

GLOUCESTERSHIRE COUNTY COUNCIL

Pharmaceutical Needs Assessment

Gloucestershire 2018-2021

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(November 2017)
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Section 1: Executive Summary

Pharmacies play a pivotal role in supporting local populations to manage and improve their health and wellbeing. This report, the Gloucestershire Pharmaceutical Needs Assessment (PNA) for 2018 to 2021, provides a means to describe and assess how the provision of pharmaceutical services can help to meet the health needs of the local population. The assessment draws upon information within the local Joint Strategic Needs Assessment (JSNA), supplemented by stakeholder feedback and additional analysis of current service provision.

Providers of pharmaceutical services, to which this assessment relates, includes pharmacy contractors, local pharmaceutical services (LPS) contractors, dispensing doctors, distance selling pharmacies and dispensing appliance contractors.

In accordance with the legislation pharmaceutical services provided are defined as essential, advanced or enhanced and locally commissioned services.

Essential services are provided by all pharmacy contractors and include dispensing and disposal of medicines, promotion of healthy lifestyles, and support for self-care, sign-posting and clinical governance.

Advanced services can be provided by all pharmacy contractors, subject to accreditation. Current advanced services include Medicines Use Reviews (MUR), New Medicine Service (NMS), Appliance Use Review (AUR), Stoma Appliance Customisation (SAC), National Influenza (flu) Adult Vaccination Service (NIAVS). The NHS Urgent Medicines Supply Advanced Service (NUMSAS) is an additional advanced service, currently running as a pilot nationally until September 2018, but is not being piloted in Gloucestershire at the time of publishing the PNA.

Enhanced and locally commissioned services are additional pharmaceutical services provided by pharmacy contractors and which may be commissioned locally by NHS England. Clinical Commissioning Groups (CCGs) and Local Authorities may also commission 'Locally Commissioned Services' in response to identified needs.

A partnership steering group led by Gloucestershire County Council for and on behalf of the Gloucestershire Health and Wellbeing Board (HWB) oversaw the

development of this PNA. The Steering Group was formed of representatives from Gloucestershire County Council (GCC), Gloucestershire Clinical Commissioning Group (GCCG), NHS England, the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC) and Healthwatch Gloucestershire.

The PNA has been informed by the Gloucestershire Joint Strategic Needs Assessment (JSNA), feedback from the public and key professional stakeholders and mapping and analysis of current service provision across Gloucestershire in order to identify if there is a need for additional premises, additional services or service improvements.

The localities used in this PNA correspond to the District Council areas of Gloucestershire, as used in the JSNA.

The population of Gloucestershire is growing and all localities are likely to see a significant increase in older age groups with people living longer and with more complex health needs. The population profile differs across localities used in this assessment, particularly in terms of age-structure, deprivation and ethnic composition. Overall Gloucestershire tends to compare well to the national average on a number of key health indicators, however there are significant differences in health outcomes between and within the localities of this report.

Life expectancy for both men (80 Years) and women (84 years) is higher than the national average (Figure 5). However life expectancy is 7.7 years lower for men and 5.4 years lower for women in the most deprived areas of Gloucestershire than in the least deprived areas.

At the time of publication of this assessment there are 111 community pharmacies, one distance selling (internet) pharmacy, 29 dispensing GPs and 2 dispensing appliance contractors. These figures include 3 community pharmacy closures, one new community pharmacy and one new distance selling pharmacy which opened in the County since the last PNA (2015).

With an estimated 623,129 residents and 140 providers of pharmaceutical services (111 community pharmacies and 29 dispensing GP practices), there is on average one pharmaceutical service provider per 4,451 people in Gloucestershire. This can otherwise be described as 22 pharmaceutical services providers per 100, 000 population and is in line with the national average.

All areas within Gloucestershire are within a 20 minute drive to a community pharmacy or dispensing GP practice and most are within a 10 minute drive. Many residents are also within a 20 minute walk of a pharmaceutical service provider.

There are 103 community pharmacies (i.e. all but 8) that open on a Saturday, with a range of opening hours (from 6.30am -10pm); 52 of these pharmacies are open to 5pm or later. 25 pharmacies open on a Sunday.

Responses to the community pharmacy questionnaire highlighted an appetite from pharmacies to take in a greater role in improving the public's health. As at September 2017, 60% of pharmacies have achieved Level 1 'Healthy Living Pharmacy' status and the remainder were working towards it; at the time there were 97 trained healthy living champions working within community pharmacies.

All community pharmacies in Gloucestershire provide essential services. The results of the community pharmacy questionnaire indicate that the majority of respondents provide a Medicines Use Review (98%), New Medicine Service (98%) and National Influenza Adult Vaccination Service (NIAVS) (80%). The Appliance Use Review and Stoma Appliance Customisation services are mainly carried out by the Dispensing Appliance Contractors (DACS) who Community Pharmacies could refer to.

Community pharmacies may claim payment from NHS England for up to 400 MURs per year. The average number of MURs per pharmacy in Gloucestershire in 2016/17 was 288 per pharmacy. The average number of MURs by District Council ranged from 249 to 357, with the lowest in Gloucester despite this being an area of high health needs. MURs can play an important role in supporting people with long-term conditions to manage their health. Promoting these in areas of high need is likely to

benefit patients, however effort should be made to build effective communication channels with GP Practices to avoid duplication of MURs with individual patients and make efficient use of resources across the health system.

Public feedback on the provision of pharmaceutical services was generally positive with the majority of respondents rating local services positively. However respondents reflected a range of experiences indicating a lack of consistency in the quality of service provision. Examples of areas where improvements could be made include: training and communication skills for people with visual impairments, the quality of information provision regarding medication use and interactions when multiple items are prescribed, co-ordination of MURs between pharmacies and GP Practices, raising awareness and availability of home delivery services, and sensitive handling of patient queries including provision of spaces where confidential issues can be discussed.

Conclusions regarding provision of pharmaceutical services in Gloucestershire:

- No gaps have been identified in current pharmaceutical service provision across Gloucestershire.
- There is good provision of pharmaceutical services across Gloucestershire with access to evening and weekend opening hours available in each District Council area.
- The Health & Wellbeing Board via the PNA steering group will closely monitor whether there is a need for additional premises in the Longford and Bishop's Cleeve areas. This is due to future housing developments in these areas which may impact the provision of pharmaceutical services.
- There is sufficient coverage of the Medicine Use Review (MUR) service, The New Medicine Service (NMS) and the Seasonal flu service in each of the District Councils within Gloucestershire
- Existing pharmacies in areas of high health need could provide additional MURs to further support patients in managing their health.

- There is adequate membership of the Out of Hours Rota Service within Gloucestershire
- The provision of locally commissioned services is adequately distributed across Districts within Gloucestershire.
- Access to locally commissioned services is aligned to health need with greater availability of smoking cessation, advanced sexual health, supervised consumption and needle exchange services provided in areas of higher need.
- Cross border pharmaceutical service provision allows Gloucestershire residents to access community pharmacies in neighbouring areas. The majority (97.6%) of Gloucestershire prescriptions are dispensed by pharmacies within Gloucestershire whilst 2.4% is dispensed by pharmacies in neighbouring Counties.

Recommendations for service improvements:

- Improve awareness of pharmacy opening hours.
- Improve the provision of private spaces to enable patients to discuss sensitive issues with their pharmacist or pharmacy assistants.
- Improve availability and awareness of delivery services for eligible patients.
- Improve the quality and consistency of Medicines Use Reviews delivered in community pharmacies, focusing on those in the most need.
- Develop stronger communication between community pharmacies and GP Practices to ensure effective use of resources across the system and, for example, avoiding duplication of activities such as MURs. The development of the Clinical Pharmacist role in GP Practice provides a useful opportunity for Pharmacists to develop closer working relationships with local GP Practices.
- Improve the confidence and competence of staff in effective communication skills, particularly in communicating with people with particular needs such as visual impairment.
- Improve the consistency in quality and availability of home delivery services.
- Continue to develop the role of Health Living Pharmacies.

Amendments to this PNA have been considered and reflected within the document following a review of responses by stakeholders to the consultation on the draft PNA; a full report on the consultation can be found in Appendix 7.

2.0 Introduction

Community pharmacies are uniquely placed in the heart of communities and teams have a pivotal role to play in improving people's health and helping to reduce health inequalities. Pharmacies provide vital services which support people in treating and managing their health everyday. Pharmacy teams can also support people to make healthy choices such as stopping smoking, improving diet and nutrition, increasing physical activity, losing weight and reducing alcohol consumption, making a significant contribution to reducing the risk of disease, improving health outcomes for those with long term conditions, reducing premature death and improving mental wellbeing.

The NHS Five Year Forward View¹ recognises the key role of pharmacy, highlighting that there should be 'far greater use of pharmacists' in the prevention of ill health, supporting healthy living and supporting patients to self-care for minor ailments and to feel confident in managing long-term conditions.

Public Health England's publication *Pharmacy - A Way Forward for Public Health*² has set out the detail of potential opportunities for commissioners and pharmacy teams, to make a marked difference to the public's health. At local level, led through Health and Wellbeing Strategies and Sustainable Transformation Partnerships, there are many opportunities where pharmacy teams can offer effective and impactful interventions, which will reduce the burden of disease and premature mortality and reduce health inequalities. Public Health England highlight a range of opportunities for public health action through pharmacies, for example providing services and support in areas such as: NHS health checks, sexual & reproductive health, alcohol; substance misuse; musculoskeletal health, smoking, diet and healthy weight, blood pressure and atrial fibrillation, mental health, maternity and child health and oral health.

This PNA is being published at a time of change and innovation in the local health and social care system. Through the One Gloucestershire Sustainability and

¹NHS England (2014) Five Year Forward View <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

²PHE (2017) Pharmacy: A Way Forward for Public Health

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf

Transformation Partnership professionals from different parts of the health and care system are working more closely together to design and deliver services around the needs of the patient. Services are piloting new ways of working to meet growing patient expectations and rising demands. Additionally the public are taking greater interest in and ownership of their health and wellbeing. Services, such as GPs and community pharmacies have an important role to play in supporting individuals to develop the knowledge, skills and confidence to manage their health and wellbeing.

2.1 Purpose of a Pharmaceutical Needs Assessment (PNA)

This report, the Gloucestershire Pharmaceutical Needs Assessment (PNA), provides a means to describe and assess how the provision of pharmaceutical services can help to meet the health needs of the local population. This PNA covers a period of three years (2018 to 2021) and draws upon information within the local Joint Strategic Needs Assessment (JSNA). The Gloucestershire JSNA provides an overview of the health needs, outcomes and experiences across the wider determinants of health of the population. The PNA focuses on how pharmaceutical services can help to address health needs and promote health and wellbeing and support individuals in managing their own health.

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

Pharmacy or dispensing appliance contractors who wish to provide pharmaceutical services must apply to NHS England to be included in the pharmaceutical list for the HWB area in which they wish to have premises. Applications must offer to meet a need as set out in the local PNA, secure service improvements or provide better access to services where the PNA identifies a need. There are some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

The primary purpose of a PNA is to inform the commissioning decisions of NHS England; however it may also be used to inform planning and commissioning

activities of the local authorities and Clinical Commissioning Group. A robust PNA will enable those who commission services from pharmacies and appliance contractors to provide appropriate services in areas of health need and reduce the risk of over-provision in areas of less need.

2.2 Health and Wellbeing Board duties in respect of the PNA

In accordance with legislation (The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013), Health and Wellbeing Boards (HWBs) must:

- have produced its first PNA which complies with the regulatory requirements by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- produce supplementary statements in certain circumstances.

The legislation containing the specific duties of the HWB in relation to PNAs can be found in Appendix 1.

3.0 Scope of the Pharmaceutical Needs Assessment

This PNA addresses the requirements set out in Schedule 1 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 in doing the following:

- **Current provision of necessary services**

Identify services provided within the Gloucestershire Health and Wellbeing Board (HWB) locality area and services in neighbouring areas; including providing maps on which premises providing these pharmaceutical services can be identified.

- **Gaps in provision in terms of necessary services**

Identify current gaps and future gaps in provision of pharmaceutical services in the different Gloucestershire localities; whether current services meet required provision for the changing needs e.g. planned housing developments, new NHS services etc.

- **Current provision of other relevant services**

Identify services inside and outside of the Gloucestershire HWB boundaries, which are not meeting an identified need but do secure improvements or better access to services.

- **Gaps in provision of services that would secure improvements and better access to pharmaceutical services**

Identify services that are not currently being provided but which will be needed to secure future improvements in pharmaceutical services.

- **Other services**

Other services that are currently provided that affect the assessment of the need for pharmaceutical services

3.1 Pharmaceutical Services Providers

In order to be able to provide pharmaceutical services under the NHS, the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 specify that persons must be included in a Pharmaceutical List. NHS England holds the responsibility for using the needs identified within the PNA as a basis for reviewing applications to be included on the NHS pharmaceutical list and determining market entry.

Persons included in the pharmaceutical list fall in to one of the following categories:

- **Pharmacy contractors:** independent contractors working individually or as groups of pharmacies who provide NHS pharmacy services in community pharmacy settings.
- **Dispensing appliance contractors:** appliance suppliers are a subset of pharmacy contractors who supply appliances listed in the drug tariff (such as incontinence aids, dressings, bandages, etc.) against prescriptions; they cannot supply medicines.
- **Dispensing doctors:** medical practitioners who are authorised to provide drugs and appliances in designated areas judged to be rural in nature known as 'controlled areas'.
- **Local pharmaceutical services (LPS) contractors:** providers of services specifically negotiated to meet local need; this must include an element of dispensing.
- **Distance-selling pharmacies:** these services are often mail order or internet-based and not covered by the same market entry system that relies on the PNA, pharmaceutical regulations do not permit mail order/wholly internet pharmacy providers to see patients face to face. Individuals can access any of the internet pharmacies available nationwide. Legitimate online pharmacies must register with the General Pharmaceutical Council and display the internet pharmacy logo, and register with the Medicines and Healthcare Products Regulatory Agency (MHRA) and display the EU common logo.

3.2 NHS Pharmaceutical Services

Pharmaceutical Services to which each pharmaceutical needs assessment (PNA) must relate are those services set out in the following:

- The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
- The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

These services are divided into 3 service levels: Essential, Advanced and Enhanced Services.

Essential services (set out in the regulations) are provided by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Essential services consist of the following:

- dispensing
- repeat dispensing
- disposal of unwanted medicines
- public health (promotion of healthy lifestyles)
- signposting
- support for self-care
- clinical governance

Advanced services (set out in the directions) can be provided by all pharmacy contractors, subject to accreditation. Current advanced services are:

- Medicines Use Review (MUR)
- New Medicine Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- National Influenza (flu) Adult Vaccination Service (NIAVS) Provision of the NIAVS to specific eligible groups (commenced in September 2015)

- The NHS Urgent Medicines Supply Advanced Service (NUMSAS) is an additional advanced service, currently running as a pilot nationally until September 2018, but is not being piloted in Gloucestershire at the time of publishing the PNA.

Enhanced and Locally Commissioned Services (set out in the directions) are additional pharmaceutical services provided by pharmacy contractors and which may be commissioned locally by NHS England. Enhanced services included in the Directions include:

- an Anticoagulant Monitoring Service
- an Antiviral Collection Service
- a Care Home Service
- a Disease Specific Medicines Management Service
- an Independent Prescribing Service,
- a Home Delivery Service
- a Language Access Service
- a Medication Review Service
- a Medicines Assessment and Compliance Support Service
- a Minor Ailment Scheme
- a Needle and Syringe Exchange Service
- an On Demand Availability of Specialist Drugs Service
- Out of Hours Services
- a Patient Group Directions Service
- a Prescriber Support Service
- a Schools Service
- a Screening Service
- a Stop Smoking Service
- a Supervised Administration Service

In addition to the pharmaceutical services commissioned by NHS England, other organisations including Clinical Commissioning Groups (CCGs) and Local Authorities also commission ‘Locally Commissioned Services’ in response to identified needs. The NHS (Pharmaceutical and Local Pharmaceutical Services)

Regulations 2013 do not cover ‘pharmaceutical services’ commissioned by local authorities and CCGs.

3.3 Production of the Gloucestershire Pharmaceutical Needs Assessment

The development of the Gloucestershire PNA was overseen by a steering group and led by Public Health leads within Gloucestershire County Council for and on behalf of the Gloucestershire Health and Wellbeing Board (HWB). The Steering Group was formed of representatives from Gloucestershire County Council (Public Health), Gloucestershire Clinical Commissioning Group (GCCG), NHS England, the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC) and Healthwatch Gloucestershire. The Steering Group was convened in October 2016 to define the scope, requirements and timeline for refreshing the PNA.

Information in the Gloucestershire Joint Strategic Needs Assessment (JSNA) has been drawn upon to inform the review of local need for and provision of pharmaceutical services across the county. Information from the JSNA was supplemented by information gathered from commissioners (NHS England and Gloucestershire CCG), the LPC, a survey of contractors (community pharmacies and dispensing GPs) and a survey of the public.

The contractor survey was based upon the template provided by the Pharmaceutical Service Negotiating Committee (PSNC), hosted on the Gloucestershire County Council website and distributed via the Gloucestershire LPC.

The public survey was designed by Gloucestershire County Council with input from Healthwatch Gloucestershire. The survey was hosted on the Gloucestershire County Council website and promoted through community pharmacies and dispensing GPs, on social media and by Healthwatch Gloucestershire.

Mapping of service provision and travel times were updated and reviewed against the population distribution in terms of density, age and deprivation and in relation to

population health needs. In making the assessment of pharmaceutical need those services provided outside of Gloucestershire which residents may choose to access are also taken into account. The mapping of service provision presented in section 5 includes those pharmacies falling within a 5 mile radius of the Gloucestershire County Council boundary.

Population growth and local housing developments were considered against the current provision, and likely future need for, pharmaceutical services.

Findings from the analysis of the above data and information were reviewed by the Steering Group and are summarised in this document. If gaps in current service provision are identified these are clearly recognised. Additionally, if need for service development is clear it is stated in this assessment to help guide local commissioning.

The Regulations state that Health and Wellbeing Boards must consult at least once during the production of the PNA with each of the stakeholders listed below. The consultation period must be at least 60 days; for this PNA the consultation ran from 15th December 2017 to 28th February 2018.

- any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and
- any NHS trust or NHS foundation trust in its area;

- the NHSCB; and
- any neighbouring HWB.

