



# **Pharmaceutical Needs Assessment 2022**

**Central Bedfordshire  
Health and Wellbeing  
Board**

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## Executive summary

### 1.1 Introduction

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. A PNA was last published in Central Bedfordshire in 2018 and updated with supplementary statements reflecting changes in needs as required, with the next PNA due to be published in April 2021. Due to the COVID-19 pandemic, the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Central Bedfordshire fulfils the regulatory requirement.

### 1.2 Aim, objectives and methodology

The aim of the Central Bedfordshire PNA is to enable local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This was achieved by gathering the views on the adequacy of pharmaceutical services from a wide range of stakeholders, through the distribution of surveys, aimed at members of the public, pharmacy contractors and dispensing GP practices. These were co-produced by a steering group which included representation from NHS England, the Local Medical Committee (LMC), the Local Pharmaceutical Committee (LPC), the Clinical Commissioning Group (CCG)<sup>1</sup>, Healthwatch Central Bedfordshire, and Public Health. The surveys addressed five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services:<sup>2</sup> current provision
- Improvements and better access: gaps in provision
- Other services

Seven hundred and sixty-nine responses were received from members of the public. Seven responses were received from pharmacy contractors (out of a total of 40 pharmacies in Central Bedfordshire), and six responses were received from GP dispensing practices (out of a total of 11 in Central Bedfordshire). There was a relatively low response rate for pharmacy contractors and dispensing GP practices.

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<sup>1</sup> Since the time of writing, CCGs have been replaced by ICBs/ICSs. For Central Bedfordshire the following information pages provide detail on the various new structure: <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/>

<sup>2</sup> This includes Advanced, Enhanced and Locally Commissioned Services

### 1.3 NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England and NHS Improvement (NHSE&I).<sup>3</sup> The types of providers are:

- **Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs):** 'Community pharmacy contractor' refers to a person providing local pharmaceutical services from registered pharmacy premises in Central Bedfordshire, neighbouring areas and remote suppliers including DSPs, who are required to offer services throughout England.
- **Dispensing Appliance Contractors (DACs):** DACs are required to provide a range of 'Essential Services' including advice on and home delivery of appliances, but they are unable to supply medicines.
- **Local Pharmaceutical Service (LPS):** LPS refers to a pharmacy provider contracted by NHSE&I to perform specified services to their local population or a specific population which are outside the national framework.
- **Dispensing GP practices:** refers to GPs who are allowed to dispense the medicines they prescribe for their patients.

NHS pharmaceutical services refers to services commissioned through NHSE&I. The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF)<sup>4</sup> are as follows:

- **Essential Services:** These are services that every community pharmacy contractor providing NHS pharmaceutical services must provide and are set out in their terms of service. Examples include the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance and promotion of healthy lifestyles.
- **Advanced Services:** These are services community pharmacy contractors and DACs can choose to provide subject to accreditation set out in the Secretary of State Directions.
- **Enhanced Services:** These are services commissioned directly by NHSE&I, introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

However, the absence of a particular service being commissioned by NHSE&I is in some cases addressed by **Locally Commissioned Services**, funded by the local authority or CCG. These are services community pharmacy contractors could choose to provide and are therefore included in the PNA.

### 1.4 Central Bedfordshire population

Central Bedfordshire is a predominantly rural area in the East of England. The population of Central Bedfordshire was estimated to be 294,000 in 2020, with a projected population growth of around 18,500 (6.3%) and housing growth of around 11,506 new households between 2022 and 2032 compared with England (10% and 7% respectively).

<sup>3</sup> Since the time of writing this has now changed to NHS England (NHSE).

<sup>4</sup> The CPCF was last agreed in 2019

For the purpose of this PNA, Central Bedfordshire has been divided into four localities: Chiltern Vale, Leighton Buzzard, Ivel Valley and West Mid Beds<sup>5</sup> (see map in Section 3). There is a distinct difference in the levels of deprivation across the localities in Central Bedfordshire, Chiltern Vale being the most deprived and West Mid Beds being the least deprived. The distribution and demographics of the residents differ by locality. Leighton Buzzard locality is the lowest populated locality, with approximately 48,427 residents, but is also the smallest in terms of geographical area. Ivel Valley locality is the locality with the highest population, with approximately 91,138 residents, but has a relatively large geographical area. Approximately 6% of the residents in Central Bedfordshire identify as being of Black, Asian or Minority Ethnic (BAME), compared with England (15%). The largest of these groups in Central Bedfordshire is Asian/Asian British (2.7% compared with England at 7.8%). The highest proportion of residents identifying as being of BAME is in Chiltern Vale (approximately 9%) compared with England (15%).

## 1.5 Lifestyle

In Central Bedfordshire the prevalence of hypertension (13.9%), stroke (1.6%) Chronic Obstructive Pulmonary Disease (COPD) (1.8%) and diabetes (6.5%) are statistically similar to or lower than England averages (13.9%, 1.8%, 1.9% and 7.1%, respectively). However, the prevalence of asthma (6.7%) in Central Bedfordshire is higher than that of England (6.4%).

Whilst the prevalence of adult obesity (58%) and smoking (in those 18 and over) (APS) (13.7%) in Central Bedfordshire is not statistically different from those for England (63% and 13.9% respectively), both of these lifestyle factors present a significant health burden, especially in relation to diabetes and cardiovascular disease, now and in the future.

The under-18 conception rate for Central Bedfordshire (14.1 per 1,000) is similar to that of England (15.7 per 1,000), and the rate for all new Sexually Transmitted Infection (STI) diagnosis for Central Bedfordshire (314 per 100,000) is statistically lower than for England (562 per 100,000).

Advanced, Enhanced and Locally Commissioned Services are provided by many community pharmacies to contribute to addressing these lifestyle issues, although this is varied and would benefit from additional communication across professionals and the public.

## 1.6 Pharmaceutical service providers in Central Bedfordshire

Central Bedfordshire has 40 community pharmacies (as of March 2022) for a population of around 294,000. This equates to an average of 13.9 community pharmacies per 100,000 population, compared with 20.5 per 100,000 in England. In addition to the 40 community pharmacies, Central Bedfordshire has 11 dispensing GP practices providing pharmaceutical services. Combining these, Central Bedfordshire has an average of 17.3 'dispensaries' per 100,000 population. Central Bedfordshire is adequately served with community pharmacies, but the number is lower than the East of England and national averages.

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<sup>5</sup> The localities are based on Medium Super Output Areas

Within Central Bedfordshire, there are more pharmacies in the densely populated areas, with 27 out of the 40 community pharmacies in Ivel Valley (13) and Chiltern Vale (14), with a further five dispensing GP practices in Ivel Valley.

The pharmaceutical provision in West Mid Beds and Ivel Valley localities reflects the rural nature of the area, with a greater number of dispensing GP practices within these localities (five in each).

Across Central Bedfordshire, independent pharmacies represent 65% of all pharmacy providers, which is higher than the England average (40%), with no one provider having a monopoly in any locality, allowing for a greater choice of pharmacy type for Central Bedfordshire residents.

Central Bedfordshire has five pharmacies open for 100 hours: three in Chiltern Vale, one in Ivel Valley and one in West Mid Beds, with none in Leighton Buzzard. While there are no 100-hour pharmacies in Leighton Buzzard, many pharmacies are open in the evening and weekends, with 88% open on Saturday and 25% open on Sunday. 100% of the population can access their nearest pharmacy within 20 minutes by car irrespective of the day of the week or time of day.

Provision of current pharmaceutical services and Locally Commissioned Services are distributed across localities; more rural localities appear to be less well served but are supported by dispensing GP practices and provision of non-commissioned delivery services from community pharmacy.

## **1.7 Adequacy of pharmaceutical services in Central Bedfordshire**

### **1.7.1 Current provision of Essential Services**

There are 40 community pharmacies and 11 dispensing GP practices in Central Bedfordshire, and all community pharmacies provide all Essential Services as per the current CPCF. No gaps have been identified although recommendations to enhance provision have been highlighted in Section 1.9 of this Executive Summary.

Due to the rurality of Central Bedfordshire, the percentage of the population that can access a community pharmacy within a 20-minute walk is lower in Central Bedfordshire than in England (67.7% compared with 89%) and 74.1% can reach a pharmacy within 2 km by walking. However, 100% of the population can access a pharmacy within 15 minutes by car irrespective of the time of day. Although only 25% of pharmacies open on a Sunday, 100% of the population can access a pharmacy within 20 minutes by car. 86.8% of the population have access to a car or van at home.<sup>6</sup>

### **1.7.2 Current provision of services which provide improvement or better access in Central Bedfordshire (Advanced, Enhanced, Locally Commissioned)**

#### ***Advanced Services***

There is adequate access to Advanced Services, i.e. New Medicines Service and Community Pharmacist Consultation Service, with 83% and 73% of community pharmacies

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<sup>6</sup> Census 2011.

respectively providing these services across Central Bedfordshire. This is lower than the England average at 91% and 81%, respectively.

The new hypertension case-finding service started in October 2021. Eighteen pharmacies across Central Bedfordshire have signed up to providing this service. Activity data is still low at a national level (8%), regional level (7%) and in Central Bedfordshire (3%).

The Smoking Cessation Advanced Service<sup>7</sup> commenced on 10 March 2022 and has been put into place in 4 out of 40 pharmacies across Central Bedfordshire, although there is none in the West Mid Beds locality. However, access to the stop smoking service provided by Public Health is available across the area.

To date, there has been no data recorded on the use of the community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally and regionally). There was a delay in introducing this service due to the COVID-19 pandemic.

### ***Enhanced Services***

There are currently two Enhanced Services commissioned in Central Bedfordshire: the delivery of the COVID-19 vaccination service through 15 pharmacies in Central Bedfordshire, and coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days to allow access medication if required.

### ***Locally Commissioned Services***

The following services are commissioned in Central Bedfordshire by the local authority or CCG:

- **Sexual health services:**<sup>8</sup> 17 (43%) community pharmacies provide this service (4 in Chiltern Vale, 8 in Ivel Valley, 4 in Leighton Buzzard and 1 in West Mid Beds)
- **Stop smoking service:** 15 (38%) pharmacies provide this service (4 in Chiltern Vale, 5 in Ivel Valley, 3 in Leighton Buzzard and 3 in West Mid Beds)
- **Supervised consumption:** 26 (65%) pharmacies provide this service (9 in Chiltern Vale, 6 in Ivel Valley, 5 in Leighton Buzzard and 6 in West Mid Beds)
- **Needle exchange:** 4 (10%) pharmacies provide these services (3 in Ivel Valley, 1 in Leighton Buzzard)
- **End of life medicines service:** 10 (25%) pharmacies provide this service (2 in Chiltern Vale, 3 in Ivel Valley, 2 in Leighton Buzzard and 3 in West Mid Beds)

Six out of 11 responses from pharmacy contractors said that there was a need for further Locally Commissioned Services.

#### **1.7.3 Public survey feedback**

From the 769 responses received from the public questionnaire:

- 91% have a regular or preferred pharmacy

<sup>7</sup> Smoking Cessation Advanced Service: NHS Trusts can refer patients to a community pharmacy of their choice for continuation of smoking cessation support on discharge.

<sup>8</sup> Emergency hormonal contraception service, chlamydia screening and treatment.

- 97% and 98%, respectively, identified that the 'availability of medication' and 'convenience' influenced their choice of pharmacy
- 86% describe the service as good or excellent, with 3% describing the pharmacy as poor
- 67% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 87% found it very easy or easy to speak to their pharmacy team during the pandemic
- The main method of travel to access a pharmacy is by car, with 51% using this method; the next most common method is by walking (43%)
- There was generally good awareness of 'Essential Services' provided from community pharmacies (most over 80%)
- Awareness of some of the available 'Advanced Services' was limited but respondents did wish for these services to be provided

## 1.8 Conclusions (Draft)

The provision of current pharmaceutical services and Locally Commissioned Services is adequate, with better provision in the more densely populated areas.

The rural nature, with sparse population of some parts of Central Bedfordshire, means that there are fewer community pharmacies present however access to these pharmacies is adequate. The dispensing GP practices are important to ensure that medicines and services are available to these populations (especially West Mid Beds and Ivel Valley).

As part of this assessment, there is no evidence to suggest there is a gap in service that would equate to the need for additional access to Essential Services outside normal hours anywhere in Central Bedfordshire. There is also adequate access to a range of services commissioned from pharmaceutical service providers across the whole of Central Bedfordshire. However, Central Bedfordshire HWB will monitor the uptake and need for Essential Services. It will also consider the impact of any changes in this locality in the future, including population growth, which may provide evidence that a need exists. Any required amendments should be made through the three-year life cycle of this report.

## 1.9 Recommendations (Draft): Opportunities to enhance local community pharmacy services in Central Bedfordshire

While no gaps have been identified in the current provision of pharmaceutical services across Central Bedfordshire or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of Central Bedfordshire residents in the following areas:

- Given the future housing and population growth anticipated in Central Bedfordshire, the provision of pharmaceutical services should be monitored and reviewed by the HWB to ensure the demands of the population are met
- Community pharmacy teams should promote healthy lifestyle messages and participate in national and local health campaigns especially in relation to obesity, diabetes and smoking, in line with NHS Long Term Plan priorities

- Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered by commissioners (where service specifications and service level agreements permits): this could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in Chiltern Vale, which is more deprived
- All pharmacies and pharmacists should be encouraged to sign up to deliver 'Advanced Services', delivering those services where there is identified need
- Incentives should be considered for existing providers to deliver all services within the localities where deprivation is higher
- Pharmacies, especially those in more deprived neighbourhoods, should work to increase the offer and the uptake of all Essential, Advanced and Locally Commissioned public health services, including sexual health services and smoking cessation services, and promote NHS Health Checks
- Consider the provision of new Locally Commissioned Services to meet specific health needs, i.e. respiratory services



## Section 1: Introduction

### 1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),<sup>9</sup> hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the need for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for Central Bedfordshire was published in 2018 and since then has been kept updated with accompanying supplementary statements.

Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Central Bedfordshire fulfils this regulatory requirement.

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

*Table 1: Timeline for PNAs*

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during COVID-19 pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives, and environmental factors, which need to be considered as part of this PNA.

### 1.2 National changes since the last PNA

- NHS Long Term Plan<sup>10</sup>:** The NHS Long Term Plan was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in Section 2.1.1.

<sup>9</sup> NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013  
[www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

<sup>10</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)



- From 1 January 2021, being a **Healthy Living Pharmacy** was an essential requirement for all community pharmacy contractors in England. The Healthy Living Pharmacy (HLP) framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local needs, improving the health and wellbeing of the local population and helping to reduce health inequalities.<sup>11</sup>
- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided.<sup>12</sup> In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 lateral flow test provision, which were decommissioned on 5 March and 1 April 2022 respectively. The COVID-19 vaccination service was added as an Enhanced Service provided from community pharmacies and commissioned by NHS England and NHS Improvement (NHSE&I)<sup>13</sup>.
- **Remote access:** From November 2020, community pharmacies were enabled to facilitate remote access to certain pharmaceutical services at or from the pharmacy premises. The use of these services increased during the COVID-19 pandemic.<sup>14</sup>
- **Community Pharmacist Consultation Service (CPCS):**<sup>15</sup> An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with a pharmacist on referral from NHS 111, integrated urgent clinical assessment services and in some cases from 999. From 1 November 2020, GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS Long Term Plan.
- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>16</sup>

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<sup>11</sup> PSNC, Healthy Living Pharmacies. <https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

<sup>12</sup> Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. Irish J Psych Med 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

<sup>13</sup> Since the time of writing this has now changed to NHS England (NHSE).

<sup>14</sup> PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. <https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/>

<sup>15</sup> Community Pharmacist Consultation Service. <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

<sup>16</sup> Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme which forms part of the CPCF.<sup>17</sup> It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE&I.

### 1.3 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to NHS Resolution, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).<sup>18</sup> Central Bedfordshire's JSNA is a suite of documents on the local authority's website and is currently being reviewed.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE&I and Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

CCGs are to be replaced by Integrated Care Boards (ICBs) as part of the Integrated Care Systems (ICS). ICS delegation has been delayed nationally until July 2022 due to the COVID-19 pandemic, and in some areas, this will not go live until April 2023. For East of England, pharmaceutical services will not be delegated until 1 April 2023 and as a result some services commissioned from pharmacies by CCGs currently may fall under the

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<sup>17</sup> NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. [www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf)

<sup>18</sup> Joint Strategic Needs Assessment (JSNA): Central Bedfordshire Council. [www.jsna.centralbedfordshire.gov.uk/](http://www.jsna.centralbedfordshire.gov.uk/)

definition of Enhanced Services (see Section 1.4.1.3 for service descriptions). For the purpose of this PNA, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.<sup>19</sup>

Although the Steering Group is aware that during the lifetime of this PNA CCGs will transition into ICBs, we have referred to CCGs throughout the PNA, with the intention that the CCG will refer to its successor body when in place.

#### 1.4 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

##### *What are Necessary Services?*

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

The Central Bedfordshire HWB has decided that all Essential Services are Necessary Services in Central Bedfordshire.

##### *What is classed as relevant?*

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are necessary then the remaining services will be other relevant services.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHSE&I. They are:

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<sup>19</sup> Since the time of writing, CCGs have been replaced by ICBs/ICSs. For Central Bedfordshire the following information pages provide detail on the various new structure: <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/>

- Community pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local pharmaceutical service providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those which are/may be commissioned under the provider's contract with NHSE&I. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE&I, is set out below.

#### 1.4.1 Community pharmacy contractors

Community pharmacy contractors comprise both those located within the Central Bedfordshire HWB area as listed in Appendix A, those in neighbouring HWB areas, and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services as per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore likely that residents within Central Bedfordshire will be receiving pharmaceutical services from a DSP outside Central Bedfordshire.

NHSE&I is responsible for administering opening hours for pharmacies, which is handled locally by its regional offices. A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHSE&I. Supplementary hours, which are all the additional opening hours, can be amended by the pharmacy subject to giving three months' notice (or less if NHSE&I consents). A pharmacy may also have more than 40 core hours, which has been agreed with NHSE&I: in such a case, the pharmacy cannot amend those hours without the consent of NHS England.<sup>20</sup>

The CPCF, last agreed in 2019,<sup>21</sup> is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above and must provide all Essential Services, they must not provide Essential Services face-to-face on the premises, provision must be by mail order and/or wholly through the internet.

- Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

<sup>20</sup> PSNC. Opening Hours. <https://psnc.org.uk/contract-it/pharmacy-regulation/opening-hours/>

<sup>21</sup> DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

### 1.4.1.1 Essential Services (ES)

Central Bedfordshire HWB has designated that all Essential Services are to be regarded as Necessary Services.

There are seven Essential Services which are nationally negotiated and **must** be provided by all community pharmacy contractors. The Essential Services are listed below:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service

For more information on the Essential Services please visit: <https://psnc.org.uk/services-commissioning/essential-services/>.

### 1.4.1.2 Advanced Services (A)

Central Bedfordshire HWB has designated that all Advanced Services are to be regarded as relevant services, however they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

There are ten Advanced Services which are nationally negotiated and **can** be provided by any community pharmacy contractor if they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Central Bedfordshire can be seen in Section 3.1.4.

- A.1: Appliance Use Review (AUR)
- A.2: Stoma Appliance Customisation (SAC)
- A.3: C-19 lateral flow device distribution service (stopped 1 April 2022)
- A.4: Pandemic delivery service (stopped 5 March 2022, at 23:59)
- A.5: Community Pharmacist Consultation Service (CPCS)
- A.6: Flu vaccination service
- A.7: Hepatitis C testing service
- A.8: Hypertension case-finding service
- A.9: New Medicine Service (NMS)
- A.10 Smoking Cessation Advanced Service

Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances.

For more information on the Advanced Services please visit: <https://psnc.org.uk/services-commissioning/advanced-services/>.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate

referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

#### **1.4.1.3 Enhanced Services**

There are currently two Enhanced Services commissioned through community pharmacies from NHSE&I in Central Bedfordshire:

- EnS.1: COVID-19 vaccination service
- EnS.2: Christmas Day and Easter Sunday services

#### **COVID-19 vaccination**

The COVID-19 vaccination service is provided from community pharmacies and commissioned by NHSE&I. The number of pharmacies currently providing the COVID-19 vaccination service under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the 12 months to 14 January 2022. At the time of writing, there are 15 community pharmacies in Central Bedfordshire delivering COVID-19 vaccines.

#### **Christmas Day and Easter Sunday services**

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays, to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required.

#### **1.4.2 Dispensing Appliance Contractors (DACs)**

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages, etc. They 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.

DACs must provide a range of Essential Services, such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AURs and SAC.

Pharmacy contractors, dispensing doctors and Local Pharmaceutical Service (LPS) providers may supply appliances, but DACs are unable to supply medicines.

There are no DACs in Central Bedfordshire.

#### **1.4.3 Local Pharmaceutical Service (LPS) providers**

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group (these services usually include those that are not traditionally associated with pharmacy).

This contract is locally commissioned by NHSE&I and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.



There are no pharmacy providers in Central Bedfordshire that have an LPS contract.

#### **1.4.4 Pharmacy Access Scheme (PhAS) providers<sup>22</sup>**

The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected. The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close, for example, where a local population relies on a single pharmacy. The PhAS takes isolation and need levels into account.

Pharmacies in areas with high numbers of pharmacies remain excluded from the PhAS as public access to NHS pharmaceutical services is not at risk.

The scheme is paid for from the funding for the CPCF.

DSPs, DACs, LPS contractors and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS continues to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services are protected.

There are eight PhAS providers in Central Bedfordshire.

#### **1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas**

There are six other HWB areas that border Central Bedfordshire HWB:

- Milton Keynes
- Bedford Borough
- Cambridgeshire and Peterborough
- Hertfordshire
- Buckinghamshire
- Luton

In determining the needs of and pharmaceutical service provision to the population of the Central Bedfordshire, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

#### **1.4.6 Dispensing GP practices**

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at

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<sup>22</sup> DHSC. 2022 Pharmacy Access Scheme: guidance. 3 February 2022. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance)

community pharmacies. Dispensing GP practices can provide such services to communities within areas known as ‘controlled localities’.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE&I and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

There are 11 dispensing GP practices in Central Bedfordshire.

#### 1.4.7 Other services and providers in Central Bedfordshire

As stated in Section 1.3, for the purpose of this PNA, ‘pharmaceutical services’ has been defined as those services which are or may be commissioned under the provider’s contract with NHSE&I.

Section 4 of this PNA outlines services provided by NHS pharmaceutical providers in Central Bedfordshire commissioned by organisations other than NHSE&I or provided privately, and which are therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and CCG.

### 1.5 Process for developing the PNA

Central Bedfordshire HWB has statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Central Bedfordshire was published in 2018 and is therefore due to be reassessed in line with the extended timetable by October 2022.

Public Health Central Bedfordshire has a duty to complete this document on behalf of Central Bedfordshire HWB. After a competitive tender process, Public Health Central Bedfordshire commissioned Soar Beyond Ltd to undertake the PNA, the process by which this was achieved can be seen in Table 2.

*Table 2: Process for developing the PNA*

<b>Process</b>	<b>Activity</b>
Step 1: Steering group established	On 21 October 2021 Central Bedfordshire PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.
Step 2: Project planning and governance	Project plan and milestones agreed by Steering Group, see Appendix F.
Step 3: Review of 2018 PNA and JSNA	PNA Steering Group reviewed the existing PNA and subsequent supplementary statements <sup>23</sup> and JSNA.
Step 4a: Public questionnaire on	Public questionnaire, co-produced by Steering Group, to establish views about pharmacy services. Further detail is provided in Section 5.

<sup>23</sup>Central Bedfordshire PNA and subsequent supplementary statements. [www.jsna.centralbedfordshire.gov.uk/jsna/info/17/additional\\_reports/101/pharmaceutical\\_needs\\_assessment](http://www.jsna.centralbedfordshire.gov.uk/jsna/info/17/additional_reports/101/pharmaceutical_needs_assessment)



<b>Process</b>	<b>Activity</b>
pharmacy provision	A total of 769 responses were received. Details can be found in Appendix C.
Step 4b: Pharmacy contractor questionnaire	A questionnaire was co-produced by the Steering group. This was distributed to the local community pharmacies (Bedfordshire Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses) A total of 13 responses were received. Details can be found in Appendix D.
Step 4c: Dispensing practice questionnaire	The Steering Group agreed a questionnaire to be distributed to all dispensing practices in Bedford Borough to inform the PNA. A total of 6 responses were received. Details can be found in Appendix E.
Step 5: Mapping of services	Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE&I dated March 2022 was used for this assessment.
Step 6: Preparing the draft PNA for consultation	The Steering Group reviewed and revised the content and detail of the existing PNA. The draft PNA was approved for circulation by the Deputy Director of Public Health, Central Bedfordshire Council and the Steering Group, and was shared with the HWB as part of the consultation process. The process considered the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. The Steering Group supported the engagement exercise for the draft PNA to extend the reach during the consultation.
Step 7: Consultation	In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken from 8 June to 7 August 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix G. The draft PNA was also posted on Central Bedfordshire's website.
Step 8: Collation and analysis of consultation responses	The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix H.
Step 9: Production of final PNA - future stage	The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group. The final PNA was presented to the Central Bedfordshire HWB for approval and publication before 1 October 2022.

The Steering Group were fully aware of the potential changes brought about with the easing of restrictions that had been brought in due to the pandemic. However, as the PNA is an assessment taken at a defined moment in time, it was agreed the pragmatic way forward would be to monitor such changes and, if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group were fully aware of the need to reassess.

### **1.6 Localities for the purpose of the PNA**

The PNA Steering Group, at its first meeting, considered how the localities within the Central Bedfordshire geography would be defined. The majority of health and social care data is available at local authority Medium Super Output Area (MSOA) level and provides reasonable statistical rigour. It was agreed that this MSOA data would be used to define the localities of the Central Bedfordshire geography.

The localities used for the PNA for Central Bedfordshire are:

- Chiltern Vale
- Leighton Buzzard
- Ivel Valley
- West Mid Beds

A list of providers of pharmaceutical services in each locality is found in Appendix A.

## Section 2: Context for the PNA

### 2.1 Policy Context

#### 2.1.1 NHS Long Term Plan<sup>24</sup>

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. Priority clinical areas identified in the LTP are shown in Table 3.

*Table 3: Priority clinical areas in the LTP*

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular disease
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

For community pharmacy, the plan states:<sup>25</sup>

- NHS England will work with government to make greater use of community pharmacists' skills and opportunities to engage patients
- NHS England and the government will explore further efficiencies through reform of reimbursement and wider supply arrangements
- NHS England will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions; the hypertension case-finding service has been developed as an Advanced Service from community pharmacy
- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management; the CPCS has been developed and has been available since 31 October 2019 as an Advanced Service

#### 2.1.2 Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to provide insight and intelligence on the current picture of the use of services by and needs of the local population, highlighting where there might be

<sup>24</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

<sup>25</sup> PSNC. The NHS Long Term Plan. <https://psnc.org.uk/the-healthcare-landscape/the-nhs-long-term-plan/>

unmet need that allows for general or targeted interventions, ensuring the efficient use of public funds and resources to improve health, care and wellbeing and to reduce inequity in access and inequality of outcomes. In summary, the JSNA is an assessment of the health and wellbeing needs of the local area.

The PNA is undertaken in the context of the current and future health, care and wellbeing needs of the borough and the community to inform local decision-making as defined in the Central Bedfordshire JSNA.

The PNA should therefore be read alongside the JSNA. The Central Bedfordshire JSNA is a suite of documents on the local authority's website, and this PNA has referred to their 2018–2023 Health and Wellbeing Strategy.

### **2.1.3 Health and Wellbeing Strategy (HWS)**

The vision of the Central Bedfordshire HWB is to improve health and wellbeing and reduce inequalities now and for the future generation. The HWB wants to narrow the differences in healthy life expectancy between those living in the most deprived communities and those in the more affluent communities.

Central Bedfordshire's Health and Wellbeing Strategy 2018–2023 (HWS)<sup>26</sup> sets the long-term strategic framework for improving health and wellbeing in Central Bedfordshire.

The wider JSNA products informed the refresh of the HWS, ensuring that the strategy is evidence-based and focused on the relevant key issues, including inequalities, demographic pressures and redesigning services to meet need and enhance opportunities for prevention.

The most recent refresh of the HWS (2018-23) is based on three priorities:

- Driving change to improve mental health and wellbeing for people of all ages
- Enabling people to optimise their own and their family's health and wellbeing
- Ensuring that growth delivers improvements in health and wellbeing for current and future residents

## **2.2 Central Bedfordshire population**

An understanding of the size and characteristics of the Central Bedfordshire population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of Central Bedfordshire residents, how healthy they are, and what changes can be expected in the future.

Full details of the demographics and health needs can be found in Appendix J.

### **2.2.1 Population overview**

The latest 2020 estimate for the Central Bedfordshire population is 294,000. Ivel Valley is the most populated locality, with around 91,100 residents, and Leighton Buzzard the least populated, with 48,400 residents, although Leighton Buzzard is the largest single town in

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<sup>26</sup> Central Bedfordshire Council. Health and Wellbeing Strategy 2018–2023:  
[www.centralbedfordshire.gov.uk/migrated\\_images/health-wellbeing-strategy-2018-2023\\_tcm3-15510.pdf](http://www.centralbedfordshire.gov.uk/migrated_images/health-wellbeing-strategy-2018-2023_tcm3-15510.pdf)

Central Bedfordshire (see Table 4). [Map 1](#) shows community pharmacies are located where population density is high.

*Table 4: Locality population estimates, 2020*

<b>Area</b>	<b>All ages</b>
Chiltern Vale	82,400
Ivel Valley	91,138
Leighton Buzzard	48,427
West Mid Beds	72,131
England	56,550,138

The age structure of the Central Bedfordshire population is similar to that of England. The proportion under 18 was 22–23% (England = 21%). Those aged 18–64 represent over half of the population (60%), which is comparable to England (60%). Those aged 65 years and over represent 18% of the population (England = 19%).

Between 2022 and 2032, the overall population of Central Bedfordshire is projected to grow by 18,500 (6.3%), which is higher than the projected growth for England (4%). The largest growth is expected to be in ages 80 and over. Populations growth for children aged 0–14 and adults aged 25–44 is expected to fall, often more so than projected nationally.

Within the next five years in Central Bedfordshire there is a 10% (11,806) projected increase in new households. (For further details please refer to Appendix J).

Table 5 shows the ethnic composition by the defined localities of Central Bedfordshire. Central Bedfordshire has a diverse population, with approximately 10% identifying themselves as being of Black, Asian or Minority Ethnic (BAME) origin and 90% identifying as White, compared with 15% and 85% for England. Chiltern Vale has the highest number of BAME residents (~9.8%) with Leighton Buzzard having the lowest number of BAME residents (~4.7%).

*Table 5: Population by broad ethnic group, 2011*

<b>Locality</b>	<b>Asian/Asian British</b>	<b>Black/African/ Caribbean/ Black British</b>	<b>Mixed/ multiple ethnic group</b>	<b>Other ethnic group</b>	<b>White ethnic group</b>
<b>Chiltern Vale</b>	3.2%	2.9%	2.4%	0.6%	90.9%
<b>Ivel Valley</b>	2.1%	0.8%	1.6%	0.5%	95.0%
<b>Leighton Buzzard</b>	1.7%	0.8%	1.8%	0.3%	95.3%
<b>West Mid Beds</b>	2.7%	0.9%	1.7%	0.6%	94.2%
<b>England</b>	7.8%	3.5%	2.3%	1.1%	85.3%

Source: ONS 2011 Census

## 2.2.2 Health inequalities

The socioeconomic status of an individual or population is determined by characteristics including income, education and occupation, and lower socioeconomic status is associated with poorer health outcomes, including low birth weight, cardiovascular disease, diabetes and cancer.

Index of Multiple Deprivation (IMD) data (2019) shows that Central Bedfordshire is ranked 138 out of 152 local authorities across the whole of England, where 1 is the most deprived and 152 is the least deprived. There is a distinct difference in levels of deprivation across the four localities in Central Bedfordshire, with West Mid Beds being the most deprived and Chiltern Vale being least deprived.

Table 6 shows the IMD 2019 quintile breakdown by locality.

[Map 2](#) shows pharmacy contractor locations and IMD score by Lower Super Output Area (LSOA).

*Table 6: IMD 2019 quintile breakdown by locality*

Area	1 (most deprived)	2	3	4	5 (least deprived)
Chiltern Vale	42%	27%	13%	9%	9%
Ivel Valley	15%	23%	21%	17%	23%
Leighton Buzzard	19%	12%	27%	31%	12%
West Mid Beds	3%	13%	21%	28%	36%

Source: ONS IMD, 2019

## 2.2.3 Health of the population

Population health indicators provide a high-level overview of the collective health of populations at a national, regional and local level. These indicators allow comparisons to be made regarding the health of different populations and can highlight issues or time-trends that require a more detailed investigation.

- **Life expectancy:** Life expectancy has increased across the country. Over the period 2018-20, life expectancy at birth in Central Bedfordshire was 84 years for women and 81 years for men, in both cases slightly higher than the average for England.
- **Lifestyle:**
  - **Adult obesity** – In Central Bedfordshire the prevalence of adult obesity (58%) is statistically similar to that of England (average 62.8%). While statistically similar to England, this level of obesity represents nearly two-thirds of the adult population and presents a significant health burden.
  - **Smoking** – The prevalence of smoking in those aged over 18 years in Central Bedfordshire is 13.7% which is statistically similar to England (13.9%).<sup>27</sup> There are inequalities in smoking prevalence between certain groups with higher

<sup>27</sup> APS. 2020.

prevalence among those living in areas of higher deprivation, and those in routine and manual occupations.

- **Drug and alcohol misuse:** The rate of admission episodes for alcohol-related conditions for Central Bedfordshire (587 per 100,000) is statistically lower than that of England (664 per 100,000).
- **Sexual health and teenage pregnancy:** The under-18 conception rate for Central Bedfordshire (14 per 1,000) is statistically lower than that of England (16 per 1,000).
  - The rate for all new Sexually Transmitted Infection (STI) diagnosis for Central Bedfordshire (310 per 100,000) is statistically lower than that of England (562 per 100,000).

#### 2.2.4 Burden of disease

Long-term conditions are more prevalent in older people (58% of people over 60 compared with 14% under 40) and in more deprived groups (people in the poorest social class have a 60% higher prevalence than those in the richest social class and 30% more severity of disease).<sup>28</sup>

The prevalence in Central Bedfordshire of long-term conditions such as Coronary Heart Disease (CHD) (2.9%), hypertension (13.9%), diabetes (6.9%) and Chronic Obstructive Pulmonary Disease (COPD) (1.8%) is statistically similar to or lower than the figures for England (3%, 13.9%, 7% and 1.9%, respectively).

However, the prevalence of asthma in Central Bedfordshire (6.7%) is statistically higher than in England (6.4%).


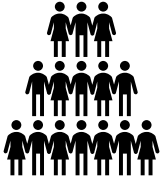
The data presented in Appendix J is not broken down by locality and therefore it is difficult to ascertain if there is a correlation between prevalence and age and those in more deprived areas.

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<sup>28</sup> The King's Fund. Long-term conditions and multi-morbidity. [www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity](http://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity)

## Section 3: NHS pharmaceutical services provision in Central Bedfordshire

### 3.1 Community pharmacies

<p>40 community pharmacies in Central Bedfordshire*</p> 	<p>294,000 population of Central Bedfordshire</p> 	<p>13.6 pharmacies per 100,000 population* (17.3 dispensaries including dispensing GP practices)</p> 
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\*Correct as of March 2022

Central Bedfordshire has 40 community pharmacies (as of March 2022) and 11 dispensing GP practices) for a population of around 294,000. This equates to an average of 13.6 community pharmacies per 100,000 population compared with 20.6 per 100,000 in England.

Whilst there has been a decrease in the number of community pharmacies since the 2018 PNA from 43 to 40, the population growth has led to a reduction in community pharmacies per 100,000 from 21.2 to 20.6 (2018 and 2021, respectively).

As Central Bedfordshire known as a “controlled locality”, medical practitioners are authorised to provide drugs and appliances in this area. dispensing GP practices can only dispense to their own patients and operate under national terms of service set out in schedule 6 of the 2013 regulations. When the 11 dispensing GP practices are considered in addition to the community pharmacies, the ratio increases to 17.3 per 100,000 population.

Due to the rural nature of Central Bedfordshire, populations may find community pharmacies in neighbouring HWB areas more accessible and/or more convenient There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to Central Bedfordshire: Bedford Borough (18.3), Milton Keynes (17.4), Peterborough (21.2) and Cambridgeshire (16.6), Hertfordshire (19.6), Buckinghamshire (16.3) and Luton (20.6).

