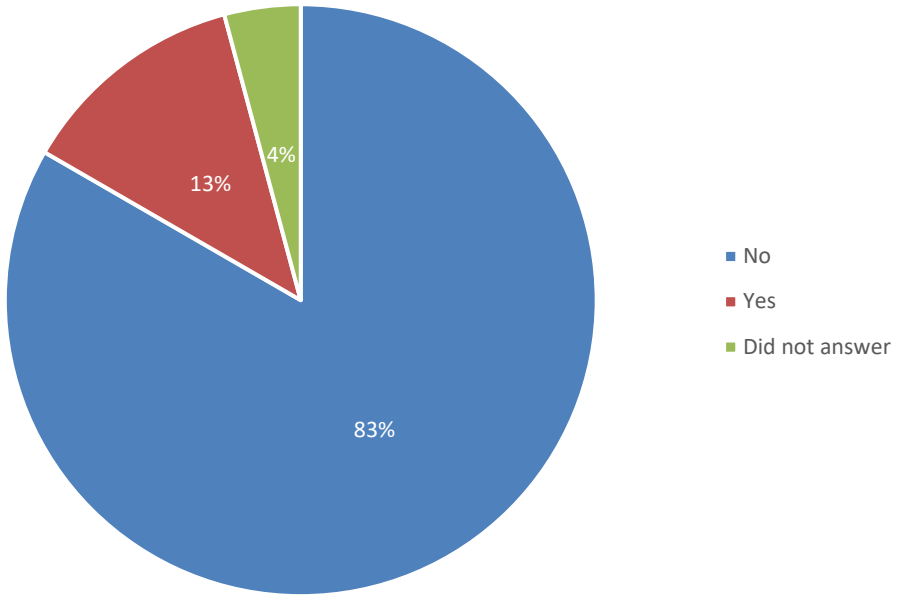
Question 3. Are any current pharmaceutical services not mentioned in the draft PNA?

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



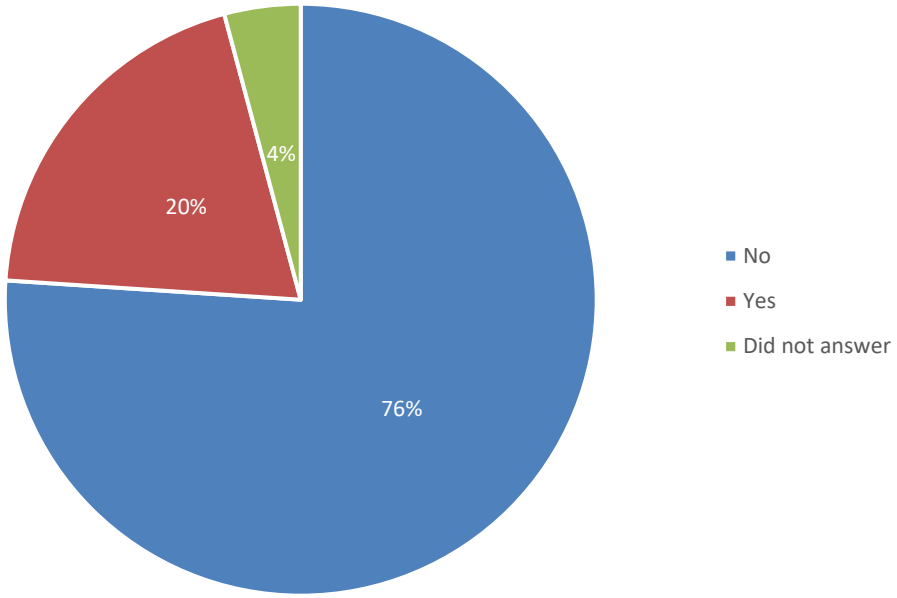
Question 4. Are you aware of any future changes to pharmaceutical services which are not identified in the draft PNA?