Responses from the formal consultation period were considered when reviewing and refining the final assessment of need for pharmaceutical services in Gloucestershire. The final PNA is due to be published by 1st April 2018.

3.4 Localities of the PNA

The PNA has adopted the six recognised administrative boundaries of Gloucestershire County Council for its assessment. These represent the constituent local authorities (District Councils):

- Cheltenham
- Cotswold
- Forest of Dean
- Gloucester
- Stroud
- Tewkesbury

This adoption will ensure alignment with the localities used in the JSNA as well as in other official documents within health and social care in Gloucestershire. These boundaries differ slightly from the CCG's seven internal "localities" which are based on GP practice collaborative groupings. It is possible that some providers may supply services to patients resident in more than one district council or locality.

Section 4: Overview of Gloucestershire

This section provides an outline of the overall make up of the local population in Gloucestershire, their general health and the local priorities for the County.

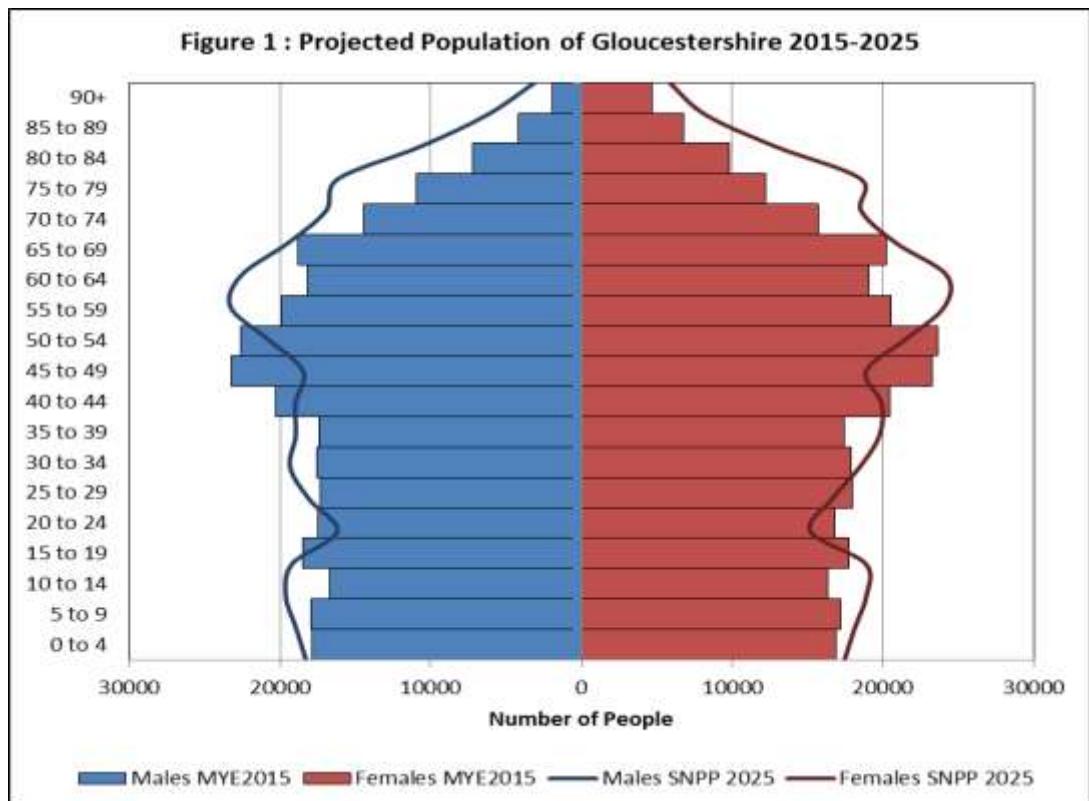
Gloucestershire is a diverse, mainly rural county with 6 district councils: Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud and Tewkesbury. Gloucestershire borders Herefordshire (North West), Wiltshire and Swindon (South), South Gloucestershire (to the South West), Worcestershire to the north, Oxfordshire to the east, Warwickshire to the north east, and the Welsh county of Monmouthshire to the west.

4.1 Population and age structure

The Office of National Statistics (ONS) mid-2016 population of Gloucestershire is estimated as 623,129. This is predicted to increase to 643,826 by 2021, 662,144 by 2025 and 683,078 by 2030. The population of the county grew by 7% in the 10 years up to 2015. In the same period the older population (65 years and over) increased by 25%; higher than the average rate for England and Wales (i.e. 21%) and outpacing the growth of the younger population³.

Figure 1 shows the projected future population change for Gloucestershire over the 10 year period 2015-25. There is predicted to be a significant increase in the proportion of people aged 70 and over living in Gloucestershire in the next few years. This is likely to lead to an increase in demand for health and care services.

³ Inform Gloucestershire , Population Change in Gloucestershire 2005-2015 an Overview
<https://inform.goucestershire.gov.uk/viewpage.aspx?c=page&page=Population-PopulationChange>



MYE-Mid Year Estimate SNPP-2015 –based Subnational Population Projection 2025

The age structure of the population however varies across the county, with the most urban of the six localities (Gloucester and Cheltenham) tending to have a 'younger' profile than the others (Table 1). Cotswold, Forest of Dean, Stroud and Tewkesbury all have a higher proportion of people aged 65 and over compared to the national figure.

Table 1: Population by District Council (2016)

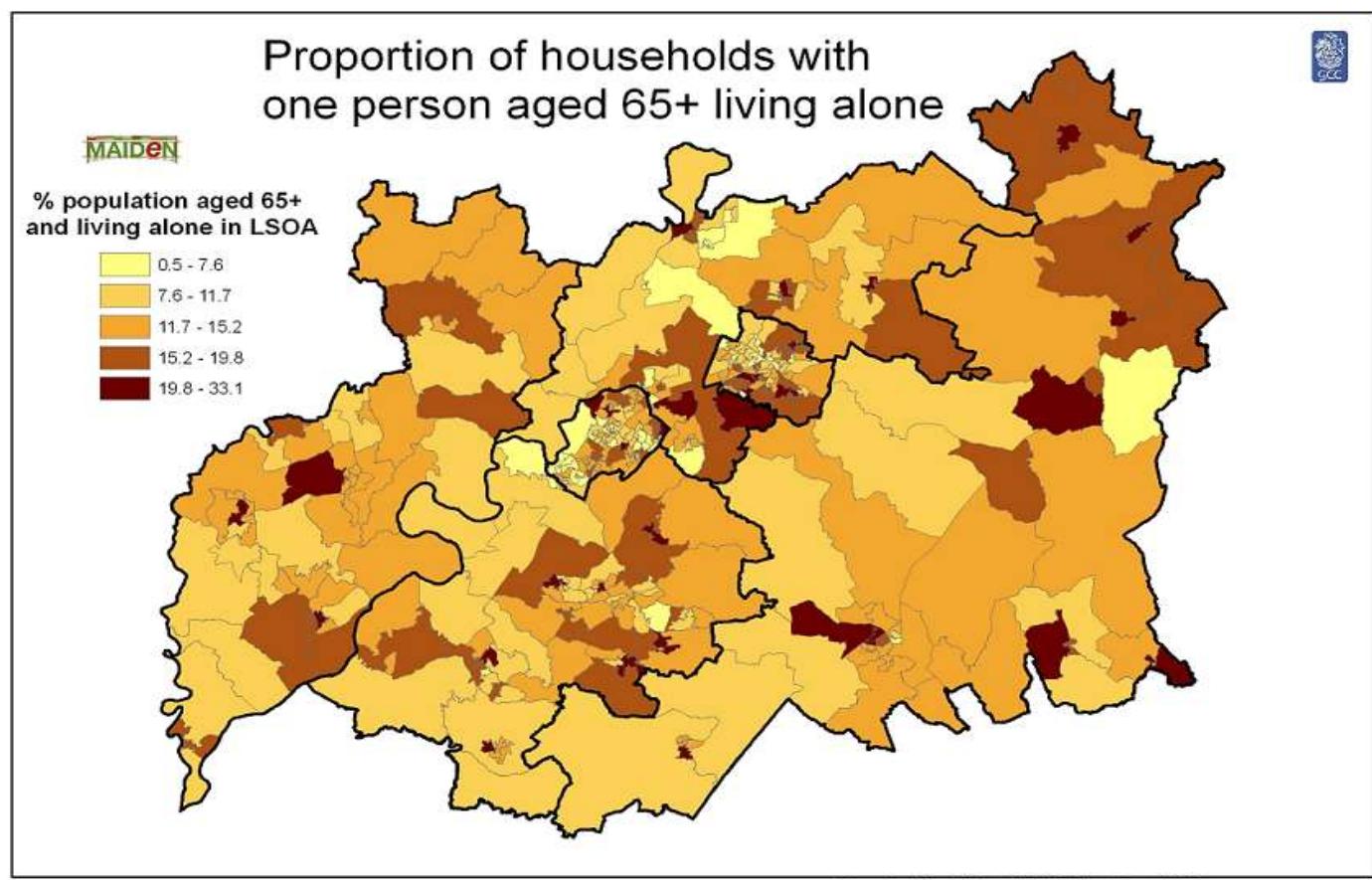
District	Total population	0-17 years	18-64 years	65 years and over
Cheltenham	117,530	19.8%	61.6%	18.5%
Cotswold	85,756	18.5%	56.5%	25.1%
Forest of Dean	85,385	18.9%	57.5%	23.7%
Gloucester	128,488	22.6%	61.2%	16.2%
Stroud	117,381	20.4%	57.7%	22.0%
Tewkesbury	88,589	20.4%	57.5%	22.0%
Gloucestershire	623,129	20.3%	58.9%	20.8%

Source: ONS mid-2016 Population Estimates for Gloucestershire

Gloucestershire has a rising trend of older people living alone which is also likely to place extra pressure on care provision. The proportion of households with persons aged 65 and over living alone is also higher within the county than the national average. This population is predicted to rise to 59,118 over 65's living alone by 2025, compared to 33,799 in 2011⁴.

The very young and the very old tend to be higher users of health services. Figures 2 and 3 each highlight areas with higher densities of older and younger population in the county. Figure 2 shows there are pockets with high concentrations of older 65s living alone in both urban and rural areas of Gloucestershire. Older residents in rural parts of the county, those who are housebound, and individuals with no access to a car are likely to have greater needs for home delivery services.

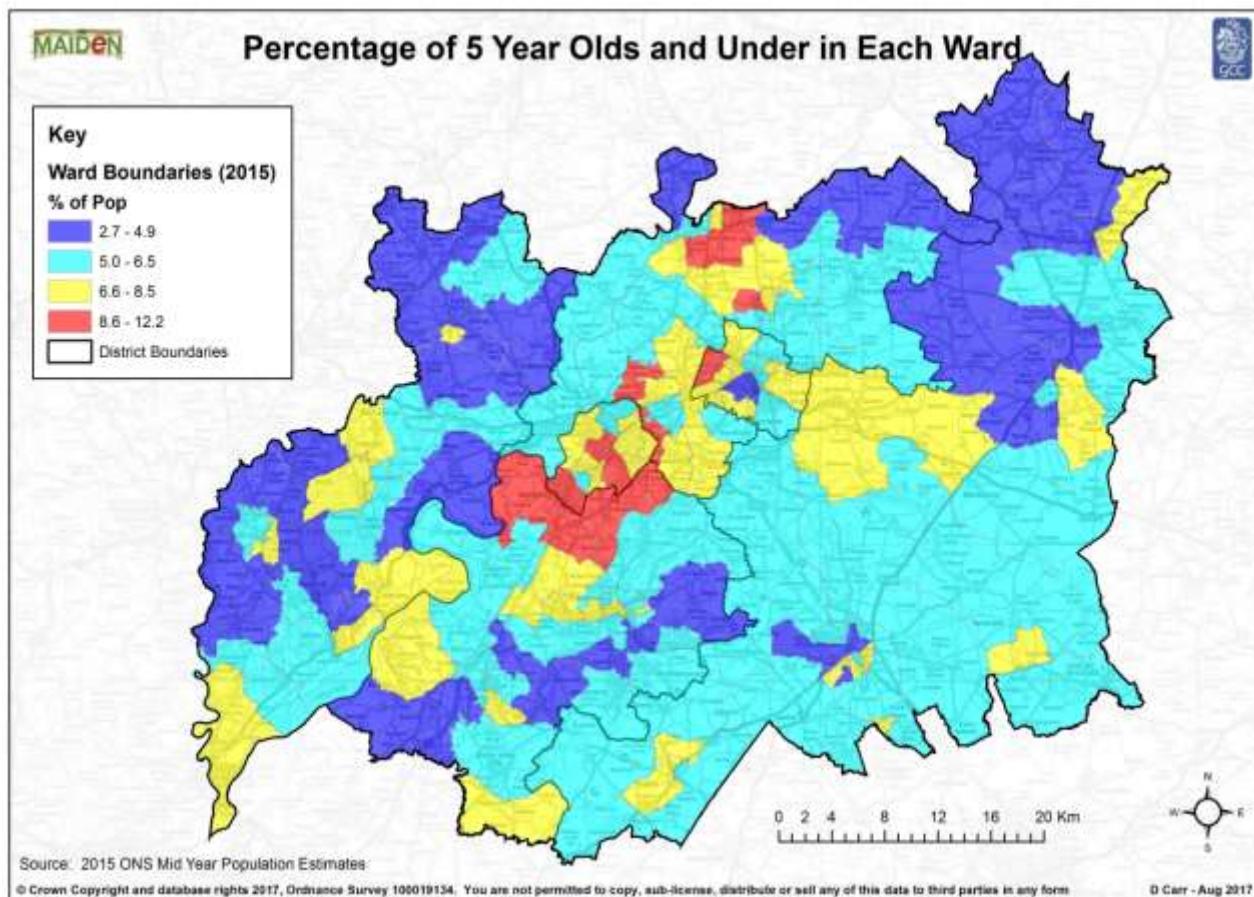
Figure 2



⁴ <http://www.poppi.org.uk/>

There are higher concentrations of children aged 5 or under in more urban parts of the county.

Figure 3



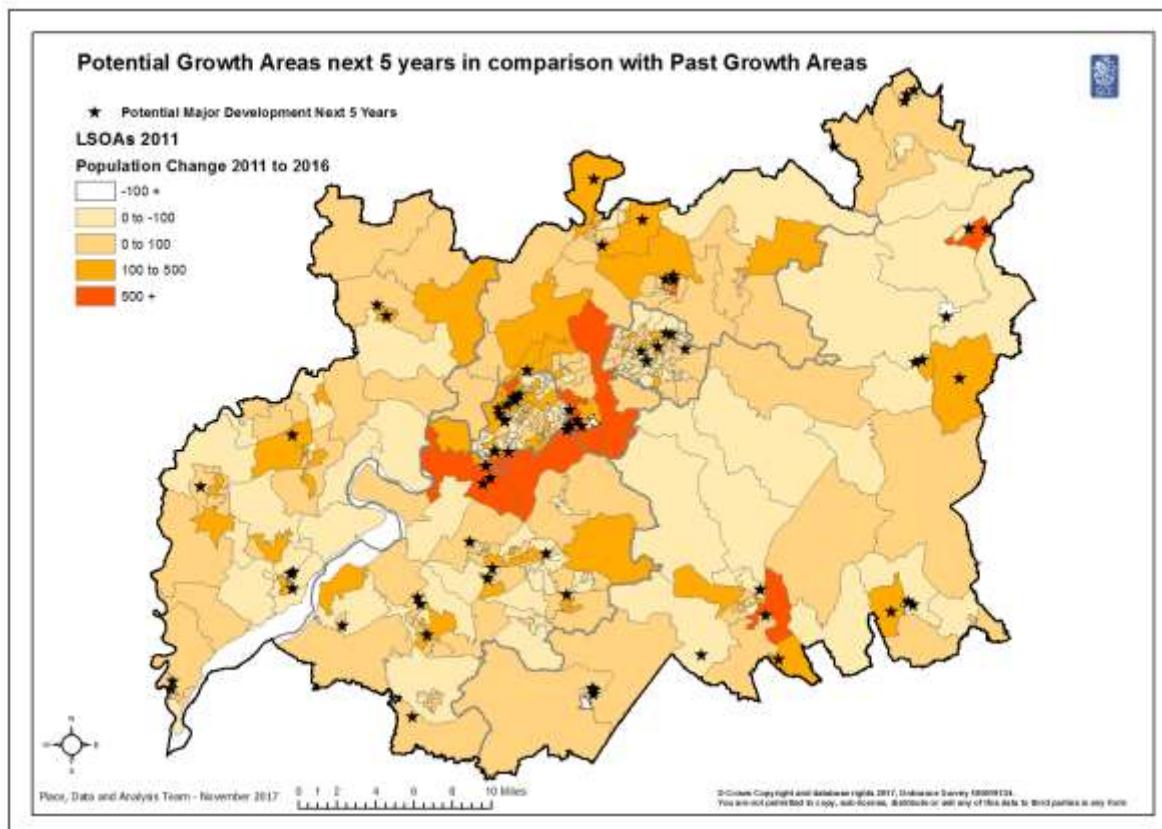
Future housing developments

Population predictions from the Office for National Statistics do not take into account increases from new housing developments. Predicted housing growth in each of the Districts is shown in Table 2 below. Annual figures presented below are based on the objectively assessed need (OAN) for housing as outlined in District Core Strategies. The 5 year requirement gives the number of new dwellings required between April 2017 to March 2021, plus a 5% or 20% buffer to adjust for shortfalls in previous years, with a larger buffer applied for Districts with greater historical shortfalls. The 5 year total supply capacity provides an estimate of supply potential based on an assessment of land availability and planning applications. The actual number of dwellings built over the 5 year period is likely to vary somewhat from the figures presented below due to differences in the actual number of planning applications received, approved and developments subsequently completed.