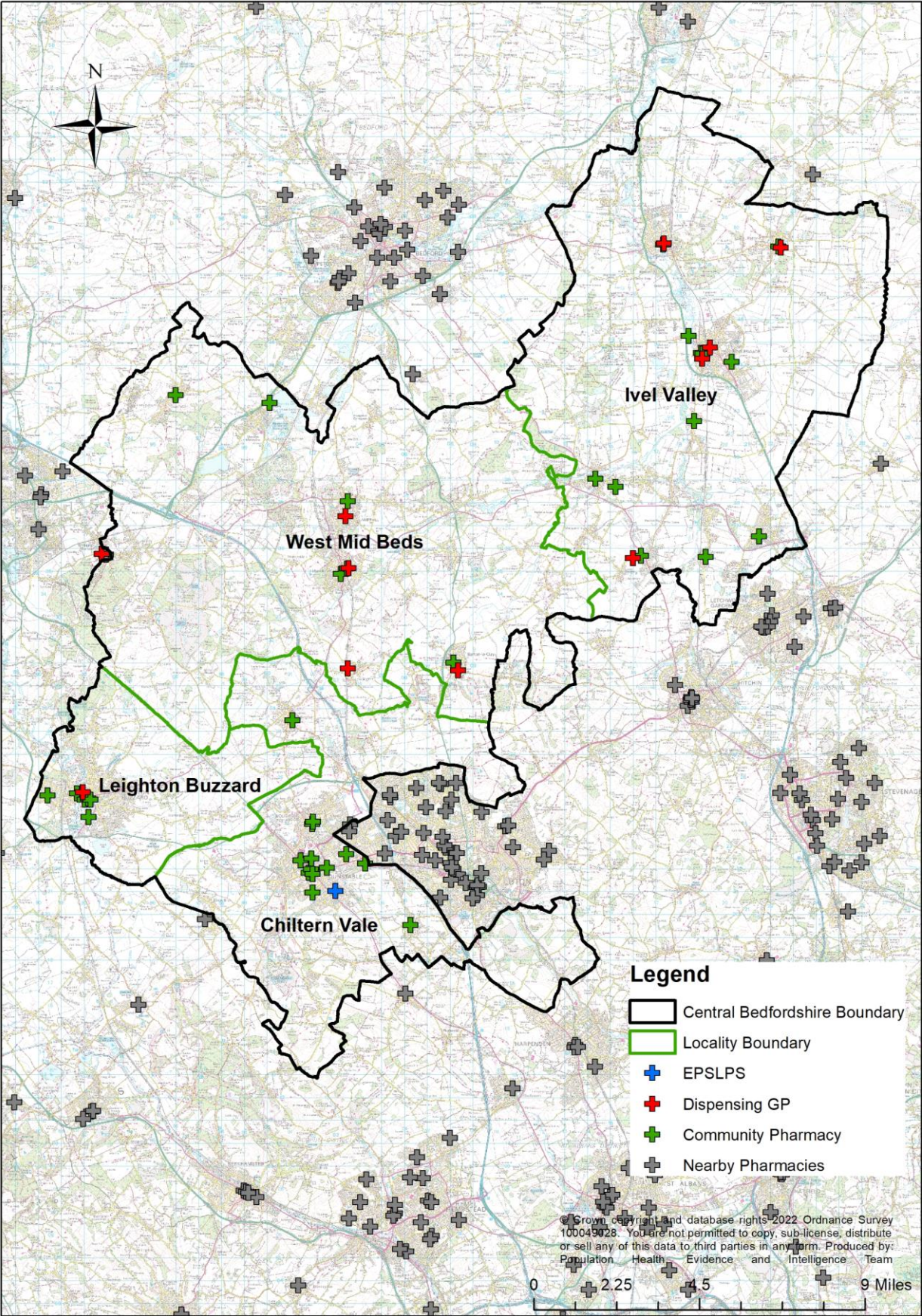
A list of community pharmacies in Central Bedfordshire and their opening hours can be found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list for each HWB area), Central Bedfordshire Council, Bedfordshire, Luton and Milton Keynes (BLMK) CCG and from local intelligence.

Figure 1 shows all contractor locations Central Bedfordshire.



Figure 1: All contractors in Central Bedfordshire





There has been a change in the numbers of community pharmacies over recent years compared with regional and national averages. Central Bedfordshire is well served with community pharmacies, but the number is lower than the East of England and national averages (see Table 7).

Table 7: Number of community pharmacies (includes DSP) per 100,000 population

	England	East of England	Central Bedfordshire
2020-21	20.6	19.4	13.6
2019-20	21.0	21.6	14.5
2018-19	21.2	20.4	15.9

Source: ONS Mid-Year Population<sup>29</sup>

The number and rates of community pharmacies vary widely by locality (see Table 8).

Table 8: Community pharmacies per locality

Locality	Number of community pharmacies <sup>^</sup>	Total population (ONS 2020)	Average number of community pharmacies per 100,000 population <sup>^</sup>	Average number of community pharmacies and dispensing GP practices per 100,000 population <sup>^</sup>
Chiltern Vale	14	82,400	17.0	17.0
Ivel Valley	13 (18*)	91,138	14.3	19.8
Leighton Buzzard	7 (8*)	48,427	14.5	16.5
West Mid Beds	6 (11*)	72,131	8.3	15.3
<b>Central Bedfordshire (2022)</b>	<b>40 (51*)</b>	<b>294,000</b>	<b>13.6</b>	<b>17.3</b>
<b>East of England (2021)</b>	<b>1,216</b>	<b>6,269,161</b>	<b>19.4</b>	
<b>England (2021)</b>	<b>11,636</b>	<b>56,760,975</b>	<b>20.6</b>	

\* adding in dispensing GP practices

<sup>^</sup> March 2022

### 3.1.1 Choice of community pharmacies

The breakdown of community pharmacy ownership in Central Bedfordshire is shown in Table 9. The data shows that national pharmacy ownership is at similar levels to those seen in the rest of East of England, whereas Central Bedfordshire has a much higher percentage of independent pharmacies compared with nationally, with no one provider having a

<sup>29</sup> ONS. Population Data. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland)

monopoly in any locality. People in Central Bedfordshire therefore have a good choice of pharmacy providers.

*Table 9: Community pharmacy ownership, 2020-21*

Area	Multiples (%)	Independent (%)*
England	60%	40%
East of England	56%	44%
Central Bedfordshire (2022 data)	35%	65%

\* Includes pharmacies included in the Association of Independent (AIMs) pharmacies list

### 3.1.2 Weekend and evening provision

Central Bedfordshire has a higher percentage of its pharmacies open for 100 hours or more compared with regionally and nationally (see Table 10). Most 100-hour pharmacies are open late and at the weekends. There are no 100-hour pharmacies in Leighton Buzzard, however Table 11 shows the number of pharmacies open after 6 pm and weekends in this locality.

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

*Table 10: Number of 100-hour pharmacies (and percentage of total)*

Area	Number (%) of 100-hour pharmacies
<b>England (2021)</b>	<b>1,094 (9.4%)</b>
<b>East of England</b>	<b>121 (10.0%)</b>
<b>Central Bedfordshire</b>	<b>5 (12.5%)</b>
Chiltern Vale	3 (2%)
Ivel Valley	1 (8%)
Leighton Buzzard	0
West Mid Beds	1 (17%)

### 3.1.3 Access to community pharmacies

Community pharmacies in Central Bedfordshire are particularly located around areas with a higher density of population (see [Map 1](#)). Many also provide extended opening hours and/or open at weekends.

A previously published article<sup>30</sup> suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas

<sup>30</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

[Map 2](#) shows there are more pharmacies in those areas in Central Bedfordshire where deprivation is higher.

### 3.1.3.1 Routine daytime access to community pharmacies

[Maps 3–12](#) show travel times to community pharmacies using a variety of options.

In summary:

- Driving: 100% of the population can drive to a pharmacy within 15 minutes off-peak and during rush hour
- Public transport: 91.2% of the population can access a pharmacy within 20 minutes (94.3% in 30 minutes) no matter the time of day
- Walking: 80.4% of the population can walk to a pharmacy within 30 minutes and 82.7% can reach a pharmacy within 2 km.
- 88% of community pharmacies are open on a Saturday and 100% of the population can access a pharmacy within 20 minutes by car (see [Map 10](#))
- 25% of community pharmacies are open on Sunday, and 100% of the population can reach their nearest pharmacy open on a Sunday within 20 minutes by car (see [Map 9](#))

It is important to note that data from the 2011 census indicates that 87% of households in Central Bedfordshire report having one or more cars/vans.

The above demonstrates good access to community pharmacies in Central Bedfordshire. There are also GP dispensing practices open, which are not factored into the above and would therefore provide further access to medicines in the rural areas of Central Bedfordshire.

### 3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in Table 11.

‘Average’ access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level (see Table 11). The population of Central Bedfordshire has average access to community pharmacies in the evening, as 17 (43%) of community pharmacies are opening in the evening (beyond 6 pm). [Maps 11](#) and [12](#) show that 100% of the population can access a pharmacy past 6 pm within 20 minutes by car on weekday evenings.

Additionally, there are 5 dispensing GP practices open beyond 6pm.

*Table 11: Number and percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on a Saturday and Sunday*

<b>Locality</b>	<b>Pharmacies open beyond 6 pm</b>	<b>'Dispensaries' open beyond 6 pm*</b>	<b>Pharmacies open on a Saturday</b>	<b>Pharmacies open on a Sunday</b>
Chiltern Vale	6 (43%)	6 (43%)	12 (86%)	5 (36%)
Ivel Valley	4 (31%)	7 (39%)	11 (85%)	1 (8%)
Leighton Buzzard	3 (43%)	3 (38%)	6 (86%)	2 (29%)
West Mid Beds	4 (67%)	6 (55%)	6 (100%)	2 (33%)
<b>Central Bedfordshire</b>	<b>17 (43%)</b>	<b>22 (43%)</b>	<b>35 (88%)</b>	<b>10 (25%)</b>

\*This includes community pharmacies and dispensing GP practices open Monday to Friday (excluding bank holidays) beyond 6 pm. Please note no dispensing GP practices are open on Saturday nor Sunday in Central Bedfordshire.

Full details of all pharmacies' opening hours can be found in Appendix A.

### **3.1.3.3 Routine Saturday daytime access to community pharmacies**

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality but no dispensing GP practices in Central Bedfordshire are open on Saturdays.

Of the community pharmacies in Central Bedfordshire area, 88% are open on Saturdays, the majority of which are open into the late afternoon, and 100% of the population can access their nearest pharmacy open on a Saturday within 20 minutes by car (see [Map 10](#)). Full details of all pharmacies open on a Saturday can be found in Appendix A.

### **3.1.3.4 Routine Sunday daytime access to community pharmacies**

Of the community pharmacy providers in Central Bedfordshire, 25% are open on Sundays, and 100% of the population can reach their nearest pharmacy open on a Sunday within 20 minutes by car. Fewer community pharmacies are open on Sundays than on any other day in Central Bedfordshire, and no dispensing practices are open on Sundays. Full details of all pharmacies open on a Sunday can be found in Appendix A and [Map 9](#).

### **3.1.3.5 Routine bank holiday access to community pharmacies**

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

NHSE&I has commissioned an Enhanced Service to provide coverage on Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days with their location near to the hubs and out-of-hours providers so that patients can easily access medication if required.

### 3.1.4 Advanced Service provision from community pharmacies<sup>31</sup>

Data supplied from NHSE&I has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services in Table 12. Details of individual pharmacy providers can be seen in Appendix A. Please note, this is snapshot at a moment in time and therefore is likely to change as more providers sign up to provide services listed below.

*Table 12: Providers of Advanced Services in Central Bedfordshire (2021-22): community pharmacy providers signed up to services by locality (number of community pharmacies)*

<b>NHSE Advanced or Enhanced Service</b>	<b>Chiltern Vale (14)</b>	<b>Ivel Valley (13)</b>	<b>Leighton Buzzard (7)</b>	<b>West Mid Beds (6)</b>
NMS	10 (71%)	13 (100%)	7 (100%)	3 (50%)
CPCS (includes GP CPCS)	8 (57%)	12 (92%)	5 (71%)	5 (83%)
Flu vaccination	11(79%)	12 (92%)	6 (86%)	3 (50%)
SAC	1 (7%)	2 (15%)	1 (14%)	0
AUR	0	1 (8%)	0	0
Hypertension finding	5 (36%)	6 (46%)	4 (57%)	3 (50%)
Smoking Cessation Advanced Service	1 (7%)	1 (8%)	2 (29%)	0
Hepatitis C antibody testing	0	0	0	0

*Note: Provider information has been provided by NHSE&I*

Based on the information provided, none of the community pharmacies in Central Bedfordshire have signed up to provide hepatitis C antibody-testing service (currently commissioned until 31 March 2023). The hepatitis C service has had a very low uptake in Central Bedfordshire and nationally.

The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and five community pharmacy or DAC providers (0.4%) in the East of England in 2020-21. There has been low recorded provision of the AUR service from community pharmacy providers in Central Bedfordshire up until end of January 2022.

Detail of the recorded activity of Advanced Service delivery in Central Bedfordshire for 2021-22 (ten months) can be seen in Table 13. It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services

<sup>31</sup> **Note:** Community pharmacy COVID-19 lateral flow distribution service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022 at 23:59, and these services have therefore not been included in Table 13.

- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

Table 13: Advanced Service provision: percentage of providers providing the service

Advanced Service	England	East of England	Central Bedfordshire
NMS	91%	92%	83%
Community pharmacy seasonal influenza vaccination	85%	84%	80%
CPCS	81%	83%	73%
Hypertension case-finding service	8%	7%	3%
Community pharmacy hepatitis C antibody-testing service	0.1%	0.1%	0%
AUR	0.5%	0.4%	3%
SAC	8.6%	7%	10%

Source: NHS BSA Dispensing Data 2021-22 across 10 months (1 April 2021 to 31 January 2022)

New services, such as CPCS, are being used, but data shows low uptake nationally.<sup>32</sup> A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.<sup>33</sup> This is improving, particularly in GP CPCS. Service provision in Central Bedfordshire is good.

The new hypertension service started in October 2021. Activity data is still low nationally, regionally and in Central Bedfordshire.

The Smoking Cessation Advanced Service started on 10 March 2022 and has been put into place in four pharmacies across Central Bedfordshire, although no activity data is available at the time of writing.

To date, there has been no data recorded on the use of community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally and regionally). There was a delay in introducing these services due to the COVID-19 pandemic.

### 3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I and outside the scope of the PNA. Therefore, any Locally Commissioned Services (LCS) commissioned by CCGs or the local authority are not considered here but are reflected in Section 4.

There are currently two Enhanced Services commissioned in Central Bedfordshire.

<sup>32</sup> NHS BSA. Dispensing Data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

<sup>33</sup> Royal College of General Practitioners. Making the Community Pharmacist Consultation Service A Success. October 2021. [Making CPCS a success \(rpharms.com\)](http://makingcpcsasuccess(rpharms.com))

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic, provided by 15 pharmacies across Central Bedfordshire
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers so patients can easily access medication if required

### **3.2 Dispensing Appliance Contractors (DACs)**

There are no DACs in Central Bedfordshire, however there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

The community pharmacy contractor questionnaire received 13 responses and 92% of respondents reported that they provide all types of appliances.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Central Bedfordshire.

### **3.3 Distance-Selling Pharmacies (DSPs)**

There are no DSPs in Central Bedfordshire. Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

It should be noted that DSPs located outside of Central Bedfordshire can provide services to Central Bedfordshire residents.

### **3.4 Local Pharmaceutical Service (LPS) providers**

There is one LPS pharmacy in Central Bedfordshire at the time of writing (due to revert to a 40-hour community pharmacy contract on 1 April 2022):

- Mayfield Pharmacy, 12 Mayfield Road, Dunstable LU5 4AP

### **3.5 Dispensing GP practices**

There are 11 dispensing GP practices in Central Bedfordshire, which has reduced from 14 in the 2018 PNA. They are listed in Appendix A.

### **3.6 Pharmaceutical service provision from outside Central Bedfordshire HWB area**

Central Bedfordshire is bordered by six other HWB areas: Bedford Borough, Milton Keynes, Cambridgeshire and Peterborough, Hertfordshire, Buckinghamshire and Luton. As previously mentioned, like East of England, Central Bedfordshire has good transport links even to rural areas. As a result, it is anticipated that some residents in Central Bedfordshire will have access to pharmaceutical service providers in neighbouring HWB areas and beyond.

For some residents, the nearest provider of pharmaceutical services may be across the border in a neighbouring HWB area. Given the largely rural nature of Central Bedfordshire,



many residents will be familiar with significant travel times, particularly in the evenings and at weekends, to access other services such as a supermarket.

It is not practical to list here all those pharmacies outside Central Bedfordshire area by which Central Bedfordshire residents will access pharmaceutical services. A small number of providers lie in proximity to the borders of Central Bedfordshire and are marked in Figure 1.

## Section 4: Other services that may support pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or CCG.

The services commissioned from community pharmacy contractors in Central Bedfordshire by the local authority and CCG are listed in Table 14. Service details are found in Appendix K.

Data supplied from the CCG and Local Authority (LA) has been used to demonstrate how many community pharmacies per locality have signed up to provide these services listed in Table 14.

*Table 14: Provision of Locally Commissioned Services (CCG and LA) per locality (number of community pharmacies)*

<b>CCG</b>	<b>Chiltern Vale (14)</b>	<b>Ivel Valley (13)</b>	<b>Leighton Buzzard (7)</b>	<b>West Mid Beds (6)</b>
End of Life (EoL)	2 (14%)	3 (23%)	2 (29%)	3 (50%)
<b>LA</b>				
Stop smoking	4 (29%)	5 (38%)	3 (43%)	3 (50%)
Sexual health	4 (29%)	8 (61%)	4 (57%)	1 (17%)
Supervised consumption	9 (64%)	6 (46%)	5 (71%)	6 (100%)
Needle exchange	0	3 (23%)	1 (14%)	0

Details of other NHS providers in Central Bedfordshire (such as hospitals, urgent care service and prisons) that provide pharmaceutical services and privately funded services have been listed in Appendix K and are outside of the scope of this PNA.

## Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (see Appendix C) and compiled by Central Bedfordshire PNA Steering Group. This was circulated to a range of stakeholders listed below:

- PNA Steering Group
- Social channels
- To all staff within Central Bedfordshire Council
- Outreach to specific hard-to-reach groups (i.e. older persons networks/school newsletters)
- Voluntary groups
- Central Bedfordshire Council's website
- Healthwatch

There has been a good response to the public questionnaire with 769 responses received from the public questionnaire.

A breakdown of the respondents' sex, age and disability status is shown in Table 15.

*Table 15a-c: Demographic analysis of community pharmacy user questionnaire respondents*

*Table 15a: Sex*

Sex - Male	Sex - Female
43%	54%

*Table 15b: Age*

Age – Under 30	Age 30–44	Age 45–59	Age 60–64	Age 65-74	Age - Prefer not to say
0%	6%	19%	12%	56%	7%

*Table 15c - Illness or disability*

Illness or disability - Yes	Illness or disability - No
11%	86%

### 5.1 Visiting a pharmacy

- 91% have a regular or preferred pharmacy
- 86% describe the service as good or excellent (only 20 respondents (3%) identified the service from their pharmacy as poor)
- 67% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 20% make pharmacy their first point of call for friendly and knowledgeable staff who available

## 5.2 Choosing a pharmacy

Table 16 shows the percentage of respondents who consider the given reasons as very important or important when choosing a pharmacy.

Table 16: Reasons for choosing a pharmacy

Reason for choosing pharmacy	% Respondents (very important/important)
Quality of service	98%
Convenience	97%
Accessibility	78%
Availability of medication	77%

## 5.3 Mode of transport to a community pharmacy

The main way reported is that patients access a pharmacy by car, with 51% using this method. The next most common method is to walk (43%); 1% access by bicycle and 1% use public transport.

## 5.4 Time to get to a pharmacy

Table 17 shows the time it takes to travel to the respondent's pharmacy.

Table 17: Travel time to a community pharmacy

≤30 mins	≤15 mins
99%	84%

- 95% report no difficulty in travelling to a pharmacy
  - 22% (8) of them report public transport availability
  - 49% (18) reported parking difficulties
  - 24% (9) suggest it is due to mobility issues

## 5.5 Preference for when to visit a pharmacy

- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy
- Over 94% of respondents suggest that the pharmacy is open on the day when they need it and 90% of respondents suggest that the pharmacy is open at the time when they need it

## 5.6 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (over 90%) (details of these service can be found in Section 1.4.1.1), with the exception of the DMS (21%). However, due to DMS being a service provided to patients discharged from hospital, you would not expect a high percentage to be aware, due to the lack of need or perceived need.

Table 18 shows the awareness of respondents for each service and a second column that identifies the percentage that would wish to see the service provided.

Table 18: Awareness of Advanced Services

<b>Advanced Service</b>	<b>% of respondents who were aware</b>	<b>% of respondents who would wish to see provided</b>
DMS	21%	70%
CPCS	14%	65%
Flu vaccination	86%	86%
NMS	23%	57%
Needle exchange	20%	42%
Stopping smoking/nicotine replacement therapy	54%	51%
Supervised consumption	20%	33%
Sexual health services	29%	53%
Immediate access to specialist drugs, e.g. palliative care medicines	17%	71%
Hepatitis C testing	6%	40%
COVID-19 vaccination	60%	81%

Responses indicate that there is a lack of awareness of many of the services that are currently provided, with the exception of flu vaccination and COVID-19 vaccination. Of note, some services are not able to be promoted, e.g. CPCS, which would explain the lower numbers. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy, although specific need may vary within the community (e.g. not everyone would require a needle exchange service).

A full copy of the results can be found in Appendix C.

## **Section 6: Analysis of health needs and pharmaceutical service provision**

### **6.1 Pharmaceutical services and health needs**

The health needs and pharmaceutical service provision for Central Bedfordshire have been analysed, taking into consideration the priorities outlined in the NHS Long Term Plan, Central Bedfordshire JSNA, the HWS, other local policies, strategies and health needs (Section 2 and Appendix J).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within Central Bedfordshire. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

#### **6.1.1 Role of community pharmacies during the COVID-19 pandemic**

It is important to note the role that community pharmacy has played in preventing and containing the COVID-19 pandemic.<sup>34</sup> The PSNC agreed changes with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.<sup>35</sup> Pandemic-specific services introduced are temporary and there is no way to determine whether they will be extended, stopped or reintroduced. It should be acknowledged how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the COVID-19 pandemic. An audit conducted by PSNC enabled it to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.<sup>36</sup>

At present it is not clear what shape services locally commissioned by the CCG will take in the long-term future. The development of the ICS across Central Bedfordshire will conceivably lead to an alignment of these LCS across the ICS area.

### **6.2 PNA localities**

There are 40 community pharmacies and 11 dispensing GP practices within Central Bedfordshire.

The health needs of the Central Bedfordshire population influence pharmaceutical service provision in Central Bedfordshire, however, there is limited health needs data presented at locality level; as such the improvements on community pharmacy services is therefore

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<sup>34</sup> Itani R et al. Community pharmacists' preparedness and responses to COVID-19 pandemic: A multinational study. *Int J Clin Pract.* 2021. DOI: <https://doi.org/10.1111/ijcp.14421>

<sup>35</sup> To note: there have been temporary changes to the service requirements within the CPCF that were introduced during the pandemic.

<sup>36</sup> PSNC Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

discussed in relation to the whole of Central Bedfordshire (see Section 6.4). Health needs are illustrated in Appendix J.

**For the purposes of the PNA, Necessary Services for Central Bedfordshire are:**

- All **Essential** Services

The following **Advanced** Services are considered **relevant**:

- CPCS
- NMS
- Flu vaccination
- AUR
- SAC
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking Cessation Advanced Service

Central Bedfordshire HWB has identified **Enhanced** Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Central Bedfordshire HWB has identified LCS that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

### 6.2.1 Population

- The latest 2020 estimate for Central Bedfordshire population is 294,000; between 2022 and 2032, the overall population is projected to grow by 18,500 (6.3%) in Central Bedfordshire, with the largest growth expected in ages 80 years and over
- Central Bedfordshire will see 11,806 new households developed between 2022 and 2032: this is a 10% increase and higher than the national projected growth (7%)

These projections have been broken down by locality; Section 6.3 will look at the increased population at HWB level.

### 6.2.2 Chiltern Vale

#### 6.2.2.1 Necessary Services: current provision

Chiltern Vale has a population of 82,400.

There are 14 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 17.0, higher than the Central Bedfordshire average (13.6) and lower than the England average (20.6) (see Section 3.1). Of these pharmacies, 11 hold a standard 40-core hour contract, while three hold a 100-core hour contract, with two PhAS pharmacies and one LPS pharmacy (due to revert to a 40-hour community pharmacy contract on 1 April 2022).

Of the 14 pharmacies:

- 5 pharmacies (36%) are open after 6.30 pm on weekdays

- 12 pharmacies (86%) are open on Saturdays
- 5 pharmacies (36%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

#### **6.2.2.2 Necessary Services: gaps in provision**

Housing development of approximately 1,030 new households and population growth of approximately 1,870 people have been projected for this locality to 2025, i.e. the lifespan of this PNA.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is good provision of Necessary Services across the whole locality, to ensure continuity of provision to any potential new developments.

The proposed population increase and housing developments should not negatively impact the provision of Necessary Services in the locality. Central Bedfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Chiltern Vale locality.**

#### **6.2.2.3 Other relevant services: current provision**

Regarding access to **Advanced Services**:

- 10 pharmacies (71%) provide NMS
- 8 pharmacies (57%) provide CPCS (including GP CPCS)
- 11 pharmacies (79%) provide flu vaccination services
- 5 pharmacies (36%) have signed up to the hypertension case-finding service
- 1 pharmacy (7%) has signed up to the Smoking Cessation Advanced Service

#### **6.2.2.4 Improvements and better access: gaps in provision**

Regarding access to **Enhanced Services**:

- 5 pharmacies (36%) provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the 13 pharmacies:

- 2 pharmacies (14%) provides the EoL medicines service commissioned via the CCG
- 4 pharmacies (29%) provide the Smoking Cessation Advanced Service
- 4 pharmacies (29%) provide sexual health services, providing EHC and chlamydia screening and treatment



- 9 pharmacies (64%) provide the supervised consumption service

Chiltern Vale has the highest levels of deprivation of all the Central Bedfordshire localities, which makes the provision of relevant services important. Sexual health (29%), supervised consumption (64%) and stop smoking (21%) services are available every day and during evenings in the week and on Saturday and Sunday.

There is generally good provision of services within Chiltern Vale locality.

Health information provided in Appendix J is not broken down by locality; Section 6.4 discusses improvements and better access across the whole of Central Bedfordshire.

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies.

**No gaps have been identified that if provided either now or in the future (within the next three years) would secure improvements or better access to relevant services across Chiltern Vale locality.**

### 6.2.3 Ivel Valley

#### 6.2.3.1 Necessary Services: current provision

Ivel Valley has a population of 91,138.

There are 13 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 14.3, higher than the Central Bedfordshire average (13.6) and lower than the England average (20.6) (see Section 3.1). Of these pharmacies, 12 hold a standard 40-core hour contract while one holds a 100-core hour contract, with four PhAS pharmacies.

There are five dispensing GP practices and, when these are added to the community pharmacy numbers, the ratio of 'dispensaries' per 100,000 population increases to 19.8.

Of the 13 pharmacies:

- 1 pharmacy (8%) is open after 6.30 pm on weekdays
- 11 pharmacies (84%) are open on Saturdays
- 1 pharmacy (8%) is open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

#### 6.2.3.2 Necessary Services: gaps in provision

Housing development of approximately 1,110 new households and population growth of approximately 2,070 people have been projected for this locality to 2025, i.e. the lifespan of this PNA.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours on Saturday. One pharmacy is open in the evening during the week and another on a Sunday in the middle of the locality.

While the projected population growth should not negatively impact current provision of Necessary Services, Central Bedfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Ivel Valley locality.**

### 6.2.3.3 Other relevant services: current provision

Regarding access to **Advanced Services**:

- All pharmacies provide NMS
- 12 pharmacies (92%) provide CPCS (including GP CPCS)
- 12 pharmacies (92%) provide flu vaccination services
- 6 pharmacies (46%) have signed up to the hypertension case-finding service
- 1 pharmacy (8%) has signed up to the Smoking Cessation Advanced Service

### 6.2.3.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced Services**:

- 4 pharmacies (31%) provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the 13 pharmacies:

- 3 pharmacies (23%) provide the EoL medicines service commissioned via the CCG
- 5 pharmacies (38%) provide stop smoking service
- 8 pharmacies (62%) provide sexual health services, providing EHC and chlamydia screening and treatment
- 6 pharmacies (46%) provide the supervised consumption service
- 3 pharmacies (23%) provide the needle exchange service

There is generally good provision of services within Ivel Valley locality

Health needs information provided in Appendix J is not broken down by locality; Section 6.4 discusses improvements and better access across the whole of Central Bedfordshire.

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies.

**No gaps have been identified that if provided either now or in the future (within the next three years) would secure improvements or better access to relevant services across Ivel Valley locality.**

## 6.2.4 Leighton Buzzard

### 6.2.4.1 Necessary Services: current provision

Leighton Buzzard has a population of 48,427 and is the smallest locality in Central Bedfordshire, however the single largest town in Central Bedfordshire.

There are seven community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 14.5, higher than the Central Bedfordshire average (13.6) and lower than the England average (20.6) (Section 3.1). Of these pharmacies, all seven pharmacies hold a standard 40-core hour contract.

There is one dispensing GP practice.

Of the 7 pharmacies:

- 1 pharmacy (14%) is open after 6.30 pm on weekdays
- 6 pharmacies (86%) are open on Saturdays
- 2 pharmacies (29%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

### 6.2.4.2 Necessary Services: gaps in provision

Housing development of approximately 593 new households and population growth of approximately 1,100 people have been projected for this locality to 2025, i.e. the lifespan of this PNA.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours on Saturdays. One pharmacy is open in the evening during the week and two on Sundays. It has been noted in a submission that there is a lack of evening pharmacy provision in Leighton Buzzard, when the one pharmacy that is listed as open until 8 pm closes early on some weekdays. This may be due to the impact of the COVID-19 pandemic, which will be rectified post-31 March 2022.

In terms of access, data shows the 100% of the population with Leighton Buzzard can access their nearest pharmacy during these times within 20 minutes by car (see [Maps 9–12](#)) and therefore demonstrating adequate access during off-peak hours.

While the projected population growth should not negatively impact current provision of Necessary Services, Central Bedfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for Leighton Buzzard locality.**

#### 6.2.4.3 Other relevant services: current provision

Regarding access to **Advanced Services**:

- All pharmacies provide NMS
- 5 pharmacies (71%) provide CPCS (including GP CPCS)
- 6 pharmacies (86%) provide flu vaccination services
- 4 pharmacies (57%) have signed up to the hypertension case-finding service
- 2 pharmacies (29%) have signed up to the Smoking Cessation Advanced Service

#### 6.2.4.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced Services**:

- 4 pharmacies (57%) provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the 7 pharmacies:

- 2 pharmacies (29%) provide the EoL medicines service commissioned via the CCG
- 3 pharmacies (43%) provide the stop smoking service
- 4 pharmacies (57%) provide sexual health services, providing EHC and chlamydia screening and treatment
- 5 pharmacies (71%) provide the supervised consumption service
- 1 pharmacy (14%) provides the needle exchange service

There is generally good provision of services within Leighton Buzzard locality

Health information provided in Appendix J is not broken down by locality; Section 6.4 discusses improvements and better access across the whole of Central Bedfordshire.

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies.

**No gaps have been identified that if provided either now or in the future (within the next three years) would secure improvements or better access to relevant services across Leighton Buzzard locality.**

### 6.2.5 West Mid Beds

#### 6.2.5.1 Necessary Services: current provision

West Mid Beds has a population of 72,131.

There are six community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 8.3, significantly lower than the Central Bedfordshire (13.6) and England (20.6) averages (see Section 3.1).

Of these pharmacies, five pharmacies hold a standard 40-core hour contract and one holds a 100-hour contract, with two PhAS pharmacies.

There are five dispensing GP practices and, when these are added to the community pharmacy numbers, the ratio of dispensaries per 100,000 population increases to 15.3.

Of the 6 community pharmacies:

- 2 pharmacies (33%) are open after 6.30 pm on weekdays
- All pharmacies (100%) are open on Saturdays
- 2 pharmacies (33%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

#### **6.2.5.2 Necessary Services: gaps in provision**

The rural nature with dispersed population of the locality means that there are fewer community pharmacies present in West Mid Beds. The dispensing GP practices are important to ensure that medicines and services are available to these populations.

Housing development of approximately 844 new households and population growth of approximately 1,636 people have been projected for this locality to 2025, i.e. the lifespan of this PNA.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours on Saturdays. Two pharmacies are open in the evening during the week and two on Sundays.

Because of the size of the locality, the impact of this population growth is difficult to completely assess. While the projected growth should not negatively impact current provision of Necessary Services, Central Bedfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for West Mid Beds locality.**

#### **6.2.5.3 Other relevant services: current provision**

Regarding access to **Advanced Services**:

- 3 pharmacies (50%) provide NMS
- 5 pharmacies (83%) provide CPCS (including GP CPCS)
- 3 pharmacies (50%) provide flu vaccination services
- 3 pharmacies (50%) have signed up to the hypertension case-finding service

#### 6.2.5.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced Services**:

- 2 pharmacies (33%) provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 13 pharmacies:

- 3 pharmacies (50%) provide the EoL medicines service commissioned via the CCG
- 3 pharmacies (50%) provide the stop smoking service
- 1 pharmacy (17%) provides sexual health services, providing EHC and chlamydia screening and treatment
- 6 pharmacies (100%) provide the supervised consumption service

There is generally good provision of services within West Mid Beds locality from the available community pharmacies. West Mid Beds is the least deprived locality, which does lessen the requirements for some services (although all are available).

Health information provided in Appendix J is not broken down by locality; Section 6.4 discusses improvements and better access across the whole of Central Bedfordshire.

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies.

**No gaps have been identified that if provided either now or in the future (within the next three years) would secure improvements or better access to relevant services across West Mid Beds locality.**

### 6.3 Necessary Services: gaps in provision

When assessing the provision of pharmaceutical services in Central Bedfordshire and each of the four PNA localities, Central Bedfordshire HWB has considered the following:

- The health needs of the population of Central Bedfordshire from the JNSA, Central Bedfordshire HWS and nationally from the NHS Long Term Plan
- The map showing the location of pharmacies within Central Bedfordshire (Section 3, Figure 1)
- Population information (Appendix J) including specific populations
- IMD 2019 data (Appendix J)
- Access by various modes of travel to community pharmacies including walking, car and by public transport during peak and off-peak hours (Section 3.1)
- The number, distribution and opening times of pharmacies within each of the four PNA localities and across the whole of Central Bedfordshire (Appendix A)
- Service provision from community pharmacies (Appendix A)
- The choice of pharmacies covering each of the four PNA localities and the whole of Central Bedfordshire (Appendix A)
- Results of the public questionnaire (Appendix C)

- Results of the pharmacy contractor questionnaire (Appendix D)
- Proposed new housing developments (Appendix J)
- Projected population growth (Appendix J)

Over the next ten years, the overall population is projected to grow by 18,500 (6.3%), with the largest growth expected in those aged 80 years and over. There are also plans for 11,800 new households over Central Bedfordshire. Central Bedfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

The lifespan of this PNA is three years, i.e. to 2025. Assuming linear growth in population and new housing, the approximate projections to 2025 would be:

- Population increase of 5,500
- Housing increase of 3,500

Depending where this growth occurs would determine the potential impact on the delivery of pharmaceutical services.

There are 40 community pharmacies and 11 dispensing GP practices in Central Bedfordshire. There are 13.6 community pharmacies per 100,000 population in Central Bedfordshire, compared with 20.6 per 100,000 in England. When the 11 dispensing GP practices are considered in addition to the community pharmacies, the ratio increases to 17.3 per 100,000 population.

The rural nature with sparse population of some parts of Central Bedfordshire means that there are fewer community pharmacies present (particularly in West Mid Beds). The dispensing GP practices are important to ensure that medicines and services are available to these populations. In terms of access, 100% of the population can drive to a pharmacy within 20 minutes regardless of time of day. In addition, just under 81% of the population can access a pharmacy by walking in 30 minutes or under.

A similar percentage of community pharmacies in Central Bedfordshire are open for 100 hours or more to the England average (10% versus 9.4% in England), five in total, and the majority of community pharmacies (88%) are open on Saturdays and 25% of pharmacies are open on Sundays. Opening hours do vary by locality and this is discussed in Section 6.2, although 100% of the population can access their nearest pharmacy on a weekend within 20 minutes by car.

It is important to note that data from 2011 census indicates that 87% of households in Central Bedfordshire report having one or more cars/vans.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Essential Services outside normal hours anywhere in Central Bedfordshire. However, Central Bedfordshire HWB will monitor the uptake and need for Necessary Services during the lifetime of this PNA (three years). It will also consider the impact of any changes in the future that may provide evidence that a need exists.



## 6.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services.

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

Should these areas of health needs be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service
- Stop Smoking Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and cardiovascular disease
- Use the DMS and NMS services to support specific disease areas that have a relatively higher prevalence, e.g. asthma and diabetes
- Essential Services include signposting patients and carers to local and national sources of information and reinforcing those sources already promoted; signposting for cancers may help in earlier detection and thereby help to reduce the mortality rates described above

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although the questionnaire did highlight that there was a lack of awareness of some of the services that were available. A review of how services are advertised would be worthwhile in an effort to improve uptake of services. A summary of the questionnaire results can be seen in Section 5 (full results in Appendix C).