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



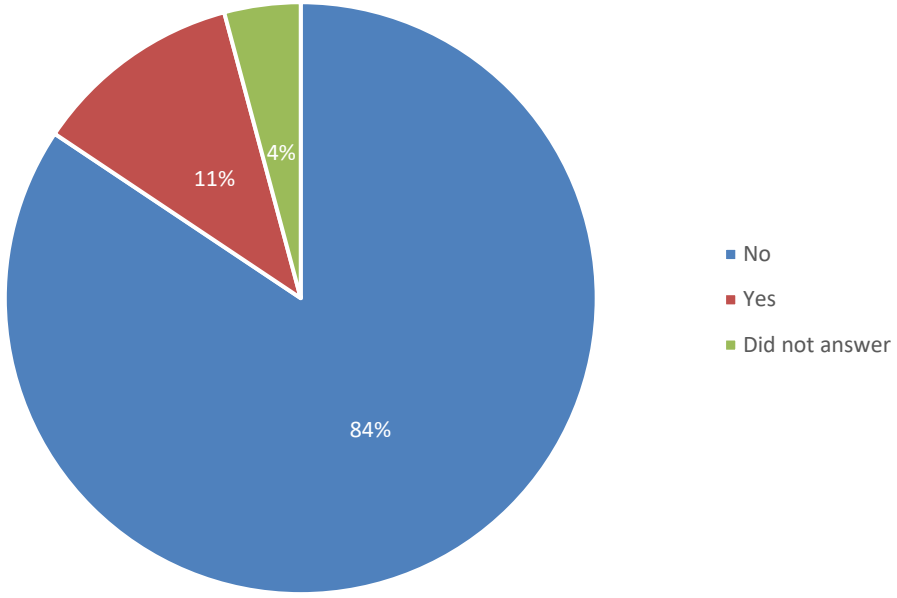
Question 5. Are any current or anticipated pharmaceutical service needs in B&NES not considered in the draft PNA?

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



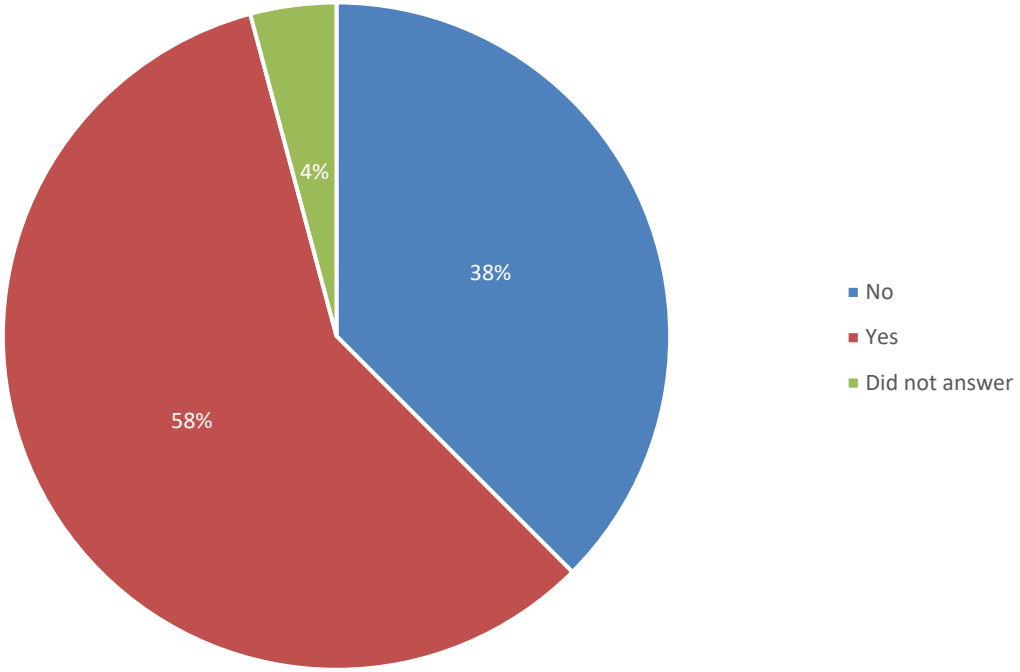
Question 6. Are you aware of any barriers to pharmaceutical service access which are not identified in the PNA?

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



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

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



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

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

11.7 Changes during the writing of the PNA:

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

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

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