Table 2

District Council	Annualised Objectively Assessed Need	5 year requirement (April 2017 to March 2022)	5 year total supply capacity (April 2017 to March 2022)
Cheltenham	546	3,150	3,539
Gloucester	718	4,313	4,965
Tewkesbury	495	2,665	3,336
Stroud	456	2,807	3,415
Forest of Dean	330	2,382	2,802
The Cotswolds	420	2,100	3,323

Some significant new housing developments and regeneration projects are planned in parts of the County; these are longer-term and are likely to occur outside the life of this Pharmaceutical Needs Assessment. Based on a comparison of the map below against the current distribution of pharmaceutical services it is considered likely that provision will be adequate. However this will be reviewed again once a considerable proportion of these new homes have been built and are occupied



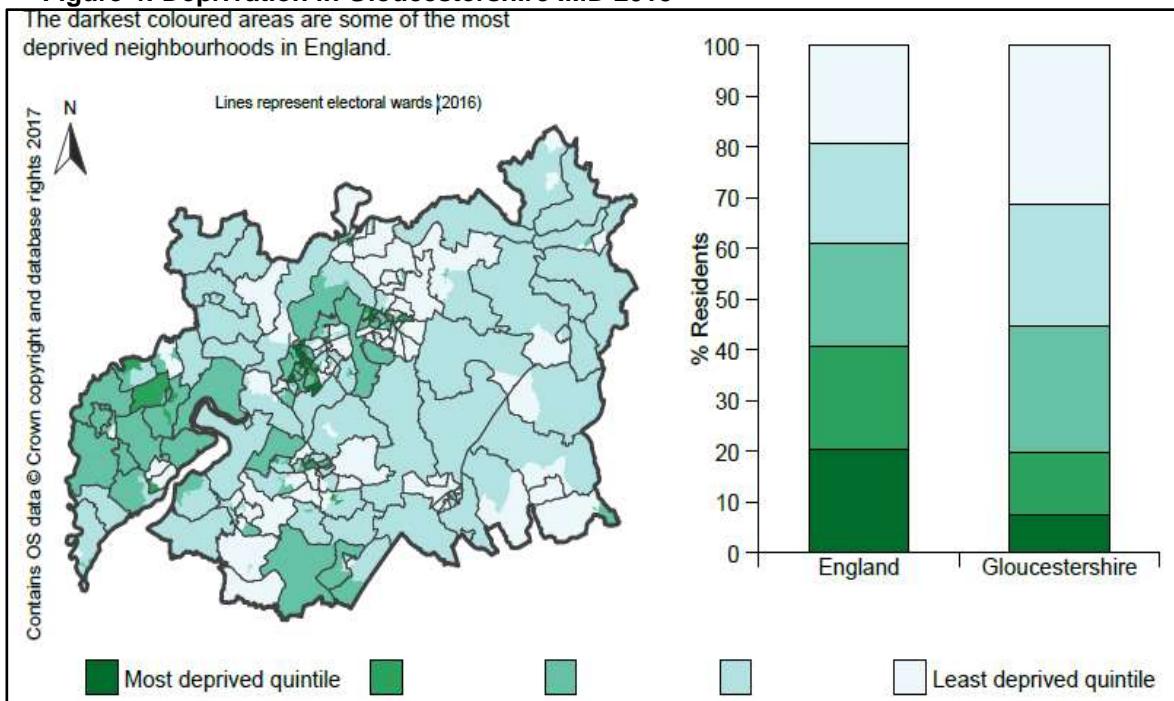
4.2 Deprivation

The Index of Multiple Deprivation 2015 (IMD 2015) is the measure of relative deprivation of 32,844 small areas or neighbourhoods (called Lower Super Output Areas – LSOA's) in England, ranking from most deprived to least deprived. Figure 4 below shows the differences in deprivation within Gloucestershire using the IMD 2015.

In general, Gloucestershire is not a very deprived county although there are some pockets of high deprivation within the county. At a district level an average IMD rank for each of the six districts shows that even the most deprived districts (Gloucester City, and Forest of Dean) fall in the middle quintile (middle 20%) for deprivation out of 326 English authorities. Tewkesbury, Cotswold, and Stroud districts are in the least deprived quintile, with Cheltenham in the second least deprived quintile⁵. However, as shown below, there are small areas in the county experiencing significant levels of deprivation. Higher levels of deprivation are often associated with higher health and care needs.

⁵ Indices of Deprivation 2015 <https://inform.goucestershire.gov.uk/viewpage.aspx?c=page&page=-Deprivation>

Figure 4: Deprivation in Gloucestershire IMD 2015



Source: [PHE](#) - Profiles for Gloucestershire

4.3 Protected characteristics and groups with particular needs

Ethnicity:

The population of Gloucestershire has become increasingly diverse in recent years. During the period 2001-2011, the percentage of the local population from non-white ethnic groups rose from 2.8% to 4.6%; while this has increased it remains lower than the national average (14.1%).

In terms of absolute numbers the biggest growth from 2001-2011 was among those classed as 'White-British' (up by 11,500). The proportion the county's population belonging to the 'White-Other' category was 3.1% in 2011, twice the proportion seen in 2001. This increase has been linked to inflow from Eastern European countries.⁶ There were also increases in the number of residents from Asian backgrounds (Other Asian (up 2,300) and Indians (up 2000).

⁶ Inform Gloucestershire 2016 <https://inform.goucestershire.gov.uk/Resource.aspx?ResourceID=406>

There are variations in the ethnicity profile between the districts. Gloucester has the highest Black and Minority Ethnic (BME) population at 10.9%, Cheltenham also has a higher proportion of people from Black and Ethnic Minorities (5.7%) compared to the county average (4.6%).

Religion

According to the 2011 Census, 63.5% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by no religion which accounts for 26.7% of the total population. Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national figures. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.

Marital status, civil partnerships and sexual orientation

Gloucestershire has a lower proportion of people who are single or separated when compared to the national figure. In contrast the proportion of people who are married, divorced or widowed exceeds the national figures. According to the 2011 census, 30.5% of Gloucestershire residents are single and have never married or registered a same-sex civil partnership; 50.2% are married; 0.3% are in a registered same-sex civil partnership; 2.3% are separated but still legally married or still legally in a same sex civil partnership; 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved; 7.2% are widowed or a surviving partner from a same sex civil partnership.

There is no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003, suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual (LGB). If this figure were applied to Gloucestershire it would mean somewhere between 25,400 and 35,500 people in the county are LGB. A more recent estimate from the 2015 ONS Annual Population Survey (APS) suggests that 1.7% of the UK population is LGB: if this figure was applied to Gloucestershire it would mean that there are approximately 8,600 LGB people in the county⁷.

⁷ Gloucestershire Equality Profile 2017

People with long-term conditions and disabilities

Long-term conditions (LTC)⁸ are more prevalent in older people and in more deprived groups. People living with a long term condition are more likely to use health and care services. According to the 2011 Census 16.7% of Gloucestershire residents reported having a long-term limiting health problem; this was below the national figure. It is estimated that in 2017, there are 59,205 people aged 65 and over in Gloucestershire living with a long-term health condition. This is projected to rise to 73,097 in 2025⁹.

Learning disabilities

Estimates suggest that in 2017 there were approximately 11,669 people aged 18 years and over living with a learning disability in Gloucestershire¹⁰, equating to 3% of the adult population. Of this group, about 2,403 (about 20%) are estimated to have moderate or severe learning disabilities. 30,175 working age adults (18-64 years) in Gloucestershire are predicted to have a moderate physical disability in 2017, while 9127 are predicted to have a serious physical disability¹¹.

Homeless

Homelessness is both the cause and consequence of many other problems. The impact of homelessness on health can be stark; Homeless people are over twice as likely to report a physical health issue than the general public¹². Local authorities have a duty to secure suitable accommodation for the statutory homeless¹³; this is referred to as acceptances.

⁸ LTCs- conditions that cannot, at present, be cured, but people living with these conditions can be supported to maintain a good quality of life

⁹ <http://www.poppi.org.uk/>

¹⁰ Projecting Adult Needs and Service Information (PANSI):

<http://www.pansi.org.uk/index.php?pageNo=388&areaID=8260&loc=8260> (Assessed 2/8/2017)

¹¹ Projecting Adult Needs and Service Information (PANSI):

<http://www.pansi.org.uk/index.php?pageNo=388&areaID=8260&loc=8260> (Assessed 2/8/2017)

¹² Homeless, Health Needs Audit 2016 <http://www.homeless.org.uk/our-work/resources/homeless-health-needs-audit> (assessed 4.9.17)

¹³ **Statutory homelessness:** refers to people who meet specific criteria set out in legislation. Broadly speaking, if they are unintentionally homeless, fall within a specified priority need group and do not have accommodation that they have a legal right to occupy, which is accessible and physically available to them and which it would be reasonable for them to continue to live in.

In 2015/16, 358 people were accepted as eligible and statutory homeless in Gloucestershire¹⁴. This equates to a rate of 0.59 per 1000 population which was lower than the national rate of 2.52. The rate of statutory homelessness in Gloucestershire increased from 2014/15 when it stood at 0.52, this reflects a national trend which also increased from 2.4 in 2014/15. All the districts have statutory homeless rates below the England rate of 2.5 except for Gloucester.¹⁵

Gypsies and travellers

Gloucestershire County Council has four residential sites for the travelling communities. There are also many privately owned sites particularly in the Tewkesbury and Gloucester areas. The Gloucestershire County Council owned sites are based in:

- Willows, Sandhurst Lane, Gloucester
- Cursey Lane, Elmstone Hardwicke
- Showborough, Twyning near Tewkesbury
- Culkerton, near Tetbury

Armed Forces Community:

In Gloucestershire the serving Armed Forces community is predominantly based at three locations: Beachley Barracks, in the Forest of Dean, Imjin Barracks, on the outskirts of Gloucester, and Duke of Gloucester Barracks, on the outskirts of Cirencester. Serving personnel may reside at these locations; however, there are significant numbers that live in other locations across, or outside of, the County. Estimates published by the Ministry of Defence, based on the Annual Population Survey, put the figure for the number of Veterans located in the County at around 47,000 for 2015. Census data from 2011 lists the number of “associated members” (spouses, partners or children) to members of the Armed Forces living in the County at 2,779. However, this figure is intuitively low and anecdotal evidence suggests that the actual figure may be significantly higher than this.

Refugees and Asylum Seekers:

¹⁴ Department for Communities and Local Government, Homelessness statistics
<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#live-tables>

¹⁵ *Ibid.*

At the end of the first quarter of 2016, there were 124 asylum seekers and their dependents living in Gloucestershire, the majority (119) of which were in Gloucester. This figure does not include asylum seekers who were unaccompanied children. National evidence also shows that asylum seekers have specific mental and physical health issues and that they can experience difficulties accessing healthcare in the UK.¹⁶

4.4 Health outcomes within Gloucestershire

Overall, the health of people living in Gloucestershire is better than the England average¹⁷. 83% of people in Gloucestershire describe themselves as being in good or very good health¹⁸.

Life expectancy for both men (80 Years) and women (84 years) is higher than the national average (Figure 5). There are however areas of Gloucestershire where residents experience poorer health than nationally.

Life expectancy is 7.7 years lower for men and 5.4 years lower for women in the most deprived areas of Gloucestershire than in the least deprived areas.¹⁹

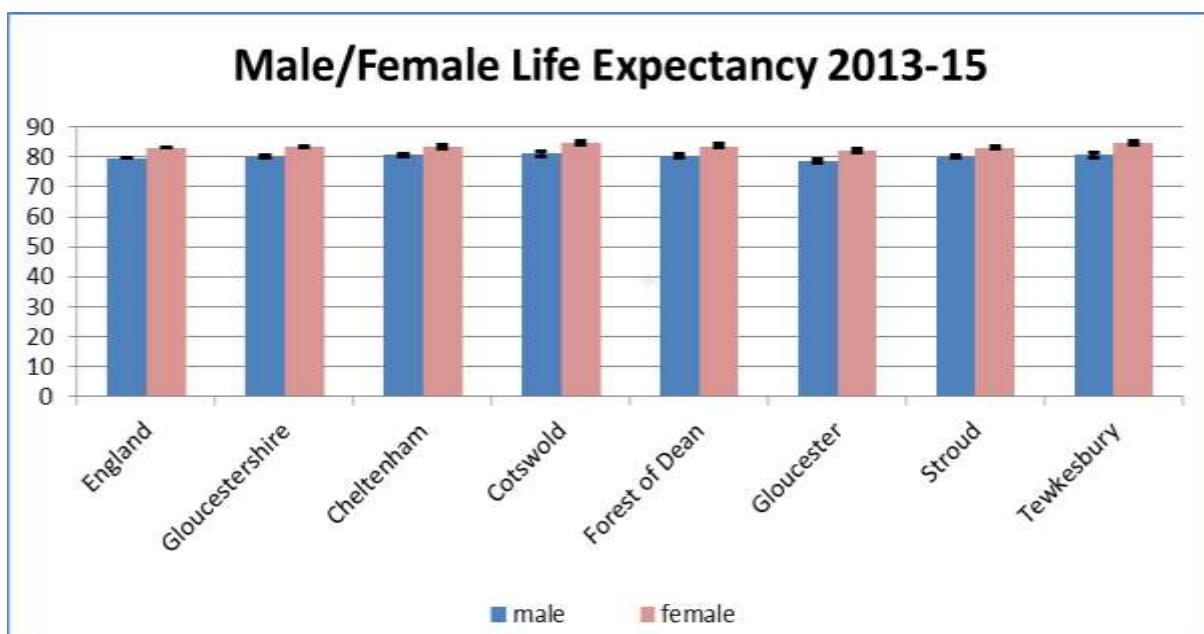
¹⁶ Home Office (May 2016) Immigration Statistics www.gov.uk/government/publications/immigration-statistics-january-to-march-2016/asylum#data-tables).

¹⁷ PHE Public Health Profiles 2017

¹⁸ Census 2011

¹⁹ Based on the Slope Index of Inequalities as stated in the Public Health Outcomes Profiles.

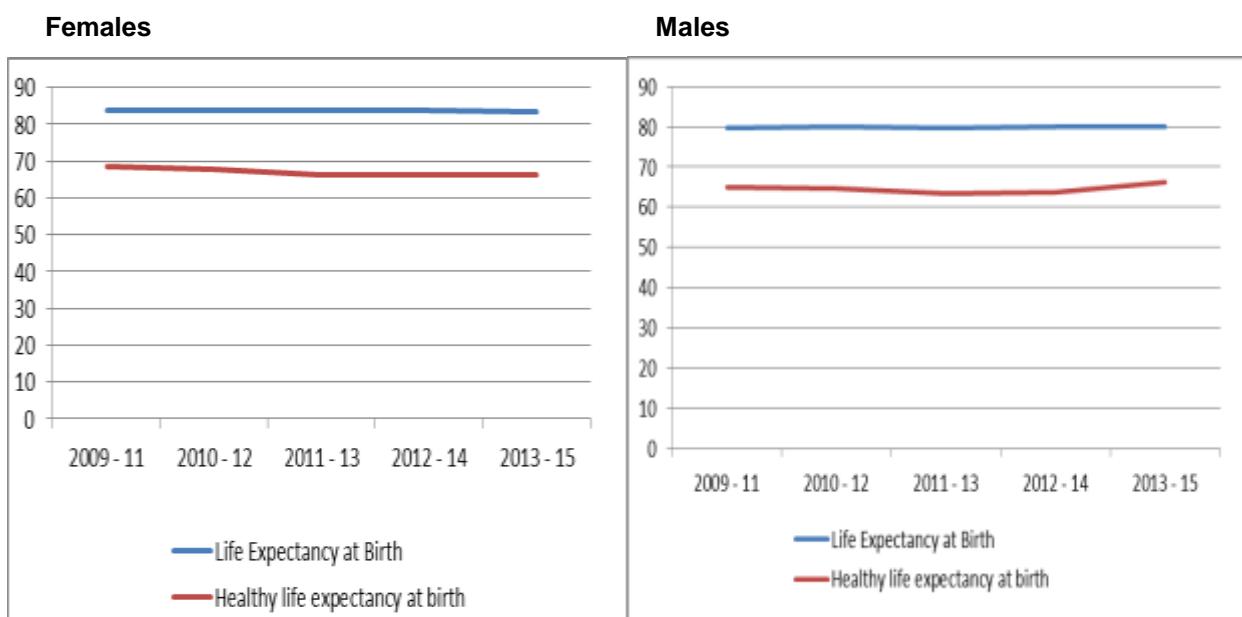
Figure 5:



Source: [PHE](#), Public Health Profiles

Although life expectancy continues to increase, the proportion of life spent in good health is falling. The improvement in life expectancy is exceeding that of healthy life expectancy²⁰ (figure 6).

Figure 6: Life expectancy and healthy life expectancy in Gloucestershire



Source: [PHE](#), Public Health Profiles

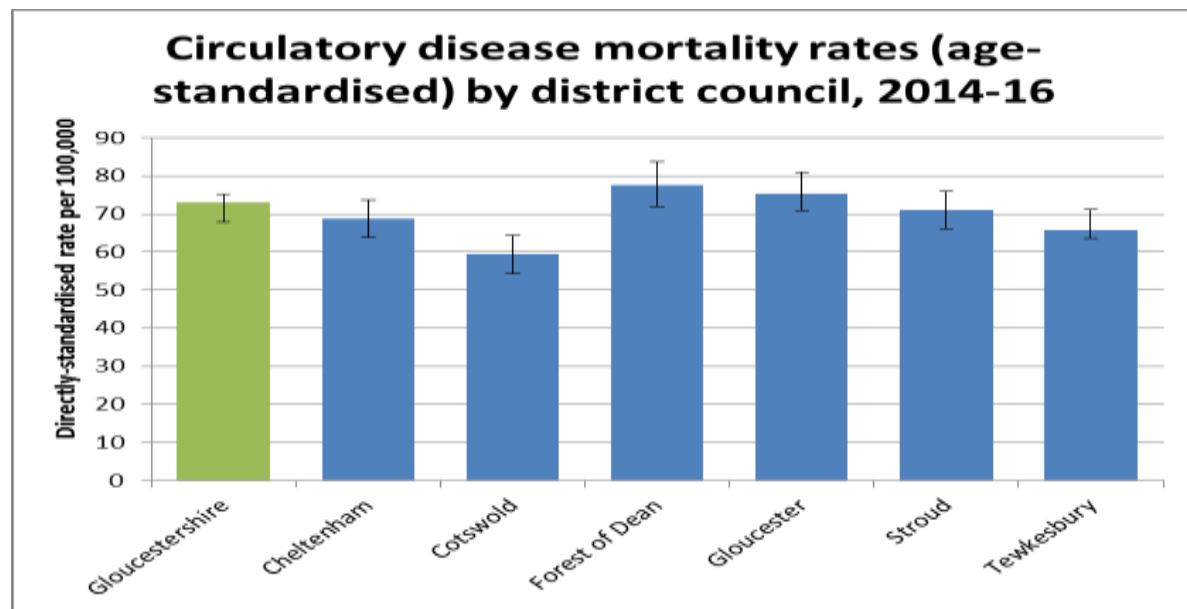
²⁰ Healthy life expectancy: is the average number of years a person is expected to live in 'good' or 'very good' health based on how individuals perceive their general health

Mortality

The three biggest killers in Gloucestershire (and nationally) are circulatory diseases, malignant cancers and respiratory diseases. An overview of mortality rates for each of these disease areas, based on the district council of residents in Gloucestershire is shown below. The rates presented below have been adjusted for differences in the underlying age-profile of each district (age-standardised rates) and hence are directly comparable with each other. Differences in mortality rates are likely to reflect true differences in the prevalence of relevant risk factors, diseases and outcomes.