The majority of community pharmacies offer a free delivery service, and many have extended opening hours on weekday evenings and Saturdays. There were 13 respondents to the contractor questionnaire, approximately half of whom identified a need for further LCS.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers that would promote health



and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Central Bedfordshire, this has been included within the document. Section 8 discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Central Bedfordshire will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE&I and all CCGs, to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

## Section 7: Conclusions

The provision of current pharmaceutical services and LCS is adequate, with better provision in the more densely populated areas.

The rural nature, with sparse population of some parts of Central Bedfordshire, means that there are fewer community pharmacies present, however, access to these pharmacies is adequate. The dispensing GP practices are important to ensure that medicines and services are available to these populations (especially West Mid Beds and Ivel Valley).

As part of this assessment, there is no evidence to suggest there is a gap in service that would equate to the need for additional access to Essential Services outside normal hours anywhere in Central Bedfordshire. There is also adequate access to a range of services commissioned from pharmaceutical service providers across the whole of Central Bedfordshire. However, Central Bedfordshire HWB will monitor the uptake and need for Essential Services. It will also consider the impact of any changes in this locality in the future, including population growth, that may provide evidence that a need exists. Any required amendments should be made through the three-year life cycle of this PNA.

### 7.1 Statements of PNA

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Central Bedfordshire HWB are defined as Essential Services.

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Central Bedfordshire.

LCS are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Central Bedfordshire, and are commissioned by the CCG or local authority, rather than NHSE&I.

### 7.2 Current provision of Necessary Services

#### Necessary Services – gaps in provision

Necessary Services are Essential Services that are described in Section 1.4.1. Access to Necessary Service provision in Central Bedfordshire is provided by locality in Section 6.2.

In reference to Section 6, and as required by paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

### 7.2.1 Necessary Services – normal working hours

**There is no current gap in the provision of Necessary Services during normal working hours across Central Bedfordshire to meet the needs of the population.**

### 7.2.2 Necessary Services – outside normal working hours

**There are no current gaps in the provision of Necessary Services outside normal working hours across Central Bedfordshire to meet the needs of the population.**

## 7.3 Future provision of Necessary Services

A clear understanding of the proposed population growth and housing development over the next ten years by locality would support the understanding of ongoing needs for service provision in future PNAs.

**No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Central Bedfordshire.**

## 7.4 Improvements and better access – gaps in provision

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Central Bedfordshire.

LCS are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Central Bedfordshire, and are commissioned by the CCG or local authority, rather than NHSE&I.

### 7.4.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in Section 1.4.1 and the provision in each locality discussed in Section 6.2

Section 6.4 discusses improvements and better access to services in relation to the health needs of Central Bedfordshire.

There are no gaps in the provision of Advanced Services across the whole of Central Bedfordshire.

Section 8 discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Central Bedfordshire.

**There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services in Central Bedfordshire.**

#### **7.4.2 Current and future access to Enhanced Services**

Details of the Enhanced Services are outlined in Section 1.4.1 and the provision in each locality discussed in Section 6.2.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Central Bedfordshire.

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Central Bedfordshire.**

#### **7.4.3 Current and future access to Locally Commissioned Services (LCS)**

With regard to LCS, the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in Appendix K and their provision by locality discussed in Section 6.2.

Section 6.4 discusses improvements and better access to LCS in relation to the health needs of Central Bedfordshire.

Section 8 discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Central Bedfordshire.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned. A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

**Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances across Central Bedfordshire to meet the needs of the population.**

## **Section 8: Opportunities for service provision from community pharmacies in Central Bedfordshire**

### **8.1 Introduction**

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the regulations.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Central Bedfordshire as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and that service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

National and Central Bedfordshire health needs priorities have been considered when outlining opportunities for further community pharmacy provision below.

### **8.2 Opportunities for further community pharmacy provision**

Should the health needs and those priorities set out in national and local strategies be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help manage and support in these areas.

#### **8.2.1 Existing services**

##### **8.2.1.1 Essential Services**

- Signposting for issues such weight management and health checks.
- Promote a self-referral route to the NHS Diabetes Prevention Programme (NDPP)

##### **8.2.1.2 Advanced Services**

Some of the existing Advanced Services could be better utilised within Central Bedfordshire, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services, e.g. asthma.

##### **8.2.1.3 Locally Commissioned Services**

Sexual health services are provided in many community pharmacies although only about a third of respondents to the public questionnaire were aware that they were available. While rates for sexual health and teenage pregnancy in Central Bedfordshire are lower than for England as a whole, expansion of these services may be beneficial to improve these rates.

In addition, coupling such services with the hepatitis C testing Advanced Service could be advantageous.

## 8.2.2 New services

### 8.2.2.1 Advanced Services

These services would be commissioned by NHSE&I.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Central Bedfordshire based on the identified health needs, including:

- **Hypertension case-finding service**

This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

- **Smoking Cessation Advanced Service**

There is a new Smoking Cessation Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The DHSC and NHSE&I proposed the commissioning of this service as an **Advanced Service**.

### 8.2.2.2 Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

The NHS Health Check is a national programme for people aged 40–74 that assesses a person’s risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

As hypertension, stroke and circulatory disease are all priority health areas nationally and in Central Bedfordshire, the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Appendix L provides examples of services that have been commissioned in some areas of England either by NHSE or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are also many examples of different service types on the PSNC website.

### 8.3 Recommendations

Whilst no gaps have been identified in the current provision of pharmaceutical services across Central Bedfordshire or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of Central Bedfordshire residents in the following areas:

- Given the future housing and population growth anticipated in Central Bedfordshire, the provision of pharmaceutical services should be monitored and reviewed by the HWB to ensure the demands of the population are met
- Community pharmacy teams should promote healthy lifestyle messages and participate in national and local health campaigns especially in relation to obesity, diabetes and smoking in line with NHS Long Term Plan priorities
- Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered by commissioners (where service specifications and service level agreements permits); this could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in Chiltern Vale, which is more deprived
- All pharmacies and pharmacists should be encouraged to sign up to deliver Advanced Services, delivering those services where there is identified need
- Incentives should be considered by commissioners for existing providers to deliver all services within the localities where deprivation is higher
- Pharmacies, especially those in more deprived neighbourhoods, should work to increase the offer and the uptake of all Essential, Advanced and Locally commissioned public health services including sexual health services and smoking cessation services, and should promote NHS Health Checks
- Consider the provision of new LCS to meet specific health needs, e.g. respiratory services to support those with asthma and COPD.

## Appendix A: List of pharmaceutical service providers in Central Bedfordshire HWB area

### Chiltern Vale locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange		
West Street Pharmacy	FDF16	Community	8-10 West Street, Dunstable	LU6 1SX	09:00-19:30	09:00-18:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FE049	Community	Skimpot Road, Dunstable	LU5 4JU	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	Y	Y	-	-	Y	-	-	-
Medigreen Ltd	FE283	Community	31 Manor Road, Caddington, Luton	LU1 4EE	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	-	Y	Y	-	Y	-	-	-
Herington (Chemists) Ltd	FGM33	Community	7 High Street South, Dunstable	LU6 3RZ	09:00-17:30 (Mon, Fri 09:00-18:30)	09:00-12:00	Closed	-	-	Y	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-
Tuda Pharmacy	FJ560	Community	Toddington Medical Centre, Luton Road, Toddington, Dunstable	LU5 6DE	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y	-	-
Boots	FKP98	Community	36-40 Broadwalk, Dunstable	LU5 4RH	09:00-17:30	10:00-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-
Lloyds Pharmacy	FPC59	Community	Sainsbury Store, 2-8 Luton Road, Dunstable	LU5 4RF	08:00-21:00	08:00-21:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	Y	-	-	-	-
Asda Pharmacy	FPX06	Community	Court Drive, Dunstable	LU5 4JD	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-
Lloyds Pharmacy	FPX93	Community	17-18 Bedford Square, Houghton Regis, Dunstable	LU5 5ES	08:45-18:15	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	Y	Y	-	-	-
Avicenna Pharmacy	FQC98	Community	57 Katherine Drive, Dunstable	LU5 4NP	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	-
Mayfield Pharmacy	FQE61	EPSLPS*	12 Mayfield Road, Dunstable	LU5 4AP	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	-	-	-
Houghton Regis Pharmacy	FRR79	Community	Houghton Regis Medical Centre, Peel Street, Houghton Regis, Dunstable	LU5 5EZ	08:00-24:00 (Fri 08:00-23:00)	08:00-23:00	10:00-16:00	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Langdale Pharmacy	FTT68	Community	64 Langdale Road, Dunstable	LU6 3BS	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Jhoots Pharmacy	FWH58	Community	116 High Street North, Dunstable	LU6 1LN	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	Y	-	-	Y	-	Y	-	-	-

\* From 1 April this pharmacy is no longer an LPS and will revert to being a 40-hour community pharmacy



## Ivel Valley locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking			COVID-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange
Greensands Medical Practice	E81012	Dispensing GP Practice	Brook End, Potton (1 Branch: Gamlingay Surgery, Stocks Lane, Gamlingay, SG19 3JR)	SG19 2QS	08:30-12:30, 14:00-18:30 (Thu 08:30-12:30)	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sandy Health Centre	E81035	Dispensing GP Practice	Northcroft, Sandy	SG19 1JQ	08:00-12:30, 13:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Ivel Medical Centre	E81036	Dispensing GP Practice	Chestnut Avenue, Biggleswade	SG18 0RA	08:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Saffron Health Partnership	E81057	Dispensing GP Practice	Saffron Road, Biggleswade (4 Branches: Shannon Court Surgery, High Street, Sandy SG19 1AG; Langford Surgery, 111 Church Street, Langford, Biggleswade, SG18 9QA; Kings Road Surgery, 27B Kings Road, Sandy, SG10 1EJ)	SG18 8DJ	08:30-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lower Stondon Surgery (Dr Collins, Carragher & Neal)	E81061	Dispensing GP Practice	109 Station Road, Lower Stondon, Henlow	SG16 6JJ	08:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FCE84	Community	Richard Daniels House, 7 High Street, Shefford	SG17 5DD	08:30-18:30	09:00-17:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	Y	Y	Y	Y	Y
Henlow Pharmacy	FD129	Community	197A Station Road, Lower Stondon, Henlow	SG16 6JE	08:30-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-
Britannia Pharmacy	FD869	Community	Health & Wellbeing Centre, 5 Market Square, Sandy	SG19 1HU	08:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	Y	-	-	-	-
Jardines Pharmacy	FF736	Community	5 Kingsfield Road, The Saxon Centre, Biggleswade	SG18 8AT	09:00-18:00	09:00-12:30	Closed	-	Y	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	Y	-	-	-
Stotfold Pharmacy	FGV90	Community	1 Brook Street, Stotfold, Hitchin, Hertfordshire	SG5 4LA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-
Langford Pharmacy	FHT06	Community	73A Church Street, Langford, Biggleswade	SG18 9QA	09:00-13:00, 13:30-17:30 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FJ800	Community	Unit 1 Market Square, Biggleswade	SG18 8AP	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	-	Y	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG		LA		
										NIMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange
Shefford Pharmacy	FJM95	Community	The Surgery, Robert Lucas Drive, Hitchin Road, Shefford	SG17 5FS	08:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	
Arlesey Pharmacy	FK555	Community	31 High Street, Arlesey	SG15 6RA	08:45-13:00, 14:00-18:15	Closed	Closed	-	Y	Y	-	-	Y	-	Y	-	Y	-	Y	-	-	-	
Boots	FL588	Community	9-10 Market Square, Biggleswade	SG18 8AS	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-17:30	10:00-16:00	-	-	Y	-	-	-	Y	-	-	-	Y	Y	-	Y	-	
Lloyds Pharmacy	FMC93	Community	Sainsbury's Store, Bells Brook, Biggleswade	SG18 0NA	07:00-22:00	07:00-22:00	Closed	Y	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	
Lloyds Pharmacy	FX151	Community	17 Market Square, Potton, Sandy	SG19 2NP	09:00-18:00	09:00-17:00	Closed	-	Y	Y	Y	-	Y	-	Y	-	-	-	-	Y	-	-	
Britannia Pharmacy	FX692	Community	4 Market Square, Sandy	SG19 1HU	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y	

**Leighton Buzzard locality**

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG		LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange
Bassett Road Surgery	E81003	Dispensing GP Practice	29 Bassett Road, Leighton Buzzard	LU7 1AR	08:30-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peak Pharmacy	FD698	Community	17-19 Lake Street, Leighton Buzzard	LU7 1RS	08:45-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	Y	Y	Y
Touchwood Pharmacy	FG827	Community	47 Coniston Road, Leighton Buzzard	LU7 2PJ	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	-	-
Grovebury Pharmacy	FGW87	Community	Unit 2 Enterprise Court, Enterprise Way, Leighton Buzzard	LU7 4SZ	08:30-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	Y	-	-
Boots	FK386	Community	55 High Street, Leighton Buzzard	LU7 1DN	08:30-17:30	09:00-17:30	10:00-16:00	-	-	Y	-	-	-	-	-	-	-	-	Y	-	Y	-	-
Lloyds Pharmacy	FL307	Community	3-5 Market Square, Leighton Buzzard	LU7 1EU	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	-
Tesco Pharmacy	FMK63	Community	Viny Road, Linslade, Leighton Buzzard	LU7 1ER	08:00-20:00	08:00-20:00	09:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	-
Rosehill Pharmacy	FTR05	Community	41 High Street, Leighton Buzzard	LU7 1DN	09:00-17:30	09:00-14:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	-

West Mid Beds locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG	LA							
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange				
Flitwick Surgery	E81015	Dispensing GP Practice	Highlands, Flitwick	MK45 1DW	08:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sundon Medical Centre (Harlington Branch)	E81040	Dispensing GP Practice	Westoning Road, Harlington	LU5 6PB	08:45-13:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dr Hughes & Partners	E81046	Dispensing GP Practice	Hexton Road, Barton-le-Clay (1 Branch: The Health Centre, Gooseberry Hill, Luton, LU3 2LB)	MK45 4TA	09:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Asplands Medical Centre	E81050	Dispensing GP Practice	Asplands Close, Woburn Sands, Milton Keynes (1 Branch: Woburn Surgery, Eleanor Close, Woburn, MK17 9QU)	MK17 8QP	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Houghton Close Surgery	E81074	Dispensing GP Practice	1 Houghton Close, Ampthill	MK45 2TG	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dr Allen Pharmacy	FCH27	Community	3 Mill Road, Cranfield	MK43 0JG	09:00-13:00, 14:00-18:30 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	Y	-	-	-	-
The Highlands Pharmacy Ltd	FE843	Community	Flitwick Surgery, Highlands, Flitwick	MK45 1DZ	07:00-23:00	07:00-21:00	10:00-16:00	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	-	Y	-	-	Y	-	-
Tesco Pharmacy	FE912	Community	10-12 Coniston Road, Flitwick	MK45 1LX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	Y	-	Y	-	-	-
W Cheeseman & Son Ltd	FEL81	Community	3-5 Church Street, Ampthill, Bedford	MK45 2PJ	09:00-13:30, 14:00-18:00	09:00-13:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	Y	-	Y	-	Y	-	-	-
C & H (Barton) Ltd	FH609	Community	79 Bedford Road, Barton-le-Clay, Bedford	MK45 4LL	08:30-18:30	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-
McLaren Pharmacy	FHL18	Community	Unit 2 Moreteyne Retail Park, Bedford Road, Marston Moretaine	MK43 0LE	09:00-18:00	09:00-14:00	Closed	-	Y	-	-	-	Y	-	-	-	-	-	Y	-	-	Y	-	-	Y	-	-

## **Appendix B: PNA Steering Group terms of reference**

### **Objective/Purpose**

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of Central Bedfordshire Council, to ensure that it satisfies the relevant regulations including consultation requirements.

### **Accountability**

The Steering Group is to report to the Consultant in Public Health.

### **Membership**

Core members:

- Consultant in Public Health
- NHS England representative
- Local Medical Committee representative
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Council – Public Health Principal
- Council – Primary Care and Performance Public Health Practitioner
- Health Watch representative (lay member)

Soar Beyond is not to be a core member however will chair the meetings. Each core member has one vote. The Public Health Principal/Practitioner will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG commissioning managers
- NHS Trust chief pharmacists
- Dispensing doctors representative

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by Central Bedfordshire Council to support the development of the PNA. Other additional members may be co-opted if required.

### **Frequency of meetings**

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the Health and Wellbeing Board (HWB).

### **Responsibilities**

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs

- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
  - Any LPC for its area
  - Any Local Medical Committee for its area
  - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - Any LPS chemist in its area
  - Any local Healthwatch organisation for its area
  - Any NHS Trust or NHS Foundation Trust in its area
  - NHS England
  - Any neighbouring HWB
- Ensure that due process is followed
- Report to the HWB on both the draft and final PNA
- Publish the final PNA by 1 October 2022

## Appendix C: Public questionnaire

Total responses received:<sup>1</sup> 769






1) What could a pharmacy offer to make it your first point of call for your health needs?

Answered – 674; skipped – 95






Friendly and knowledgeable staff who are available	133	Limited prescription service	48
Ability to give good advice on minor health matters	43	It already is	38
Better opening hours inc non-business hours	28	Privacy or private consultation area	27
Consultation service/medical advice	26	Be served quickly and promptly	24
Minor ailment service	22	Easy access/accessibility	17
Doctor/nurse on staff	15	Location	14
Not sure/nothing	13	Delivery service	11
Variety of over-the-counter medicine and pharmaceutical items	11	Good parking	9
Close links with GP	9	Efficient service	8
Qualified staff to give advice	8	Vaccinations	8
Keep fulfilling primary function of fulfilling prescriptions	7	Designated appointment times	6
Blood pressure testing	6	Longer opening hours	6
Good website	5	Medication review	5

2) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)

For yourself: Answered – 761; skipped – 8

Once a week or more		10%	76
Once a month		57%	430
Once every few months		20%	155
Once in six months		8%	59
I haven't visited/contacted a pharmacy in the last 6 months		5%	41



For someone else: Answered – 589; skipped -180

Once a week or more		9%	52
Once a month		42%	246
Once every few months		20%	115
Once in six months		10%	56
I haven't visited/contacted a pharmacy in the last 6 months		20%	120

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

**3) If you have not visited/contacted a pharmacy in the last six months, is there a reason why? (Please select one answer)**

Answered – 99; skipped – 670

I regularly prefer to use an internet/online pharmacy*		36%	36
Other, please specify below		64%	63




\* An internet pharmacy is one which operates partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home

Other:

No need to visit	40	Use an online pharmacy	14
I have been to the pharmacy	10	Family member has visited for me	3
Understaffed and poor service	3	Doctor is first port of call	3
Avoiding due to COVID	2	I get a delivery	2
Prefer to speak face to face	1	Impaired mobility	1
Didn't know there was an internet pharmacy	1	Always busy	1
I visited for flu jab	1	Clinically extremely vulnerable	1
Got my product elsewhere	1	Don't trust their ability	1

**4) Do you have a regular or preferred pharmacy that you visit/contact? (Please select one answer) (Please note this question is mandatory)**





Answered – 769; skipped – 0

Yes		91%	696
No		7%	53
I regularly prefer to use an online pharmacy		3%	20

Provided name/address/website of pharmacy: 692



**5) How would you rate your overall satisfaction with your regular/preferred pharmacy? (Please select one answer) (Please note this question is mandatory)**

Answered – 769; skipped – 0



Excellent		55%	420
Good		31%	238
Fair		12%	91
Poor		3%	20

**6) How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic? (Please select one answer) (Please note this question is mandatory)**

Answered – 769; skipped – 0











Very easy		44%	337
Easy		43%	332



Difficult		11%	86
Very difficult		2%	14








**7)** On a scale from 1 to 10 (*1 = extremely poorly, 10 = extremely well*) how well does your local community pharmacy meet your need for treating a minor illness? (Please select one answer) (Please note this question is mandatory)

Answered – 769; skipped – 0

1		3%	20
2		2%	13
3		3%	21
4		3%	23
5		9%	72
6		7%	51
7		8%	61
8		21%	165
9		16%	120
10		29%	223

**8)** When considering a choice of pharmacy, please select the importance of each of the following aspects:

Answered – 756; skipped – 13

<b>Quality of service (friendly staff, expertise)</b>			
Very important		72%	540
Important		26%	199
Neutral		1%	11
Not important		0%	1
Completely irrelevant		0%	3
<b>Convenience (e.g. location, opening times)</b>			
Very important		68%	516
Important		29%	219
Neutral		2%	17
Not important		0%	1
Completely irrelevant		0%	2
<b>Accessibility (e.g. parking, clear signage)</b>			
Very important		41%	308
Important		37%	275
Neutral		17%	128

Not important	█	4%	33
Completely irrelevant		1%	9
<b>Availability of medication/services (e.g. stocks, specific services)</b>			
Very important	████████████████████	72%	548
Important	██████	25%	191
Neutral		2%	15
Not important		0%	0
Completely irrelevant		0%	2
<b>Other (please specify below)</b>			
Very important	██████████████	48%	97
Important	█████	16%	32
Neutral	█████	16%	32
Not important	█	7%	14
Completely irrelevant	████	14%	28

Other:

Friendly and knowledgeable staff	61	Good communication	41
Efficiency and quick service	27	Ability to make an appointment	11
No comment	11	Privacy	10
Opening hours	10	Location	9
eRD service	8	Wide range of products	7
Delivery service	7	Cleanliness	4
Vaccination services	3	Having large premises	2
Price of products	2	Available parking	2
Link to GP	2	Recycling services	2
Notify when prescription ready	2	Products in stock or to order them in	2
Flu service	1	Available seating	1
Paper packaging rather than plastic	1	All of the above are very important	1
Travel clinic	1	Support on medicine use	1
Access to private non-NHS services	1	Appointment system	1
Trust they will not lose my medication	1	Limited prescribing service	1
Pharmacy is 4 miles from my door	1	Not sharing with a post office	1
Accessibility for disabled/wheelchair	1	Accuracy in prescription	1

9) Who would you normally visit/contact a pharmacy for? (Please select all that apply)

Answered – 757; skipped – 12

Yourself	████████████████████	93%	701
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A family member		55%	419
Neighbour/friend		9%	65
Someone you are a carer for		6%	47
All of the above		2%	18
Other (please specify below)		3%	23

Other:

Volunteer duties	12	Family member	5
Customers	2	N/A	2
Don't need to visit	2	Order all online	1

**10)** If you visit/contact a pharmacy regularly *on behalf of someone else*, please give a reason why? (Please select all that apply)

Answered – 412; skipped – 357

Opening hours of the pharmacy not suitable for the person		9%	35
More convenient		39%	162
Access (for example disability/transport)		15%	61
The person cannot use the delivery service		4%	16
For a child/dependant		17%	72
The person is too unwell		15%	60
The person does not have access to digital or online services		12%	48
All of the above		3%	11
Other (please specify below)		21%	87

Other:

Convenience	56	Elderly or frail	21
COVID shielding	7	Unable to drive	3
Carer responsibilities	2	No public transport	1
I am a volunteer	1	Cannot get a GP appointment	1

**11)** How would you usually travel to the pharmacy? (Please select one answer)

Answered – 755; skipped – 14

Car		51%	385
Taxi		0%	1
Public transport		1%	5
Walk		43%	326
Bicycle		1%	7
Scooter		0%	0
Wheelchair/mobility scooter		0%	3
I don't, someone goes for me		0%	3
I don't, I use an online pharmacy or delivery service		1%	10
I don't, I utilise a delivery service		1%	10
Other (please specify below)		1%	5




Other:

Varies	2	I use online as can no longer order repeat prescription to pharmacy	1
Only spouse is eligible for delivery	1	I don't – I telephone	1

*If you have answered that you don't travel to a pharmacy, please go to question 16.*

**12) If you travel, where do you travel from? (Please select all that apply)**

Answered – 715; skipped – 54



Home		99%	708
Work		7%	49
Other (please specify below)		1%	9

Other:

Varies	6	On the way home	1
Doctor's surgery	1	Client's house	1



**13) On average, how long would it take you to travel to a pharmacy? (Please select one answer)**

Answered – 726; skipped – 43

0 to 15 minutes		84%	609
16 to 30 minutes		15%	107
Over 30 minutes		1%	6
Varies		1%	4

**14) Do you have any difficulties when travelling to a pharmacy? (Please select one answer)**







Answered – 724; skipped – 45

Yes		5%	37
No		95%	686
I don't, someone goes on my behalf		0%	1

*If you have answered No or I don't, please go to question 16.*

**15) What difficulties do you have when travelling to a pharmacy? (Please select all that apply)**

Answered – 54; skipped – 715



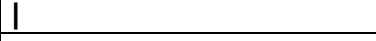
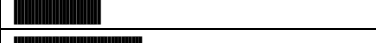
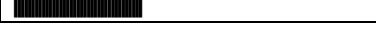
Location of pharmacy		10%	4
Parking difficulties		46%	18
Public transport availability		21%	8
It's too far away		10%	4
Access issues		5%	2
Other (please specify below)		46%	18

Other:

Walking/mobility difficulties	5	Roadworks/road closures	3
Traffic	2	Disability	2
Too far to walk, and bus takes long	1	Feeling unwell	1
Queuing outside and cars parked on double yellow line or on pavement	1	Have to rely on help with transport. Pre-COVID would use public transport	1
Opening hours not convenient	1	No difficulties	1



**16)** What is the most convenient day for you to visit/contact a pharmacy? (Please select one answer)

Answered – 737; skipped – 32

Monday to Friday		31%	225
Saturday		5%	37
Sunday		1%	9
Varies		26%	191
I don't mind		37%	275



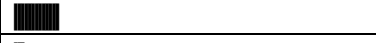
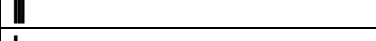
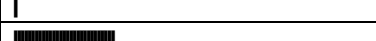
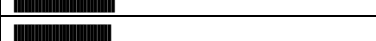
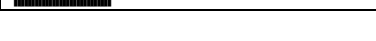
**17)** Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

Answered – 724; skipped – 45

Yes		94%	679
No		6%	45


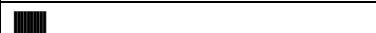
**18)** When do you prefer to visit/contact a pharmacy? (Please select one answer)

Answered – 738; skipped – 31

Morning (8 am–12 pm)		21%	154
Lunchtime (12 pm–2 pm)		4%	29
Afternoon (2 pm–6 pm)		13%	97
Early evening (6 pm–8 pm)		3%	24
Late evening (after 8 pm)		1%	8
Varies		29%	215
I don't mind/no preference		29%	211

**19)** Is your preferred pharmacy open at the most convenient time for you/at your preferred time? (Please select one answer)

Answered – 356; skipped – 8

Yes		90%	656
No		10%	76



Service	Yes (%)	Yes	No (%)	No	Answered
Needle exchange	20%	116	81%	479	595
Stopping smoking/nicotine replacement therapy	54%	335	46%	289	624
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	29%	177	71%	429	606
Immediate access to specialist drugs, e.g. palliative care medicines	17%	101	83%	489	590
Supervised consumption of methadone and buprenorphine	20%	117	80%	475	592

Other:

Not sure/NA/No	10	Unsure about certain answers	4
Ear syringing	2	Hot water bottles	1
Recycling of asthma inhalers	1	Stock of make-up products	1
Needle disposal	1	Emergency first aid	1
Weight management	1	Toe clipping	1
Children's illness	1	COVID-19 vaccinations	1

**22)** Which of the following [pharmacy services](#) would you like to see always provided by your pharmacy? (Please select one answer for each service).

Service	Yes (%)	Yes	No (%)	No	No opinion (%)	No opinion	Answered
Advice from your pharmacist	96%	692	1%	5	3%	22	719
COVID-19 lateral flow device distribution service	88%	616	1%	9	11%	75	700
COVID-19 vaccination services	81%	570	3%	24	15%	108	702
Flu vaccination services	86%	603	3%	22	11%	74	699
Buying over-the-counter medicines	97%	693	0%	3	3%	19	715
Dispensing medicines	98%	696	0%	0	2%	16	712
Dispensing appliances	67%	448	1%	7	32%	216	671
Repeat dispensing services	94%	664	0%	3	6%	39	706
Home delivery and prescription collection	81%	559	2%	15	17%	118	692

Service	Yes (%)	Yes	No (%)	No	No opinion (%)	No opinion	Answered
Medication review	66%	437	11%	72	24%	158	667
New medicine service	57%	374	6%	39	37%	238	651
Discharge from hospital medicines service	70%	463	3%	23	27%	180	666
Emergency supply of prescription medicines	90%	617	1%	6	9%	59	682
Disposal of unwanted medicines	91%	625	0%	2	9%	59	686
Appliance use review	37%	235	3%	22	60%	379	636
Community pharmacist consultation service (urgent care referral)	65%	431	3%	21	32%	210	662
Hepatitis testing service	40%	254	3%	22	57%	363	639
Stoma appliance customisation service	31%	201	3%	22	65%	418	641
Needle exchange	42%	267	3%	22	55%	353	642
Stopping smoking/nicotine replacement therapy	51%	331	4%	23	45%	291	645
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	53%	341	4%	25	43%	272	638
Immediate access to specialist drugs, e.g. palliative care medicines	71%	461	2%	13	27%	179	653
Supervised consumption of methadone and buprenorphine	33%	208	7%	43	60%	383	634

Other, please specify:




Unsure of service	5	Ear syringing	2
Blood pressure checks	2	Have no need of these services	2
Weight management	1	Hot water bottles	1
Ability to refer to GP	1	Mental health issues	1



More efficient service needed	1	Diagnose and prescribe common bacterial infections	1
Acceptance of sharps	1	Toe clipping and ear wax removal	1
Cholesterol blood check	1	eRD no longer available	1




**23)** Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact? (Please select one answer)

Answered – 734; skipped – 35

Yes		68%	496
No		10%	71
I don't know		23%	167

**24)** If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs? (Please select one answer)

Answered – 493; skipped – 276






Yes		40%	198
No		6%	31
I don't know		54%	264

Any other comments you would like to make about the consultation room?

It is too small	31	Not wheelchair accessible	4
Not very private	4	Exists, but I've never seen inside	3
Needs booking in advance	1	Adequate and easy to access	1
Pharmacy is old and needs refurb	1	The room is not very clean	1
There is a step into the pharmacy	1	Used to have one but removed	1






**25)** Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

Answered – 733; skipped – 36

Yes		38%	281
No – it normally takes one day		12%	86
No – it normally takes two or three days		23%	172
No – it normally takes more than three days		10%	70
I don't know		17%	124

**26)** If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

Answered – 674; skipped – 95

Paper request form to my GP practice		14%	93
Paper request form through my pharmacy		2%	14
By email to my GP practice		9%	60
Online request to my GP practice		66%	445
My pharmacy orders on my behalf		3%	21

Electronic Repeat Dispensing (eRD)	■■■	8%	51
NHS app	■■■	8%	51
Varies	■	4%	25
Other (please specify below)	■	4%	26

Other:

Telephone	8	Online system	8
N/A	4	I don't have a prescription	4
Paper prescription in post	1	Takes too long	1

**27)** Have you ever used [Electronic Repeat Dispensing](#) (eRD) (Electronic repeat dispensing (eRD) is a process that allows you to obtain repeated medication/appliances without the need for your GP to hand-sign authorised repeat prescriptions each time. This allows your GP to authorise and issue a batch of repeat prescriptions until you need to be reviewed. The prescriptions are then available for dispensing at the specified intervals at your nominated pharmacy). (Please select one answer)

Answered – 720; skipped – 49

Yes – do you have any comments about it? Please comment below	■■■■■	24%	174
No	■■■■■■■	33%	238
I don't know/I have never heard of it	■■■■■■■■■	43%	308

Please specify any comments about eRD:

Good service	103	Generally poor service	21
Unreliable at times but generally good	11	Not offered by my pharmacy	8
Seems like a good service but not for me	5	Always unreliable	4
N/A	4	Confusing to me	3
Repeat prescription need to be handed out in larger doses	3	Will look into using	1
Needs to be faster than 7-day delivery	1	Prefer to let GP prescribe for me	1
Sometimes delayed so don't want to use	1	New to the service but seems good so far	1

**28)** Do you have any other comments you would like to make about your pharmacy?

Answered – 349; skipped – 420





Pharmacy provides a good service and staff are good	99	First class service with knowledgeable staff	60
Wish they offered general health checks	41	Pharmacy provides an essential service	35
No	30	Some staff can be unfriendly at times	19

Pharmacy is inefficient	21	Opening hours poor, need to be open at lunchtime & outside of normal business hours	11
Pharmacy is slow	9	Awkward location to get to via public transport	7
Staff are not very approachable	4	Pharmacy is understaffed	3
Staff provide a good service despite being overworked	2	Cramped interior is hard to navigate for wheelchair/scooter users	2
They offer walk-in seasonal vaccines which is perfect	2	Pharmacy performed poorly during the pandemic	2
When busy they are reluctant to give a personal touch	1	Tiny interior and only two parking spaces, needs to be larger	1
Provides poor quality products	1	Some of my medications take too long to obtain	1
Pharmacy is the best of a bad bunch	1	Shared with post office which takes up room	1
Reordering prescriptions can only be done in the last week before running out	1	Never answer the phone	1
Local area has grown and pharmacy is now too small to cope	1	COVID services used to be offered, not anymore	1
Needs more flexibility to deliver urgent medications	1	Is already busy enough, do not outsource more of GP services	1

## A bit about you

**29) Are you: (Please select one answer)**

Answered – 725; skipped – 44

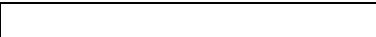
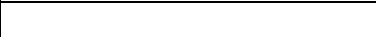






Female		54%	390
Male		43%	312
Prefer not to say		2%	17
Other, please specify below		1%	6

Other:

Q30 no option for 75+	4	N/A	2
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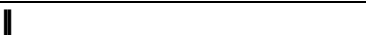
**30) What is your age? (Please select one answer)**

Answered – 691; skipped – 78

Below 16 yrs		0%	0
16–19 yrs		0%	0
20–29 yrs		0%	0
30–44 yrs		6%	41
45–59 yrs		19%	132
60–64 yrs		12%	82
65–74 yrs		56%	388
Prefer not to say		7%	48




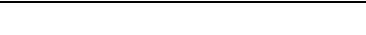

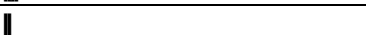
**31) Do you consider yourself disabled? (Under the Equality Act 2010 a person is considered to have a disability if they have a physical or mental impairment which has a sustained and long-term adverse effect on their ability to carry out normal day to day activities) (Please select one answer)**

Answered – 720; skipped – 49

Yes		11%	80
No		86%	619
Prefer not to say		3%	21

**32) To which of these groups do you consider you belong? (Please select one answer)**

Answered – 721; skipped – 48



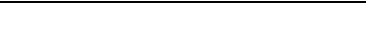
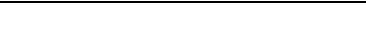
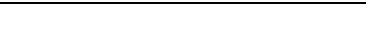
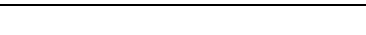
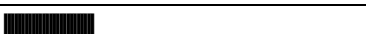
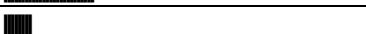
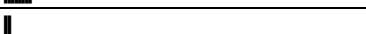
White British		91%	658
Black or Black British		0%	3
Asian or Asian British		0%	3
Mixed ethnicity		1%	5
Prefer not to say		4%	31
Other ethnic group (please specify below)		3%	21

Other:

Other White	3	White European	2
Not relevant	2	White French	1
Mediterranean	1	English	1
Indian	1	Caucasian	1
South American British	1	White Irish	1
European	1		

**33) What is your religion or belief? (Please select one answer)**

Answered – 719; skipped – 50



Buddhist		1%	4
Christian		61%	438
Hindu		0%	2
Jewish		1%	5
Muslim		0%	1
Sikh		0%	1
No religion		27%	192
Prefer not to say		8%	59
Other (please specify below)		2%	17

Other:

Pantheist	3	Methodist/agnostic	2
Not relevant	2	LDS	1
Jedi	1	Free-thinker	1
Wicca/Pagan	1	None	1

**34) How would you define your sexual orientation? (Please select one answer)**

Answered – 716; skipped – 53



Gay		1%	8
Lesbian		1%	5
Bisexual		1%	7
Heterosexual		85%	605
Prefer not to say		10%	72
Other (please specify below)		3%	19

Other:

Not relevant	19	Heterosexual	1
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**35) Is your gender identity the same as the gender you were assigned at birth? (Please select one answer)**

Answered – 716; skipped – 53

Yes		95%	683
No		0%	1
Prefer not to say		4%	32

**36) What is your postcode? (Please note this will only be used for analysis purposes and will not be used to identify you in any way)**

Answered – 719; skipped – 50

Postcode provided		87%	627
Prefer not to say		13%	92

**Thank you for completing this questionnaire**

For more information about Central Bedfordshire Pharmaceutical Needs Assessment, please visit <https://www.centralbedfordshire.gov.uk/consultations>

## Appendix D: Pharmacy contractor questionnaire

Total responses received:<sup>1</sup> 13



### 1) Premises and contact details

Answered – 13; skipped – 0

- Provided contractor code (ODS Code) – 13
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 13
- Provided trading name – 13
- Provided address of contractor pharmacy – 13