Circulatory Diseases

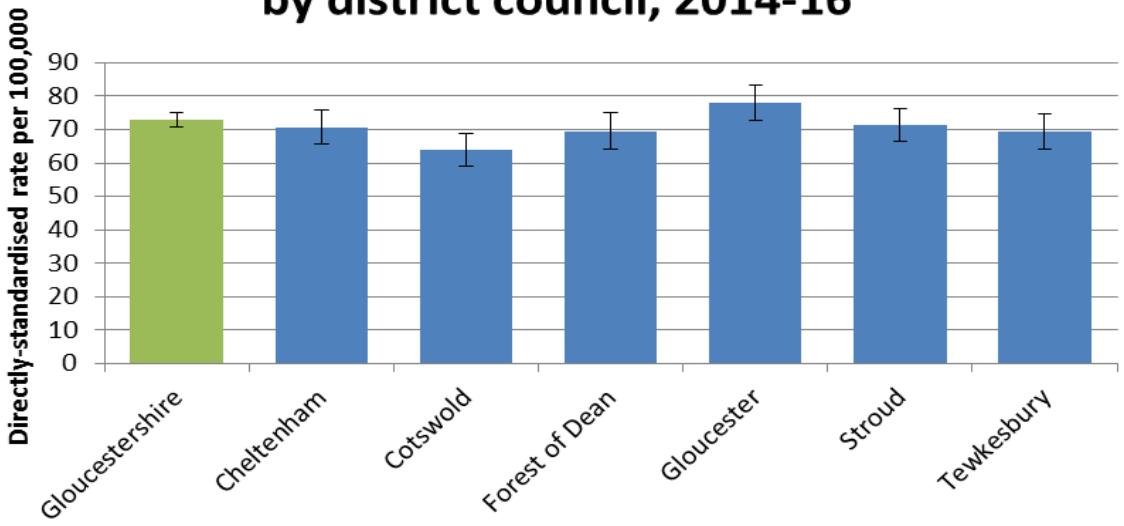
The overall mortality rate from circulatory diseases in Gloucestershire was 72.9 per 100,000 population in 2014-16. A comparison of rates by district council shows residents of Cotswold council had significantly lower mortality rates from circulatory diseases (59.5 per 100,000) compared to the Gloucestershire total. Residents of other district councils had similar circulatory disease mortality rates to the Gloucestershire average.



Cancers

The overall mortality rate from malignant cancers in Gloucestershire was 72.8 per 100,000 population in 2014-16. A comparison of rates by district council shows residents of Cotswold council had significantly lower mortality rates from cancers (63.9 per 100,000), compared to the Gloucestershire total. Residents of other district councils had similar cancer mortality rates to the Gloucestershire average.

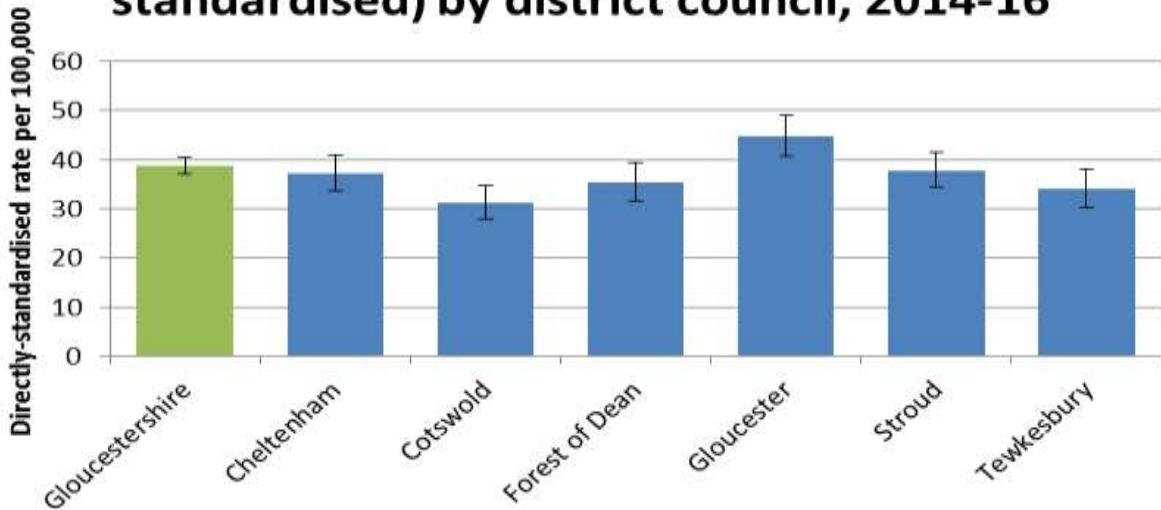
Cancer mortality rates (age-standardised) by district council, 2014-16



Respiratory diseases

The overall mortality rate from respiratory diseases in Gloucestershire was 38.7 per 100,000 population in 2014-16. A comparison of rates by district council shows residents of Cotswold council had significantly lower mortality (31.1 per 100,000), and Gloucester City residents had significantly higher mortality rates (44.6 per 100,000) from respiratory diseases compared to the Gloucestershire total. Residents of other district councils had similar mortality rates to the Gloucestershire average.

Respiratory disease mortality rates (age-standardised) by district council, 2014-16



Diabetes

In 2016 there were an estimated 8.4% (43,009) of people aged 16 years or older in Gloucestershire who had diabetes; slightly lower than the estimated prevalence of 8.6% nationally²¹.

Mental Health

In 2015/16, 7.7% of patients (aged 18+) in Gloucestershire were recorded in GP Practice as having depression²² and 4.8% of patients (18+) responding to the GP patient survey reported having a 'long-term mental health problem'. This is lower than the England average of 8.3% of patients recorded as having depression and 5.7% as having a 'long term mental health problem'.

Dementia

The ageing population is a factor for the rising number of dementia diagnosis in the county; estimates suggest that in 2017 there are 9,581 people aged over 65 living with dementia²³.

Influenza Vaccination Uptake

In 2016/17 Influenza vaccination uptake in adults aged 65+ and in those individuals 'at risk' (i.e. aged 6months-64+ years) was below the national goal, leaving room for improvement²⁴.

Palliative Care

In Gloucestershire 0.27% of registered patients were listed on GP palliative care registers in 2015/16, compared to 0.34% across England as a whole

Lifestyle risk factors

Lifestyle factors are a significant factor in someone's risk of developing a LTC or dying prematurely. Smoking, excess consumption of alcohol, poor diet, low levels of physical activity and obesity are established risk factors for many chronic diseases.

²¹ PHE 2016, National Cardiovascular Intelligence Network –Prevalence Estimates of Diabetes

²² PHE 2017, Common Mental Health Disorders profile

²³ <http://www.goucestershire.gov.uk/media/12777/equality-profile2017v3pdf.pdf> (accessed 11.9.17)

²⁴ Health Protection <https://fingertips.phe.org.uk/profile/health-protection/data#page/0/gid/1938132817/pat/6/par/E12000009/ati/102/are/E1000001>

- Smoking in Gloucestershire has steadily declined over the past years; current prevalence of smoking in adults in the county (12.5%) is better than the national rate (England - 15.5%).
- The percentage of physically active adults in Gloucestershire is better than that nationally, however only 69.4% meet the recommended levels of physical activity.
- Alcohol-related hospital admissions are one indicator of the extent of harmful drinking in a community. Until 2012/13, the rate of alcohol-related hospital admissions in Gloucestershire had been steadily rising for 4 years, and was significantly higher than both the regional and national benchmarks. However, the most recent year of data (15/16) shows a sharp fall in the Gloucestershire rate, bringing it more into line with comparators.
- the percentage of adults' classified as having excess weight or obese (65.3%) is similar to that nationally²⁵

The NHS Health Check is a national health check-up programme designed to spot early signs of stroke, kidney disease, heart disease, Type 2 diabetes or dementia. The uptake of NHS health checks in the county has shown improvement from 37.9% in 2013/14 to 56.4% in 2016/17²⁶.

The National Diabetes Prevention Programme commenced roll-out in Gloucestershire in mid-2017. Patients considered at risk of diabetes from priority practices (those with high recorded prevalence of diabetes) were the first to be invited to take part in the NDPP, with a view to roll-out countywide.

Sexual Health

The rate of underage pregnancy in Gloucestershire is less than the national rate. The rate of chlamydia²⁷ detection in young people (15-24 year old) is however lower than the rate of detection in England²⁸; the rate of diagnoses of all new sexually

²⁵ Gloucestershire Health Profile, PHE 2017 <https://fingertips.phe.org.uk/profile/health-profiles>

²⁶ http://www.healthcheck.nhs.uk/commissioners_and_providers/data/

²⁷ Chlamydia is the most common diagnosed bacterial STI in England, with rates substantially higher in young adults

²⁸ PHE Sexual and Reproductive Health Profiles

<http://fingertips.phe.org.uk/sexualhealth#gid/8000035/ati/102>

transmitted infections (excluding chlamydia in under 25 year olds) e.g. syphilis, gonorrhoea, genital herpes etc. among people accessing specialist and non-specialist sexual health services in Gloucestershire is also lower than the rate of diagnoses in England as a whole. HIV testing uptake in Gloucestershire is lower than the national rate²⁹.

Illicit drug use

In Gloucestershire, an estimated 12,470 people aged 18-64 are predicted to be dependent on drugs in 2017³⁰. Nationally, most dependence is reported to be on cannabis only, rather than other drugs.

Oral health

The 2015 dental health survey of 5-year olds in England shows the prevalence of tooth decay in five-year-olds in Gloucestershire is in line with the South West average and lower than the England average. In 2015, 20% of 5 year olds in Gloucestershire had tooth decay compared to a quarter (25%) in England. There is variation in the prevalence of tooth decay across Gloucestershire, with more children living in Forest of Dean and Gloucester experiencing decay than in the other districts.

Further details on demographics and health needs for each of the District Council areas is presented in Section 5.6 (locality-based assessment).

Pharmaceutical services play an important role in addressing population health needs through the supply (and disposal) of prescribed drugs or appliances.

Pharmacies can also make a significant contribution to health improvement through providing information and advice to encourage healthy lifestyle behaviours, support early identification of health problems and the self-management of long-term conditions.

Pharmacies must take part in up to 6 public health campaigns per year with topics selected by NHS England.

²⁹ Ibid

³⁰ Projecting Adult Needs and Service Information (PANSI): PANSI 2017
<http://www.pansi.org.uk> (accessed 19.10.2017)

Section 5: Current provision of pharmaceutical services

This section identifies and maps current provision of pharmaceutical services within Gloucestershire in order to assess the levels and appropriateness of the provision. It gives an overview of the service providers, services being provided and accessibility to these services.

5.1 Pharmaceutical Contractors

Community Pharmacies

As at July 2017 there were a total of 114 Community pharmacies in Gloucestershire; this is an additional 1 to the 113 at the previous PNA in 2015. The names and addresses of community pharmacies within Gloucestershire are listed in Appendix 2 and their locations show on relevant maps at [PNA maps](#)

On 31 January 2018 (during consultation on the draft PNA) the following community pharmacies ceased trading:

- Lloyds Pharmacy Limited, 5 Glevum Centre Abbeydale Gloucester GL4 4FF
- Lloyds Pharmacy Limited 16 Millyard Nailsworth GL6 0AG
- Lloyds Pharmacy Limited 22 Court Road Brockworth Gloucester GL3 4EP.

During the period of consultation on the draft PNA, notification of the relocation of 1 pharmacy was also received:

- Badhams Pharmacy Ltd, 2 Blacksmith Lane, Churchdown relocated to Churchdown surgery, Parton road, Churchdown, GL3 2JH on 26 March 2018.

Required amendments have been made on relevant pages of the final version of the PNA to reflect these changes. Due to the close proximity of other pharmacies, changes to the mapping were not required.

Distance selling pharmacies

There is 1 wholly internet/mail order pharmacy within Gloucestershire. This is a new addition as there was no distance selling pharmacy located in Gloucestershire at the 2015 PNA; the location is identified on relevant maps [PNA maps](#)

While Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice, It is important to acknowledge that the pharmaceutical regulations do not permit distance selling pharmacies to provide essential services to a person who is present at the pharmacy or in the vicinity of it.

Dispensing GP Practices

There are 29 Dispensing GP practices spread across 32 sites (unchanged from the previous PNA). Only eligible patients can receive the GP dispensing services; the majority will live in a controlled area³¹ and their registered residence will be 1.6km from the nearest pharmacy.

Dispensing GP Practices are listed in Appendix 3 and dispensary locations identified on the relevant maps at [PNA maps](#)

Dispensing Appliance Contractors (DACs)

There are currently 2 Dispensing Appliance Contractors within Gloucestershire; names and addresses are listed in Appendix 2 and locations show on relevant maps at [PNA maps](#). Community Pharmacies and Dispensing GP practices can also dispense appliances.

Hospital pharmacies

Many patients attending hospital for treatment will receive some form of medication; hospital pharmacy service ensures prescriptions written in the hospital are dispensed. Gloucestershire Hospitals NHS Foundation Trust Pharmacy provides a pharmacy service from Cheltenham General, Gloucestershire Royal, Cirencester and Stroud Hospitals through on site pharmacy departments. Pharmacy services are also provided from these bases to the 2gether NHS foundation Trust and the community Hospitals. Hospital Pharmacies are excluded from the scope of the PNA.

³¹ Controlled Locality- is an area which has been defined as rural or remote in character

5.2 Pharmaceutical Contractors by District Council

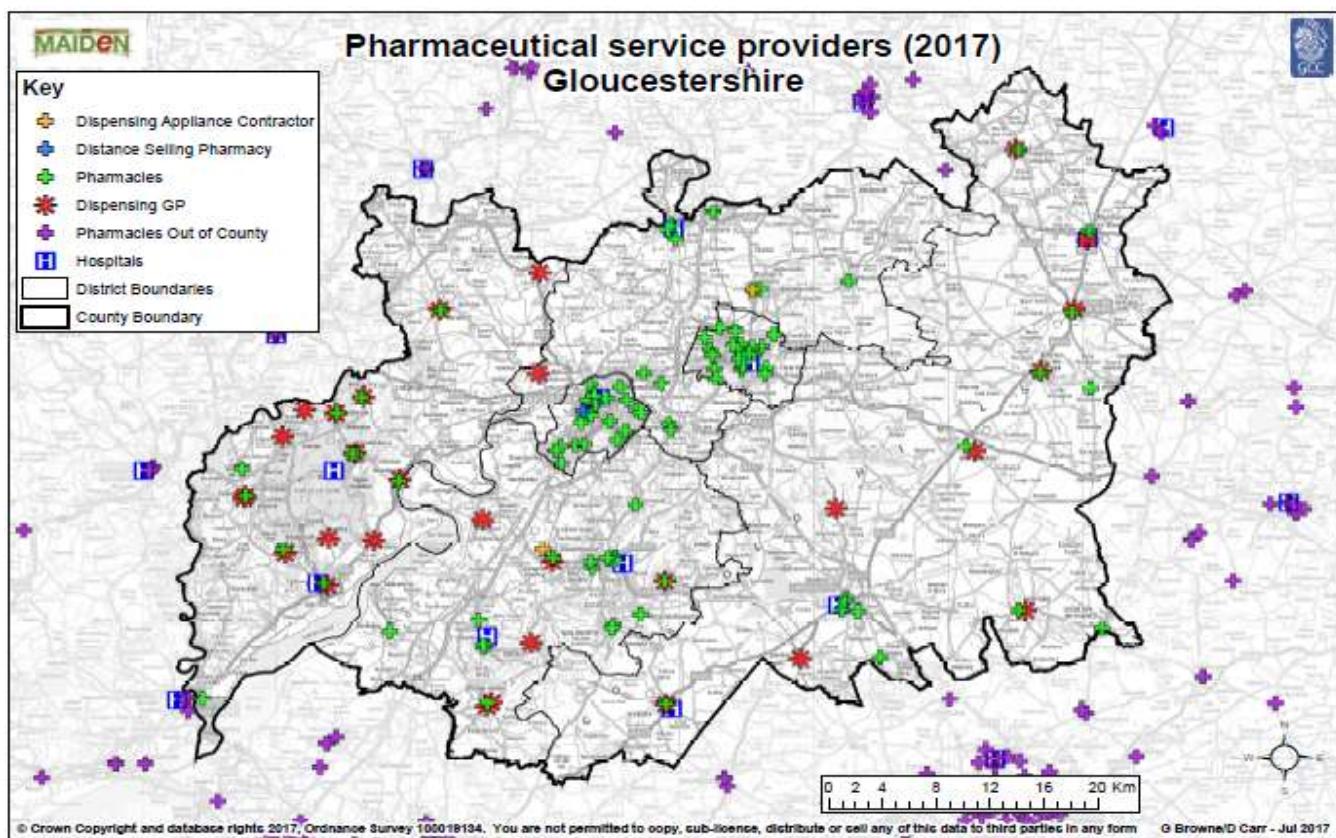
There is no recommended standard for the appropriate number of community pharmacies for a given population; the distribution of community pharmacies/pharmaceutical providers in each of the Gloucestershire districts is shown in the table below. With an estimated 623,129 residents and 140 providers of pharmaceutical services (including 111 community pharmacies and 29 dispensing GP practices), there is on average one pharmaceutical service provider per 4,451 people in Gloucestershire. This can otherwise be described as 22 pharmaceutical services providers per 100,000 population in Gloucestershire; this is in line with the national average (Table 3).