### 2) Does the pharmacy dispense appliances?

Answered – 12; skipped – 1

None		0%	0
Yes – All types		92%	11
Yes, excluding stoma appliances, or		0%	0
Yes, excluding incontinence appliances, or		0%	0
Yes, excluding stoma and incontinence appliances, or		0%	0
Yes, just dressings, or		8%	1
Other		0%	0

### 3) Is there a particular need for a locally commissioned service in your area?

Answered – 11; skipped – 2

Yes (please specify below what is the service requirement and why)		55%	6
No		45%	5











Please state the service requirement and why:

EHC	3
Smoking cessation	1
Minor ailments scheme	1
Vaccinating under-18s in schools	1
Needle exchange	1
Safeguarding requirements such as enhanced DBS and level three training easy to meet as already necessary for EHC provision and COVID vaccination service for 12–15-year-olds	1

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

**4) Non-commissioned services: Does the pharmacy provide any of the following?**

Answered – 12; skipped – 1



<b>Collection of prescriptions from GP practices</b>			
Yes		58%	7
No		42%	5
<b>Delivery of dispensed medicines – Selected patient groups</b>			
Yes		82%	9
No		18%	2
<b>Delivery of dispensed medicines – Selected areas</b>			
Yes		64%	7
No		36%	4
<b>Delivery of dispensed medicines – Free of charge on request</b>			
Yes		58%	7
No		42%	5
<b>Delivery of dispensed medicines – With charge</b>			
Yes		40%	4
No		60%	6

Please list your criteria for selected patient groups or areas:

Disabled/elderly	3	In the village or area – free of charge	2
Housebound	3	Local area – with charge	1
Children or elderly	1	Regular delivery to different areas	1
Patients in exceptional circumstances: extremely vulnerable, end of life, COVID isolating	1	5-mile radius free – small fee outside	1

**5) Are there any services you would like to provide that are not currently commissioned in your area?**

Answered – 11; skipped – 2

Yes (please specify below)		55%	6
No		45%	5

Comments:

Free EHC	3	Paid MDS	1
Needle exchange	1	Blood pressure	1
Test and treat UTI out of hours	1	Hearing clinics	1

**6)** Details of the person completing this form:

Answered – 12; skipped – 1

- Provided contact name of person completing questionnaire on behalf of the contractor – 12
- Provided contact telephone number – 12





## Appendix E: Dispensing practice questionnaire

Total responses received:<sup>1</sup> 6



**1) Is the practice participating in the current Dispensary Services Quality Scheme (DSQS)?**

Answered – 6; skipped – 0

Yes		100%	6
No		0%	0



**2) Do you provide the following service outside the dispensing service: DRUMs?**

Answered – 6; skipped – 0

Yes		100%	6
No		0%	0

**3) Do you provide the following service outside the dispensing service: Compliance aids?**

Answered – 6; skipped – 0



Yes (please list below)		33%	2
No		67%	4

Comments:

Dosette boxes	2
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**4) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Selected patient groups?**

Answered – 6; skipped – 0

Yes (please list below)		50%	3
No		50%	3

Comments:


Over 60s and palliative	1	Elderly, housebound and vulnerable	1
Within practice boundary whilst in peak of COVID pandemic	1		

**5) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Selected areas?**

Answered - 2; skipped - 4


Any eligible patient within our practice inner boundary		0%	0
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<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Any eligible patient within a smaller area than our practice boundary		0%	0
Any eligible patient wherever they live		100%	2


**6) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Free of charge on request?**

Answered – 6; skipped – 0

Yes		33%	2
No		67%	4

**7) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – With charge?**

Answered – 6; skipped – 0

Yes		0%	0
No		100%	6



**8) Do you provide any other service outside the dispensing service?**

Answered – 2; skipped – 4

Planning to review the provision of a delivery service – with patient charge	1	N/A	1
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**9) Are there any services you would like to provide that are not currently commissioned in your area?**

Answered – 6; skipped – 0



Yes (please list below)		17%	1
No		83%	5

Comments:

Delivery to vulnerable patients	1	N/A	1
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**10) Is your practice planning to provide DRUMs?**

Answered – 6; skipped – 0

Yes		17%	1
No		0%	0
N/A (already providing)		83%	5

**11) Is your practice planning to provide compliance aids?**

Answered – 6; skipped – 0

Yes (please list below)	██████████	33%	2
No	████████████████████	67%	4

Comments:

Continue providing dosette boxes	1	Planning to look into during 2022	1
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**12) Is your practice planning to offer delivery of dispensed medicines?**

Answered – 6; skipped – 0

Yes (please provide date/timescales if know)	██████	17%	1
No	██████████████████	50%	3
N/A (already providing)	██████████	33%	2

Comments:

By the end of 2022 at the latest if viable	1
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**13) Is your practice planning to provide any other services?**

Answered - 6; skipped – 0

Yes (please specify)		0%	0
No other additional services	████████████████████	100%	6

**14) If your practice could be commissioned to provide similar services to those currently available under the additional services sections of the community pharmacy contract, would you be prepared to do so?**

Answered – 4; skipped – 2

Yes (please specify the type of service below)	██████████	25%	1
No	████████████████████	75%	3

Comments:

New medicine service	1	Asthma inhaler use and advice	1
Stop smoking service	1	BP, cholesterol and blood sugar test	1

## Appendix F: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<p>Stage 1: Project planning and governance</p> <ul style="list-style-type: none"> <li>Stakeholders identified</li> <li>First Steering Group meeting conducted</li> <li>Project plan, communications plan and terms of reference agreed</li> <li>PNA localities agreed</li> <li>Questionnaire templates shared and agreed</li> </ul>													
<p>Stage 2: Research and analysis</p> <ul style="list-style-type: none"> <li>Collation of data from NHSE&amp;I, PH, LPC and other providers of services</li> <li>Listing and mapping of services and facilities with the borough</li> <li>Collation of information regarding housing and new care home developments</li> <li>EIA (Equalities Impact Assessment)</li> <li>Electronic, distribution and collation</li> <li>Analysis of questionnaire responses</li> <li>Steering Group meeting two</li> <li>Draft update for HWB</li> </ul>													
<p>Stage 3: PNA development</p> <ul style="list-style-type: none"> <li>Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs</li> <li>Develop consultation plan</li> <li>Draft PNA</li> <li>Engagement for consultation</li> <li>Steering Group meeting three</li> <li>Draft update for HWB</li> </ul>													

<p>Stage 4: Consultation and final draft production</p> <ul style="list-style-type: none"> <li>• Coordination and management of consultation</li> <li>• Analysis of consultation responses</li> <li>• Production of consultation findings report</li> <li>• Draft final PNA for approval</li> <li>• Steering Group meeting four</li> <li>• Minutes to meetings</li> <li>• Edit and finalise final PNA 2022</li> <li>• Draft update for HWB</li> </ul>													
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## Appendix G: Consultation plan and list of stakeholders

### Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/dispensing)	Draft PNA link sent
LPC Chief Officer, Bedfordshire	Y	Y	All	Y
LMC Chair, Milton Keynes	-	-	Dispensing	Y
LMC Operations Manager Bedfordshire & Hertfordshire	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	-	-	Contractor	Y
Any dispensing GP Practices	-	-	Dispensing	Y
Healthwatch Central Bedfordshire	Y	Y	All	Y
Bedford Hospital	-	-	-	Y
Luton and Dunstable Hospital	-	-	-	Y
Milton Keynes General Hospital - Chief Pharmacist	-	-	-	Y
Lister Hospital - Chief Pharmacist	-	-	-	Y
Stoke Mandeville - Chief Pharmacist	-	-	-	Y
NHSE&I	Y	Y	All	Y
Milton Keynes HWB	-	-	-	Y
Bedford HWB	-	-	-	Y
Cambridgeshire a & Peterborough HWB	-	-	-	Y
Hertfordshire HWB	-	-	-	Y
Buckinghamshire HWB	-	-	-	Y
Hosted on Central Bedfordshire Council Website page	-	-	Public	Y

<b>Role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public/dispensing)</b>	<b>Draft PNA link sent</b>
Targeted eshot to database	-	-	Public	Y
Social Media channels	-	-	Public	Y
Internal staff for advocacy	-	-	Public	Y
Outreach to 'hard to reach' groups (eg older persons network/schools newsletters)	-	-	Public	-
Outreach via voluntary groups and sharing assets to spread the word	-	-	Public	-
Paper Copies of Questionnaires & Easy Read available on request	-	-	Public	-
PNA Posters distributed to all 40x Pharmacies in the borough	-	-	Public	-

**Other consultees**

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public/dispensing)</b>	<b>Draft PNA link sent</b>
GP Practices	-	-	-	Y
CCG – Local Pharmaceutical Lead	Y	Y	All	Y
Milton Keynes LMC	-	-	-	Y
Bedford LMC	-	-	-	Y
Cambridgeshire LMC	-	-	-	Y
Peterborough LMC	-	-	-	Y
Hertfordshire LMC	-	-	-	Y
Buckinghamshire LMC	-	-	-	Y
Luton LMC	-	-	-	Y
Milton Keynes LPC	-	-	-	Y
Bedford LPC	-	-	-	Y
Cambridgeshire LPC	-	-	-	Y
Peterborough LPC	-	-	-	Y
Hertfordshire LPC	-	-	-	Y
Buckinghamshire LPC	-	-	-	Y
Luton LPC	-	-	-	Y
Public Health Head of Service, Milton Keynes	Y	Y	All	Y
Primary Care and Performance Public Health Practitioner, PH, Milton Keynes	Y	Y	All	Y
Public Health Business & Project Support, PH, Milton Keynes	Y	Y	All	Y
Public Health Data Team, PH, Bedford Borough	Y	Y	All	Y



<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public/dispensing)</b>	<b>Draft PNA link sent</b>
Public Health Analyst, PH, Bedford Borough	Y	Y	All	Y
Associate Director for PH, Central Bedfordshire	-	-	Public	Y
Equalities Lead, Central Bedfordshire	-	-	Public	Y
Public Health Officer (Population Health Analyst), Bedford Borough	-	-	Public	Y
Marketing Manager, Central Bedfordshire	-	-	Public	Y
Senior Consultation Officer, Central Bedfordshire	-	-	Public	Y
Legal Team, Central Bedfordshire	-	-	Public	Y

## Appendix H: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013<sup>40</sup>, Central Bedfordshire HWB held a 60-day consultation on the draft PNA from 8 June to 7 August 2022.

The Draft PNA was hosted on the Central Bedfordshire Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Central Bedfordshire. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Central Bedfordshire as identified by Central Bedfordshire Council and Central Bedfordshire Healthwatch. Responses to the consultation were possible via an online survey or paper.

There were in total 299 responses, all of them from the internet survey. Responses received:

- 268 (90%) from the Public
- 11 (4%) from a Pharmacist
- 8 (3%) from a Carer
- 4 (1%) from a GP
- 3 (1%) from a Healthcare or Social Care Professional
- 2 (1%) who described as other
- 1 (0.3%) from a Member of Central Bedfordshire Council (Councillor)
- 1 (0.3%) from a Business
- 1 respondent did not describe how they were responding

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Provision and access to services
- Population growth
- Quality of service
- Workforce capacity
- Medicine supply
- GP practice provision

All responses were considered by the PNA Steering Group at its meeting on 22 August for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA.

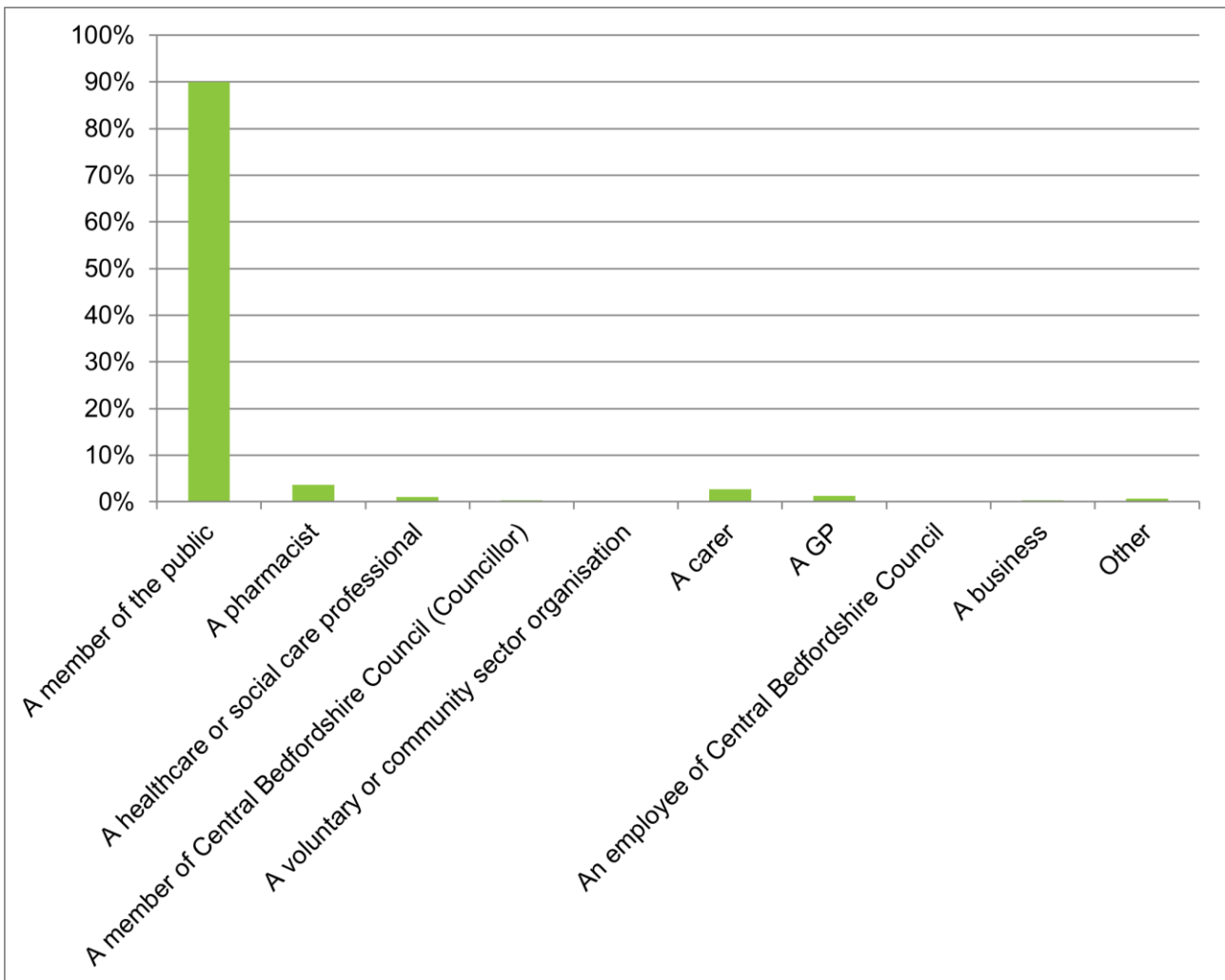
Below is a summary of responses to the specific questions, asked during the consultation.

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<sup>40</sup> Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

**Consultation questions and responses:**

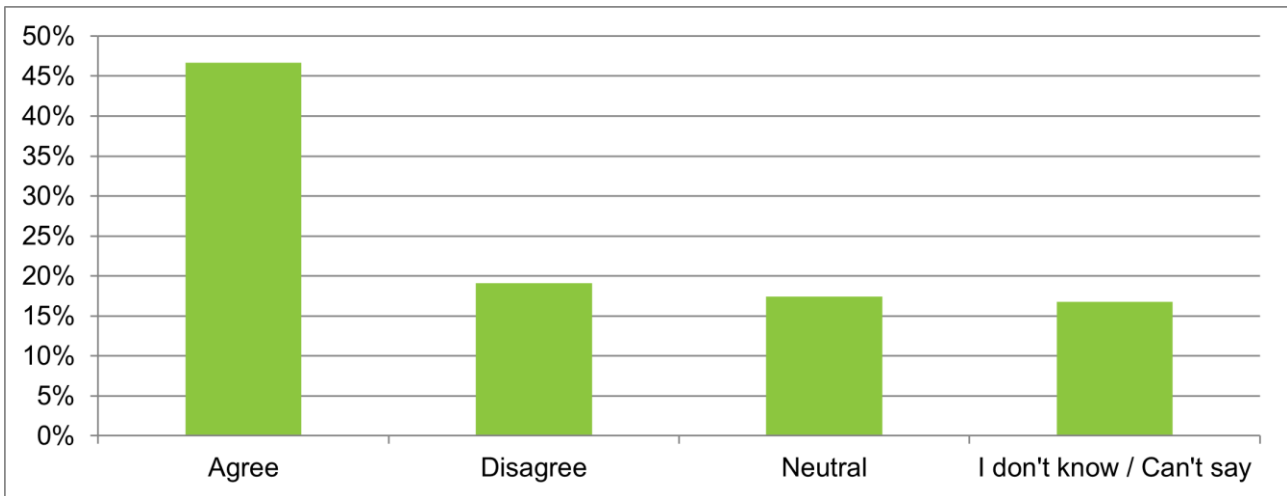
**Q1. Which of the following best describes how you are responding to this consultation? (Please select one option)**



Answer choices	Percentage	Responses
A member of the public	90%	268
A pharmacist	4%	11
A healthcare or social care professional	1%	3
A member of Central Bedfordshire Council (Councillor)	0%	1
A voluntary or community sector organisation	0%	0
A carer	3%	8
A GP	1%	4
An employee of Central Bedfordshire Council	0%	0
A business	0%	1
Other	1%	2

Answered – 298; skipped – 1

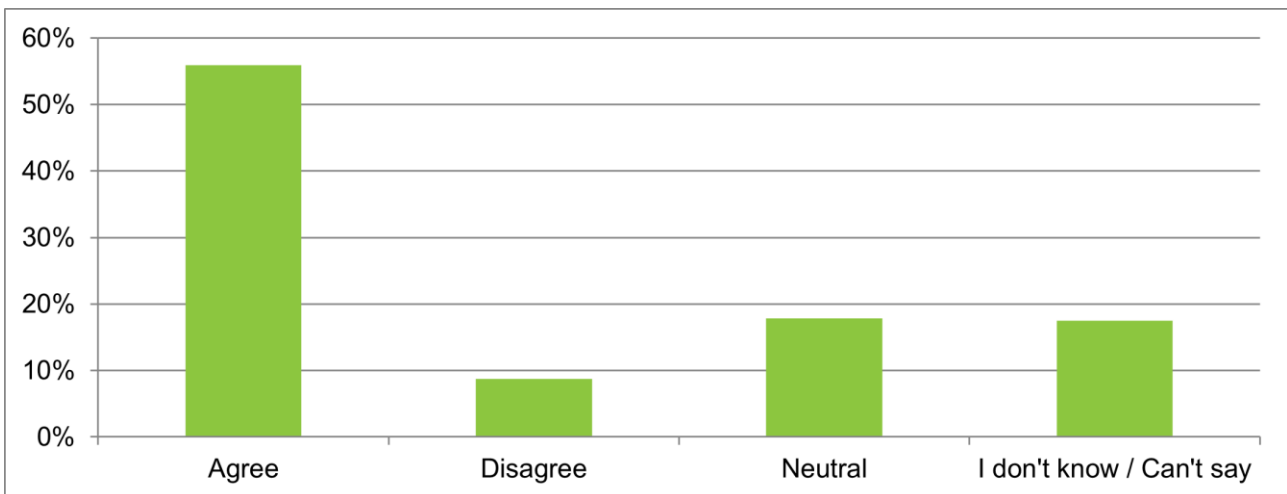
**Q2- The Central Bedfordshire Draft PNA current does not identify any gaps in the provision (supply) of pharmaceutical services in Central Bedfordshire.**



Answer choices	Percentage	Responses
Agree	47%	139
Disagree	19%	57
Neutral	17%	52
I don't know / can't say	17%	50

Answered – 298; skipped – 1

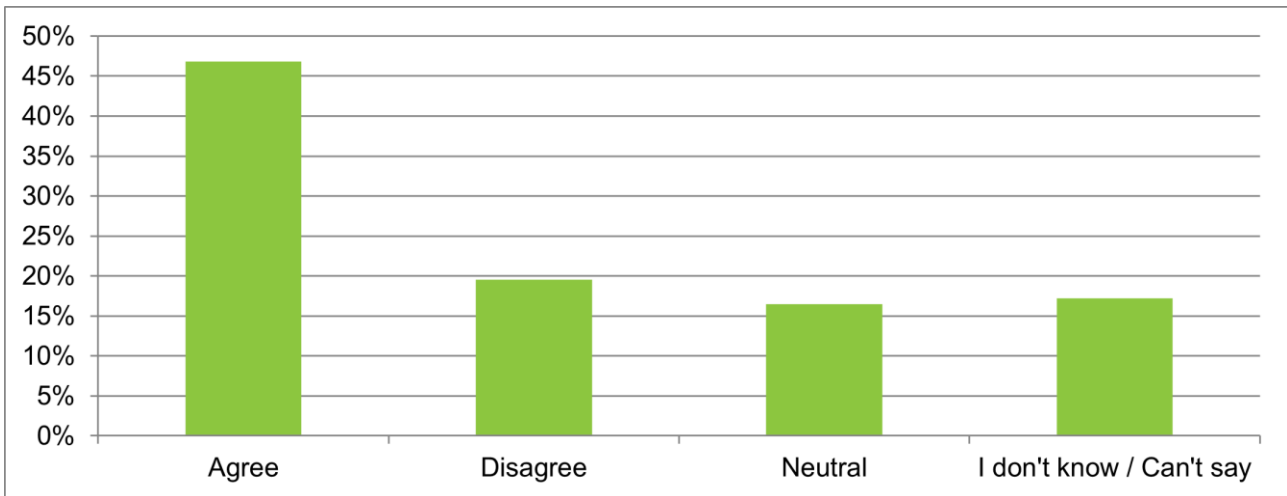
**Q3- The Draft PNA reflects the current provision (supply) of pharmaceutical services within Central Bedfordshire**



Answer choices	Percentage	Responses
Agree	56%	166
Disagree	9%	26
Neutral	18%	53
I don't know / can't say	18%	52

Answered – 297; skipped – 2

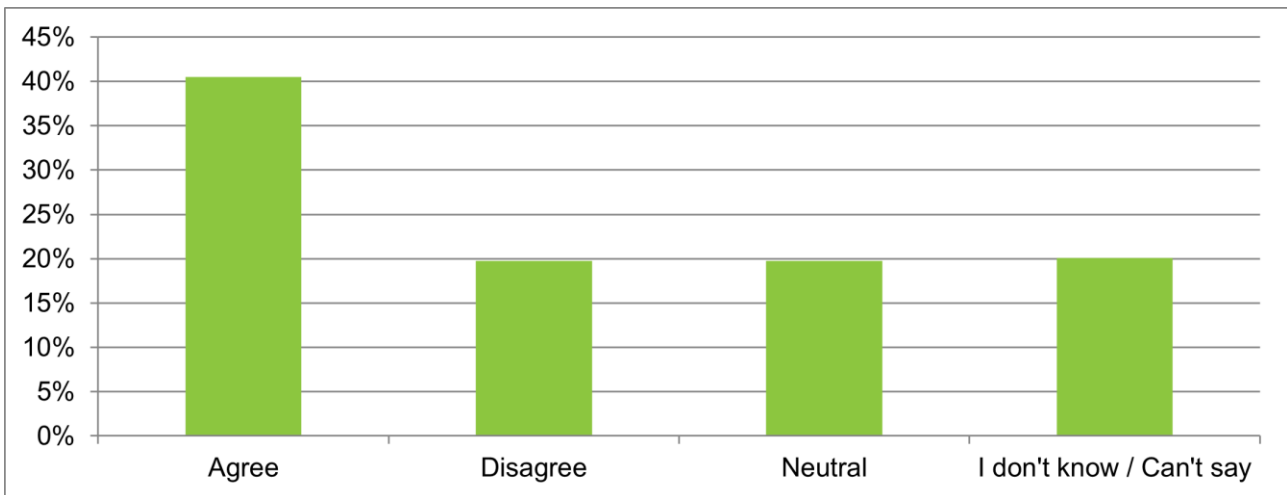
**Q4- The Draft PNA reflects the current pharmaceutical needs of the Central Bedfordshire population/people**



Answer choices	Percentage	Responses
Agree	47%	139
Disagree	20%	58
Neutral	16%	49
I don't know / can't say	17%	51

Answered – 297; skipped – 2

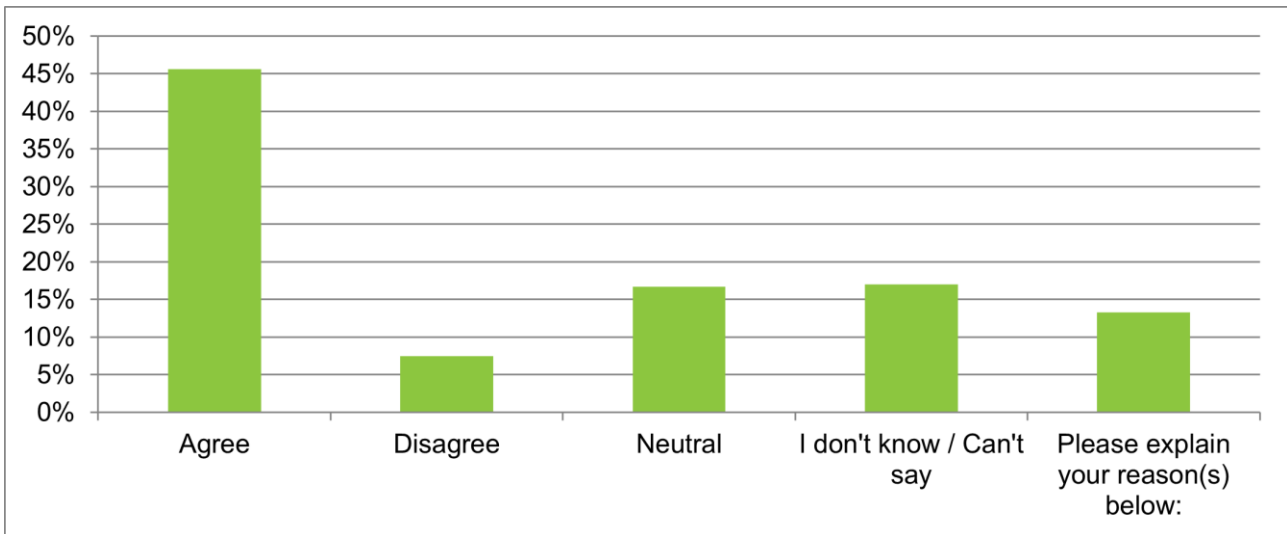
**Q5- The Draft PNA reflects the future (over the next three years) pharmaceutical needs of the Central Bedfordshire population/people**



Answer choices	Percentage	Responses
Agree	40%	119
Disagree	20%	58
Neutral	20%	58
I don't know / can't say	20%	59

Answered – 294; skipped – 5

**Q6- Based on the recommendations within the Draft PNA for Central Bedfordshire do you:**



Answer choices	Percentage	Responses
Agree	46%	134
Disagree	7%	22
Neutral	17%	49
I don't know / can't say	17%	50

Answered – 294; skipped – 5

Key themes from the consultation comments and responses are shown below.

Theme	Steering Group Response
Provision and access to services	<p>A range of parameters were used as part of the assessment, from local health needs, travel analysis, housing and population growth and health needs to determine whether pharmaceutical service provision was adequate across Central Bedfordshire. Travel analysis included walking and driving times for the residents of across Central Bedfordshire. It has also looked at car / van access where 87% of the population have access to a car. It was concluded there were no gaps in provision. See section 6.3 for full details on what measures and data was used to come to this conclusion.</p> <p>Pharmaceutical services are considered to mirror other services available to those living in rural areas e.g. supermarket. The PNA does consider weekend and evening opening hours and has concluded there is no gaps outside of normal working hours.</p> <p>Additionally rural areas are supported with GP dispensing practices.</p>

Theme	Steering Group Response
	Free delivery is also available from some community pharmacies (not a commissioned service) and all Distance-Selling Pharmacies (DSPs) (internet pharmacies) to patients who request it throughout England.
Population growth	<p>The PNA takes into account the current provision and future three year provision based on the regulation requirements. The PNA considered various aspects of access and need and concluded there were no gaps in provision. See section 6.3 for full details on what measures and data was used to come to this conclusion.</p> <p>Housing and population growth was reviewed as part of the assessment and concluded there was sufficient provision across all localities in Central Bedfordshire. This will be monitored during the life time of the PNA (3 years) and be reviewed thereafter.</p>
Quality of service	Quality of service is outside of the scope of the PNA. Patients can follow the complaints process and can complain to the pharmacy in the first instance and if this is not resolved can take this further to NHSE.
Workforce capacity	<p>There is a national workforce crisis currently and Central Bedfordshire is disproportionately affected however this is outside of the scope of the PNA.</p> <p>If you are unsatisfied with the service received at your local pharmacy, patients can complain to the pharmacy in the first instance, and if not resolved, you are able to take this further to NHSE.</p>
Medicine supply	There is a national medicine supply issue currently. However, this is outside of the scope of the PNA.
GP practice provision	Noted, however GP practice provision is out of scope of the PNA
Accessibility of pharmaceutical service in Leighton Buzzard locality	<p>The assessment and data shows that 100% of the population with Leighton Buzzard can access their nearest pharmacy within 20 minutes by car and therefore demonstrating adequate access during off-peak hours.</p> <p>There are 7 pharmacies and 1 dispensing GP practice in the Leighton Buzzard locality. Of the 7, 1 pharmacy is open after 6.30pm, 6 are open on Saturday and 2 on a Sunday.</p> <p>Regarding the rural patients - given the largely rural nature of Central Bedfordshire, many residents will be familiar with</p>

Theme	Steering Group Response
	<p>significant travel times, particularly in the evenings and at weekends, to access other services such as a supermarket</p> <p>Regarding population growth and housing, data shows that housing developments of approximately 593 new households and population growth of approximately 1,100 people have been projected for this locality to 2025, i.e. the lifespan of this PNA. While the projected population growth should not negatively impact current provision of Necessary Services, Central Bedfordshire HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.</p> <p>Local expertise was drawn in to help support the production of the PNA. Local representation at the steering group from the council public health team, local Healthwatch, local pharmaceutical committee representative, local medical committee representative.</p>
<p>Accessibility of pharmaceutical service in Ivel Valley</p>	<p>The assessment has considered the provision of dispensaries in the Ivel Valley locality. There are total of 18 dispensaries (13 community pharmacies and 5 GP dispensing practices) serving a population of 91,138. These are located in the densely populated areas of Ivel Valley. The assessment concludes provision is adequate and this will be monitored during the lifetime of the PNA.</p>



## Appendix I: Alphabetical list of pharmaceutical service providers in Central Bedfordshire HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption
Arlesey Pharmacy	FK555	Community	31 High Street, Arlesey	SG15 6RA	08:45-13:00, 14:00-18:15	Closed	Closed	-	Y	Y	-	-	Y	-	Y	-	Y	-	Y	-	-	-
Asda Pharmacy	FPX06	Community	Court Drive, Dunstable	LU5 4JD	07:00-23:00 (Monday 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-
Asplands Medical Centre	E81050	Dispensing GP Practice	Asplands Close, Woburn Sands, Milton Keynes (1 Branch: Woburn Surgery, Eleanor Close, Woburn, MK17 9QU)	MK17 8QP	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Avicenna Pharmacy	FQC98	Community	57 Katherine Drive, Dunstable	LU5 4NP	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	-	-	-
Bassett Road Surgery	E81003	Dispensing GP Practice	29 Bassett Road, Leighton Buzzard	LU7 1AR	08:30-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FKP98	Community	36-40 Broadwalk, Dunstable	LU5 4RH	09:00-17:30	10:00-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-
Boots	FK386	Community	55 High Street, Leighton Buzzard	LU7 1DN	08:30-17:30	09:00-17:30	10:00-16:00	-	-	Y	-	-	-	-	-	-	-	-	Y	-	Y	-
Boots	FL588	Community	9-10 Market Square, Biggleswade	SG18 8AS	08:30-13:00, 14:00-18:00	08:30-13:00, 14:00-17:30	10:00-16:00	-	-	Y	-	-	-	Y	-	-	Y	Y	Y	-	Y	-
Britannia Pharmacy	FD869	Community	Health & Wellbeing Centre, 5 Market Square, Sandy	SG19 1HU	08:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	Y	-	-
Britannia Pharmacy	FX692	Community	4 Market Square, Sandy	SG19 1HU	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	Y
C & H (Barton) Ltd	FH609	Community	79 Bedford Road, Barton-le-Clay, Bedford	MK45 4LL	08:30-18:30	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	Y	Y	-
Dr Allen Pharmacy	FCH27	Community	3 Mill Road, Cranfield	MK43 0JG	09:00-13:00, 14:00-18:30 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	-	-	-	-	-	Y	-	-	-	-	-	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG		LA			
										NMIS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange	
Dr Hughes & Partners	E81046	Dispensing GP Practice	Hexton Road, Barton-le-Clay (1 Branch: The Health Centre, Gooseberry Hill, Luton, LU3 2LB)	MK45 4TA	09:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Flitwick Surgery	E81015	Dispensing GP Practice	Highlands, Flitwick	MK45 1DW	08:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greensands Medical Practice	E81012	Dispensing GP Practice	Brook End, Potton (1 Branch: Gamlingay Surgery, Stocks Lane, Gamlingay, SG19 3JR)	SG19 2QS	08:30-12:30, 14:00-18:30 (Thu 08:30-12:30)	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Grovebury Pharmacy	FGW87	Community	Unit 2 Enterprise Court, Enterprise Way, Leighton Buzzard	LU7 4SZ	08:30-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	Y	-	-	-
Henlow Pharmacy	FD129	Community	197A Station Road, Lower Stondon, Henlow	SG16 6JE	08:30-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-
Herington (Chemists) Ltd	FGM33	Community	7 High Street South, Dunstable	LU6 3RZ	09:00-17:30 (Mon, Fri 09:00-18:30)	09:00-12:00	Closed	-	-	Y	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-
Houghton Close Surgery	E81074	Dispensing GP Practice	1 Houghton Close, Ampthill	MK45 2TG	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Houghton Regis Pharmacy	FRR79	Community	Houghton Regis Medical Centre, Peel Street, Houghton Regis, Dunstable	LU5 5EZ	08:00-24:00 (Fri 08:00-23:00)	08:00-23:00	10:00-16:00	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Ivel Medical Centre	E81036	Dispensing GP Practice	Chestnut Avenue, Biggleswade	SG18 0RA	08:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jardines Pharmacy	FF736	Community	5 Kingsfield Road, The Saxon Centre, Biggleswade	SG18 8AT	09:00-18:00	09:00-12:30	Closed	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	Y	-	-	-
Jhoots Pharmacy	FWH58	Community	116 High Street North, Dunstable	LU6 1LN	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	Y	-	-	Y	-	Y	-	-
Langdale Pharmacy	FTT68	Community	64 Langdale Road, Dunstable	LU6 3BS	09:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange		
Langford Pharmacy	FHT06	Community	73A Church Street, Langford, Biggleswade	SG18 9QA	09:00-13:00, 13:30-17:30 (Wed 09:00-13:00)	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FPC59	Community	Sainsbury Store, 2-8 Luton Road, Dunstable	LU5 4RF	08:00-21:00	08:00-21:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	Y	-	-	-	-
Lloyds Pharmacy	FPX93	Community	17-18 Bedford Square, Houghton Regis, Dunstable	LU5 5ES	08:45-18:15	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	Y	Y	-	-	-
Lloyds Pharmacy	FL307	Community	3-5 Market Square, Leighton Buzzard	LU7 1EU	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	Y	Y	Y	-	-	-
Lloyds Pharmacy	FCE84	Community	Richard Daniels House, 7 High Street, Shefford	SG17 5DD	08:30-18:30	09:00-17:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-
Lloyds Pharmacy	FMC93	Community	Sainsbury's Store, Bells Brook, Biggleswade	SG18 0NA	07:00-22:00	07:00-22:00	Closed	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-
Lloyds Pharmacy	FJ800	Community	Unit 1 Market Square, Biggleswade	SG18 8AP	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	-	Y	Y	Y	Y	-
Lloyds Pharmacy	FX151	Community	17 Market Square, Potton, Sandy	SG19 2NP	09:00-18:00	09:00-17:00	Closed	-	Y	Y	Y	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-
Lower Stondon Surgery (Dr Collins, Carragher & Neal)	E81061	Dispensing GP Practice	109 Station Road, Lower Stondon, Henlow	SG16 6JJ	08:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mayfield Pharmacy	FQE61	EPSLPS	12 Mayfield Road, Dunstable	LU5 4AP	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-	-
McLaren Pharmacy	FHL18	Community	Unit 2 Moreteyne Retail Park, Bedford Road, Marston Moretaine	MK43 0LE	09:00-18:00	09:00-14:00	Closed	-	Y	-	-	-	Y	-	-	-	-	Y	-	-	Y	-	-	-	-
Medigreen Ltd	FE283	Community	31 Manor Road, Caddington, Luton	LU1 4EE	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	-	Y	Y	-	Y	-	-	-
Peak Pharmacy	FD698	Community	17-19 Lake Street, Leighton Buzzard	LU7 1RS	08:45-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y	-
Rosehill Pharmacy	FTR05	Community	41 High Street, Leighton Buzzard	LU7 1DN	09:00-17:30	09:00-14:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	Y	Y	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange			
Saffron Health Partnership	E81057	Dispensing GP Practice	Saffron Road, Biggleswade (4 Branches: Shannon Court Surgery, High Street, Sandy SG19 1AG; Langford Surgery, 111 Church Street, Langford, Biggleswade, SG18 9QA; Kings Road Surgery, 27B Kings Road, Sandy, SG10 1EJ)	SG18 8DJ	08:30-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sandy Health Centre	E81035	Dispensing GP Practice	Northcroft, Sandy	SG19 1JQ	08:00-12:30, 13:30-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Shefford Pharmacy	FJM95	Community	The Surgery, Robert Lucas Drive, Hitchin Road, Shefford	SG17 5FS	08:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	-
Stotfold Pharmacy	FGV90	Community	1 Brook Street, Stotfold, Hitchin, Hertfordshire	SG5 4LA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-
Sundon Medical Centre (Harlington Branch)	E81040	Dispensing GP Practice	Westoning Road, Harlington	LU5 6PB	08:45-13:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FE049	Community	Skimpot Road, Dunstable	LU5 4JU	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	Y	Y	-	-	Y	-	-	-	-
Tesco Pharmacy	FMK63	Community	Vimy Road, Linslade, Leighton Buzzard	LU7 1ER	08:00-20:00	08:00-20:00	09:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	-	Y	-	-
Tesco Pharmacy	FE912	Community	10-12 Coniston Road, Flitwick	MK45 1LX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	-	-	-
The Highlands Pharmacy Ltd	FE843	Community	Flitwick Surgery, Highlands, Flitwick	MK45 1DZ	07:00-23:00	07:00-21:00	10:00-16:00	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	-	Y	-	-	-	-
Touchwood Pharmacy	FG827	Community	47 Coniston Road, Leighton Buzzard	LU7 2PJ	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-
Tuda Pharmacy	FJ560	Community	Toddington Medical Centre, Luton Road, Toddington, Dunstable	LU5 6DE	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	Y	-	-	-	Y	-	-	Y	-
W Cheeseman & Son Ltd	FEL81	Community	3-5 Church Street, Ampthill, Bedford	MK45 2PJ	09:00-13:30, 14:00-18:00	09:00-13:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	Y	-	Y	-	Y	-	-
West Street Pharmacy	FDF16	Community	8-10 West Street, Dunstable	LU6 1SX	09:00-19:30	09:00-18:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	Y	-	Y	-	Y	-	-	-

\* From 1 April this pharmacy is no longer an LPS and will revert to being a 40-hour community pharmacy

## Appendix J: Central Bedfordshire demographics and health needs

### 1 Demographics

#### 1.1 Overview

The latest 2020 estimate for the Central Bedfordshire population is 294,000. Ivel Valley is the most populated locality with around 91,100 residents and Leighton Buzzard the least populated at 48,400 residents. See Table J.1.