Within each District Council the coverage of community pharmacies ranges from 15 per 100,000 population in Tewkesbury and the Forest of Dean, to 22 per 100,000 in Gloucester. In terms of all pharmaceutical service providers (including dispensing GP practices) coverage rates range from 18 per 100,000 population in Tewkesbury to 29 per 100,000 in the Cotswold.

Table 3: Distribution Community Pharmacies/Pharmaceutical providers

	Community Pharmacies (15/16)*	Dispensing GP Practice (Jan2017) **	ONS Population estimates (000) Mid 2016	Community Pharmacies per 100,000 population	Pharmaceutical Providers per 100,000 population
England	11,688	1,023	55,268	21	23
Gloucestershire	114	29	623, 129	18	23
Cheltenham	25	0	117, 530	21	21
Cotswold	16	9	85,756	19	29
Forest of Dean	13	10	85,385	15	27
Gloucester	28	1	128,488	22	23
Stroud	19	6	117,381	16	21
Tewkesbury	13	3	88,589	15	18

Sources: *HSCIS <http://content.digital.nhs.uk>, **Dispensing Doctors Association <https://www.dispensingdoctor.org/> and ONS <https://www.ons.gov.uk>



5.3 Access to services

Access by Location

Existing services are provided from a wide range of locations within each locality. All areas within Gloucestershire are within a 20 minute driving time of a community pharmacy or dispensing GP practice and most are within a 10 minute drive. Many residents are also within a 20 minute walk of a pharmaceutical service provider.

An area of the Cotswold has drive-times of more than 20 minutes to the nearest pharmacy; this is a rural area with low population density. Residents of this area and other parts of Gloucestershire can access home delivery services which are provided by many local pharmacies.

Maps showing walking and driving travel times to pharmacies can be accessed at
[PNA maps](#)

Access by Opening Times

A pharmacy normally has 40 core contractual hours together with supplementary hours. Some pharmacies (opened under the former exemption from the control of entry test) have 100 hours contracted; there are eleven 100-hour pharmacies located across the county. The NHS terms of service require community pharmacies to provide NHS pharmaceutical services during their core and supplementary opening hours respectively. Community pharmacies also support NHS out-of-hour (OOH) services through Rota services.

There are 103 community pharmacies (i.e. all but 8) that open on a Saturday, with a range of opening hours (from 6.30am -10pm); 52 of these pharmacies are open to 5pm or later. 25 pharmacies open on a Sunday.

Maps showing locations of the 100-hours pharmacies, and pharmacies open on Saturdays and Sundays are available on [PNA maps](#)

There is good provision of pharmaceutical services across Gloucestershire with access to evening and weekend opening hours available in each District within Gloucestershire.

5.4 Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services. Healthy Living Pharmacies are committed to addressing local need, improving health and wellbeing and contributing towards reduced health inequalities within their communities.

Healthy Living Pharmacies offer a broader range of support and expert advice to help people engage in healthy lifestyles and improve their health and wellbeing. Support and advice should be easy to access as there is no appointment process. The objective of Healthy Living Pharmacies is to create pharmacy teams that are aware of local health needs of their communities and are consistently demonstrating they are promoting healthy lifestyles by tackling the health problems

their populations face. Each Healthy Living Pharmacy has one or more trained Healthy Living Champions.

Results from the community pharmacy questionnaire shows that 60% of pharmacies who responded have obtained the HLP status. The remainder of pharmacies stated they are working towards obtaining HLP status. As at September 2017, there were 97 healthy living champions within community pharmacies. Responses to the community pharmacy questionnaire highlighted an appetite from pharmacies to take on a greater role in improving the public's health.

5.5 Services provided

The PNA pharmacy questionnaire was sent out to all community pharmacies; 92 of 114 community pharmacies (81%) responded to the questionnaire. This response rate is slightly lower than that of the previous PNA in which the response rates for community pharmacy was 84%. Full details of the responses of the community pharmacies to the PNA questionnaire are shown in Appendix 4.

Table 4 below shows the response rate of community pharmacies to the PNA survey (September 2017) is shown below:

Table 4

District	Number of Community Pharmacies	Number of Community Pharmacies responding to PNA Survey
Cheltenham	25	22 (88%)
Cotswold	16	14 (87.5%)
Forest of Dean	13	8 (61.5%)
Gloucester	28	21 (75%)
Stroud	19	14 (73.6%)
Tewkesbury	13	13 (100%)

A Summary of provision of pharmaceutical services within community pharmacy is given below:

Essential services:

All community pharmacies providing a NHS service are required to provide essential services (as listed in section 3). The majority of community pharmacies in Gloucestershire dispense '*All types*' of appliances.

Advanced services:

Pharmacies who choose to provide advanced services (as listed in section 3) must meet the set requirements to do so. Results of the community pharmacy questionnaire indicate that the majority of respondents provide a Medicines Use Review (98%), New Medicine Service (98%) and National Influenza Adult Vaccination Service (NIAVS) (80%). The Appliance Use Review and Stoma Appliance Customisation services are mainly carried out by the Dispensing Appliance Contractors (DACS) who Community Pharmacies could refer to.

Data from responses from Community Pharmacies to the PNA survey gives an overview of the provision of advanced pharmaceutical services within the districts as shown in the table below,

Table 5: Number and percentage of respondents to the contractor survey providing each service

Advanced Service	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury
Medicines Use Review (MUR)	22 (100%)	14 (100%)	8 (100%)	20 (95%)	13 (93%)	13 (100%)
New Medicines Service (NMS)	22 (100%)	14 (100%)	8 (100%)	20 (95%)	12 (86%)	13 (100%)
National Influenza Adult Vaccination Service (FLU)	14 (64%)	12 (86%)	8 (100%)	17 (81%)	11 (78.5%)	11 (85%)

Medicines Use Reviews are a key service provided to patients on long-term medications. Key target groups for MURs are:

1. Patients taking high risk medicines e.g. Non steroidal anti-inflammatory drugs (NSAIDs), Anticoagulants, Antiplatelet drugs, Diuretics
2. Patients recently discharged from hospital who have had changes made to their medicines while they were in hospital.
3. Patients with respiratory disease (asthma and COPD)
4. Patients at risk of, or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines.

The purpose of the MUR service is, with the patient's agreement, to improve their knowledge and use of medicines, through a specific consultation between the pharmacist and the patient. In particular, by:

- establishing the patient's actual use, understanding and experience of taking medicines;
- identifying, discussing and resolving poor or ineffective use of medicines;
- identifying side effects and drug interactions that may affect the patient's compliance with the medicines prescribed for them; and
- Improving clinical and cost effectiveness of medicines prescribed also helping to reduce medicines wastage.

Data on the number of MURs performed by community pharmacies in Gloucestershire in 2016/17 is presented below. Across all districts community pharmacies carried out a significant number of MURs, with the average number per pharmacy ranging from 253 to 357. The Gloucestershire average was 288 per pharmacy, this is comparable to national figures (in 2015/16 the average number per pharmacy in England was 300).

Medicines Use Reviews by Community Pharmacies in 2016/17.

	Number of Community Pharmacies	Pharmacies Providing MUR Service	Percentage of Pharmacies providing MUR services	Total MURs	Average MURs per pharmacy
Cheltenham	25	25	100	7600	304
Cotswold	15	13	86.6	3792	253
Forest of Dean	13	13	100	3938	303
Gloucester	28	26	92.8	6963	249
Stroud	19	18	94.7	5631	296
Tewkesbury	13	13	100	4635	357
Gloucestershire	113	108	95.5	32,559	288

Source: NHS England Area Team

NHS England will pay individual pharmacies to carry out up to 400 MURs per year, beyond this no payment will be received. It is therefore important to focus MURs on those who are likely to benefit most. Pharmacies in Gloucester have the lowest average number of MURs per pharmacy. Given the high health needs in the Gloucester City population it is likely that provision of additional MURs by pharmacies in the District will help to improve health outcomes.

There is sufficient coverage of the MUR service, NMS and the Seasonal flu service in each of the District Councils within Gloucestershire

Existing pharmacies in areas of high health need could provide additional MURs to further support patients in managing their health.

Enhanced Services:

Out of Hours (Rota Service)

At present, the only enhanced service commissioned by NHS England Area Team in Gloucestershire is the Out of Hours Rota Service. All pharmacies in Gloucestershire are included in the scheme and are commissioned on a need basis; pharmacies providing the service may change from year to year.

There is adequate membership of the Out of Hours Rota Service
within Gloucestershire

Locally Commissioned Services:

Gloucestershire Clinical Commissioning Group (GCCG) and Gloucestershire County Council commission some 'Locally Commissioned' Services. The locally commissioned services are described below and provision of the services in the districts shown on maps which can be accessed at [PNA maps](#)

Minor Ailments Scheme (commissioned by GCCG): The scheme aims to ensure that patients access self-care advice for the treatment of minor ailments (in particular winter ailments) and where appropriate can be supplied with over the counter (OTC) medicines at NHS expense, in order to treat their minor ailment. This service promotes the role of the pharmacist and self-care, as well as helping to reduce GP, Out of Hours and Emergency Department workload for minor ailments, which increases capacity for greater focus to be delivered on more complex and urgent medical conditions. Across Gloucestershire 76 community pharmacies are commissioned to provide a minor ailments scheme, although all community pharmacy contractors are invited to participate.

Not Dispensed Scheme (commissioned by GCCG): The service enables community pharmacies to identify where prescribed medicines are being ordered or used inappropriately and to improve service user outcomes. This may be through a Medicines Use Review with the service user and the provision of feedback to GP surgeries. The scheme aims to reduce the burden of waste medicines within

Gloucestershire, which has far reaching implications both financially and in terms of harm and health outcomes for service users in Gloucestershire. Across Gloucestershire 74 community pharmacies are commissioned to provide the Not Dispensed Scheme, although all community pharmacy contractors are invited to participate.

Emergency/ Palliative Drugs (stockholding) Scheme (commissioned by GCCG): This service is aimed at the assured 'in hours' supply of palliative care and specialist medicines, the demand for which may be urgent and/or unpredictable and designed to improve access to palliative care/other specialist medicines for service users/carers/healthcare professionals when they are required, in order to ensure that there is no delay to treatment whilst also providing access and choice. Across Gloucestershire 52 community pharmacies are commissioned to provide access to emergency medicines.

Urgent Repeat Medication Service -URMS (commissioned by GCCG): This service ensures timely access to medicines for all patients in urgent situations, where it is not practicable to obtain a prescription, for example, during bank holidays, Out of Hours (OOHs) and when GP surgeries are closed. It should also reduce the burden of prescription requests for regular repeat medication received by Gloucestershire OOH Services, Emergency Services and the minor injury and illness units' services. Across Gloucestershire 74 community pharmacies are commissioned to provide the URMS, although all community pharmacy contractors are invited to participate.

Pharmacy Call-Out Scheme (commissioned by GCCG): The service aims to improve access, for service users registered with a Gloucestershire GP, to specialist medicines (including those medicines on the Emergency/Palliative Drugs List) when they are required by ensuring access and continuity of supply, which includes 'out-of-hours' time periods. Also it aims to support service users, carers and clinicians by providing them with information and advice on specialist medicines, and to provide referral to other sources of assistance when appropriate.

Across Gloucestershire 13 community pharmacies are commissioned to provide a Call-Out Service.

Sexual Health Advanced Services (commissioned by GCC): The aim of this service is to increase access to community services which offer free advice, treatment and contraception to reduce the number of unplanned pregnancies in Gloucestershire particularly in those aged under 18 years, and reduce the prevalence of Chlamydia. This service has 3 components listed below:

- Sexual Health advice and signposting
- Supply of Emergency Hormonal Contraception (EHC)
- 'C-Card' Condom Distribution

Support to Stop Smoking in Community Pharmacies (commissioned by GCC): The service aims to provide support to smokers who choose to stop smoking, nicotine replacement therapy (NRT) can be supplied to aid the quit journey.

Supervised Consumption Scheme (Public Health-GCC Service commissioned via third party provider): The scheme allows identified community pharmacies to provide the supervised consumption of routinely prescribed drugs for treatment of drug dependence, primarily methadone and buprenorphine (Subutex®).

Needle & Syringe Exchange Scheme (Public Health-GCC Service commissioned via third party provider): The scheme is an agreement with identified community pharmacies to provide sterile needles and syringes to injecting substance misusers and access to a sharps container to encourage the return of used equipment to community pharmacies.

Disposal of Used Sharps (commissioned by GCC –Waste Management) The service aims to reduce the risk of needle stick injury in the community and inappropriate disposal of used injectable sharps, by providing a safe and secure means of disposal of personal used injectable sharps, used by patients with chronic

disease. The community pharmacy accepts all sharps containers containing used injectable sharps from patients, including containers which have been directly supplied to a small number of patients receiving certain pre-filled syringes.

Table 6:

Locally Commissioned Service	Number of Pharmacies					
	Cheltenham	Cotswold	Forest of Dean	Gloucester	Stroud	Tewkesbury
The Minor Ailments Scheme	17	9	11	18	10	11
The Not Dispensed Scheme	17	8	11	18	9	11
Urgent Repeat Medicines	17	8	11	18	9	11
Pharmacy Call- Out Scheme	6	3	1	0	1	2
Emergency /Palliative Drugs (stockholding) Scheme	15	9	3	11	8	6
Advanced Sexual Health Service	17	11	11	27	17	9
Smoking Cessation Service	22	12	12	23	16	10
Supervised Consumption Scheme	6	4	8	13	6	6
Needle and Syringe Exchange Scheme	6	2	4	4	3	4
Disposal of Used Sharps	20	12	11	24	17	12

The provision of locally commissioned services is adequately distributed across Districts within Gloucestershire.

Access to locally commissioned services is aligned to health need with greater availability of smoking cessation, advanced sexual health, supervised consumption and needle exchange services provided in areas of higher need.

5.6 Locality-based assessment

	Cheltenham	Cotswold	Forest of Dean
Population & Deprivation	<ul style="list-style-type: none"> - The proportion of working age residents is higher in Cheltenham than the county as a whole. - 5.7% of residents in Cheltenham were from Black and Minority Ethnicities (higher than the county average) 	<ul style="list-style-type: none"> - Cotswold is one of the 20% least deprived districts/unitary authorities in England. - The proportion of people age 65 and over is higher in Cotswold than the county as a whole. - 	<ul style="list-style-type: none"> - The proportion of people aged 65 and over is higher in the Forest of Dean than the county as a whole.
Health & Lifestyle	<ul style="list-style-type: none"> - The health of residents is varied compared with the England average - Although life expectancy for men is higher than the England average, there are health inequalities in life expectancy within the district. Life expectancy lower the most deprived areas of Cheltenham; by 9.6 years men and 6.5 years for women compared to those in the least 	<ul style="list-style-type: none"> - The health of Cotswold residents is generally better than the England average and life expectancy for both men and women is higher than the England average. - Smoking prevalence in adults is lower than regional/national rate. - In 2011, 13,369 residents 	<ul style="list-style-type: none"> - The health of people in Forest of Dean is varied compared with the England average - Life expectancy for both men and women is similar to the England average. Life expectancy is 6.4 years lower for men and 2.8 years lower for women in the most deprived areas of Forest of

	<p>deprived areas of Cheltenham</p> <ul style="list-style-type: none"> - Hospital stays for <i>alcohol-related harm is worse than the national average</i> - the proportion of people with a long term health problem or disability that limits their day to day activities (15%) is lower than the county average 	<p><i>(16.1%) had a long term limiting illness or disability</i> (increased by 10.2% from 2001 to 2011).</p>	<p>Dean than in the least deprived areas</p> <ul style="list-style-type: none"> - Percentage of the population classified as having <i>excess weight is worse</i> than regional and national rates - Hospital stays for alcohol-related harm is better than regional and national rates - In 2011, <i>19.6% of the total Forest of Dean population had a long term health problem or disability</i> that limited their day to day activities (an 11.3% increase since 2001)
Pharmacy Opening Hours	<ul style="list-style-type: none"> - All but 1 pharmacy are open on Saturday with 11 open after 5pm. - 8 pharmacies are open on Sunday; most between 10am-4/4.30pm. 1 pharmacy is open till 10pm 	<ul style="list-style-type: none"> - Only 1 pharmacy is closed on Saturdays, most are open between 9am-5pm and 1 pharmacy is open between 6am-10pm. 	<ul style="list-style-type: none"> - All but 2 pharmacies are open on Saturday, most open till between 5/5.30pm. - All pharmacies are closed on Sunday

		- 2 pharmacies are open on Sunday until 4/4.30pm	
Accessibility	All residents are within a 20 minute drive time to a community pharmacy	All residents are within a 20 minute drive time to a community pharmacy	All residents are within a 20 minute drive time to a community pharmacy
Essential Services Provision	Provided by all community pharmacies; 16 of 22 respondents dispense appliances	Provided by all community pharmacies; 13 of 14 respondents dispense appliances	Provided by all community pharmacies; all 8 respondents dispense appliances
Advanced Services Provision	The majority of community pharmacies provide a MUR, NMS and the National influenza adult vaccination service.	The majority of community pharmacies provide a MUR, NMS and the National influenza adult vaccination service.	The majority of community pharmacies provide a MUR, NMS and the National influenza adult vaccination service.
Enhanced Services Provision	All community pharmacies are enrolled on the <i>Out of Hour Rota service</i> and annual commissioning of the service by NHS England is on a 'need' basis.	All community pharmacies are enrolled on the <i>Out of Hour Rota service</i> and annual commissioning of the service by NHS England is on a 'need' basis.	All community pharmacies are enrolled on the <i>Out of Hour Rota service</i> and annual commissioning of the service by NHS England is on a 'need' basis.
Locally Commissioned Services Provision	Public Health Services: Advanced sexual health - 17 Smoking cessation service - 22 Supervised Consumption scheme - 6 Needle & syringe exchange scheme - 7	Public Health Services: Advanced sexual health - 11 Smoking cessation service -12 Supervised Consumption scheme - 4	Public Health Services: Advanced sexual health -11 Smoking cessation service- 12 Supervised Consumption scheme - 8 Needle & syringe exchange scheme -

	<p>Disposal of used sharps - 20</p> <p>Gloucestershire CCG services:</p> <p>Access to emergency medicines: 15</p> <p>Call out service: 6</p> <p>Minor ailment service: 17</p> <p>Not dispensed scheme: 17</p> <p>URMS: 17</p>	<p>Needle & syringe exchange scheme - 2</p> <p>Disposal of used sharps - 12</p> <p>Gloucestershire CCG services:</p> <p>Access to emergency medicines: 9</p> <p>Call out service: 3</p> <p>Minor ailment service: 9</p> <p>Not dispensed scheme: 8</p> <p>URMS: 8</p>	<p>4</p> <p>Disposal of used sharps - 11</p> <p>Gloucestershire CCG services:</p> <p>Access to emergency medicines: 3</p> <p>Call out service: 1</p> <p>Minor ailment service: 11</p> <p>Not dispensed scheme: 11</p> <p>URMS: 11</p>
<p>Neighbouring Provision Out-of County</p>	None	<p>22 Community Pharmacies across the border- Worcestershire/Warwickshire/Oxfordshire/Swindon/Wiltshire</p>	<p>14 Community Pharmacies across the border- Monmouthshire/Herefordshire</p>

	Gloucester	Stroud	Tewkesbury
Population & Deprivation	<ul style="list-style-type: none"> - The growth in the district's population between 2001 and 2011 was higher than the Gloucestershire average. - Gloucester has <i>younger population</i> than the county average. - The proportion of <i>Black and Minority Ethnic residents (10.9%) is higher</i> than the countywide average of 4.6% - According to the overall Index of Multiple Deprivation, 18 of Gloucester's 74 LSOAs are amongst the most deprived 20% in England, while 19 are in the least deprived 20% in England. - Gloucester is the only district in the county with a rate of <i>statutory homelessness higher than the national rate.</i> 	<ul style="list-style-type: none"> - The district's population increased by 4.5% between 2001 and 2011 (Lower than the Gloucestershire average of 5.7%) - The <i>proportion of people aged under-18 and 65 and over is higher</i> in Stroud than the county as a whole. - Stroud is one of the 20% least deprived districts/unitary authorities in England 	<ul style="list-style-type: none"> - The district's population increased by 7.3% between 2001 and 2011, (higher than the county average) - The <i>proportion of people aged 65 and over is higher</i> in Tewkesbury than the county as a whole - Tewkesbury is one of the 20% least deprived districts/unitary authorities in England
Health &	<ul style="list-style-type: none"> - The health of people in Gloucester is 	<ul style="list-style-type: none"> - The health of people in 	<ul style="list-style-type: none"> - The health of people in

Lifestyle	<p>varied compared with the England average. <i>Life expectancy for both men and women is lower than the England average.</i></p> <ul style="list-style-type: none"> - There are <i>significant inequalities in life expectancy</i>'s 10.9 years lower for men and 10.8 years lower for women in the most deprived compared to the least deprived areas of Gloucester. - Hospital stays for <i>alcohol-related harm</i> is worse than the average for England - <i>16.8% of people in Gloucester had long term health problem or disability</i> that limited their day to day activities (similar to county average of 16.7%) - (10.3% increase between 2001- 2011) 	<p>Stroud is generally better than the England average. Life expectancy for men is higher than the England average.</p> <ul style="list-style-type: none"> - Health Inequalities: <i>Life expectancy is 6.3 years lower for men and 6.0 years lower for women in the most deprived areas of Stroud</i> than in the least deprived areas - Emergency hospital admissions for intentional self-harm is worse than the England average. - <i>16.8% of the total population have a long term health problem or disability</i> that limits their day to day activities, similar to the county average of 16.7% (10.3%) 	<p>Tewkesbury is generally better than the England average</p> <ul style="list-style-type: none"> - Health inequalities: <i>Life expectancy is 7.5 years lower for men and 5.4 years lower for women in the most deprived areas of Tewkesbury</i> than in the least deprived areas - Estimated <i>levels of adult excess weight are worse than the England average</i> - <i>16.5% of residents with a long term limiting illness or disability</i> (14% increase between 2001- 2011)
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		increase between 2001-2011).	
Pharmacy Opening Hours	All but 3 pharmacies are open on Saturdays with 4 open till 10pm (1 of which is open for 24hours) 9 community pharmacies are open from 10am-4/4.30pm and 1 pharmacy closes at 8pm.	All (but 1) community pharmacies are open on Saturday mainly between 9-5/5.30pm; 1 pharmacy is open till 10pm. 2 pharmacies are open on Sunday between 10am-4pm.	All pharmacies are open on Saturday 3 pharmacies are open on Sunday, 1 until 7pm.
Accessibility	All residents are within a 20 minute drive time to a community pharmacy	All residents are within a 20 minute drive time to a community pharmacy	All residents are within a 20 minute drive time to a community pharmacy
Essential Services Provision	Provided by all community pharmacies ; 20 of 12 respondents dispense appliances	Provided by all community pharmacies; 13 of 14 respondents dispense appliances	Provided by all community pharmacies; all 13 respondents dispense appliances
Advanced Services Provision	The majority of community pharmacies provide a MUR, NMS and the National influenza adult vaccination service.	The majority of community pharmacies provide a MUR, NMS and the National influenza adult vaccination service.	The majority of community pharmacies provide a MUR, NMS and the National influenza adult vaccination service.
Enhanced Services Provision	All community pharmacies are enrolled on the <i>Out of Hour Rota service</i> and annual commissioning of the service by NHS England is on a 'need' basis.	All community pharmacies are enrolled on the <i>Out of Hour Rota service</i> and annual commissioning of the service by NHS England is on a	All community pharmacies are enrolled on the <i>Out of Hour Rota service</i> and annual commissioning of the service by NHS England is on a

		a 'need' basis.	'need' basis.
Locally Commissioned Services	<p>Public Health Services:</p> <p>Advanced sexual health- 27</p> <p>Smoking cessation service- 23</p> <p>Supervised Consumption scheme- 13</p> <p>Needle & syringe exchange scheme- 4</p> <p>Disposal of used sharps- 24</p> <p>Gloucestershire CCG services:</p> <p>Access to emergency medicines: 11</p> <p>Call out service: 0</p> <p>Minor ailment service: 18</p> <p>Not dispensed scheme: 18</p> <p>URMS: 18</p>	<p>Public Health Services:</p> <p>Advanced sexual health- 17</p> <p>Smoking cessation service- 16</p> <p>Supervised Consumption scheme- 6</p> <p>Needle & syringe exchange scheme- 3</p> <p>Disposal of used sharps- 17</p> <p>Gloucestershire CCG services:</p> <p>Access to emergency medicines: 8</p> <p>Call out service: 1</p> <p>Minor ailment service: 10</p> <p>Not dispensed scheme: 9</p> <p>URMS: 9</p>	<p>Public Health Services:</p> <p>Advanced sexual health- 9</p> <p>Smoking cessation service- 10</p> <p>Supervised Consumption scheme- 6</p> <p>Needle & syringe exchange scheme- 4</p> <p>Disposal of used sharps- 12</p> <p>Gloucestershire CCG services:</p> <p>Access to emergency medicines: 6</p> <p>Call out service: 2</p> <p>Minor ailment service: 11</p> <p>Not dispensed scheme: 11</p> <p>URMS: 11</p>
Neighbouring Provision Out- of County	None	6 Community Pharmacies across the border- South Gloucestershire	11 Community Pharmacies across the border- Worcestershire

Data sources: www.inform.goucestershire.gov.uk <https://fingertips.phe.org.uk/profile/health-profiles> www.ons.gov.uk (2011 census)

Section 6: Public Feedback

An online survey was run from 16th August to 6th October to capture public views regarding current and future provision of pharmaceutical services in Gloucestershire.

The survey was hosted on the Gloucestershire County Council website and promoted through community pharmacies and dispensing GPs, on social media and by Healthwatch Gloucestershire and Carers Gloucestershire (Appendix 5-Summary of public survey).

243 responses were received. Of those responding to the survey the majority (80%) collect their medications from a pharmacy, 16% collect from a GP Dispensary and 4% have their prescribed medications delivered.

The majority of respondents visit their pharmacy or dispensing GP monthly (44%) or every 2-3 months (28%). Most respondents visit for themselves (91%) and/or a family member (27%); a small proportion visit on behalf of someone they care for, or someone else (8% combined).

Proximity of the pharmacy to home was the primary influence on the choice of pharmacy for the majority of respondents. The quality of the service and the range of services available were also important factors in influencing choice of pharmacy. Some respondents choose to use a pharmacy close to their place of work. Respondents who left comments regarding factors influencing their choice of pharmacy highlighted issues such as parking, opening hours, proximity to their GP surgery or location within or close to other shops as factors influencing choice.

Accessibility

Half (50%) of respondents usually drive to their pharmacy and 43% usually walk.

Only a third of respondents stated they know which pharmacies in their local area are open early mornings, evenings or weekends. In terms of opening hours respondents most frequently stating extended opening hours of 6-9pm and on Saturdays as being the most useful. Around a third also stated Sundays would be useful, a small proportion stated opening before 9am or after 9pm would be useful for them.

The vast majority of respondents considered their regular pharmacy to be clean and tidy (92%) and the staff to be helpful and professional (90%). Half of respondents thought disabled access was available, however 7% said it was not and 39% said they did not know.

In terms of accessibility a few respondents highlighted challenges for people with additional needs. Pharmacies should ensure delivery services are promoted for those with limited access to transport options.

“I feel that the staff, including the Pharmacists are not sensitive to my disability or aware of how to communicate with someone who has sight loss.”

“The Pharmacy closest to [my house] is too far to walk easily. I have a disability so rely on other people to help. There is no direct bus route to either.”

Ease of obtaining medication

Over a third of respondents (39%) considered the ease of obtaining medication to be “excellent” and a similar proportion (34%) rated it as “good”; around 6% rated it as “poor” or “very poor”.

Most respondents viewed the service they receive to be efficient, professional and helpful. Many shared positive experiences of both online ordering systems with their local GP Surgery and of delivery services.

“I order online and then pick it up. It's very easy.”

“There is a 2-day period between ordering (on-line) and availability.”

“As I live on my own home delivery was a great help when needed.”

Many also shared comments relating to repeat prescription processes, these were generally positive but a small number of respondents noted areas where improvements could be made. Individuals receiving controlled drugs or multiple long-

term medications raised particular challenges with processing times and co-ordinating orders.

“When I collect my medication I am asked whether it should be ordered for the following month. The medication is always ready when I arrive to collect it.”

“I use the pharmacy ordering service and receive a text when my prescription medication is ready to collect...This works well for me.”

“I receive my prescriptions on Pathfinder which works very well. It would be even better if I could text or email when I require a new prescription.”

“Repeat prescription process is very casual, bits of paper to make the notes on.”

“Long time between ordering and dispensing controlled medicines”.

“I have a large number of items which are dispensed separately due to frequency of use and amounts given...items are not always delivered on the dates given, they often need chasing up.”

Those rating the ease of obtaining their medications as “poor”/“very poor” highlighted experiences of waiting a number of days for stock availability, incomplete prescriptions, delays with online ordering and inconsistency in the quality of delivery services. Some respondents reported a lack of support from pharmacists to source medications from alternative providers when there was a lack of stock in their own pharmacy.

“Prescriptions take days to travel from surgery to my local branch...now I order early then wait until they send a text informing me that it has been dispensed”.

“I opt to have mine delivered...so often when I attend in person they are unable to hand me my dispensed prescription because there is no pharmacist present. Reluctantly...I have opted to have my prescriptions in future delivered by mail from a online provider.”

“They need reminding frequently because they have missed one of the item.”

“No attempt was made by the named pharmacy for my repeated prescriptions to locate this vital medication from another pharmacy.”

Respondents that use a GP practice-based dispensary value the availability of this service, particularly those living in rural areas. However some comments suggest there is confusion and frustration among those not eligible to use a GP dispensary where it is located in their practice. Some individuals commented on meeting the eligibility criteria for the dispensary, but not for home delivery services which can present challenges when they have to rely on others to collect their medications.

“The Dispensary attached to the GP Surgery is vital in this rural location.”

“I live a number of miles away from the GP practice so am eligible to use the dispensary but ironically if needed have to rely on volunteers for home delivery.”

Provision of information on medications

The majority of respondents (92%) stated being given adequate information about their medication in terms of dosage and potential side effects. A number of individuals left specific comments to this question. Whilst most were complimentary of the information and advice provided, the range of comments received highlights a lack of consistency in the offer and quality of advice provided between pharmacy teams. Some highlighted that the information provided is often via the leaflet inside the box, and verbal advice was not often forth-coming. One respondent commented that the leaflets on each medication are useful but there is a lack of information regarding potential interactions with other drugs for those on multiple medications. Another shared that whilst information on specific medications is useful, there can be a gap in the provision of information which considers the range of medications being prescribed for one individual.

“Always helpful. Will explain your tablets and how to take them fully.”

“Good to have verbal advice on your medication as the information included is too comprehensive for the average patient.”

“Written information on dosage is always provided but due to my sight impairment, I am unable to read this”

“information varies in its quality”

“When taking a variety of medicines for chronic conditions I’m aware of individual leaflets giving advice etc for each item. What’s missing is something that looks at the overall effect of medicines being taken.”

Additional services

The most commonly used service among respondents was “advice and treatment for minor ailments” which around half of respondents had accessed. Most respondents reported positive experiences and many commented on the convenience of accessing professional advice from a pharmacy compared to waiting for a GP appointment. However comments suggest there is some inconsistency in the quality of service provided, including whether the environment enables customers to raise sensitive queries discretely.

“Very useful, professional service that in one instance has prevented a visit to GP”

“They are always very helpful and give me good advice on what treatment options are available and when I should see the GP.”

“More convenient than going to my GP Surgery.”

“Very useful, I mostly use the pharmacy for minor ailment advice for my children”

“Was made to feel like I was a difficult patient when I asked about it.”

“Front of house staff did not seem able or willing to provide advice. Getting access to the trained pharmacist can be embarrassing with no easy way to request help.”

Just over a quarter of respondents had accessed a medicines review (meeting to discuss medicines), a further 16% said they would like to see this in place. Of those using the service most were complimentary and highlighted the benefit of this service in improving patient safety. The availability of a private room or area where sensitive issues can be discussed was highlighted as important in carrying out effective medicine reviews. A few respondents commented that the review offer to them by their pharmacy seemed to duplicate work already carried out by their GP, highlighting the need for good communication between general practice and community pharmacies to ensure efficient use of resources across the health system.

“I found this useful, as it we went over best times to take meds...I had got into the habit of taking meds at wrong times which could cause an adverse reaction.”

“Our pharmacist is very good and regularly reviews my medication, advises me on when and how to take it and any possible side effects. If I have a problem she is always ready to give advice. Brilliant service.”

“Annual prescription review, instigated by pharmacy is to be welcomed.”

“I explained my GP had carried out thorough review a few days before but stayed to be interviewed...carrying out this 'service' It was just a duplication of my GP's work.”

9% had used a pharmacy delivery service and around 20% would like to see these services available, some would like to see improvements in the eligibility criteria for the service and co-ordination of repeat prescription deliveries.

“Home delivery service, in particular, is essential as I am completely bedbound”

“Home delivery is difficult in a rural area and not openly/freely available.”

“very frustrating that all repeat prescriptions are not delivered at same time.”

15% of respondents had access a flu vaccination via a pharmacy and 21% would like to see this available. 10% had received a blood pressure check in a pharmacy

and 25% would like to see this service available. Smaller proportions had accessed cholesterol or diabetes testing via a pharmacy (around 4% each), however over a quarter of respondents were interested in seeing these services available and those that had accessed them found them useful.

Around 4% of respondents had accessed contraception and/or emergency contraception from a pharmacist, those that had accessed this service had a positive experience.

“Flu jab was swift and that suits me!”

“blood pressure check found this invaluable as it needed to be checked regularly for a time”

“Cholesterol testing and diabetes testing very useful.”

“The emergency contraception is normally efficient and sensitive too.”

Less than 4% had accessed healthy lifestyle advice from a pharmacy, whilst almost a fifth stated they would like to. A similar pattern was seen in relation to stop smoking treatment and advice on losing weight. Few had accessed chlamydia screening via a pharmacy and only 12% stated they would like to see this available from pharmacies.

Other feedback received

Electronic prescribing

Electronic prescribing was raised by a few respondents, mostly in terms of positive experiences; however a few had experienced details getting lost on the system and/or delays in the information being transferred to the pharmacy.

“Love the electronic repeat prescription service”

“...my daughter was home but had run out of medication prescribed by her GP in her uni town. The [local pharmacy] was brilliant with getting the prescription transferred...It was good to see the benefit of electronic working!”

“Electronic Prescription system needs to be more flexible...for acute rather than repeat prescriptions”

“Prescriptions go from my GPs computer to the practice dispensary and then to the in-practice pharmacy but often details get lost en route.”

Environment

A few respondents raised the importance of the environment and staff attitude in encouraging individuals to discuss their health with pharmacy staff. Whilst most pharmacies provide private consulting areas this is often not well publicised to customers.

“...if you want to encourage people to use pharmacies then the environment is key but the attitude is even more important...how we access services is usually down to how comfortable and confident we feel as the psychology of illness is key to who we open up to or are prepared to discuss things with.”

“Availability of private room for consultation is important and available at my pharmacy, but it's availability should be prominently advertised to customers.”

“staff make loud comments about your prescription for anyone to hear”

Communication with other healthcare providers

A number of survey respondents commented on the communication between pharmacies and other parts of the health system. Where communication between pharmacies and GP practices worked well this was recognised and valued by respondents, however for others this is an area which requires improvement. Others noted a lack of joined up services between the hospital and community pharmacies which caused confusion and frustration for patients.

“The excellence of the service is underpinned by sound working with the GP practice”

“The communication system between the Medical Centre and the pharmacist is problematic in a number of ways.”

“Recently prescribed medicine at Hospital but the Hospital itself refused my green prescription meaning I had to make an extra journey into [town]..It was out of stock so had to make another journey... With limited [mobility] this meant two unnecessary and painful trips.”

Pressure on service

The public recognise the pressure facing community pharmacies and wider health system. Some left comments to highlight a need for more staff in some pharmacies and challenges with staff rotation which limits the ability to form a relationship with their local pharmacist.

“Service at the counter is also very slow - there is always a queue and often a long one. More staff needed I think.”

“One important matter is that the Pharmacists change so frequently - there can be a number of different ones in a week so there is a lack of consistency.”

Pharmacies are increasingly being promoted as a source of early help for patients. Respondents to the survey recognise the importance of pharmacies as part of a sustainable health system. However, there is a need to improve the consistency and quality of advice provided to enable pharmacies to effectively support patients to be able to manage their health effectively and to reduce avoidable use of other health services.