Between 2022 and 2032, the overall population is projected to grow by 18,500 (6.3%), with the largest growth expected in those aged 80 years and over. Compared with England, the overall population growth is lower for England (4%), see Figure J.1.

*Table J.1: Locality population estimates, 2020*

Area	All ages
Chiltern Vale	82,400
Ivel Valley	91,138
Leighton Buzzard	48,427
West Mid Beds	72,131
England	56,550,138

#### 1.2 Age structure

Table J.2 shows the population by age band and locality against England. The proportion under 18 years old was 22–23%, slightly more than the England value of 21%. Those that were 18–64 years old were over half of the population, with 60%, which is comparable to the proportion in England (60%). 18% were 65 years old and over, also similar to England (19%).

*Table J.2: Population by broad age band by locality, 2020*

Area	<18	<18 %	18–64	18–64 %	65+	65+ %	All ages
Chiltern Vale	18,455	22.4%	49,265	59.8%	14,680	17.8%	82,400
Ivel Valley	20,369	22.3%	54,687	60.0%	16,082	17.6%	91,138
Leighton Buzzard	10,882	22.5%	28,878	59.6%	8,667	17.9%	48,427
West Mid Beds	15,491	21.5%	43,437	60.2%	13,203	18.3%	72,131
England	12,093,288	21.4%	33,992,831	60.1%	10,464,019	18.5%	56,550,138

*Data source: ONS 2020 mid-year estimates, 2021*

### 1.3 Ethnicity

Table J.3 shows the ethnic composition by locality of Central Bedfordshire. The White group was 91–95% compared with 85% for England. These figures were collected as part of the 2011 census.

*Table J.3: Population by broad ethnic group, 2011*

Area	Asian/Asian British	Black/African/ Caribbean / Black British	Mixed/multiple ethnic group	Other ethnic group	White
Chiltern Vale	3.2%	2.9%	2.4%	0.6%	90.9%
Ivel Valley	2.1%	0.8%	1.6%	0.5%	95.0%
Leighton Buzzard	1.7%	0.8%	1.8%	0.3%	95.3%
West Mid Beds	2.7%	0.9%	1.7%	0.6%	94.2%
England	7.8%	3.5%	2.3%	1.1%	85.3%

*Data source: ONS 2011 census*

### 1.4 Religion

Table J.4 shows self-reported religion by locality. Those that answered Christian were over half with 60–65% (England: 59%), 'No religion' was roughly a quarter, with 26–31% (England: 25%). These figures were collected as part of the 2011 census.

*Table J.4: Self-reported religion by locality, 2011*

Area	All other religions	Christian	No religion	Religion not stated
Chiltern Vale	3.3%	62.8%	27.1%	6.8%
Ivel Valley	2.1%	61.0%	30.1%	6.8%
Leighton Buzzard	1.9%	59.9%	31.1%	7.1%
West Mid Beds	2.7%	64.6%	26.2%	6.5%
England	8.7%	59.4%	24.7%	7.2%

*Data source: ONS 2011 census*

### 1.5 Predicted population growth

Figure J.1 shows the projected percentage change in populations by age band from 2022 to 2032. The largest increase is projected among those aged 80 and over, more than projected in England. Populations of those aged 0–14 and 25–39 are expected to fall, leaving an overall population growth of 6.3%.

Figure J.2 looks at outward and inward movement of populations by age band. The most movement by volume is occurring among those aged 15 to 39, with 15–19-year-

olds accounting for the largest net outflow for a single age band (777 persons) and 20–24-year-olds for the largest net inflow (934 persons).

Table J.6 shows that Central Bedfordshire will see 11,806 new households. This is a 10% increase and higher than the national projected growth (7%).

Figure J.1 Projected population change by age group 2022-32



Data source: ONS 2018-based subnational population projections, 2020

Table J.5: Population projections 2020 to 2032

Locality	2022	2027	2032	Population growth 2022-32
Chiltern Vale	84,044	87,159	89,300	5,257
Ivel Valley	92,956	96,402	98,770	5,814
Leighton Buzzard	49,393	51,224	52,482	3,090
West Mid Beds	73,570	76,297	78,171	4,602

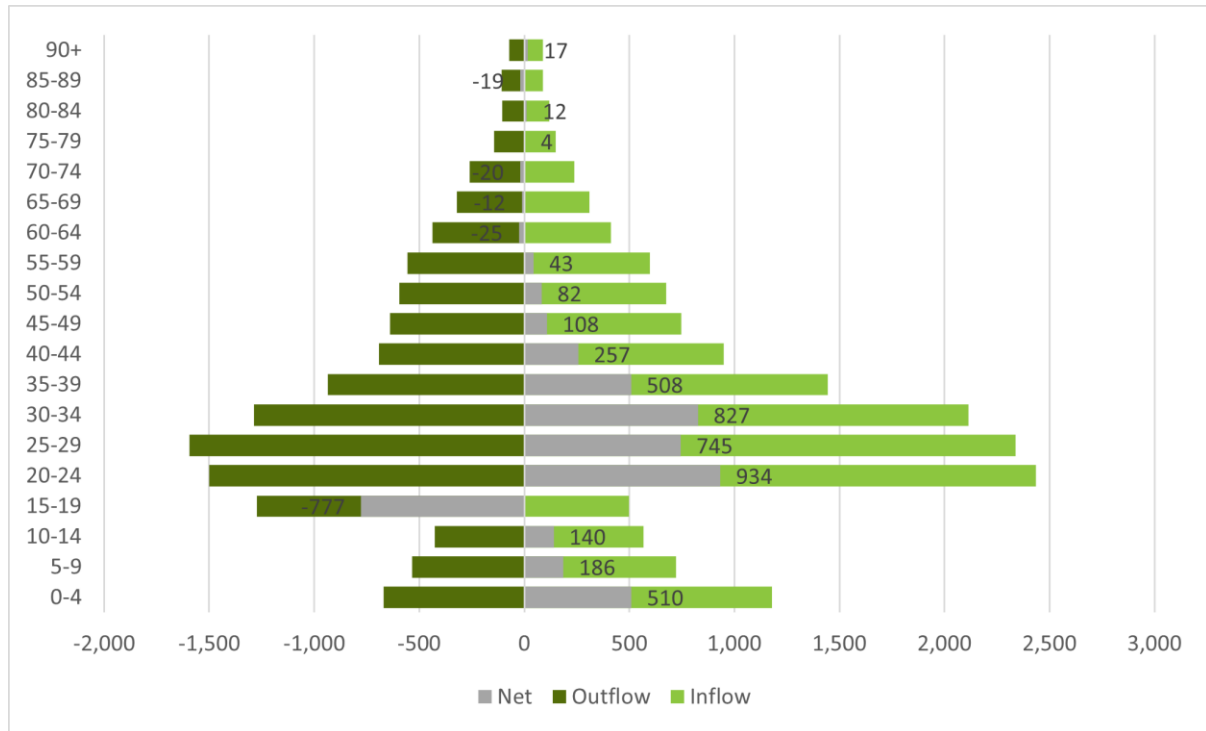
Data source: ONS 2020 mid-year estimates; ONS 2018-based population projections

Table J.6: Household projections in Central Bedfordshire, 2022-32

Area name	2022	2032	Change (%)	New households
Chiltern Vale	35,517	38,950		3,433
Ivel Valley	37,041	40,621		3,581
Leighton Buzzard	20,458	22,435		1,978
West Mid Beds	29,120	31,934		2,815
Central Bedfordshire	122,135	133,941	10%	11,806
England	23,868,499	25,451,358	7%	1,582,859

Data source: ONS 2018-based household projections, 2020

Figure J.2: Outward and inward movement of populations by age band, year ending June 2020



Source: ONS Internal migration, 2021

### 1.6 GP registered population

The GP population is shown in Table J.7 and is about 50,000 to 91,000 per locality.

Table J.7: Population by GP registered patients, 2021

Area	All patients
Chiltern Vale	84,150
Ivel Valley	91,112
Leighton Buzzard	49,723
West Mid Beds	73,696

Data source: NHS Digital, January 2021: Patients Registered at a GP Practice, 2021

### 1.7 Vulnerable populations

#### 1.7.1 Children and adults in care and adult safeguarding

Table J.8 shows looked after children by locality. The rates vary from 1.3 per 1,000 (Leighton Buzzard) to 2.5 per 1,000 (West Mid Beds). Figure J.3 shows Central Bedfordshire’s children in care against their deprivation decile and England, and it shows that Central Bedfordshire is statistically higher than the deprivation decile.

Overall, the Central Bedfordshire rates are steady, but the England rates are slowly increasing (not shown). However, Figure J.4 shows that Central Bedfordshire was statistically lower than the deprivation decile for learning disabilities involved in section 42 safeguarding enquiries. Overall, the England rates are slowly decreasing (not shown).

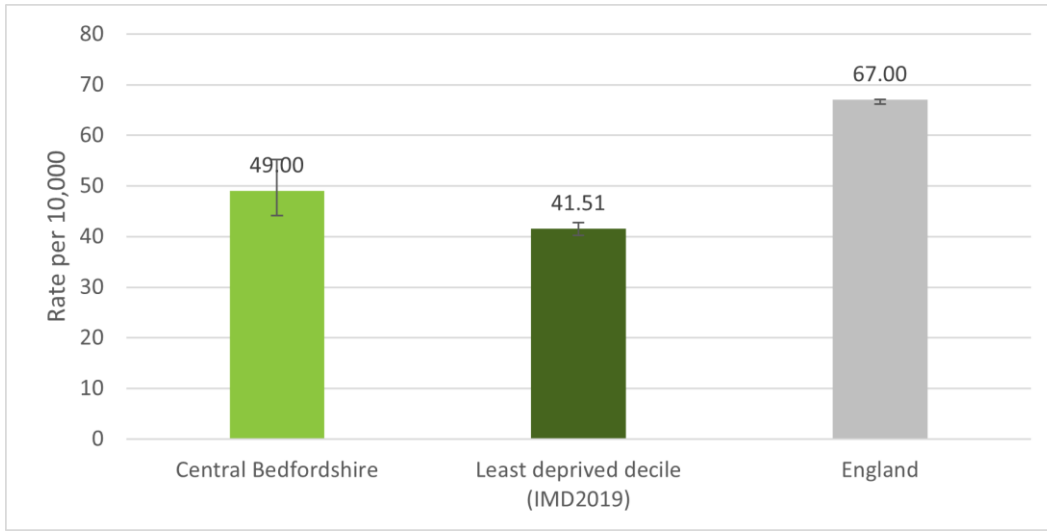


Table J.8: Looked after children by locality, 2021

Area	Count	Rate per 1,000 under 18 years
Chiltern Vale	45	2.4
Ivel Valley	39	1.9
Leighton Buzzard	14	1.3
West Mid Beds	39	2.5

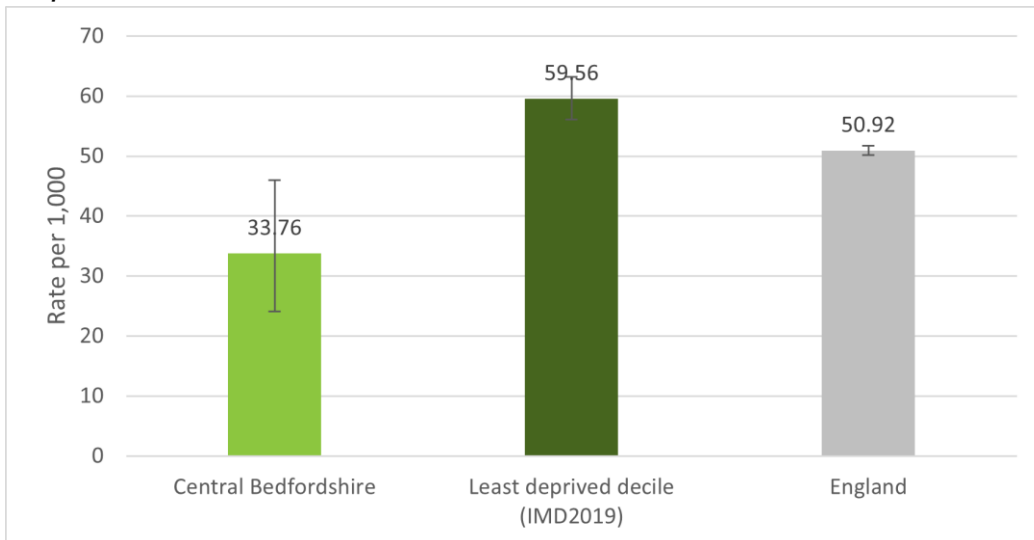
Source: Central Bedfordshire Council, 1 April 2021 snapshot of looked after children by LSOA

Figure J.3: Children in care, 2020



Source: OHID Fingertips, 2021

Figure J.4: Individuals with learning disabilities involved in section 42 safeguarding enquiries, 2018-19

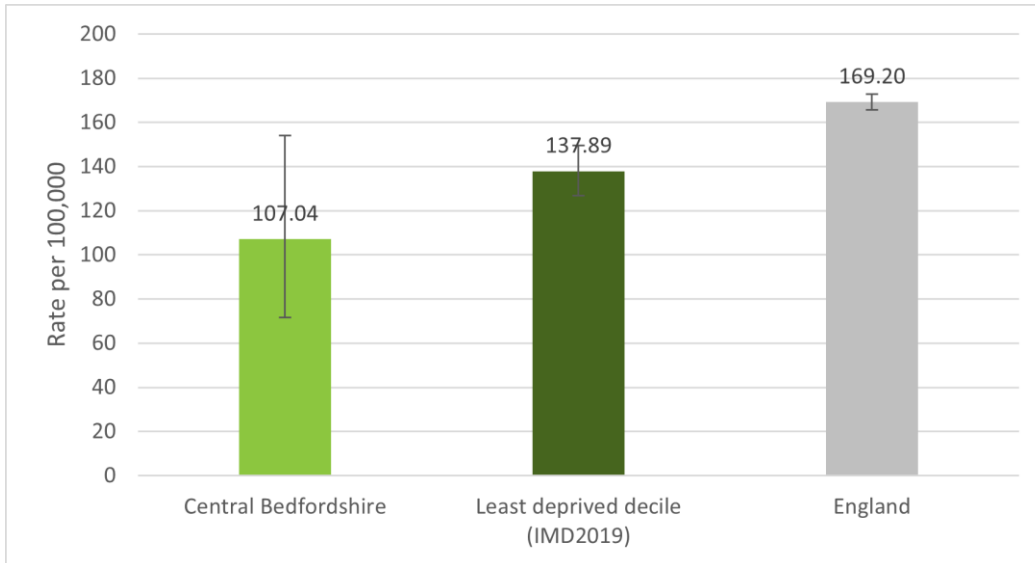


Source: OHID Fingertips, 2021

### 1.7.2 Prison populations

Figure J.5 shows that Central Bedfordshire was lower, but statistically similar, than the deprivation decile for first-time entrants to the youth justice system. All three rates are decreasing with time (not shown).

Figure J.5: First time entrants to the youth justice system, 2020

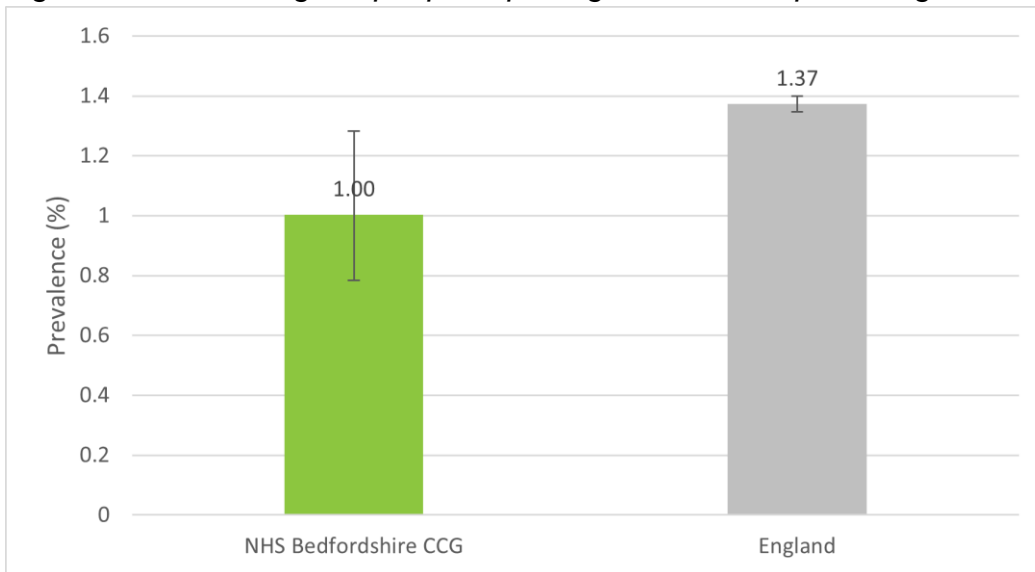


Data Source: OHID Fingertips, 2021

### 1.7.3 People sensory, physical and learning challenges

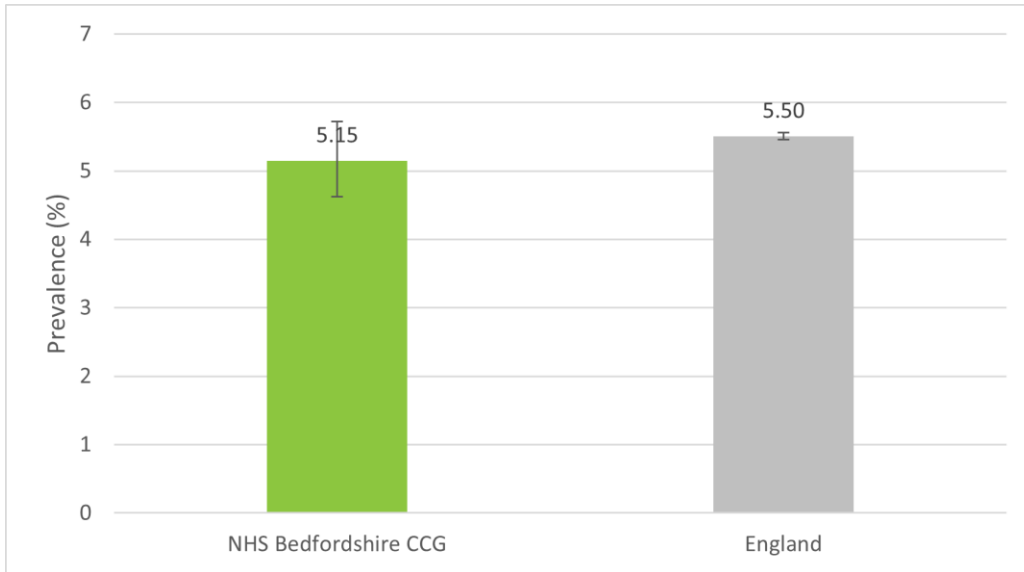
Figures J.6 to J.8 show the prevalence of people with sensory challenges and learning disabilities. All measures have a prevalence statistically similar to England.

Figure J.6: Percentage of people reporting blindness or partial sight, 2021



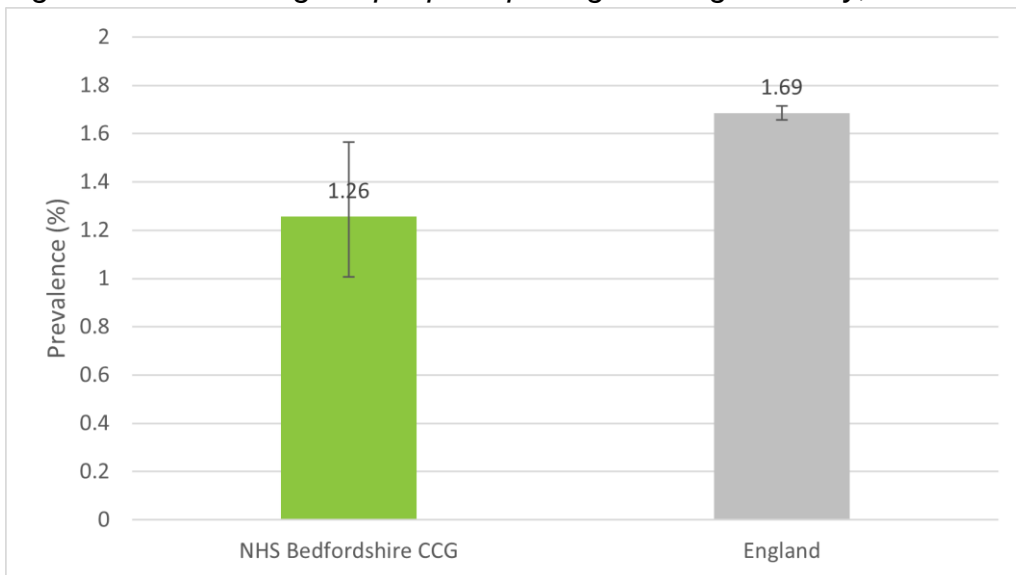
Source: OHID Fingertips, 2021

Figure J.7: Percentage of people reporting deafness or hearing loss, 2021



Source: OHID Fingertips, 2021

Figure J.8: Percentage of people reporting learning disability, 2021

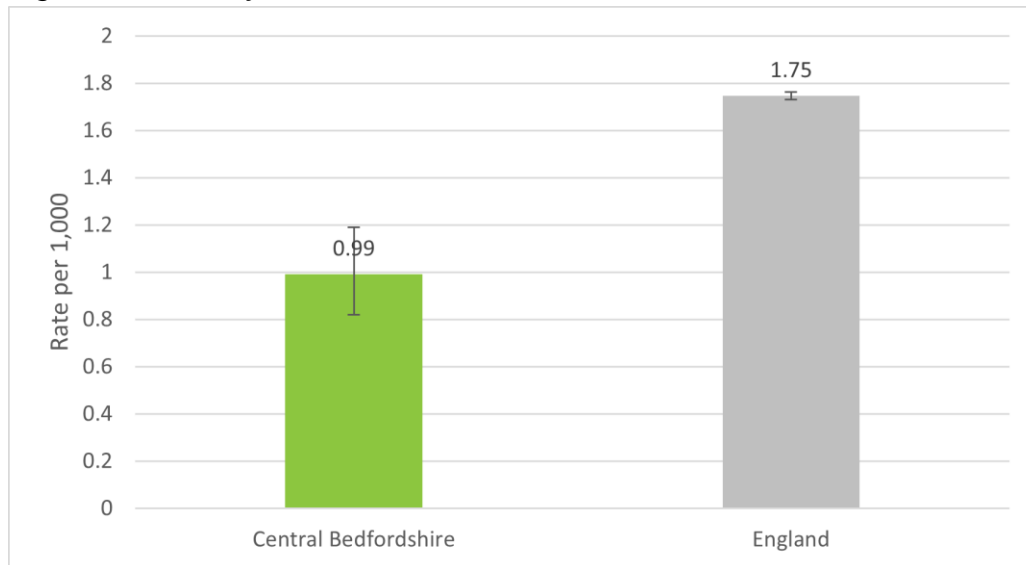


Source: OHID Fingertips, 2021

#### 1.7.4 Homeless populations

Central Bedfordshire can be seen to have had a statistically lower rate of family homelessness (1 per 1,000 households) compared with England (1.7 per 1,000 households), see Figure J.9.

Figure J.9: Family homelessness, 2017-18



Source: OHID Fingertips, 2021

### 1.7.5 Gypsy and Traveller population

Table J.9 shows that the population rate of Gypsies/Travellers varied across the Central Bedfordshire localities from 0.6 (Leighton Buzzard) to 2.8 (Ivel Valley) per 1,000 population. The England rate was 1.0.

Table J.9: Gypsy/Traveller/Irish Traveller population by locality, 2011

	Gypsy/Traveller/Irish Traveller	Rate per 1,000 population
Chiltern Vale	191	2.6
Ivel Valley	215	2.8
Leighton Buzzard	23	0.6
West Mid Beds	49	0.8
England	54,895	1.0

Source: ONS 2011 Census

### 1.7.6 Housebound populations

Of the population aged 65 and over, 28% needed help with at least one self-care activity for Central Bedfordshire (England: 28%). This is shown in Table J.10.

Table J.10: Total population aged 65 and over who need help with at least one self-care activity, 2020

Area	Value	Denominator	Rate
Central Bedfordshire	14,829	52,900	28%
England	2,989,663	10,505,500	28%

Source: POPPI, 2020

### 1.7.7 Residential and nursing home populations

Table J.11 shows that 2% of the total population of Central Bedfordshire and 3% in England who were aged 65 and over live in a care home, with or without nursing.

*Table J.11: Total population aged 65 and over living in a care home with or without nursing, 2020*

Area	Value	Denominator	Rate
Central Bedfordshire	1,109	52,900	2%
England	328,750	10,505,500	3%

Source: POPPI, 2020

## 2 Wider determinants of health

### 2.1 IMD 2019

The average IMD score for Central Bedfordshire is 12.15 and is ranked 138 out of 152 local authorities across the whole of England.

Table J.12 shows the IMD 2019 quintile breakdown by locality. The split of the four localities' deprivation were quite different from each other. West Mid Beds was the least deprived and Chiltern Vale was the most. Central Bedfordshire falls into the least deprived decile of local authorities, nationally.

*Table J.12: IMD 2019 quintile breakdown by locality*

Area	1 (most deprived)	2	3	4	5 (least deprived)
Chiltern Vale	42%	27%	13%	9%	9%
Ivel Valley	15%	23%	21%	17%	23%
Leighton Buzzard	19%	12%	27%	31%	12%
West Mid Beds	3%	13%	21%	28%	36%

Source: ONS IMD, 2019

### 2.2 Employment

Table J.13 shows the proportion of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work. Chiltern Vale has the highest proportion, at 3.7%. This is still lower than the England rate of 4.6%.

*Table J.13: Unemployment claimants by locality, November 2021*

Area	Claimant count	Percentage of 16–64 population
Chiltern Vale	1,900	3.7%
Ivel Valley	1,515	2.7%
Leighton Buzzard	775	2.6%
West Mid Beds	960	2.1%
Central Bedfordshire	1,617,805	2.8%

Area	Claimant count	Percentage of 16–64 population
England	1,617,805	4.6%

Source: Department for Work and Pensions, 2021

### 2.3 Housing

Table J.14 shows the percentage of socially rented households by locality against England. Chiltern Vale and Ivel Valley had the highest (15%) and West Mid Beds the lowest (10%). England had 18%.

Table J.14: Percentage of socially rented households by locality, 2011

Area	Socially rented households
Chiltern Vale	15%
Ivel Valley	15%
Leighton Buzzard	12%
West Mid Beds	10%
England	18%

Source: ONS Census, 2011

The proportion of overcrowded households by locality is shown in Table J.15. Chiltern Vale has the highest (4%), and the other three were the same (2%). England's rate was 5%.

Table J.15: Percentage of overcrowded households by locality, 2011

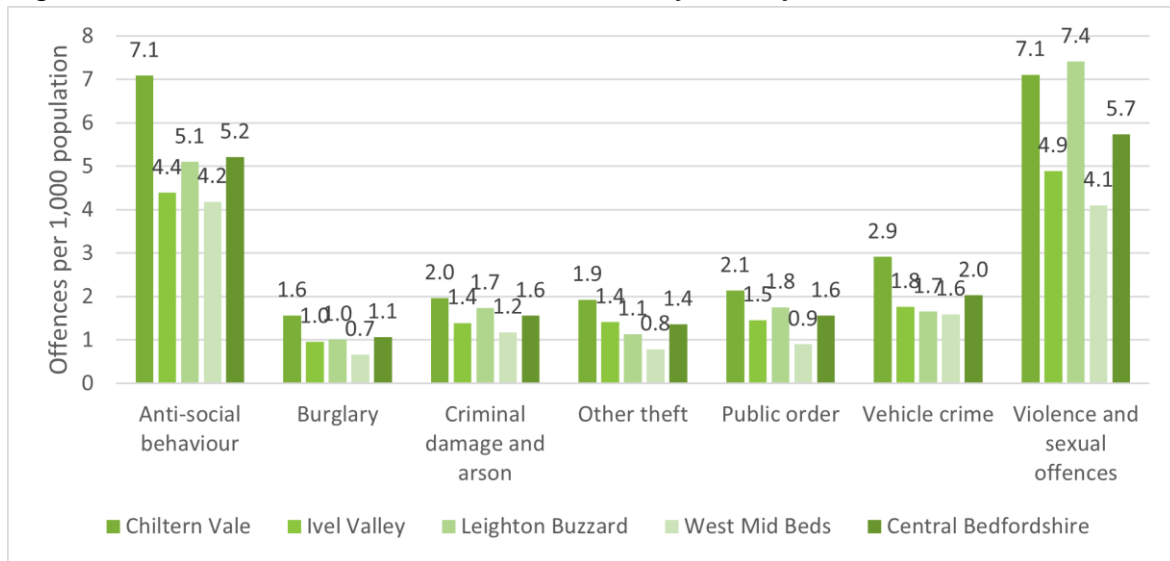
Area	Overcrowded households
Chiltern Vale	4%
Ivel Valley	2%
Leighton Buzzard	2%
West Mid Beds	2%
England	5%

Source: ONS Census, 2011

### 2.4 Crime

Figure J.10 shows offences by locality. Generally, Chiltern Vale had the most offences, while West Mid Beds had the least. Violence and sexual offences and antisocial behaviour were the most common offences.

Figure J.10: Offences in Central Bedfordshire by locality, Nov 2020–Oct 2021

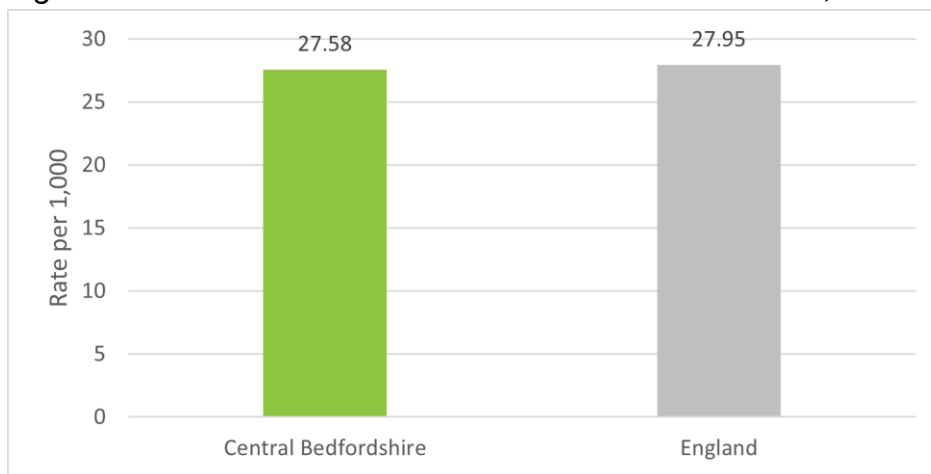


Source: Bedfordshire Police, street level crime data, 2021

## 2.5 Domestic violence

Central Bedfordshire’s and England’s domestic abuse-related incidents and crimes are shown in Figure J.11. The two rates were similar and both rates are increasing with time (not shown).

Figure J.11: Domestic abuse-related incidents and crimes, 2019-20\*



Source: OHID Fingertips, 2021

\*LAs are allocated the rate of the police force area within which they sit.

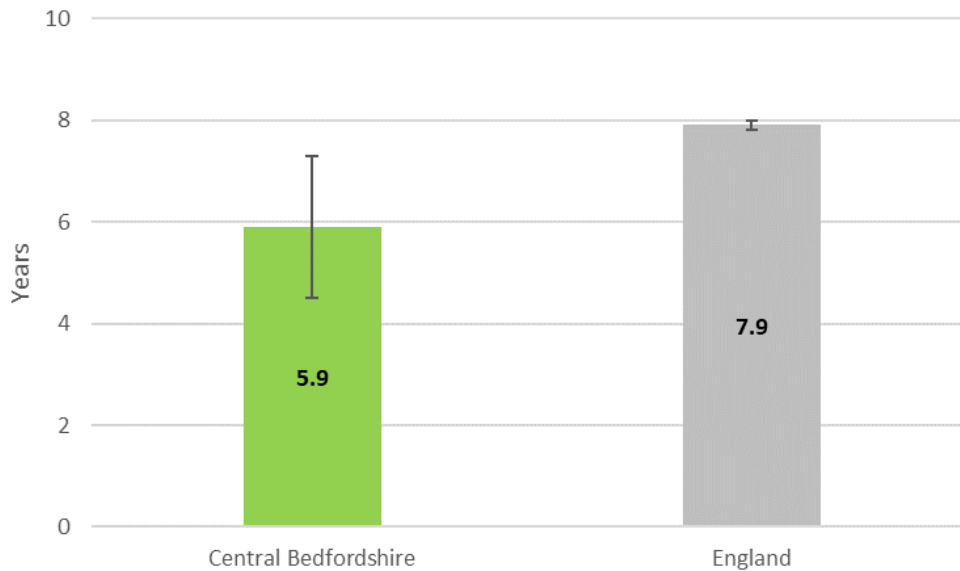
## 3 High level health and wellbeing indicators

### 3.1 Life expectancy

Figure J.12 and Figure J.13 shows the inequality in life expectancy in females and males in Central Bedfordshire and England respectively. Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. These graphs represent the range in years of life expectancy across the social gradient from most to least deprived across all deprivation deciles.

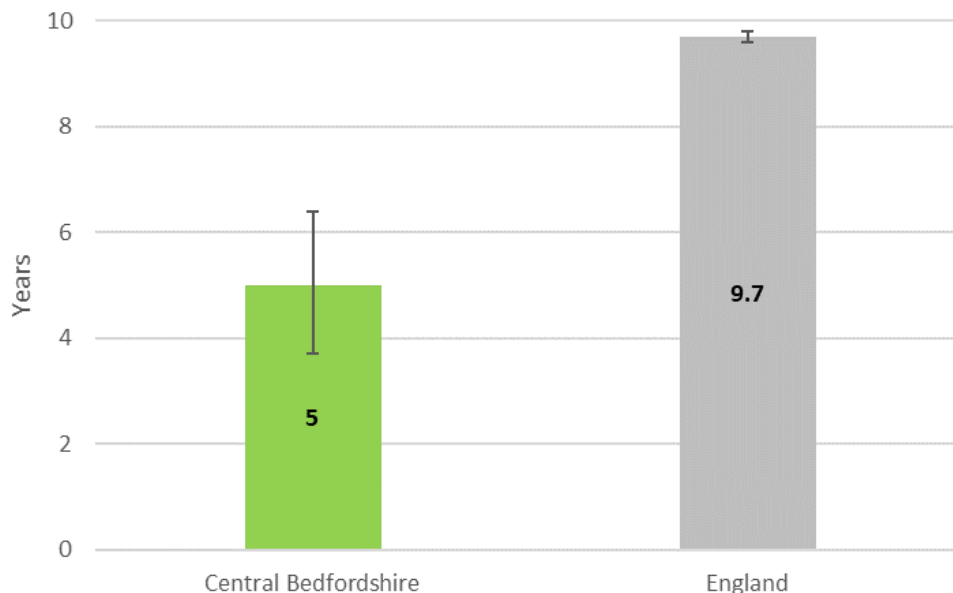
Figure J.12 shows that Central Bedfordshire’s years of inequality in life expectancy at birth for females (5.9 years) was statistically better than England (7.9 years). England’s years of inequality has been slowly increasing with time (not shown). Likewise for males, Figure J.13 shows that Central Bedfordshire’s years of inequality in life expectancy at birth (5 years) was statistically better than England (9.7 years). England’s years of inequality has been steady with time (not shown).

Figure J.12: Inequality in life expectancy at birth, females, 2018-20



Source: OHID Fingertips, 2021

Figure J.13: Inequality in life expectancy at birth, males, 2016-18



Source: OHID Fingertips, 2021

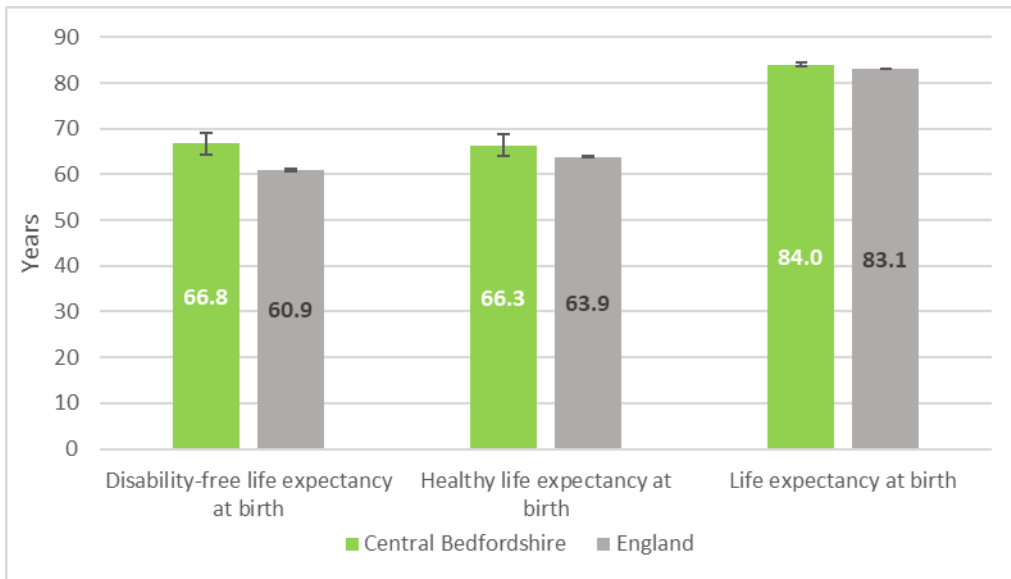
### 3.2 Healthy life expectancy and disability-free life years

Life expectancy, healthy life expectancy and disability-free life expectancy at birth for females and males across Central Bedfordshire and England is shown in Figure J.14



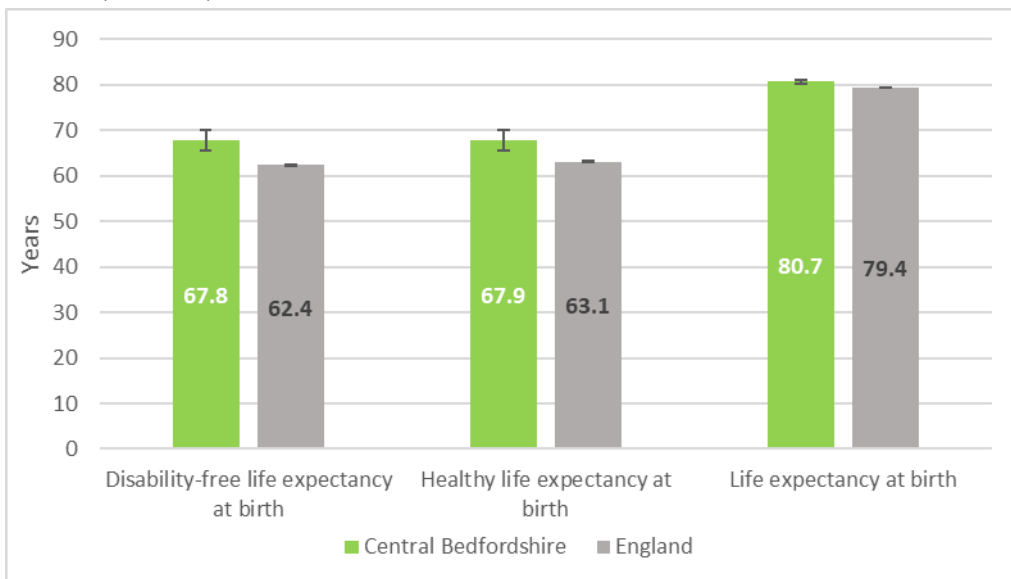
and Figure J.15 respectively. For females and males, all indicators were statistically better than England, expect for healthy life expectancy for women at birth.

*Figure J.14: Life expectancy, healthy life expectancy and disability-free life expectancy at birth, females, 2018-20*



Source: OHID Fingertips, 2022

*Figure J.15: Life expectancy, healthy life expectancy and disability-free life expectancy at birth, males, 2018-20*



Source: OHID Fingertips, 2022

### 3.3 Wellbeing indicators

Table 39 shows the mean score for wellbeing indicators as measured by the Annual Population Survey (APS). Figures appear similar to the England means but with consistently higher average for positive metrics and lower for anxiety.

Table J.16: Mean wellbeing scores by metric, 2021

Area	Life satisfaction	Worthwhile	Happy	Anxiety
Central Bedfordshire	7.56	7.83	7.55	2.95
England	7.38	7.71	7.31	3.31

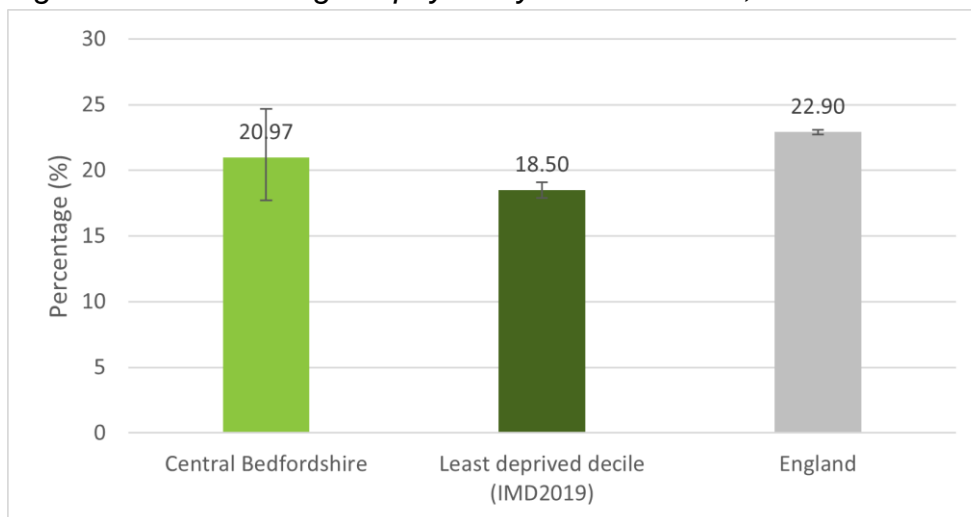
Source: Annual Population Survey, 2021

## 4 Lifestyle

### 4.1 Physical activity and diet

The physically inactive adults indicator is shown in Figure J.16, with Central Bedfordshire (21%) being statistically similar to the deprived decile (19%) and England (23%). England’s rate of physically inactive adults has been steady with time (not shown).

Figure J.16: Percentage of physically inactive adults, 2019-20



Source: OHID Fingertips, 2021

### 4.2 Obesity

Table J.17 shows the excess weight (overweight and obese) children by locality. Excess weight in Reception Year (4–5-year-olds) was approaching a quarter (17–25%) and Year 6 (10–11-year-olds) approaching a third (29–30%). Chiltern Vale had the highest of these two measures.

Table J.17: Excess weight (overweight and obese) children, 2019-20

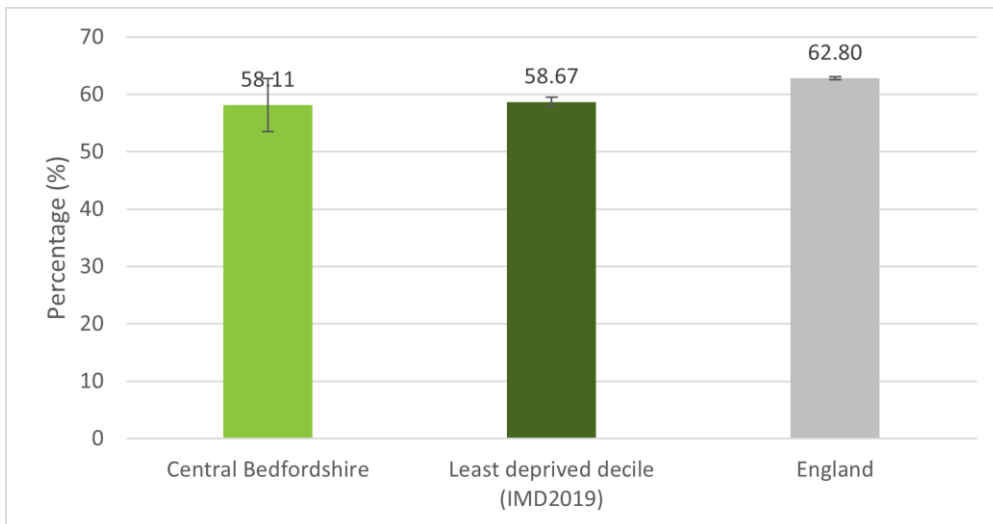
	Reception year - Total measured	Reception year - Excess weight	Reception year - Excess weight %	Year 6 Total measured	Year 6 Excess weight	Year 6 Excess weight %
Chiltern Vale	309	78	25.2%	820	250	30.5%
Ivel Valley	276	46	16.7%	890	260	29.2%

	Reception year - Total measured	Reception year - Excess weight	Reception year - Excess weight %	Year 6 Total measured	Year 6 Excess weight	Year 6 Excess weight %
Leighton Buzzard	196	37	18.9%	501	147	29.3%
West Mid Beds	269	53	19.7%	682	195	28.6%

Source: National Child Measurement Programme, LSOA level data, 2021

The percentage of adults classified as overweight or obese for Central Bedfordshire, deprived decile, and England is shown in Figure J.17. Central Bedfordshire (58%) was statistically similar to the deprived decile (59%) and England (63%). England’s rate of adult excess weight has been steady with time (not shown).

Figure J.17: Percentage of adults (aged 18+) classified as overweight or obese, 2019-20

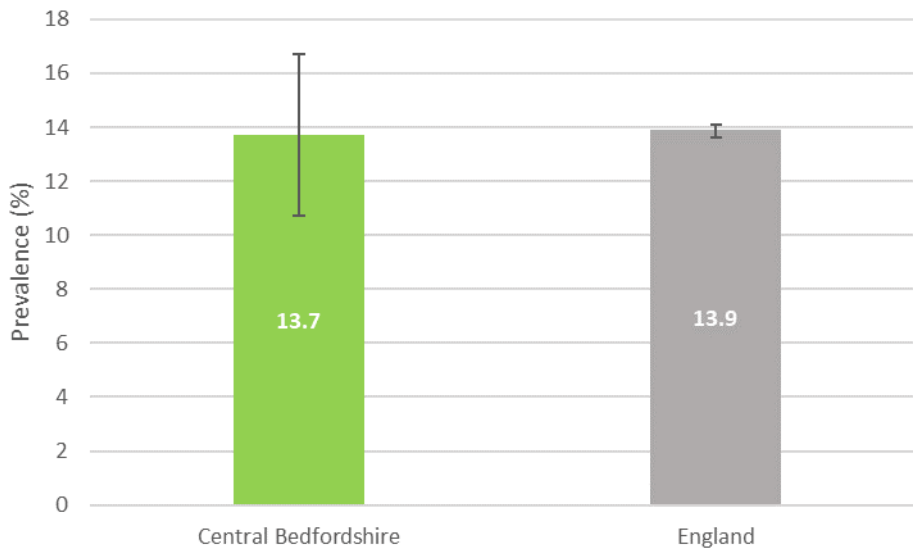


Source: OHID Fingertips, 2021

### 4.3 Smoking

Figure J.18 shows the proportion of the adult population that are smokers. The prevalence of smoking in those aged 18 years and over (APS) in Central Bedfordshire is 13.7 (LCL 10.7, UCL 16.7), which is statistically similar to England (13.9). Recent trends show a slow decline from 2011 to 2019.

Figure J.18: Smoking prevalence in adults aged 18+, 2019

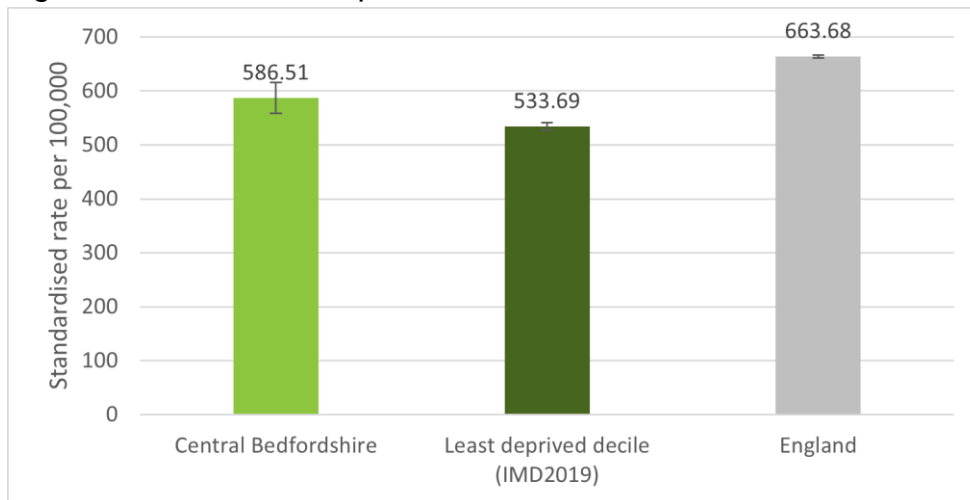


Source: OHID Fingertips, 2022

#### 4.4 Drug and alcohol misuse

Figure J.19 shows the admission episodes for alcohol-related conditions for Central Bedfordshire, deprived decile and England. The rates for Central Bedfordshire was statistically worse compared with the deprivation decile.

Figure J.19: Admission episodes for alcohol-related conditions, 2018-19

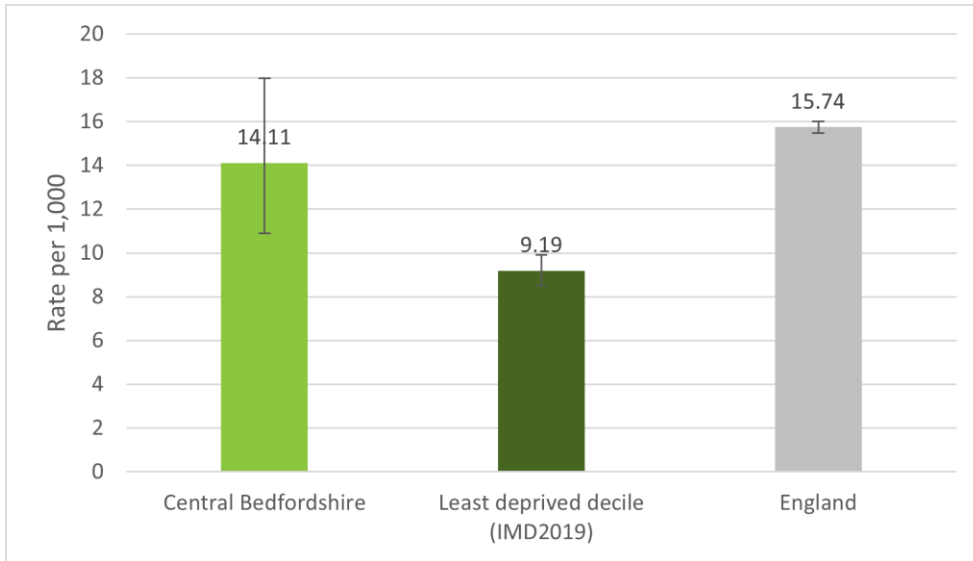


Source: OHID Fingertips, 2021

#### 4.5 Sexual health and teenage pregnancy

The under-18 conception rate for Central Bedfordshire, deprived decile, and England is shown in Figure J.20. The rate for Central Bedfordshire (14 per 1,000) was statistically higher, than the deprived decile (9 per 1,000) and statistically lower than England (16 per 1,000). The rate is decreasing with time (not shown).

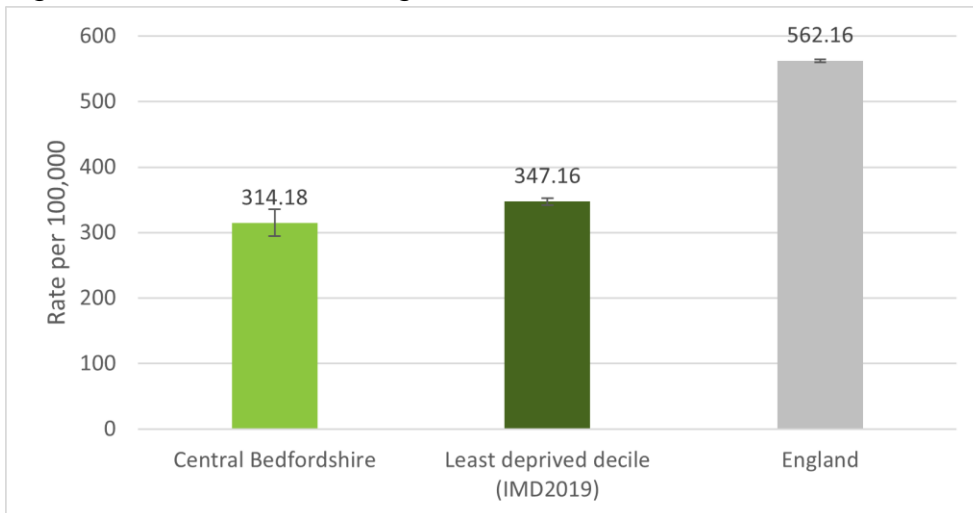
Figure J.20: Under-18s conception rate, 2019



Source: OHID Fingertips, 2021

Figure J.21 shows the rates for all new Sexually Transmitted Infection (STI) diagnosis for Central Bedfordshire deprived decile and England. Central Bedfordshire (310 per 100,000) was statistically better compared with the deprived decile (350 per 100,000) and England (562 per 100,000).

Figure J.21: All new STI diagnosis rate, 2020

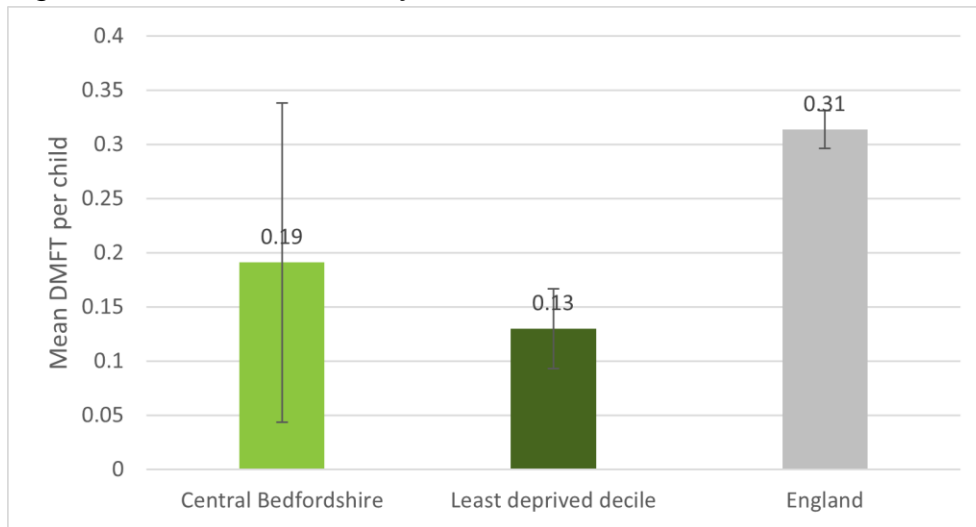


Source: OHID Fingertips, 2021

#### 4.6 Oral health

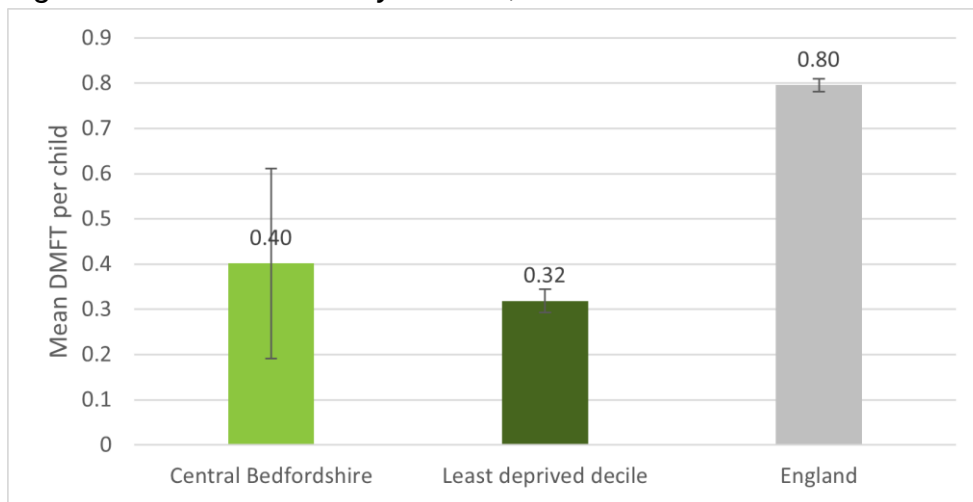
The graphs showing Decayed, Missing or Filled teeth (DMFT) in three-year-olds and five-year-olds are shown in Figure J.22 and Figure J.23 respectively. Central Bedfordshire (0.19) was statistically similar for three-year-olds compared with the deprived decile (0.13). For five-year-olds, Central Bedfordshire (0.40) was statistically similar compared with the deprived decile (0.32).

Figure J.22: DMFT in three-year-olds, 2019-20



Source: OHID Fingertips, 2021

Figure J.23: DMFT in five-year-olds, 2018-19



Source: OHID Fingertips, 2021

## 5 Burden of disease

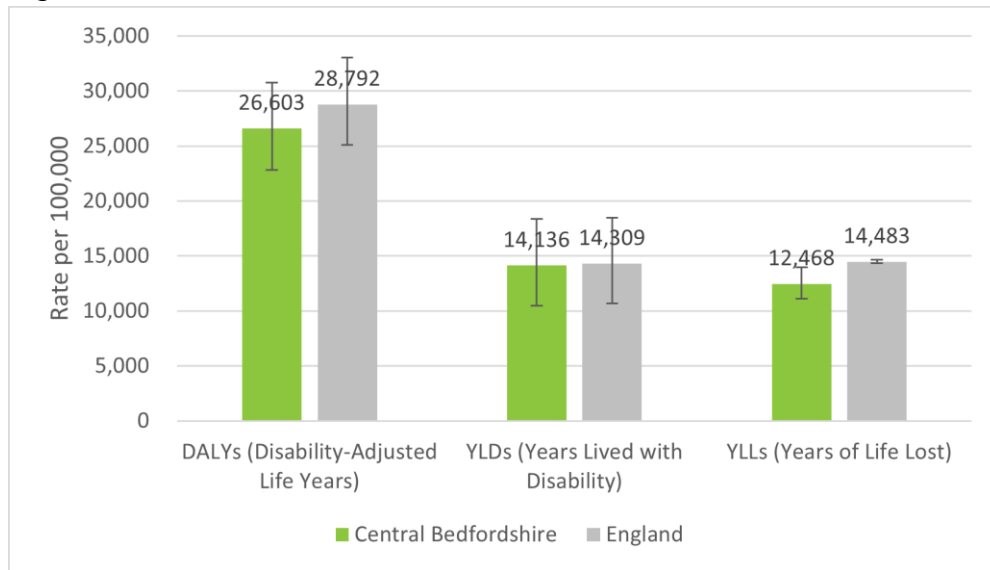
### 5.1 YLL and YLD (preventable and avoidable burden)

Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. The overall burden of disease is assessed using the Disability-Adjusted Life Year (DALY), a time-based measure that combines Years of Life Lost due to premature mortality (YLLs) and years of life lost due to time lived in states of less than full health, or Years of Healthy Life Lost due to Disability (YLDs). One DALY represents the loss of the equivalent of one year of full health. Using DALYs, the burden of diseases that cause premature death but little disability (such as drowning or measles) can be compared with that of diseases that do not cause death but do cause disability (such as cataracts causing blindness).<sup>41</sup>

<sup>41</sup> World Health Organization. The Global Health Observatory. [Accessed 17 January 2022.] [www.who.int/data/gho/indicator-metadata-registry/imr-details/158](http://www.who.int/data/gho/indicator-metadata-registry/imr-details/158)

For DALYs and YLDs, Central Bedfordshire was statistically similar compared to England. However, Central Bedfordshire’s YLL was statistically better than England, see Figure J.24.

Figure J.24: Burden of disease measures, 2019

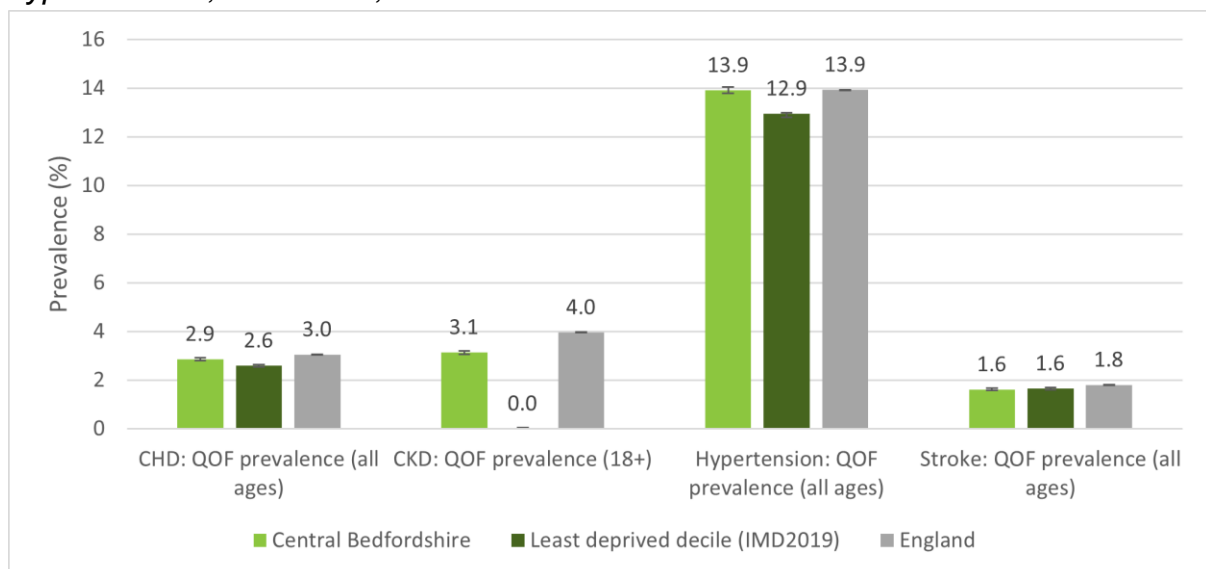


Source: Institute for Health Metrics and Evaluation, GDB Results Tool, 2021

## 5.2 Cardiovascular diseases – CHD, stroke, hypertension, CKD

Central Bedfordshire has a statistically higher prevalence for CHD and hypertension and statistically lower prevalence for stroke compared with the deprivation decile Chronic Kidney Disease (CKD does not have a deprivation decile value), see Figure J.25. This could be that there is a truly lower prevalence or that more of the population is undiagnosed with the condition.

Figure J.25: Quality Outcomes Framework (QOF) prevalence of CHD, CKD, hypertension, and stroke, 2020-21

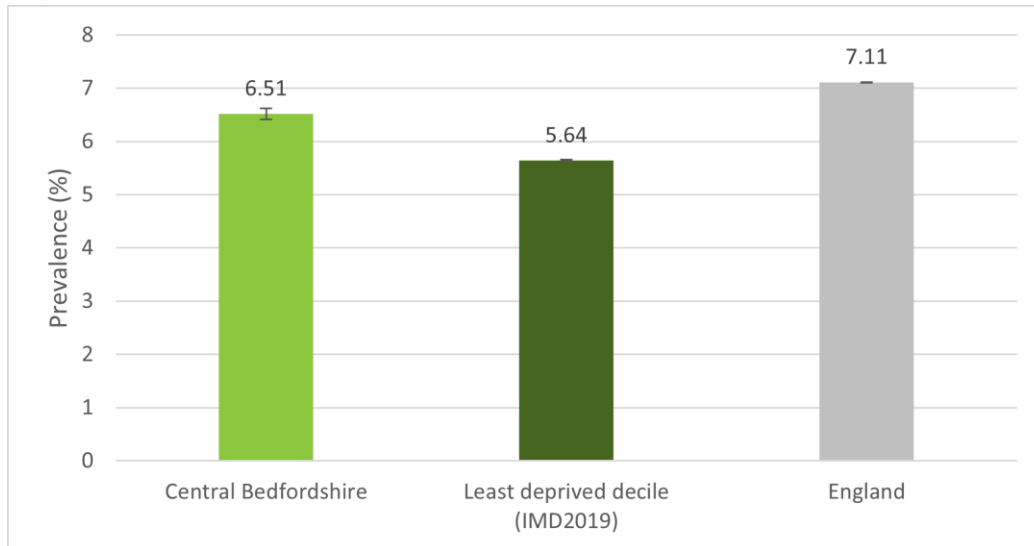


Source: OHID Fingertips, 2021

### 5.3 Diabetes and hyperglycaemia

Figure J.26 shows the prevalence of adult diabetes in Central Bedfordshire is 6.5% and rising (not shown), it is statistically higher than the deprived decile (6.9%) but lower than England (7.1%). This could be that there is a truly lower prevalence or that more of the population is undiagnosed with the condition.

Figure J.26: QOF prevalence of diabetes, 2020-21

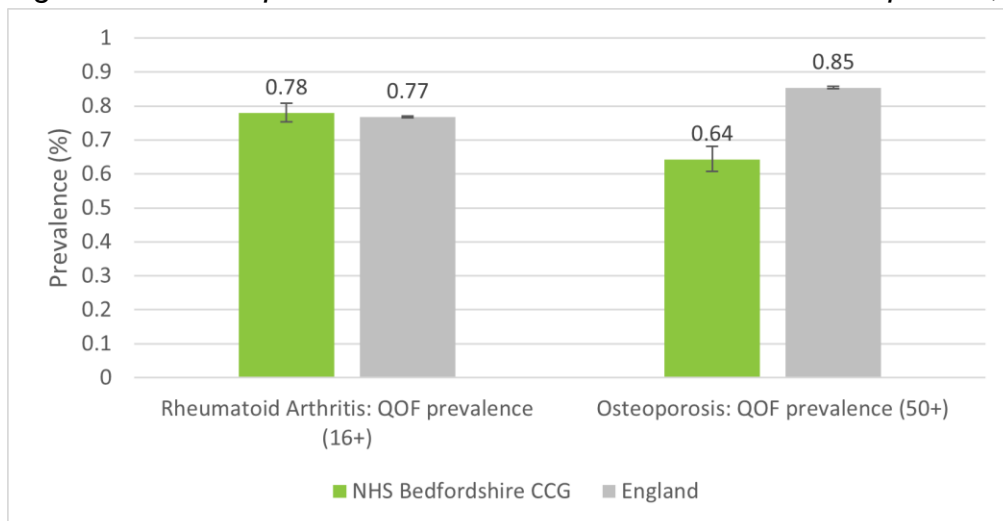


Source: OHID Fingertips, 2021

### 5.4 MSK

Prevalence of rheumatoid arthritis and osteoporosis are shown in Figure J.27. Rheumatoid arthritis in those aged 16 or more in NHS Bedfordshire CCG area (0.78%) is statistically similar to England’s rate (0.77%). However, for osteoporosis NHS Bedfordshire CCG area (0.64%) is statistically lower than England (0.85%): the rates are increasing with time (not shown). The changes in the QOF during the COVID-19 pandemic mean that the osteoporosis data may be inaccurate for the 2020-21 reporting year.

Figure J.27: QOF prevalence of rheumatoid arthritis and osteoporosis, 2020-21



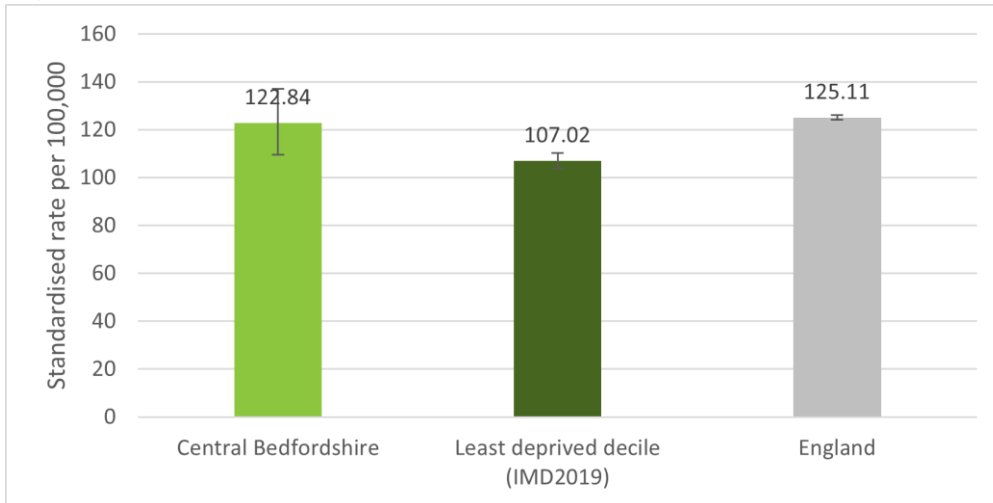
Source: OHID Fingertips, 2021



### 5.5 Cancers

The Central Bedfordshire figure (120 per 100,000) for under-75 mortality rates from cancer was statistically higher than the deprived decile (110 per 100,000), see Figure J.28. All three rates are decreasing with time (not shown).

Figure J.28: Under-75 mortality rate from cancer, 2020

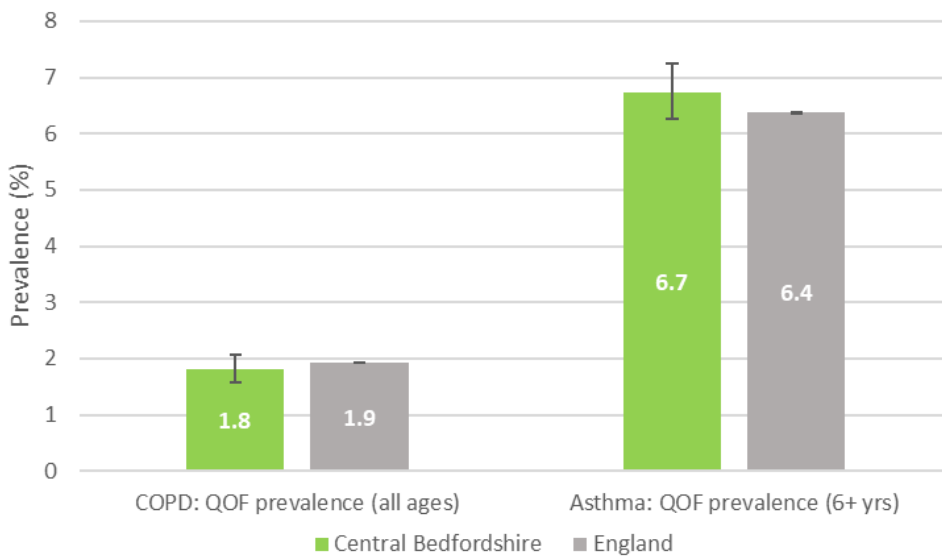


Source: OHID Fingertips, 2021

### 5.6 Respiratory diseases – asthma and COPD

Figure J.29 shows the common respiratory diseases. The COPD rate for Central Bedfordshire (1.7%) was statistically similar to England (1.9%) and increasing with time (not shown). However, for asthma, Central Bedfordshire’s rate was 6.7%, statistically higher than England (6.4%); following years of the rates being steady, these rates have increased from 2017-18 (not shown).