“Pharmacies are a vital service for the community. Not only are they a valuable source of advice and information (and of course medication), but they help to avoid unnecessary demand on GP practices and A&E departments.”

“although one is encouraged to seek advice from a pharmacist they invariably refer me to GP or A&E.”

Public Feedback Summary

Comments left by respondents highlight the important role pharmacies can make in improving access to early help and advice. The range of services currently offered by pharmacies could be promoted to increase awareness of the support available, and the times at which this can be accessed. Communication between community pharmacies and GP Surgeries should be strengthened to improve patient experience and the efficient use of resources across the system.

The consistency of service provision, including accessibility, staff training and availability of private consultation areas should also be improved across pharmacies in Gloucestershire.

“I didn't know some of these services were available and am interested in using them if they are.”

“I have accessed several of the above via the GP and would prefer to continue to do so that my care does not become fragmented between providers”

“Like anything else it highly dependent on particulars of personnel I use a range of pharmacies in the county and some are friendlier /more professional than others.”

“Our pharmacy is an invaluable resource in our community. The staff are helpful and knowledgeable. It's easy to walk to for the many residents of our area. many of whom are elderly.”

Section 7: Summary & Recommendations

7.1 Looking to the future

An ageing population presents challenges for the health and social care system as the additional years are not necessarily spent in good health. With increasing life expectancy, the number of people who will live with long-term, and often complex, health conditions also increases. An aging population may place a greater demand on community services in terms of prescription collection and delivery services.

Gloucestershire has an increasingly diverse population which services need to respond to. Differences in culture, health systems and language skills may impact on the choice of appropriate health care services, (including community pharmacies) by this population group.

The growing provision of distance-selling (internet) pharmacies provides increased choice for patients to access essential pharmaceutical services online and have dispensed items delivered.

Community Pharmacies need to engage in change programmes emerging from the One Gloucestershire Sustainability and Transformation Partnership to maximise on opportunities to join up services, improve access to advice and support, and improve the health, well-being and confidence of individuals in managing their own health.

7.2 Identified gaps and opportunities for service improvements

No gaps in the provision of pharmaceutical services were identified in this assessment.

Opportunities for service improvements have been identified based on a review of current service provision and feedback from the public and professional stakeholders. These include:

- Improving awareness of pharmacy opening hours.
- Improving the provision of private spaces to enable patients to discuss sensitive issues with their pharmacist or pharmacy assistants.

- Improving availability and awareness of delivery services for eligible patients.
- Improving the quality and consistency of Medicines Use Reviews delivered in community pharmacies, focusing on those in the most need.
- Strengthening communication between community pharmacies and GP Practices to ensure effective use of resources across the system and, for example, avoiding duplication of activities such as MURs. The development of the Clinical Pharmacist role in GP Practice provides a useful opportunity for Pharmacists to develop closer working relationships with local GP Practices.
- Improving the confidence and competence of staff in effective communication skills, particularly in communicating with people with particular needs such as visual impairment.
- Improve the consistency in quality and availability of home delivery services.
- Continue to develop the role of Health Living Pharmacies.

Appendix 1: NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in particular Part 2 and Schedule 1

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make regulations.

Section 128A Pharmaceutical needs assessments

- (1) Each Health and Well-being Board must in accordance with regulations--
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.
- (2) The regulations must make provision--
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - (c) specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Well-being Board must make a new assessment.
- (3) The regulations may in particular make provision--
 - (a) as to the pharmaceutical services to which an assessment must relate;
 - (b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
 - (c) as to the manner in which an assessment is to be made;
 - (d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

The regulations referred to are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in particular Part 2 and Schedule 1.

Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

(1) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.

(2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—

the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;

(b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or

(c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor).

4. Information to be contained in pharmaceutical needs assessments

(1) Each pharmaceutical needs assessment must contain the information set out in Schedule 1.

(2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its pharmaceutical needs assessment pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement).

5. Date by which the first HWB pharmaceutical needs assessments are to be published

Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.

6. Subsequent assessments

(1) After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.

(2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—

(a) the number of people in its area who require pharmaceutical services;

(b) the demography of its area; and

(c) the risks to the health or well-being of people in its area,

unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

(3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—

(a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and

(b) the HWB—

(i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or

(ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

(4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application—

(a) to meet a current or future need for pharmaceutical services; or

(b) to secure improvements, or better access, to pharmaceutical services,

the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

7. Temporary extension of Primary Care Trust pharmaceutical needs assessments and access by the NHSCB and HWBs to pharmaceutical needs assessments

(1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—

(a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or

(b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).

(2) Each HWB must ensure that the NHSCB has access to—

(a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);

(b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and

(c) any pharmaceutical needs assessment of a Primary Care Trust that it holds,

which is sufficient to enable the NHSCB to carry out its functions under these Regulations.

(3) Each HWB must ensure that, as necessary, other HWBs have access to any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

- (a) is treated as served with the draft by virtue of paragraph (5); or
- (b) has been served with copy of the draft in an electronic form,

8. Consultation on pharmaceutical needs assessments When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
- (f) any NHS trust or NHS foundation trust in its area;
- (g) the NHSCB; and
- (h) any neighbouring HWB.

(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—

- (a) must consult that Committee before making its response to the consultation; and
- (b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—

but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—

- (a) the demography of its area;
- (b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
- (c) any different needs of different localities within its area;
- (d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
- (e) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (d)) which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—

- (a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
- (b) having regard to likely changes to—
 - (i) the number of people in its area who require pharmaceutical services,
 - (ii) the demography of its area, and
 - (iii) the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in pharmaceutical needs assessments**1. Necessary services: current provision**

A statement of the pharmaceutical services that the HWB has identified as services that are provided - (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

2. Necessary services: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

3. Other relevant services: current provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided—

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

4. Improvements and better access: gaps in provision

A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

5. Other NHS services

A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

6. How the assessment was carried out

An explanation of how the assessment has been carried out, and in particular—

- (a) how it has determined what are the localities in its area;
- (b) how it has taken into account (where applicable)—
 - (i) the different needs of different localities in its area, and
 - (ii) the different needs of people in its area who share a protected characteristic; and
- (c) a report on the consultation that it has undertaken.

7. Map of provision

A map that identifies the premises at which pharmaceutical services are provided in the area of the HWB

Appendix 2: List of Pharmaceutical Service Providers

COMMUNITY PHARMACIES

Code	Name of Community Pharmacy	Address	Post Code
CHEL滕HAM			
FCF51	Badham Pharmacy	62 Hewlett Road, Cheltenham	GL52 6AH
FH568	Badham Pharmacy	6 Prestbury Road, Cheltenham	GL52 2PW
FJV57	Badham Pharmacy (BadhamSixways)	256 London Road, Charlton Kings, Cheltenham	GL52 6HS
FEJ34	Badham Pharmacy	84 St. George's Place, Cheltenham	GL50 3QD
FLJ58	Badham Pharmacy (BadhamStPauls)	118 Swindon Road, Cheltenham	GL50 4BJ
FG953	Badham Pharmacy	102 Whaddon Road, Cheltenham	GL52 5NF
FAQ29	Barber Pharmacies (James Pharmacy)	19 St Georges Road, Cheltenham	GL50 4RA
FG766	Barber Pharmacies (St Marks)	80 Tennyson Road, St.Marks, Cheltenham	GL50 3DT
FAG66	Barber Pharmacies (Wymans Brook)	Unit 1, Wymans Shopping Centre, Windyridge Road	GL51 7DB
FTT60	Boots UK Ltd	197/199 High Street, Cheltenham	GL50 1DB
FN213	Boots UK Ltd	Unit F, Gallagher Retail Park, Cheltenham	
FGN26	Charlton Pharmacy	39 Lyefield Road West, Charlton Kings	GL53 8EZ
FL213	Cheltenham Pharmacy (Springbank)	Medical Centre, Springbank Way, Cheltenham	GL51 0LG
FLY52	Hawkes Pharmacy	52 Windermere Road, Cheltenham	GL51 3PH
FD928	LloydsPharmacy	56-58 Edinburgh Place, Cheltenham	GL51 7SA
FMR55	LloydsPharmacy	Waitrose Store, Honeybourne Way, Cheltenham	GL50 3QW
FEN73	LloydsPharmacy	St. Pauls Hospital, Cheltenham	GL50 4DP
FW199	LloydsPharmacy in Sainsburys	Gallagher Retail Park, Tewkesbury Road	GL51 9RR
FD597	Morrisons Pharmacy	Greatfield Park, Shurdington Road, Up Hatherley	GL51 3BW
FQ300	Rowlands Pharmacy	139 Bath Road, Cheltenham	
FVP70	Rowlands Pharmacy	5 High Street, Prestbury	
FMC79	Rowlands Pharmacy	244 Bath Road, Leckhampton	GL53 7NB
FFF73	Spa Pharmacy	12 Rotunda Terrace, Montpellier Street, Cheltenham	GL50 1SW
FQJ46	Superdrug Pharmacy	91-97 High Street, Cheltenham	GL50 1DP
FAL29	Tesco Instore Pharmacy	Tesco Store, Colletts Drive, Cheltenham	GL51 8JQ
COTSWOLD			

FC162	Andrew D Byers	High Street, Moreton-In-Marsh	GL56 0AL
FQ451	Badham Pharmacy	Unit 2, The Village Square, Upper Rissington	GL54 2QB
FYE05	Badhams Pharmacy Ltd	11 The Square, Market Square, Stow-On-The-Wold	GL54 1BQ
FFJ93	Barber Pharmacies (CotswoldPharmacy)	Cotswold Pharmacy, Market Place, Northleach	GL54 3EG
FN795	Barber Pharmacies (Horton)	Horton G Ltd, 7 Market Place, Cirencester	GL7 2NX
FAH31	Boots UK Ltd	39-43 Cricklade Street, Cirencester	GL7 1HY
FRQ45	Boots UK Ltd	Gloucester House, Market Place, High Street, Fairford	
FH680	Chesterton Pharmacy	16 Chesterton Lane, Cirencester	GL7 1XQ
FHW13	Cohens Chemist (Assan Pharmacy Ltd)	41 Long Street, Tetbury	GL8 8AA
FA641	Dudley Taylor Pharmacies Ltd (Laurels)	3 The Laurels, Clarks Hay, South Cerney	GL7 5UA
FLW74	Dudley Taylor Pharmacies (Chipping Campden Pharmacy)	High Street, Chipping Campden	GL55 6HB
FHA63	HA McParland (Lechlade Pharmacy)	Lechlade Pharmacy, High Street, Lechlade	GL7 3AA
FN398	LloydsPharmacy	39 Long Street, Tetbury	GL8 8AA
FGD72	LloydsPharmacy	24 Ashcroft Gardens, Cirencester	GL7 1RB
FWR99	Rowlands Pharmacy	2 - 3 The Chestnuts, Bourton-On-The-Water	
FA561	Tesco Instore Pharmacy	Kings Meadow, Cricklade Road, Cirencester	GL7 1NP
FOREST OF DEAN			
FKD88	Badhams Newnham Pharmacy	9 High Street, Newnham on Severn	GL14 1BB
FR045	Boots UK Ltd	9-11 Market Street, Cinderford	GL14 2RT
FGC79	Boots UK Ltd	1 High Street, Bream	
FD740	Day Lewis Pharmacy	19 Broad Street, Newent	GL18 2AQ
FW044	Day Lewis Pharmacy	Beachley Road, Sedbury, Chepstow	NP16 7AA
FCW44	Day Lewis Pharmacy	42 Park Road, Berry Hill, Nr Coleford	GL16 7AG
FAM78	Day Lewis Pharmacy	14 Pyart Court, Old Station Way, Coleford	GL16 8RG
FQP21	Drybrook Pharmacy	Drybrook Road, Drybrook	GL17 9JA
FJD37	LloydsPharmacy	9/10 Pyart Court, Railway Drive, Coleford	GL16 8RG
FQC20	LloydsPharmacy	41-43 Newerne Street, Lydney	GL15 5RH
FT390	Mitcheldean Pharmacy	5 Churchill Way, Mitcheldean	GL17 0AZ
FMG81	The Co-operative Pharmacy	Dockham Road, Cinderford	GL14 2AQ

FGC17	The Co-operative Pharmacy	33 Newerne Street, Lydney GL15 5RA	GL15 5RA
GLOUCESTER			
FQV02	Alchem Pharmacy - (Lloyds franchise)	Aspen Centre , Horton Road, Gloucester	GL1 3PX
FP764	Alchem Pharmacy	12 London Road, Gloucester	GL1 3NE
FEE03	Al-Shafa Pharmacy	105 Barton Street, Gloucester	GL1 4HR
FJJ69	Asda Pharmacy	Asda Stores Ltd, Bruton Road, Gloucester	GL1 1DS
FA323	Badham Pharmacy	Unit 12, Kingsway Local Centre, Kingsway	GL2 2ZZ
FFR82	Badham Pharmacy	Gloucester City Health Centre, The Park, Montpellier	GL1 1LY
FHG31	Boots UK Ltd	38-46 Eastgate Street, Gloucester	GL1 1PU
FRE05	Boots UK Ltd	117 Barton Street, Gloucester	GL1 4HR
FVL01	Boots UK Ltd	Units 3-6 Quedgeley R/P, Quedgeley, Gloucester	GL2 4NF
FCR00	Dudley Taylor Pharmacies Ltd (Matson Pharmacy)	87 Matson Avenue, Matson, Gloucester	GL4 6LL
FJR01	Dudley Taylor Pharmacies Ltd (Saintbridge Pharmacy)	Saintbridge Pharmacy, The Surgery, Askwith Road	GL4 4SH
FPH91	Glevum Pharmacy	Hadwen Medical Practice, Glevum Way, Abbeydale	GL4 4BL
FKJ50	Linden Pharmacy	92-94 Linden Road Gloucester	GL1 5HE
FP399	LloydsPharmacy	1 Old Cheltenham Road, Longlevens, Gloucester	GL2 0AS
FGL17	LloydsPharmacy	1-3 Bell Walk, Gloucester	GL1 1XH
FPM05	LloydsPharmacy	Severnvalle Surgery, St James, Quedgeley	GL2 4WD
FFJ13	LloydsPharmacy	Rosebank Surgery, 153C Stroud Road, Gloucester	GL1 5JL
FKG65	LloydsPharmacy	5 Brookfield Road, Hucclecote, Gloucester	GL3 3HA
FE200	LloydsPharmacy	19 Holmleigh Parade, Tuffley, Gloucester	GL4 0QU
FML28	LloydsPharmacy in Sainsburys	Barnett Way, Barnwood, Gloucester	GL4 3RT
FCW11	LloydsPharmacy in Sainsburys	Gloucester Quays, St Ann Way, Gloucester	GL2 5SA
FG509	O'Connor Pharmacies Ltd	7 Glenville Parade, Hucclecote Road, Hucclcote	GL3 3ES
FLX14	Rowlands Pharmacy	Alvin Street, Gloucester	GL1 3EN
FH018	Stroud Road Pharmacy	151 Stroud Road, Gloucester GL1 5JJ	GL1 5JL
FNM51	Tesco Instore Pharmacy	St Oswalds Road, Gloucester	GL1 2SG
FGV91	Tesco Instore Pharmacy	Bristol Road, Quedgeley, Gloucester	GL2 4PF
FHW99	Tuffley Pharmacy	16 Seventh Avenue, Tuffley, Gloucester	GL4 0EB

STROUD			
FM338	Berkeley Pharmacy	The Pharmacy, 14 Market Place, Berkeley	GL13 9BB
FEA00	Boots UK Ltd	57 High Street, Stroud, Gloucestershire	GL5 1AS
FPL54	Boots UK Ltd	70-72 Parsonage Street, Dursley	GL11 4AA
FJE64	Boots UK Ltd	London House, The Cross, Minchinhampton, Stroud	GL6 9JA
FLH40	Boots UK Ltd	37 Tanglewood Way, Bussage, Stroud	GL6 8DE
FQL86	Boots UK Ltd	16B Chapel Street, Cam, Dursley	GL11 5NU
FXD56	LloydsPharmacy	Grantley House, 43 Long Street, Wotton-Under-Edge	GL12 7BX
FX654	LloydsPharmacy	Locking Hill, Stroud	GL5 1QN
FD865	LloydsPharmacy	Rowcroft Medical Centre, Stroud	GL5 3BE
FX472	LloydsPharmacy	3 Old Market, Nailsworth, Stroud	GL6 0DU
FM653	LloydsPharmacy	Maylane Surgery, 27 May Lane, Dursley	GL11 4JN
FMT24	LloydsPharmacy in Sainsburys	Dudbridge Road, Stroud	GL5 3HG
FGK88	Painswick Pharmacy	New Street, Painswick, Stroud	GL6 6XH
FKJ18	Superdrug Pharmacy	Unit 2-3, 60-61 High Street, Stroud	GL5 1AS
FDT34	Tesco Instore Pharmacy	Tesco Superstore, Stratford Road, Stroud	GL5 4AG
FCA33	The Co-operative Pharmacy	16 Cashes Green Road, Cainscross, Nr. Stroud	GL5 4JG
FNP91	The Co-operative Pharmacy	20 Parsonage Street, Dursley	GL11 4EA
FY942	The Stonehouse Pharmacy	The High Street Med.Ctr., High Street, Stonehouse	GL10 2NG
TEWKESBURY			
FAQ35	Badham Pharmacy	2 Blacksmith Lane, Churchdown	GL3 2EU
FLV17	Badham Pharmacy	Unit 7 Block B Belgrave House, Gloucester Business Park, Brockworth, GL3 4FE	GL3 4BJ
FRN12	Badham Pharmacy	23 Church Road, Bishops Cleeve	GL52 8LR
FVC88	Badham Pharmacy	33 Morley Avenue, Churchdown, Gloucester	GL3 2BL
FNW96	Badham Pharmacy	105 Queens Road, Priors Park, Tewksbury	GL20 5EN
FYR63	Badham Pharmacy	4 Stoke Road, Bishops Cleeve	GL52 8RP
FAQ87	Boots UK Ltd	92 High Street, Tewkesbury	GL20 5JZ
FDH89	LloydsPharmacy	94 High Street, Tewkesbury	GL20 5JZ
FA317	LloydsPharmacy	80 Church Street, Tewkesbury GL20 5RX	GL20 5GJ