Figure J.29: QOF prevalence of COPD and asthma, 2020-21

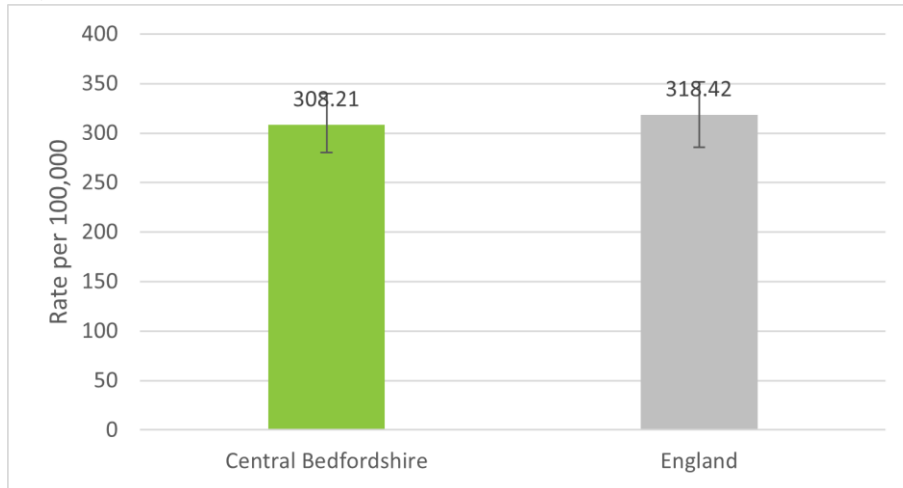


Source: OHID Fingertips, 2021

### 5.7 Digestive diseases – IBD, colitis

Figure J.30 shows the estimated rate of Inflammatory Bowel Disease (IBD) for Central Bedfordshire. The rate for Central Bedfordshire (308 per 100,000) is statistically similar to England (318 per 100,000).

Figure J.30: Estimated rate of IBD, 2019

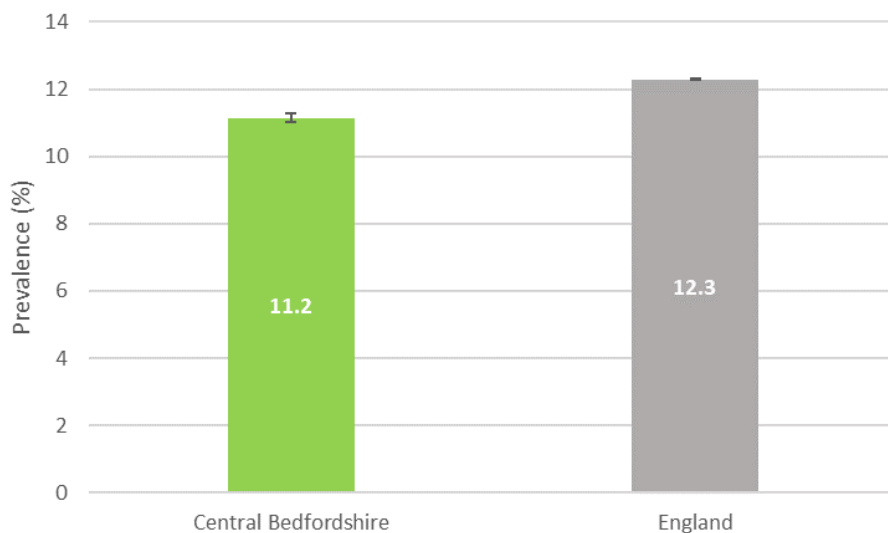


Source: Institute for Health Metrics and Evaluation, GDB Results Tool, 2021

### 5.8 Mental health

Prevalence of depression is shown in Figure J.31. The Central Bedfordshire rate (11.2%) is statistically lower than that for England (12.3%).

Figure J.31: QOF prevalence of depression, 2020-21

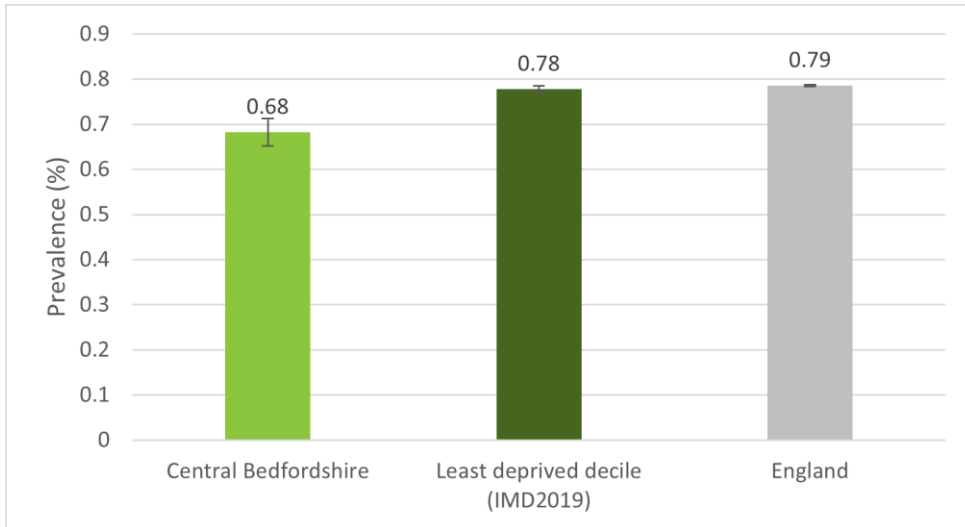


Source: OHID Fingertips, 2021

### 5.9 Dementia

Figure J.32 shows the prevalence of dementia. Central Bedfordshire's rate (0.68%) was statistically lower than the deprived decile (0.78%).

Figure J.32: QOF prevalence of dementia, all ages, 2019-20

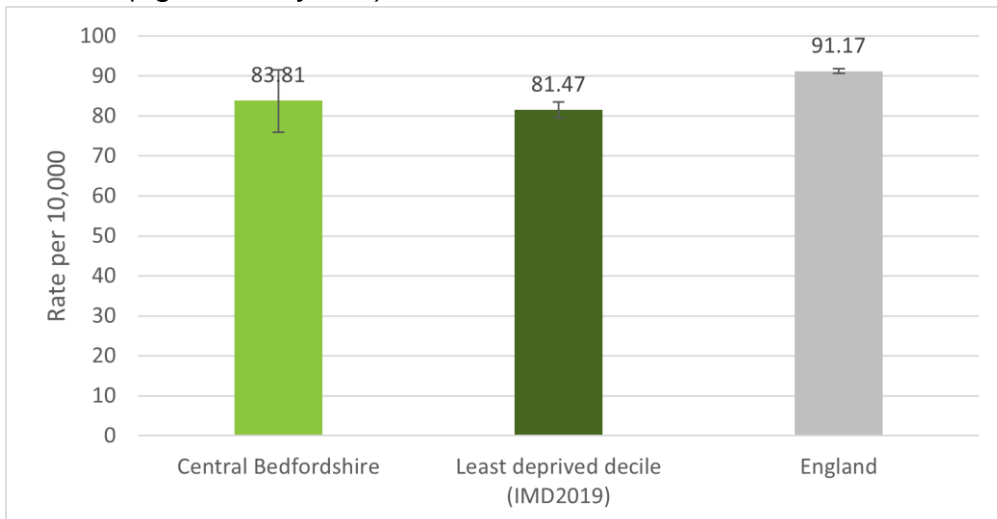


Source: OHID Fingertips, 2021

### 5.10 Accidental injuries

Central Bedfordshire’s rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14) was 84 per 10,000, statistically similar to the deprived decile (81 per 10,000), see Figure J.33. The deprived decile is decreasing with time (not shown).

Figure J.33: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14 years), 2019-20

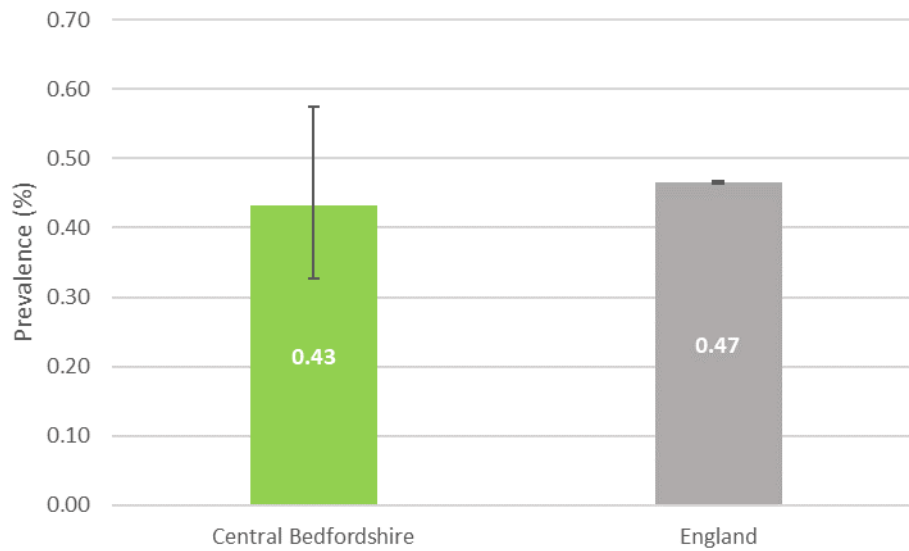


Source: OHID Fingertips, 2021

### 5.11 Palliative care

Figure J.34 shows the Central Bedfordshire prevalence rate for palliative/supportive care is 0.43%, statistically similar to England (0.47%). They are both increasing (not shown).

Figure J.34: QOF prevalence of palliative/supportive care, 2020-21

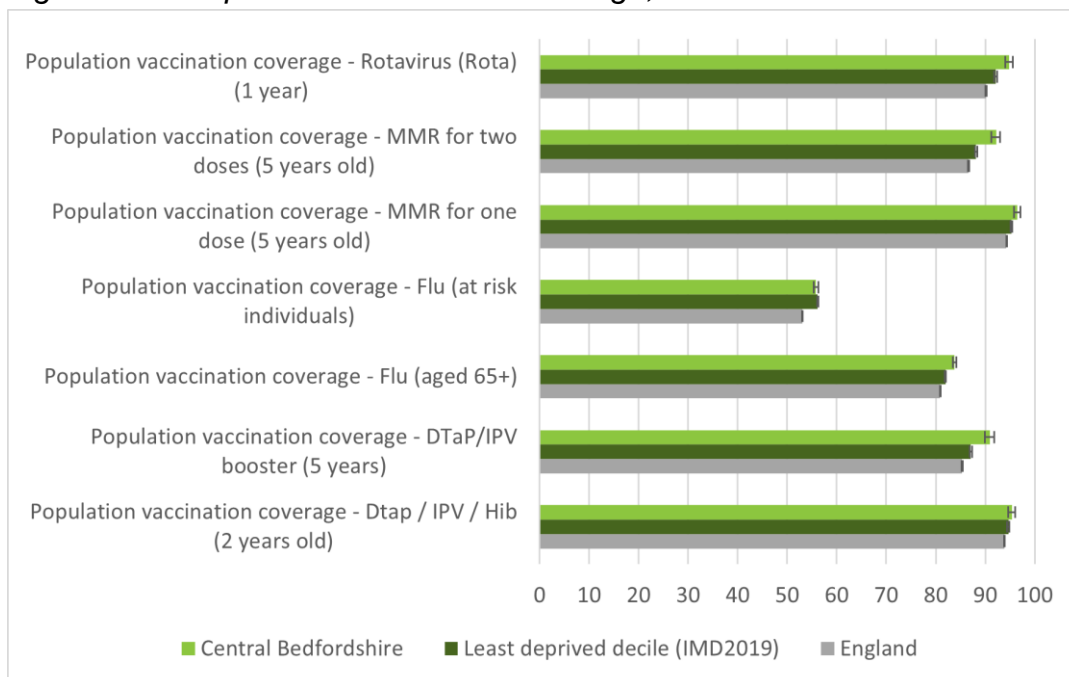


Source: OHID Fingertips, 2021

### 5.12 Infectious diseases

Seven vaccination indicators by Central Bedfordshire, the deprived decile and England are presented in Figure J.35. In five of these, Central Bedfordshire’s rate is statistically better than the deprivation decile. Flu vaccination for at-risk individuals and DTaP/IPV/Hib at 2 years old are statistically similar to the deprivation decile. In 2020-21 a marked increase in the coverage for flu vaccinations occurred, which was likely to be a consequence of the COVID-19 epidemic. Also, DTaP/IPV/Hib for 2-year-olds generally has decreased with time (both not shown).

Figure J.35: Population vaccination coverage, 2020-21



Source: OHID Fingertips, 2021

### 5.13 COVID-19 impact

The COVID-19 positive case rate by locality ranges between 48 per 1,000 (Leighton Buzzard) to 61 per 1,000 (Chiltern Vale), see Table J.18.

*Table J.18: COVID-19 positive case rate per 1,000, 2020-21*

<b>Area</b>	<b>Rate per 1,000</b>
Chiltern Vale	61.4
Ivel Valley	49.4
Leighton Buzzard	48.0
West Mid Beds	52.0
Central Bedfordshire	53.2

*Source: UKHSA, COVID-19 Situational Awareness Explorer, 2021*

## Appendix K: Other NHS and relevant services and provider in Central Bedfordshire

### 1 Local authority-commissioned services provided by community pharmacies in Central Bedfordshire

Central Bedfordshire commissions four services from community pharmacies:

These services may also be provided from other providers, e.g. GP practices or community health services. A full list of services and community pharmacy providers can be found in Appendix A.

#### 1.1 Sexual health service

Provision of Emergency Hormonal Contraception (EHC), chlamydia screening and treatment in pharmacies.

Sexual and reproductive health is an important and wide-ranging area of public health. Most of the adult population of England is sexually active and having the correct sexual health interventions and services can have a positive effect on both individuals' and the population's health and wellbeing. Sexual ill health is not equally distributed among the population and the government has set out its ambitions for improving sexual health in its publication, in 'A Framework for Sexual Health Improvement in England' [www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england](http://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england).

Reproductive health: Women living in areas with restricted access to contraceptive services are at an increased risk of an unplanned pregnancy (including among those aged under 18), Sexually Transmitted Infections (STIs) and pregnancies resulting in abortion. All women of reproductive age should have universal access to services offering the full range of contraceptive options and reproductive health advice.

Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18.

Sexual health: The impact of STIs remains greatest in young heterosexuals aged 15–24, black ethnic minorities and men who have sex with men. Human Immunodeficiency Virus (HIV) disproportionately affects minority groups such as gay and bisexual men, black African communities and other ethnic minority groups. Despite testing and treatment services being universally accessible and free, combating late diagnosis remains a challenge

Pharmacies will work as part of a wider network of sexual and reproductive health providers, to provide a comprehensive service to the populations of Bedford Borough, Central Bedfordshire and Milton Keynes.

The service specification sets out expectations of the authority for:

- The delivery of EHC, in line with local Patient Group Direction (PGD) arrangements

- Screening young people aged 15–24 as part of the National Chlamydia Screening Programme (dual testing for gonorrhoea)
- Treating positive clients and attending partners for chlamydia, in line with local PGD arrangements
- Providing advice and onward referral in relation to longer term needs related to sexual and reproductive health and wellbeing

The service specification refers to the following types of EHC and chlamydia treatment:

- Levonorgestrel 1500 microgram tablets
- Ulipristal Acetate 30 mg tablets
- Recommended treatment for chlamydia as outlined in the PGDs
- The under-18s conception rate for Central Bedfordshire (14 per 1,000) was lower than but statistically similar to England (16 per 1,000).
- STI diagnosis for Central Bedfordshire (310 per 100,000) was statistically better than England (562 per 100,000).

In Central Bedfordshire, 17 community pharmacies (43%) are commissioned to provide the sexual health service.

## 1.2 Stop smoking

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose on average 13–14 years of their life and more than 86,000 people in the UK die from smoking each year.

The Stop Smoking Service is a well-established treatment service and has been delivered across Bedford Borough, Central Bedfordshire and Milton Keynes since 1999. The stop smoking treatment service provision is a national initiative and is delivered in line with a range of NICE guidance. Interventions are delivered at three levels:

- Level 1 – Brief interventions
- Level 2 – Intermediate interventions
- Level 3 – Specialist interventions

Level 2 intermediate stop smoking interventions are at present mainly delivered within GP practices and pharmacies across Bedford Borough, Central Bedfordshire and Milton Keynes. Due to the access and reach via their patient list and footfall; both have been identified as key providers of stop smoking treatment programmes.

Data from 2021 shows the proportion of the adult population that are smokers. Central Bedfordshire (13.7%) had a statistically similar rate to the England rate (13.9%).

There are 15 community pharmacies (38%) in Central Bedfordshire providing this service.

### **1.3 Harm reduction services**

#### **1.3.1 Supervised consumption**

Community pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervising the consumption of methadone/Physeptone, buprenorphine, Espranor or Suboxone.

In Central Bedfordshire the pharmacist supervises the consumption of the controlled drugs methadone and buprenorphine – which are used as substitute prescribed medication for opiate users. Supervised consumption ensures that service users take their medication daily and do not stockpile or divert/sell.

There are 26 community pharmacies (65%) in Central Bedfordshire providing this service.

#### **1.3.2 Needle exchange**

The pharmacy needle exchange service is a confidential needle exchange that provides clean needles for injecting drug users and a place to safely dispose of used equipment. Needle syringe programmes supply needles, syringes and other equipment used to prepare and take illicit drugs. They reduce the transmission of blood-borne viruses including hepatitis B and C, and other infections caused by sharing injecting equipment. They aim to reduce the harm caused by injecting drugs by providing information and advice and acting as a gateway to other services, including drug treatment centres.

There are four community pharmacies (10%) in Central Bedfordshire providing this service.

## **2 CCG-commissioned services**

Central Bedfordshire is part of BLMK CCG, which currently commissions one service.

Note: CCGs are to be replaced by Integrated Care Boards as part of Integrated Care Systems. It is anticipated that they will take on the delegated responsibility for pharmaceutical services from 2023 from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services from 2023.

### **2.1 End of life medicines service**

Good End of Life Care (EoLC) ensures all residents have a dignified, controlled, and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified, and services provided to meet these needs.

National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours settings, supporting home death scenarios.



BLMK CCG commissions the end-of-life medicines service from selected community pharmacies across the county. This service aims to ensure that patients receiving palliative care in the community have access to specialised drugs when these are required in an emergency.

The service is available within the normal opening hours of the pharmacy contractor – details of the pharmacies and contact details are provided below. Out-of-hours centres hold their own supplies to meet the demand outside normal pharmacy opening hours.

The pharmacies are required within the service specification to hold minimum quantities of a prescriptive list of medicines and to provide additional medicines management support to healthcare professionals and carers accessing the service.

During the COVID-19 pandemic the number of medicines that were available was increased.

Within the Central Bedfordshire, ten (25%) community pharmacies provide this service.

### **3 Other services provided from community pharmacies**

As part of the community pharmacy contractor questionnaire, found in Appendix D, with responses, respondents were asked if there was a need for local services that were not currently commissioned. There were 13 respondents, six of whom responded 'yes', indicating a willingness by some to provide additional services.

### **4 Collection and delivery services**

Collection and delivery services are non-commissioned services.

All pharmacies who responded offer collection of prescriptions from GP practices. From the pharmacy contractor questionnaire, only 58% (seven respondents) of community pharmacies provided free home delivery services on request and 40% (four respondents) delivery with a charge on request.

Free delivery is required to be offered without restriction by all Distance-Selling Pharmacies (DSPs) (internet pharmacies) to patients who request it throughout England. There are no DSPs based in Central Bedfordshire, however there are 372 throughout England.

Free delivery of appliances is also offered by Dispensing Appliance Contractors (DACs).

### **5 Domiciliary services**

Of the population aged 65 and over, 28% needed help with at least one self-care activity in Central Bedfordshire. It is unclear if this translates into a need for prescription delivery services and whether current provision fulfils this need.

### **6 Language services**

All community pharmacies in Central Bedfordshire can access interpreting and translation services, which are commissioned by NHSE&I. The service involves

interpreting, transcription, and translation of spoken and non-spoken languages. These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, to enhance communication with services.

The providers are DA Languages for spoken languages and Language Empire for non-spoken languages. A summary of availability for bookable appointments is below:

	<b>Spoken</b>	<b>Non-spoken</b>
Face to face	Between 08:00 and 18:00 Monday to Friday, and on bank holidays and weekends.	Between 08:00 and 18:00 Monday to Friday, and on bank holidays and weekends.
Telephone and video interpretation	24 hours a day, 365 days a year	24 hours a day, 365 days a year

## **7 Services for less-abled people**

Under the Equality Act 2010,<sup>42</sup> community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. From the community pharmacy public questionnaire, 40% of respondents indicated that they are aware there is a consultation room that is accessible to wheelchair users or those with other accessibility needs.

## **8 GP practices providing extended hours**

There are a number of GP practices in Central Bedfordshire that provide extended hours and also offered by BEDOC. This service provides GP and other primary-care clinician appointments in the evening and on weekends to extend the access to GP services. The service is delivered between 6.30 pm and 8 pm on weekdays, as well as weekends and bank holidays. In Central Bedfordshire, the services run in the following centres:

- Ivel Medical Centre, Chestnut Avenue, Biggleswade SG18 0RA
- Asplands Medical Centre, Asplands Close, Milton Keynes MK17 8QP
- Sandy Health Centre, Northcroft, Sandy SG19 1JQ

Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. There are five 100-hour pharmacies: the latest opening time is 23:00 on weekdays and 22:00 on Saturdays.

## **9 Other providers**

The following are providers of pharmacy services in Bedford but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

<sup>42</sup> Equality Act 2010. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

**NHS hospitals** – pharmaceutical service provision is provided to patients by the hospital:

- Bedford Hospital, Kempston Road, Bedford MK42 9DJ
- Luton and Dunstable Hospital, Lewsey Road, Luton LU4 0DZ

Out of HWB but serves the residents:

- Milton Keynes General Hospital, Standing Way, Milton Keynes MK6 5LD
- Lister Hospital, Coreys Mill Lane, Stevenage SG1 4AB
- Stoke Mandeville, Mandeville Road, Aylesbury HP21 8AL

**Walk-in centres** – residents of Bedford have access to a walk-in centre:

- Putnoe Medical Centre, 93 Queens Drive, Bedford MK41 9JE

There are no urgent care centres or minor injury units within Central Bedfordshire.

The following are services provided by NHS pharmaceutical providers in Central Bedfordshire, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA.

**Privately provided services** – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services that may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines and management services to privately run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- PGD service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

## Appendix L: Examples of disease-specific services

The below provides examples of services that have been commissioned in some areas of England either by NHSE or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are also many examples of different service types on the PSNC website.

- Weight management

The percentage of adults (aged 18+) classified as overweight or obese in Milton Keynes (62%) is statistically similar to England (63%). To support the reduction of these rates there are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. cardiovascular disease or diabetes.

- Cardiovascular

In addition to the hypertension case-finding Advanced Service the following is possible.

AF screening service (multiple LPC areas). This service provides patients at high risk of atrial fibrillation with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service.

- Respiratory

Six pharmacies in North East Essex are piloting a Chronic Obstructive Pulmonary Disease (COPD) project aimed at reducing demand on GPs and hospitals during the busy winter period. Funded through winter pressures money, the service proactively checks that patients with COPD are aware of what to do if they start an exacerbation (whether this is a formal written plan or not) and also checks that they have a rescue pack at home if this is part of the plan. If they haven't, there is a Patient Group Direction element to supply this. The service is different to other rescue pack schemes in that rescue packs are discussed and supplied to patients when they are well, rather than when they have started to exacerbate.

Asthma Inhaler Technique (Greater Manchester). The purpose of the Improving Inhaler Technique through community pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease.

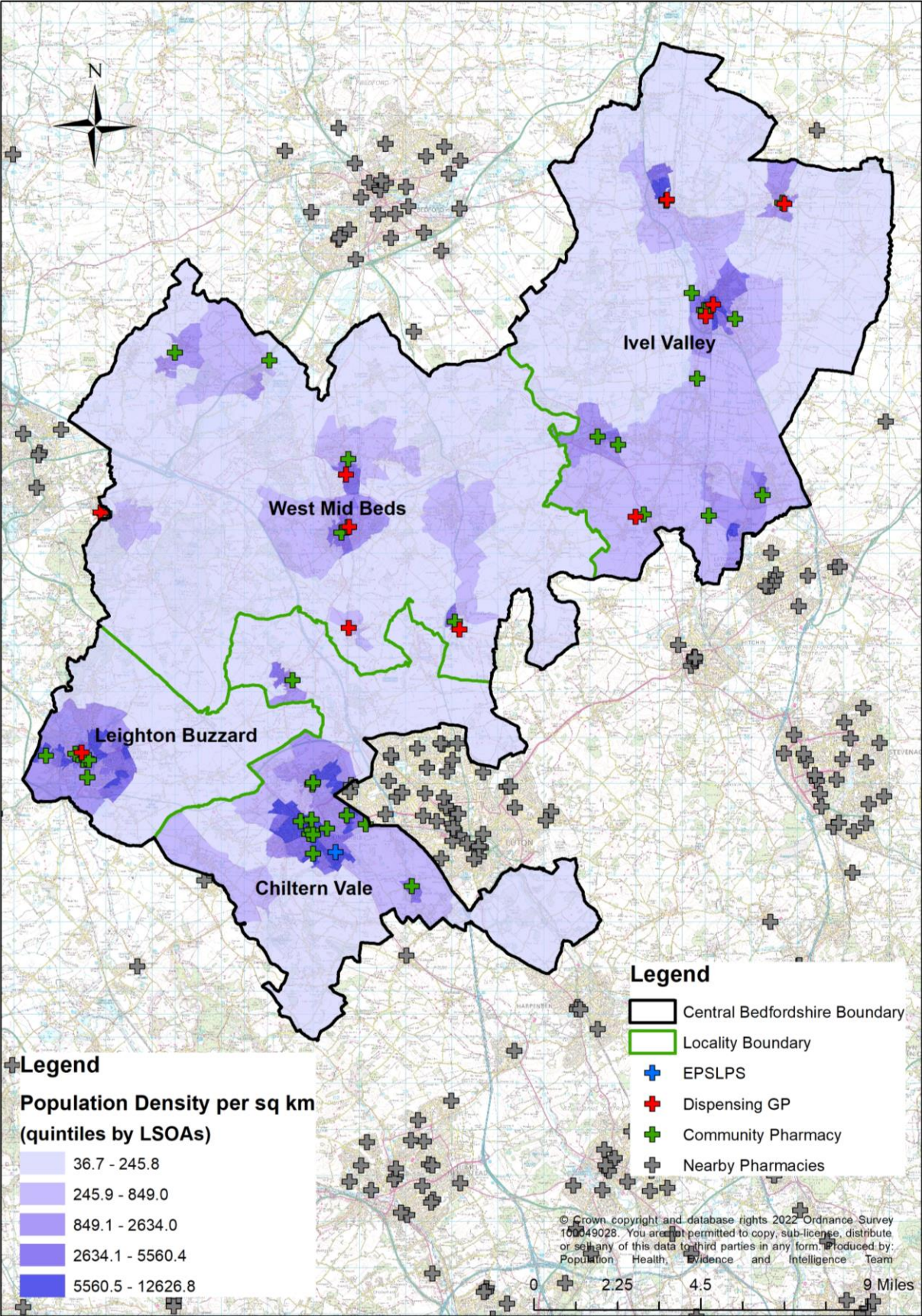
The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

- Cancer

Lung Cancer Initiative (East Sussex). To support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients which the pharmacist can use. Local defined outcomes: (1) A reduction in the numbers of late emergency presentations for patients with lung cancer in the Crawley area; (2) An increase in GP referral activity for lung cancer up to and beyond levels seen prior to COVID; (3) An increase in the number of patients who stop smoking; (4) Prevention of early deaths and patients dying undiagnosed of cancer.

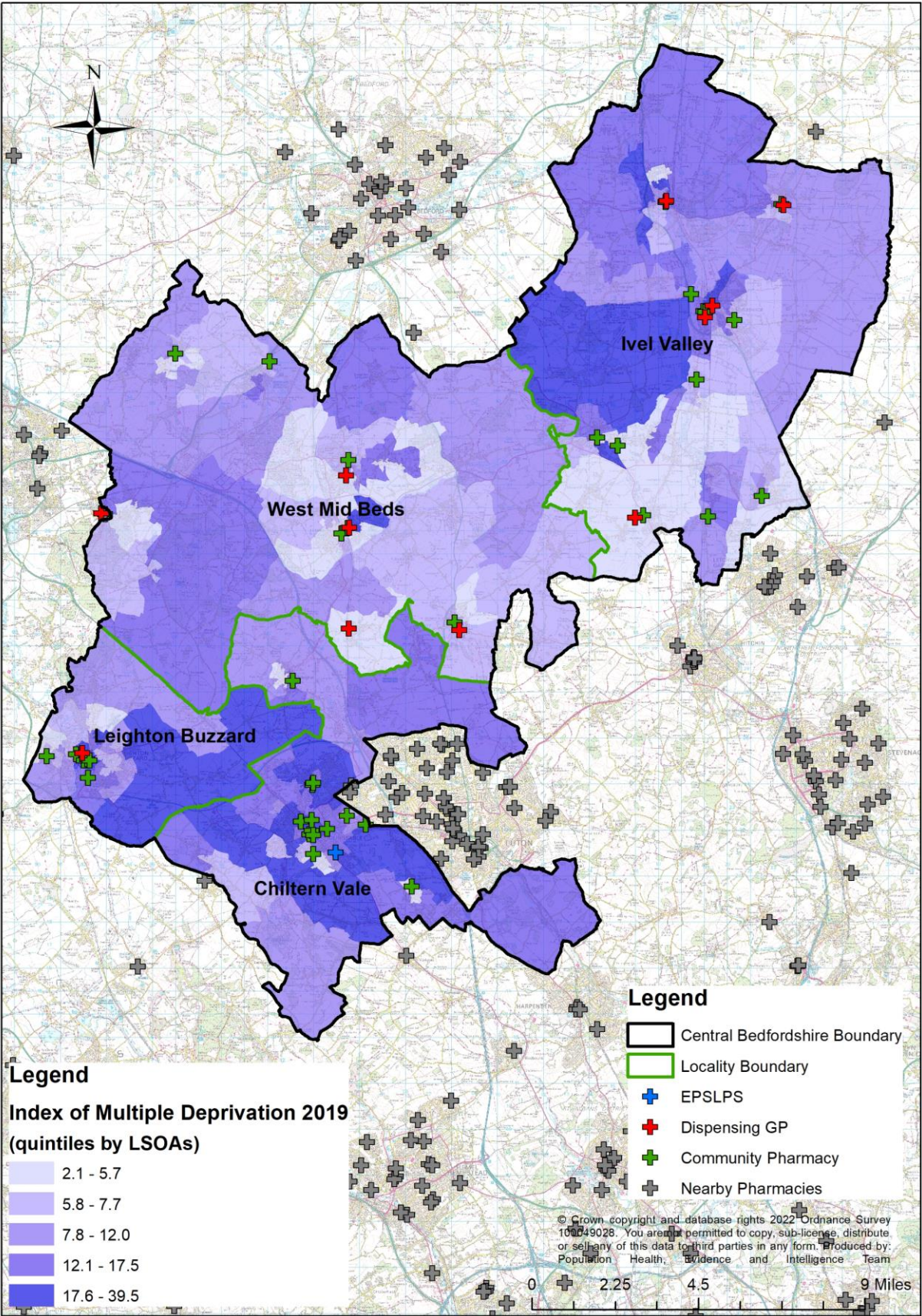


Map 1: Pharmacies and population density by LSOA



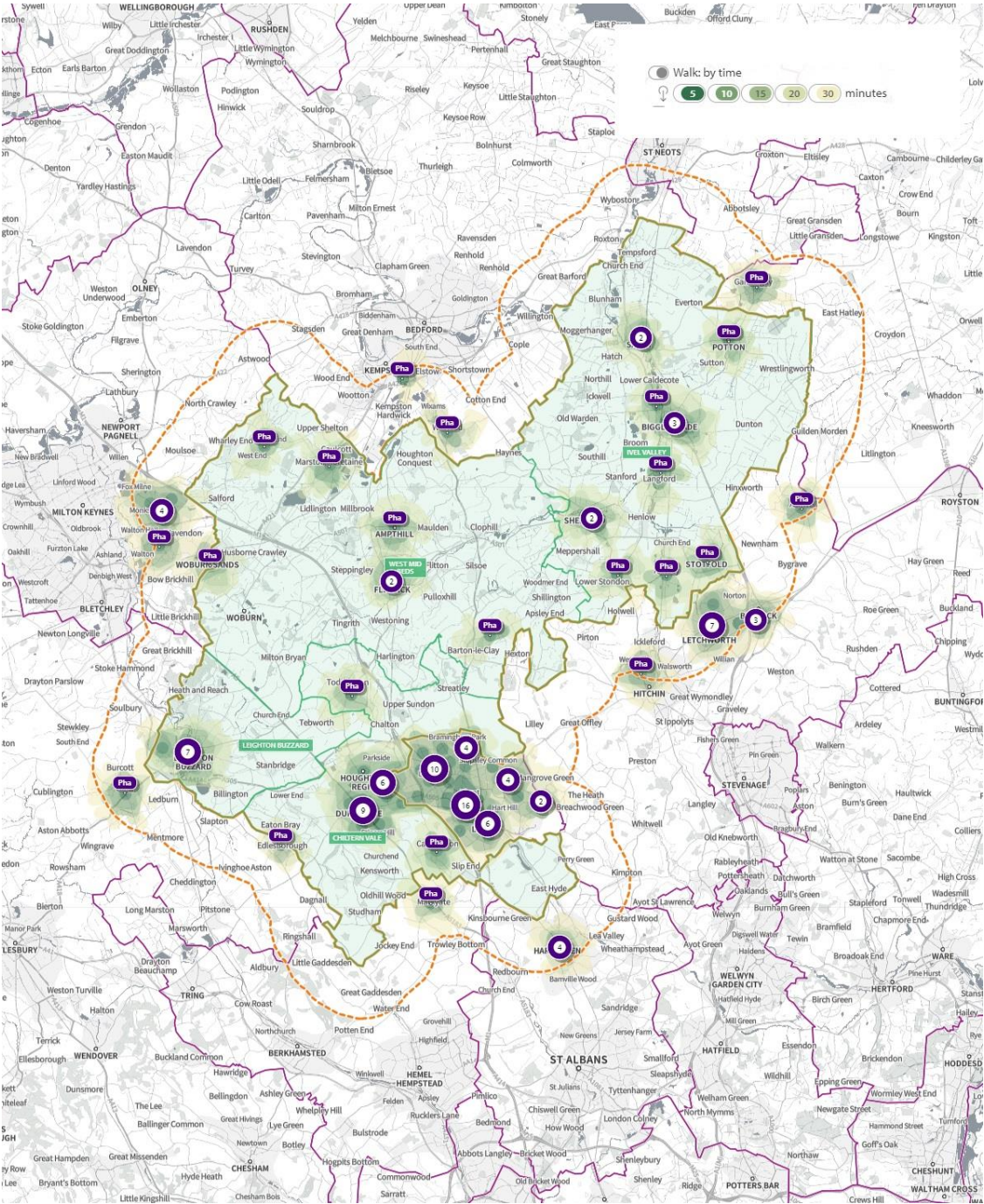


Map 2: Pharmacies and IMD 2019 by LSOA





### Map 3: Average walk time to community pharmacies

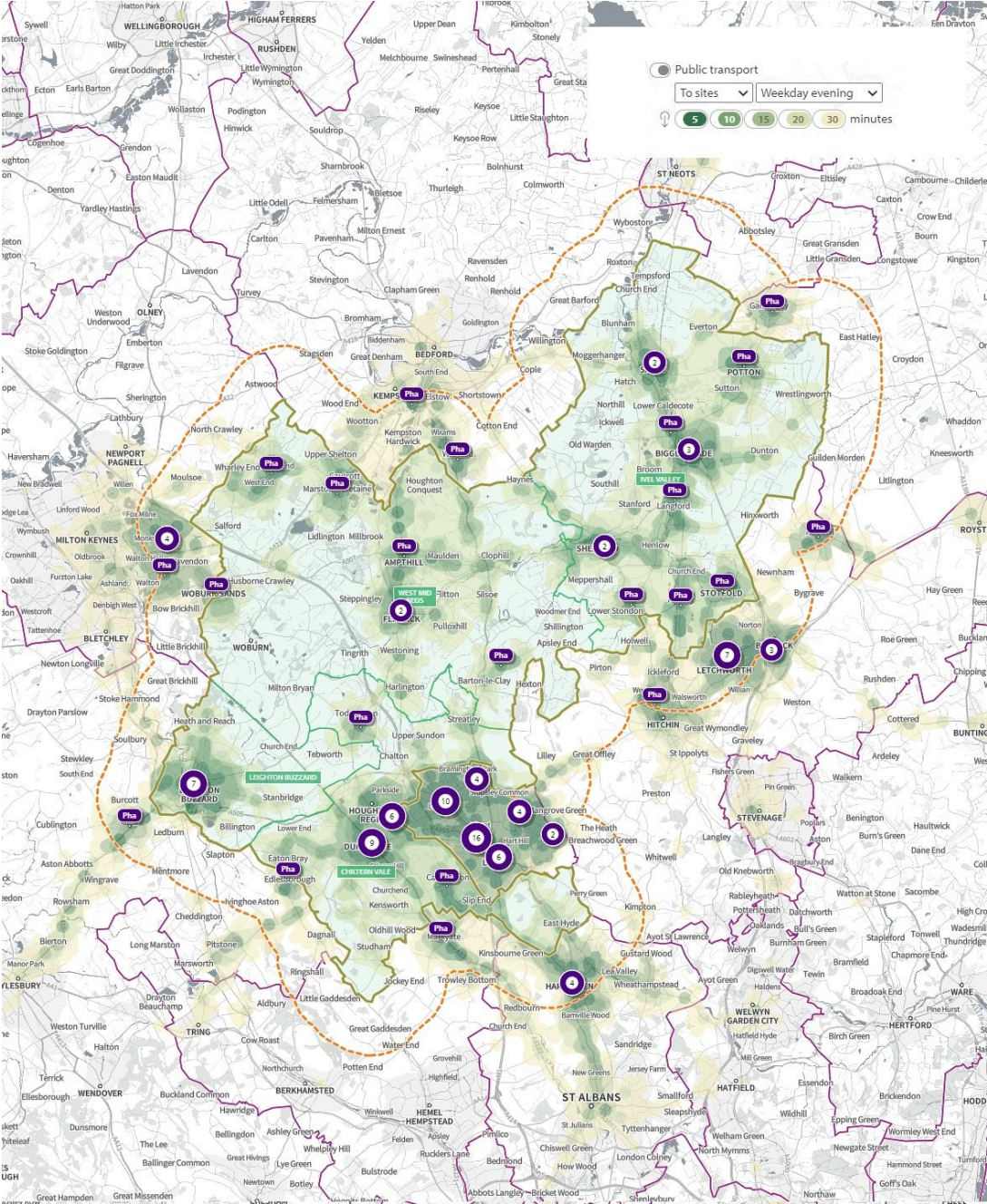


Time (minutes)	Population	Coverage	Distance (km)	Population	Coverage
5	78,124	26.6%	0.2	45,598	15.5%
10	137,686	46.8%	0.5	108,895	37.0%
15	173,539	59.0%	1	179,808	61.1%
20	199,015	67.7%	1.5	217,831	74.1%
30	236,308	80.4%	2	243,189	82.7%
<b>Total</b>	<b>294,096</b>			<b>294,096</b>	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022



# Map 4: Public transport times (evening) to the nearest pharmacy

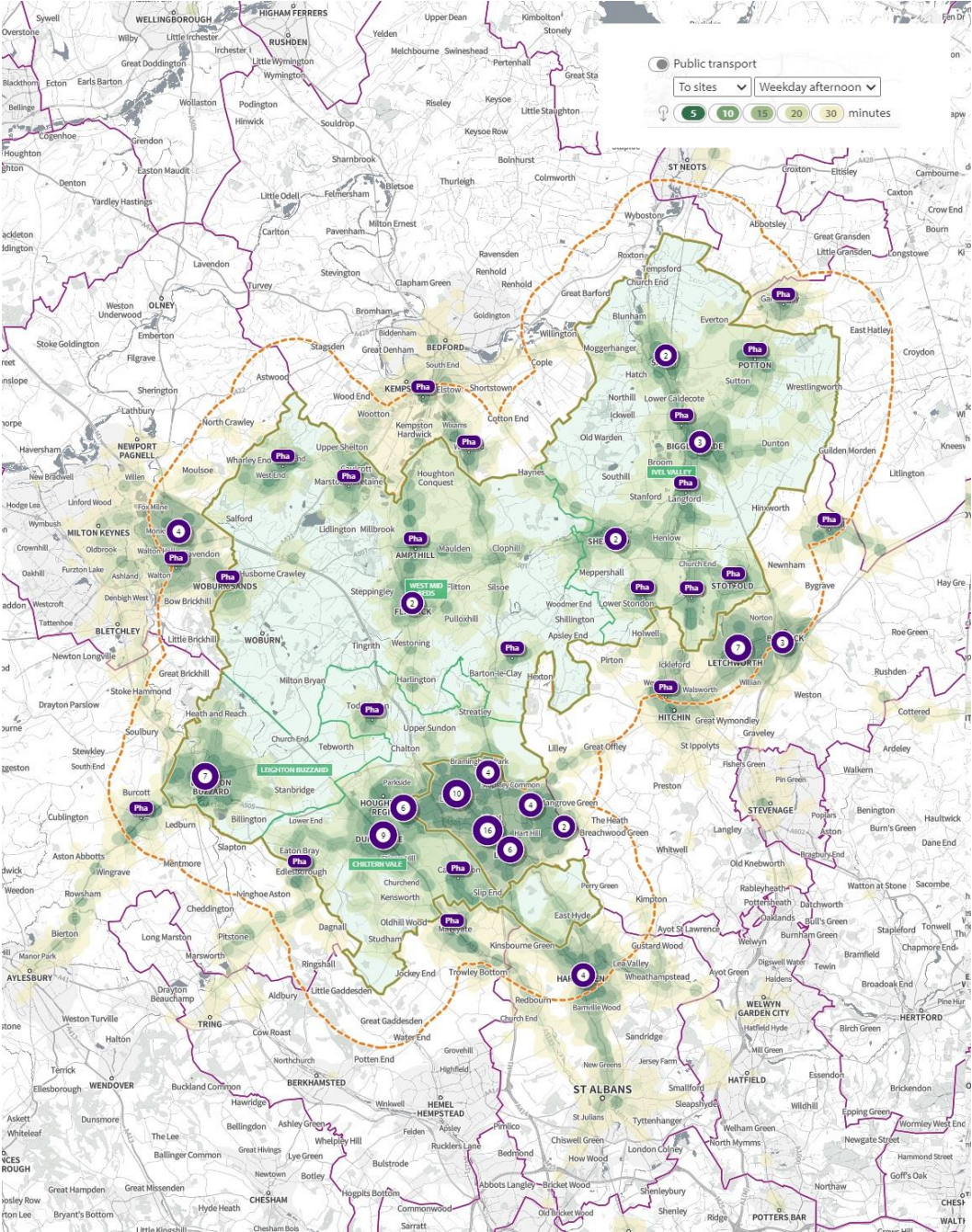


Time (minutes)	Population	Coverage
5	117,891	40.1%
10	221,352	75.3%
15	245,929	83.6%
20	268,079	91.2%
30	277,311	94.3%
<b>Total</b>	<b>294,096</b>	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022



# Map 5: Public transport times (afternoon) to the nearest pharmacy

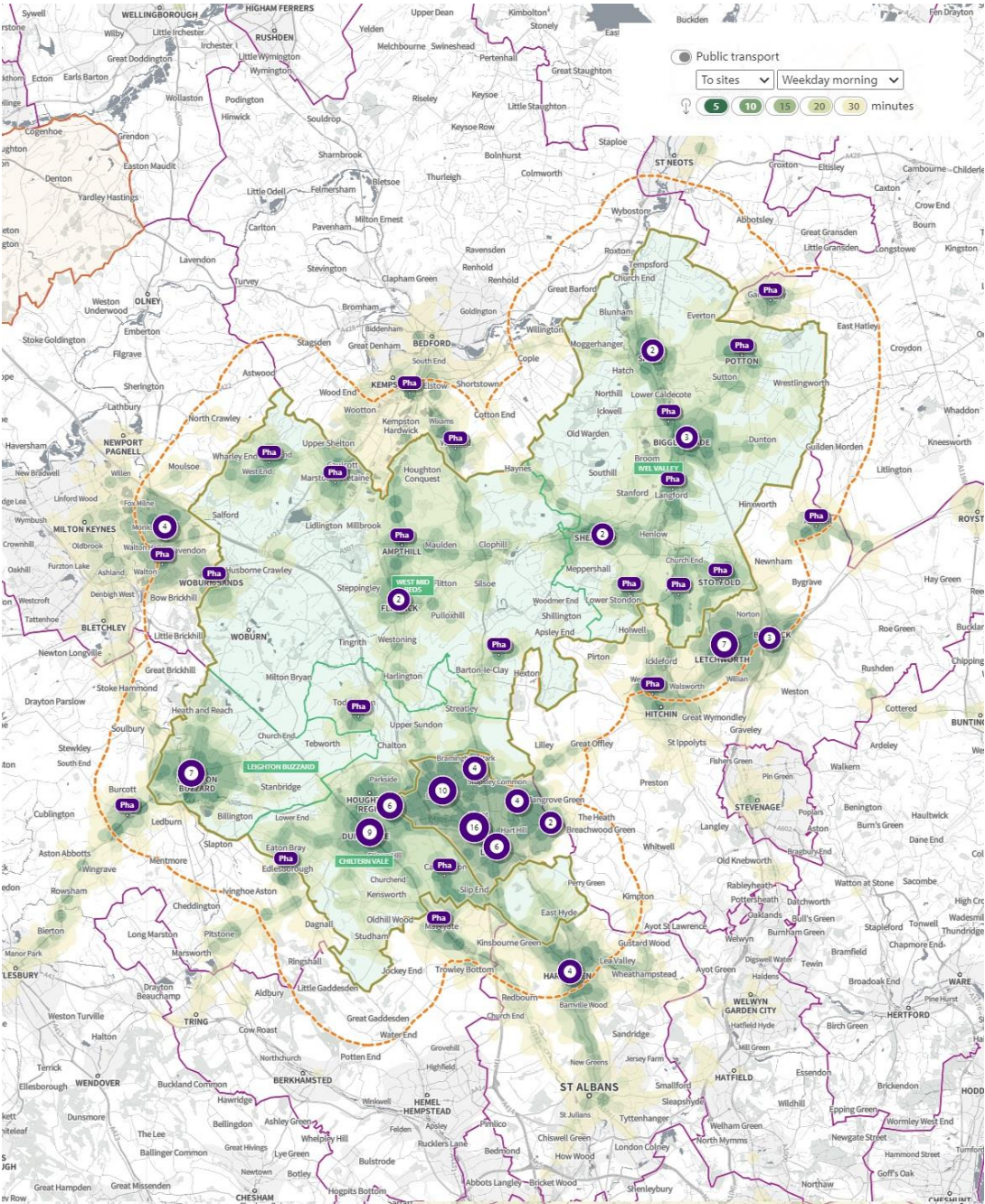


Time (minutes)	Population	Coverage
5	117,891	40.1%
10	221,352	75.3%
15	245,929	83.6%
20	268,079	91.2%
30	277,311	94.3%
<b>Total</b>	<b>294,096</b>	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022



# Map 6: Public transport times (mornings) to the nearest pharmacy

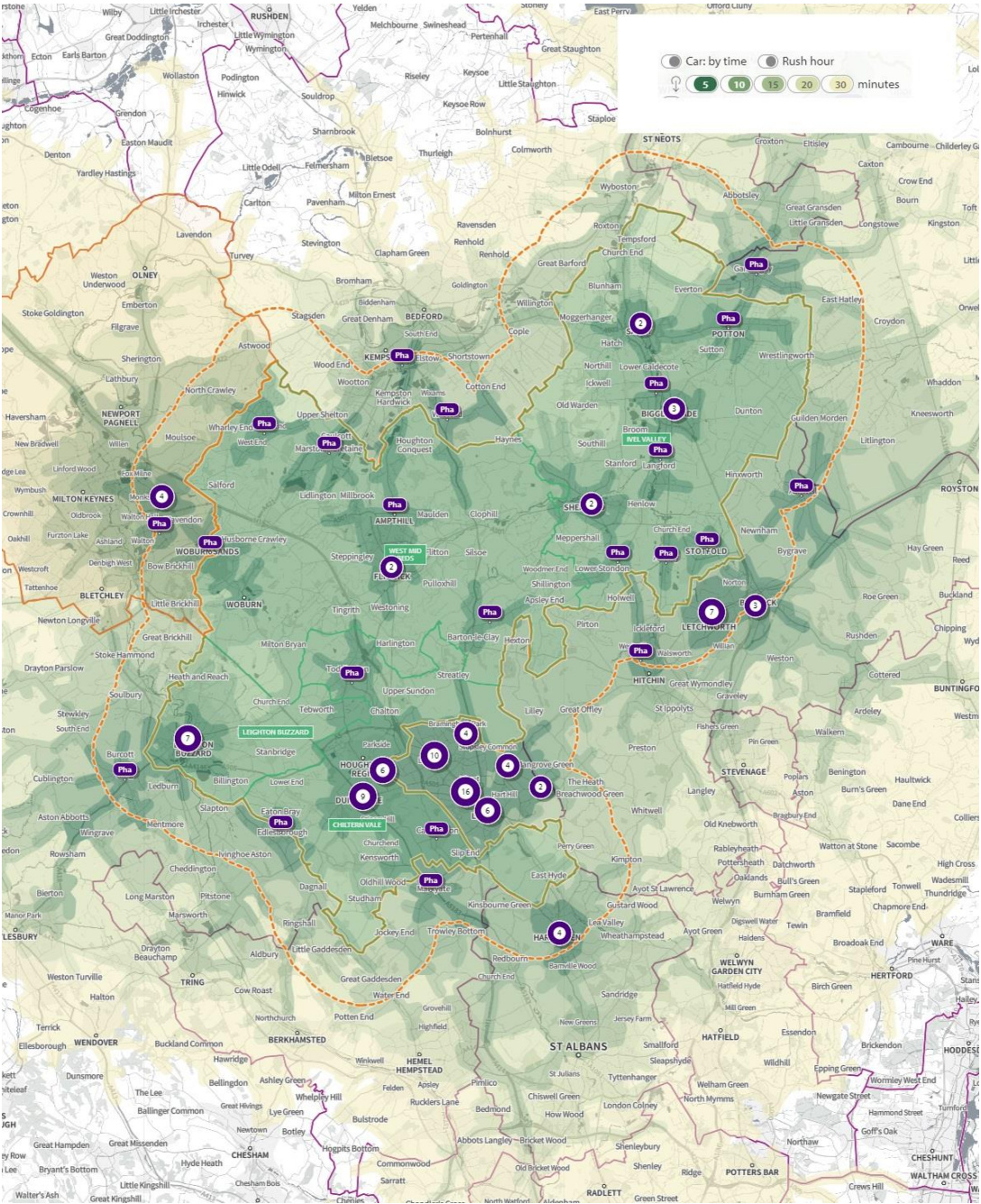


Time (minutes)	Population	Coverage
5	117,891	40.1%
10	221,352	75.3%
15	245,929	83.6%
20	268,079	91.2%
30	277,311	94.3%
<b>Total</b>	<b>294,096</b>	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022



# Map 7: Average drive times by car during rush hour to pharmacies in Central Bedfordshire



Time (minutes)	Population	Coverage
5	214,084	72.8%
10	282,597	96.1%
15	294,096	100.0%
20	294,096	100.0%
30	294,096	100.0%
<b>Total</b>	<b>294,096</b>	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

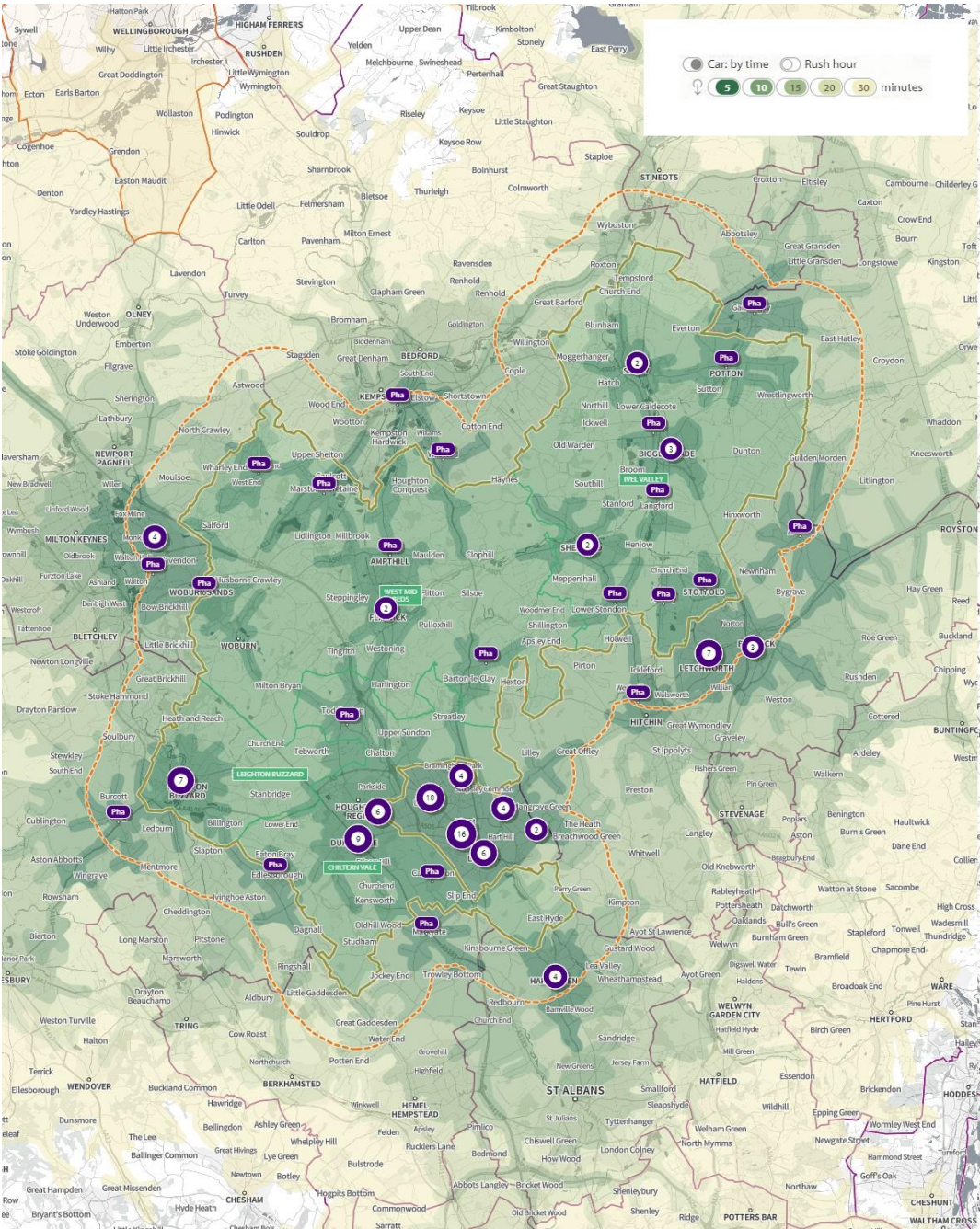
*Population within travel distance, car*

<b>Distance (km)</b>	<b>Population</b>	<b>Coverage</b>
1	155,385	52.8%
2	231,302	78.6%
3	252,722	85.9%
6	292,634	99.5%
8	294,096	100.0%
Total	294,096	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel distance, 2022



# Map 8: Average drive times by car during off-peak to pharmacies in Central Bedfordshire

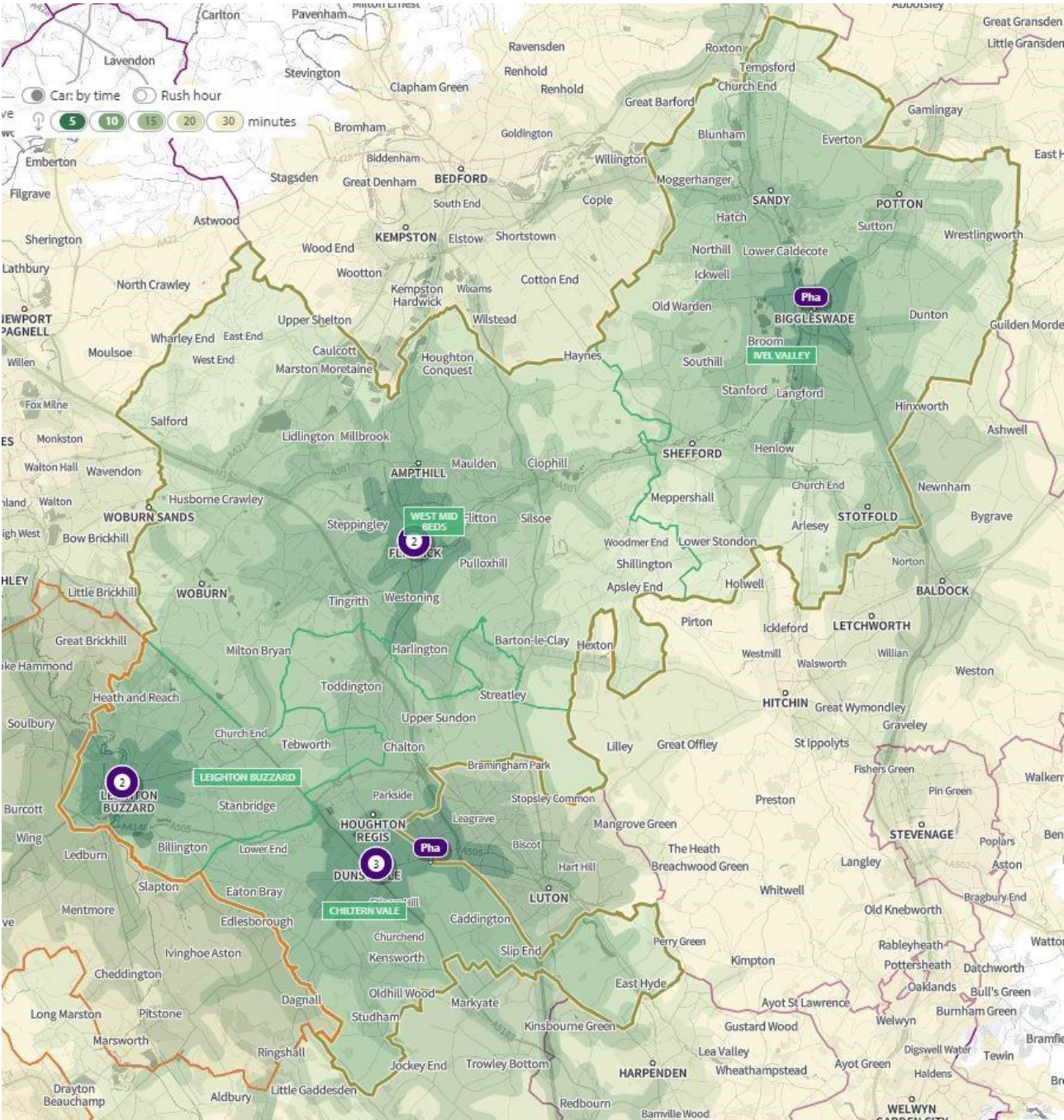


Time (minutes)	Population	Coverage
5	238,158	81.0%
10	285,210	97.0%
15	294,096	100.0%
20	294,096	100.0%
30	294,096	100.0%
<b>Total</b>	<b>294,096</b>	

Data Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

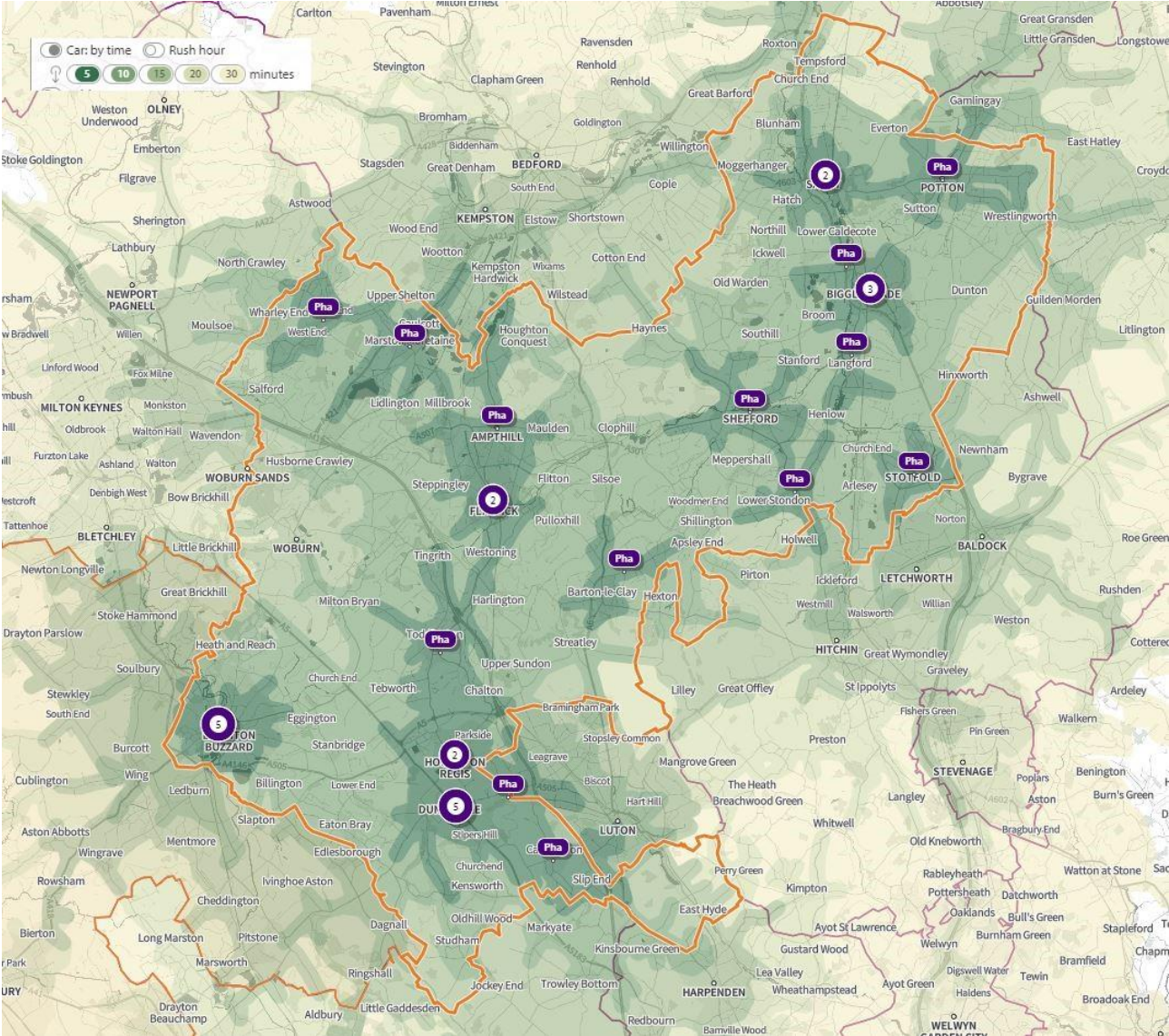


# Map 9: Average drive time by car to pharmacies open on Sunday (off-peak)



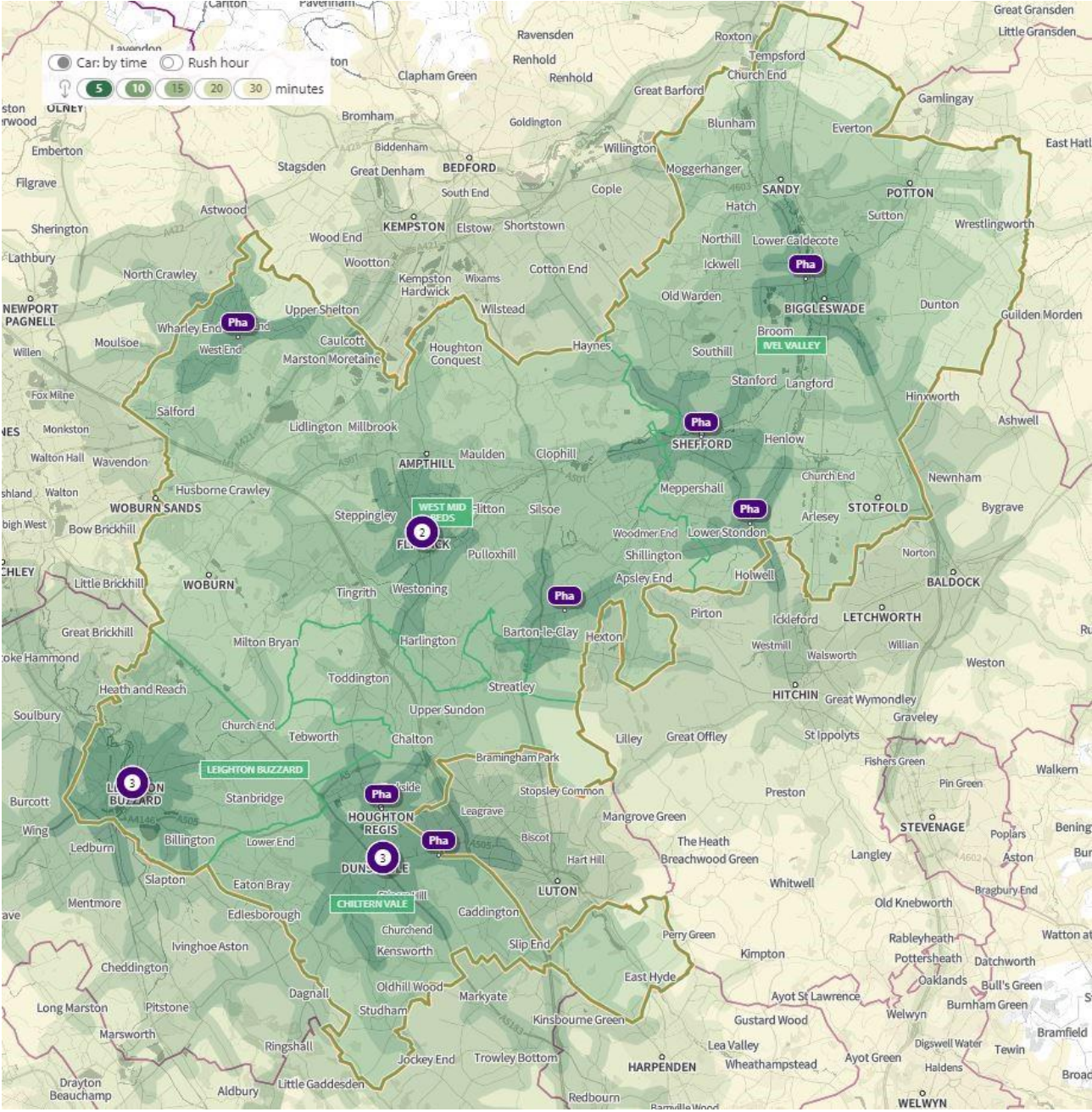


# Map 10: Average drive time by car to pharmacies open on Saturday (off-peak)



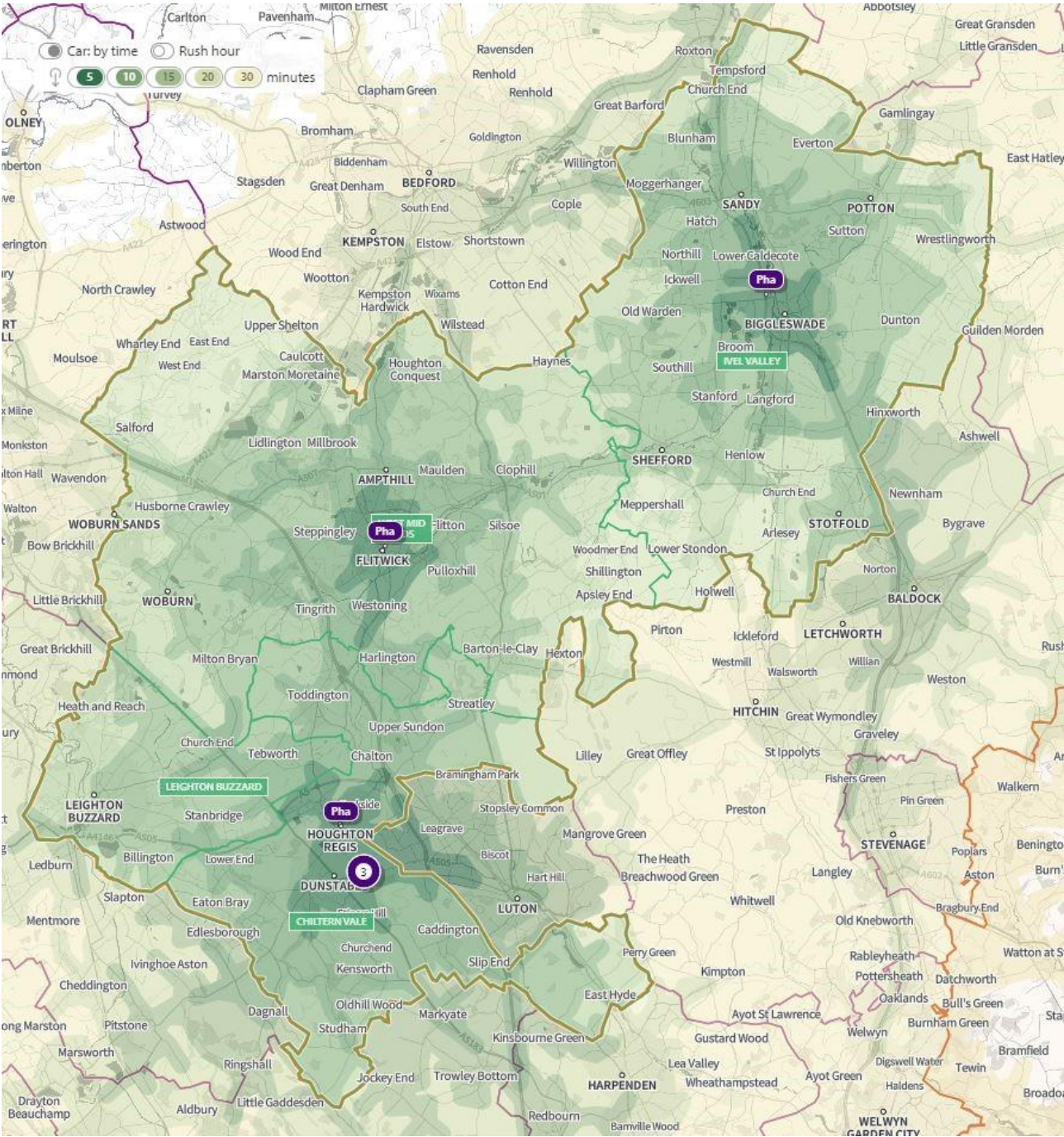


# Map 11: Average drive time by car to pharmacies open on weekdays past 6 pm (off-peak)





# Map 12: Average drive time by car to pharmacies open on weekdays past 8 pm (off-peak)



## **Abbreviations**

ABPM – Ambulatory Blood Pressure Monitoring  
AUR – Appliance Use Review  
BLMK – Bedfordshire, Luton and Milton Keynes  
BSA – Business Services Authority  
C-19 – COVID-19  
CCG – Clinical Commissioning Group  
CHD – Coronary Heart Disease  
CKD – Chronic Kidney Disease  
COPD – Chronic Obstructive Pulmonary Disease  
CPCF – Community Pharmacy Contractual Framework  
CPCS – Community Pharmacist Consultation Service  
DAC – Dispensing Appliance Contractor  
DALY – Disability-Adjusted Life Year  
DHSC – Department of Health and Social Care  
DMFT – Decayed, Missing or Filled Teeth  
DMIRS – Digital Minor Illness Referral Service  
DMS – Discharge Medicines Service  
DSP – Distance-Selling Pharmacy  
EHC – Emergency Hormonal Contraception  
EoL – End of Life  
EoLC – End of Life Care  
ES – Essential Services  
GP – General Practitioner  
HIV – Human Immunodeficiency Virus  
HWB – Health and Wellbeing Board  
HWS – Health and Wellbeing Strategy  
IBD – Inflammatory Bowel Disease  
ICB – Integrated Care Board  
ICS – Integrated Care Systems  
IMD – Index of Multiple Deprivation  
JSNA – Joint Strategic Needs Assessment

LA – Local Authority  
LCS – Locally Commissioned Services  
LPC – Local Pharmaceutical Committee  
LPS – Local Pharmaceutical Service  
LSOA – Lower Super Output Areas  
LTP – Long-Term Plan  
MSOA – Medium Super Output Area  
MUR – Medicines Use Review  
NDPP – NHS Diabetes Prevention Programme  
NHS – National Health Service  
NHSE&I – NHS England and NHS Improvement  
NICE – National Institute for Health and Care Excellence  
NMS – New Medicine Service  
NUMSAS – NHS Urgent Medicine Supply Advanced Service  
OHID – Office for Health Improvement and Disparities  
ONS – Office for National Statistics  
PGD – Patient Group Direction  
PhAS – Pharmacy Access Scheme  
PNA – Pharmaceutical Needs Assessment  
POPPI – Projecting Older People Population Information System  
PQS – Pharmacy Quality Scheme  
PSNC – Pharmaceutical Services Negotiating Committee  
QOF – Quality Outcomes Framework  
SAC – Stoma Appliance Customisation  
STI – Sexually Transmitted Infection  
YLD – Years of Healthy Life Lost due to Disability  
YLL – Years of Life Lost due to premature mortality