FQF06	LloydsPharmacy	1-2 Abbotswood Centre, Brockworth	GL3 4NY
FC964	LloydsPharmacy	11 High Street, Winchcombe	GL54 5LJ
FW495	Northway Chemist	Northway Centre, Northway, Tewksbury	GL20 8TW

DISPENSING APPLIANCE CONTRACTORS

Code	Name	Address	Post Code
FMY99	Moody Bells (DAC)	Unit 2, Guillimont Hth Ctr Stoke Road, Bishops Cleeve	GL52 8RP
FQ608	Wellspect Healthcare	Brunel Way, Stoudwater Business Park, Stroud	GL10 3GB

DISTANCE SELLING PHARMACY

Code	Name	Address	Post Code
FVM62	First Call Pharmacy	Office 2, Morelands Trading Estate Bristol road Gloucester	GL1 5RZ

Appendix 3 Dispensing GP Practices

	Name of Practice	Address 1	Address 2	Post Code	GCC District
1	Blakeney Surgery	Mill End	Blakeney	GL15 4ED	Forest of Dean
	Bream Surgery	Beech Way	Bream	GL15 6NB	Forest of Dean
2	Brunston Practice	Cinderhill	Coleford	GL16 8HJ	Forest of Dean
3	Uley Surgery	42 The Street, Uley	Dursley	GL11 5SY	Stroud
4	Chipping Campden Surgery	Back Ends	Chipping Campden	GL55 6AU	Cotswold
5	Chipping Surgery	Wotton-Under-Edge	Wotton-Under-Edge	GL12 7BD	Stroud
6	Coleford Health Centre	Railway Drive	Coleford	GL16 8RH	Forest of Dean
7	Highnam Surgery	Lassington Lane, Highnam	Gloucester	GL2 8DH	Gloucester
8	Cotswold Medical Practice	Bourton On The Water	Cheltenham	GL54 2AZ	Cotswold
9	Culverhay Surgery	Culverhay	Wotton-Under-Edge	GL12 7LS	Stroud
10	Drybrook Surgery	Drybrook	Gloucestershire	GL17 9JE	Forest of Dean
11	Forest Health Care	Cinderford Health Centre	Dockham Road, Cinderford	GL14 2AN	Forest of Dean
12	Frampton Surgery	Whitminster Lane	Frampton On Severn	GL2 7HU	Stroud
13	Frithwood Surgery	45 Tanglewood Way	Bussage, Stroud	GL6 8DE	Stroud
14	Hilary Cottage Surgery	Keble Lawns	Fairford	GL7 4BQ	Cotswold
15	Holts Health Centre	Watery Lane	Newent	GL18 1BA	Tewkesbury
	Lydbrook Health Centre	Upper Lydbrook		GL17 9LG	Forest of Dean
16	Lydney Practice	The Health Centre, Albert St	Lydney	GL15 5NQ	Forest of Dean
17	Mann Cottage Surgery	Stow Road	Moreton-In-Marsh	GL56 0DS	Cotswold
18	Mitcheldean Surgery	Brook Street	Mitcheldean	GL17 0AU	Forest of Dean
19	Newnham Surgery	High Street	Newnham-On-Severn	GL14 1BE	Forest of Dean
20	Kemble Surgery	Church Road	Cirencester	GL7 6AA	Cotswold
21	Regent Street Surgery	73 Regent Street	Stonehouse	GL10 2AA	Stroud
22	Rendcomb Surgery	Rendcomb	Cirencester	GL7 7EY	Cotswold
23	Romney House Surgery	41-43 Long Street	Tetbury	GL8 8AA	Cotswold

24	Severnbank Surgery	Tutnalls Street	Lydney	GL15 5PF	Forest of Dean
25	Staunton & Corse Surgery	Corse, Staunton	Gloucester	GL19 3RB	Tewkesbury
26	Stow Surgery	Well Lane	Stow-On-The-Wold	GL54 1EQ	Cotswold
	Westwood Surgery	Bassett Road	Northleach	GL54 3QJ	Cotswold
27	White House Surgery	Stow Road	Moreton-In-Marsh	GL56 0DS	Cotswold
28	Winchcombe Medical Centre	Greet Road, Winchcombe	Cheltenham	GL54 5GZ	Tewkesbury
29	Yorkley Health Centre	Bailey Hill	Yorkley, Lydney	GL15 4RS	Forest of Dean

Appendix 4: Responses of Community Pharmacies to PNA Questionnaire (September 2017)

The community pharmacy questionnaire was sent to all community pharmacies in Gloucestershire and 92 of the 114 community pharmacies (81%) responded to the questionnaire; below is a summary of the results:

I. Consultation Facilities

Question	Response
Is there a consultation area (on-site consultation)	79 (86%)- Available (including wheelchair access) on the premises 12 (13%)- Available (without wheelchair access) on premises 1 (1%)- No consultation room available
Off site consultation arrangements	0 (0%)- Offsite consultation room approved by NHS 43 (47%)- Willing to undertake consultations in patients home/ other suitable site 48 (53%)- Not willing to undertake consultations in patients home/ other suitable site No response: 1
Hand washing/Toilet facilities	66 (72%) Hand washing in consultation area 26 (28%) Hand washing facilities close to consultation area 23 (27%) Have access to customer toilet facilities 63(73%) No access to customer toilet facilities No response: 6

II. Essential Services (appliances)

Question	Response
Does the pharmacy dispense appliances?	68 (74%) Yes, All types, 6 (6.6%) Yes, excluding stoma appliances, or 1 (1%) Yes, excluding incontinence appliances, or 6 (6.6%) Yes, excluding stoma and incontinence appliances, or 6 (6.6%) Yes, just dressings, or 3 (3%) None 2 (2%) Other: order into Pharmacy for next day delivery

III. Advanced Services

Question	Response			
Advance service provided?	Yes	Intend to start providing soon	No	No response
Medicines Use Review (MUR)	90 (98% of respondents)	2 (2%)	-	-
New Medicine Service (NMS)	89 (98%)	2 (2%)	-	1
Appliance Use Review (AUR)	25 (28%)	5 (6%)	58 (66%)	4
Stoma Appliance Customisation (SAC)	21 (24%)	1 (1%)	66 (75%)	4

National Influenza (flu) Adult Vaccination Service (NIAVS)	73 (80%)	11(12%)	7 (8%)	1
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IV. Commissioned Services

CP- Commissioned and Providing WT- Willing with training WF- Willing with facilities adjustment
 PP- Providing privately WA- Willing and Able

Service Provided	Responses				
	CP	WA	WT	WF	PP
Anticoagulant Monitoring Service	-	6	60	6	-
Anti-viral Distribution Service	-	13	59	2	-
Care Home Service	22	18	25	3	-
Chlamydia Treatment Service	32	26	27	2	-
Contraception Service	23	17	42	1	1
Emergency Hormonal Contraception Service	68	6	14	1	3
Gluten Free Food Supply Service	17	19	33	-	4
Home Delivery Service (not appliances)	53	2	4	-	15
Independent Prescribing Service	1	6	56	1	-
Language Access Service	2	9	46	1	-
Medication Review Service (not NMS/MUR)	46	4	28	2	-
Medicines Management Support Service	5	22	45	1	-
DomMAR Carer's Charts	24	5	30	-	2
Minor Ailments Scheme	68 1 (soon)	6	16	1	-
MUR Plus/Medicines Optimisation Service	5	33	40	1	-
Needle and Syringe Exchange Service	21	29	17	-	-
Obesity management (adults and children)	2	25	47	1	2
Directly Observed Therapy	2	26	30	-	-
Out of Hours services	19	23	14	1	2
Palliative care scheme	40	8	19	-	-
PGDs (urgent repeat medicines)	Yes-82				
Phlebotomy Service	-	6	48	3	-

Prescriber support service	20	7	37	3	-
Schools service	1	25	30	-	-
Sharps Disposal service	83	3	1	1	-
NRT Voucher Service	84	1	6	-	-
Stop Smoking Advice	42	16	26	3	-
Supervised Administration	42	28	6	2	-
Supplementary Prescribing	Yes-1 Soon -1	9	44	1	-
NHS Health Checks	2	24	38	2	-
Screening					
Alcohol	11	22	41	-	-
Chlamydia	8	23	37	3	-
Cholesterol	2	23	41	4	6
Diabetes	10	23	34	4	12
Gonorrhoea	-	15	46	3	-
H. pylori	-	12	54	3	-
HbA1C	1	16	49	4	-
Hepatitis	-	11	47	5	-
HIV	-	12	45	5	-
Vaccinations					
Seasonal Influenza vaccination service	74	2	6	1	17
Childhood vaccinations	1, 1-soon	23	35	1	-
HPV	1	23	37	1	2
Hepatitis B					
Travel vaccinations					
Disease Specific Medicines Management Service					
Allergies	3	27	48	1	-
Alzheimer's/dementia	2	17	56	1	-
Asthma	8	27	46	1	2
CHD	1	28	47	1	1
Depression	1	14	61	1	-
Diabetes type I	3	28	47	1	2
Diabetes type II	3	28	48	1	1
Epilepsy	1	14	59	1	-
Heart Failure	2	17	57	1	-
Hypertension	3	33	42	1	2
Parkinson's disease	1	12	62	1	-

It is important to note that a number of services which community pharmacies have responded to as '*Commissioned and providing*' are currently not commissioned by NHS England, Gloucestershire CCG or Gloucestershire County Council. Currently commissioned services are discussed in section 5 of the Pharmaceutical Needs Assessment

V. Healthy Living Pharmacy

Question	Response
Is this a Healthy Living Pharmacy?	Yes: 55 (60 %) Currently working towards HLP status: 36 (39%) No response: 1
If yes, how many Healthy Living Champions do you currently have?	Responses showed there was a total of 97 healthy living champions within community pharmacies

VI. Collection of prescriptions and Delivery of dispensed medicines

Question	Response
Collection of prescriptions from surgeries	Yes: 89 (99%) No:1 No response: 2
Delivery of dispensed medicines - Free of charge on request	Yes-72 (82%) No-16 (18%) No response: 4
Delivery of dispensed medicines - Selected patient groups	The majority (65 of 92) didn't respond to this question. 7 of the 27 respondents (26%) delivered to all patients without restricting to certain groups; the others delivering to selected patient groups cited the following: -elderly, -housebound, -vulnerable, -disabled, -those requiring palliative care or having an urgent need, -infirm patients
Delivery of dispensed medicines - Selected areas	No Response- 70 16 of 22 responses (73%) restricted delivery to selected areas 6 of 22 (27%) responded as not restricting delivery to selected areas. Examples of responses include: 'all areas', 'Gloucestershire', 'Gloucestershire and Worcestershire'
Delivery of dispensed medicines - chargeable	Yes-5 (6%) No- 79 (94%) No Response: 8

VII. Languages

Question	Response
What languages other than English are spoken in the pharmacy	Responses include: Danish, Spanish, German, Russian, Portuguese, Polish, French Urdu Punjabi, Bengali, Guajarati, Hindi, Italian, Sudanese, Arabic, Pushtoo, Cantonese, Ukrainian, Mandarin, Welsh, Farsi, Iranian, Afrikaans, Marathi, Croatian, Serbian, Lithuanian, Dari, Yoruba,
What languages other than English are spoken by the community your	

pharmacy serves	
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Any other information you think would be useful in formulation of PNA (Free Text Comments):

Responses include

- *..we are willing to work with any party to provide additional services as required*
- *“Feedback from patients regarding doctors waiting times up to 6 weeks for a (Sic) appointment. I feel via additional services via the pharmacy we can reduce the work load on surgeries to help*

Appendix 5: Results of Responses to Dispensing GP Questionnaire

All 29 Dispensing GP Practices were sent a questionnaire, 17 responses were received (59% response rate). A summary of the results are below:

	Question	Responses
CONSULTATION FACILITIES	Are there consultation facilities on site and do they include wheelchair access?	Yes, with wheelchair access (14 of 17) 82% Yes, without wheelchair access (1 of 17) 6% No (2 of 17) 12%
	Is the consultation facility a closed room?	Yes (14 of 17) 82% Not applicable (3 of 17) 18%
SERVICES	Does the dispensary dispense appliances?	Yes, all types (4 of 17) 24% Yes, some types (8 of 17) 47% No (5 of 17) 29%
	Does the dispensary offer an appliance use review service?	Yes (4 of 17) 24% No (13 of 17) 76%
	Does the dispensary offer a stoma customisation service?	Yes (1 of 17) 6% No (16 of 17) 94%
	Does the dispensary provide a delivery service? Please describe:	Yes (6 of 17) 35% No (11 of 17) 65% <u>Example of responses</u> <ul style="list-style-type: none"> • <i>For the elderly and infirm a delivery service is provided to outlying villages on a weekly basis.</i> • <i>In exceptional circumstances we deliver to patients at home.</i> • <i>Informal service to those patients who need it</i> • <i>Delivery Service to local pick up points</i> • <i>To patients home if they are housebound</i> • <i>Starting November 2017</i> • <i>Unless as part of a business continuity plan (e.g. bad weather)</i>
	Does the practice feel that there is a need for more pharmaceutical services in your area? If yes please describe:	Yes (2 of 17) 12% No (14 of 17) 82% Did not respond 6% <u>Responses:</u> <ul style="list-style-type: none"> • <i>An alternative chemist in the town would be good to provide more competition</i> • <i>Looking at further provision in the</i>

		<i>near future</i>
FREE TEXT COMMENTS	Any other comments on the need for and/or provision of pharmaceutical services in your area, now and whether you see this changing over the coming three years:	<p>Responses indicated expansion in provision to:</p> <ul style="list-style-type: none"> - Include a delivery service - Include provision of medication in blister packs - Respond to increase in demand due to proposed new developments in the area

Appendix 6: Public Survey Results

An online questionnaire about local pharmacy provision was made available to Gloucestershire residents via Gloucestershire County Council's consultation website. Awareness about the survey was raised via posters in community pharmacies and GP Practices. Organisations such as Healthwatch, Carers Gloucestershire and the NHS Gloucestershire CCG also raised awareness about the survey via their networks.

The survey focused on gaining insight into the public's experience of using pharmaceutical services and was open from 16 August 2017 to 6 October 2017; by the end of the period, 243 responses had been received.

Results of the survey

Question	Response
Where do you normally obtain (collect) your prescribed medication(s)?	Pharmacy/chemist – 80.25% GP-16.46% Delivered to my house 3.29%
How frequently do you visit your pharmacy/dispensing practice	At least weekly - 7% Monthly - 44.03% Every 2-3months - 28.40% Every 3-6months - 7.41% Less than twice a year - 10.29% I don't visit (e.g. because someone else collects for me, it gets delivered to me) - 2.88%
Who would you normally visit the pharmacy/dispensing surgery for?	Myself - 67.68% Family member - 26.83% Someone you are a carer for - 4.27% Other – 1.22%
Why do you use the pharmacy that you normally use?	Near my home – 53.17% Quality of service - 23.87% Range of service available- 7.85% Near my place of work - 5.44% Other - 9.67%
How do you usually travel to your pharmacy/dispensing practice?	Car - 50.21% Cycle - 1.65% Walk - 43.21% Public Transport - 1.65% Don't travel (e.g. someone else collects for me, it gets delivered to me) - 3.29%
Do you know which pharmacies in your area are open early in the mornings, in the evenings, or on Saturdays and Sundays?	Yes- 33.20% No- 66.80%
At what times would you or do you find extended hours pharmacies most useful?	6pm – 9pm - 32.75% Saturdays - 28.97% Sundays - 21.91% Before 9 am - 8.82% After 9pm - 7.56%
Is your pharmacy/dispensing practice clean and tidy?	Yes – 92.15% No – 3.31%

	Don't know – 4.55%		
Are the staff helpful and professional?	Yes- 91.60% No – 5.46% Don't know 2.94%		
Is disabled access (e.g. Wheelchair/flat access, hearing loop, sign language trained staff etc.) available?	Yes 53.94% No 6.64% Don't know 39.42%		
How do you rate the ease of obtaining medication e.g. waiting time or stock availability?	Excellent - 38.84% Good - 33.88% Average - 21.07% Poor - 5.79% Very poor - 0.41%		
Are you provided with sufficient information about your medication e.g. dosage, possible side effects?	Yes - 93.36% No – 6.64%		
Pharmacies are able to offer an increased range of services; which of the following services have you used or would you like to see at your local pharmacy?	Service	Response	No response
		Have used this service	Would like to see
	Advice & treatment for minor ailments	51.21%	20.97%
	Blood pressure checking	10.20%	24.49%
	Prescription home delivery service	8.98%	19.59%
	Cholesterol testing	3.69%	34.43%
	Meeting to talk about your medicines	26.94%	16.33%
	Testing for Diabetes	3.69%	28.69%
	Flu vaccination	15.16%	20.90%
	Healthy lifestyles advice	3.29%	17.28%
	Advice on losing weight	2.88%	16.87%
	Contraception	4.08%	13.88%
	Emergency contraception	3.66%	13.01%
	Stop smoking treatment	2.47%	13.58%
	Chlamydia testing and treatment	1.64%	12.30%
			86.07%

How would you rate your overall satisfaction with your pharmacy/dispensing practice?	Excellent – 47.52% Good – 35.12% Average – 12.81% Poor – 4.13% Very poor – 0.41%
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Appendix 7: Report on the Consultation on the Draft Gloucestershire Pharmaceutical Needs Assessment (March 2018)

1.0 The Consultation Process

1.1 Consultation on the draft Gloucestershire PNA (2018-2021) took place between 20 December 2017 and 28 February 2018; exceeding the minimum consultation period of 60 days required by legislation. Consultees were notified to the consultation by email and directed to the link to the consultation on the Gloucestershire County Council website.

1.2 The key questions asked were:

1. Do you think that the information contained within the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in your area?
2. Do you feel that the pharmaceutical needs of the population of your area have been adequately reflected in the draft PNA document?
3. From the information in the draft PNA, do you believe that your future pharmaceutical needs will be met in the next 3 years?

Respondents were given an opportunity to expand on their answers to the above questions. In addition, a last question which allowed additional comments to be made was asked:

4. Would you like to add any further comments

1.3 Stakeholder Groups involved in the consultation included:

- Healthwatch Gloucestershire
- Gloucestershire Local Pharmaceutical Committee
- Gloucestershire Local Medical Committee
- Neighbouring Health and Wellbeing Boards
 - Worcestershire
 - Herefordshire
 - Oxfordshire
 - South Gloucestershire
 - Warwickshire
 - Swindon
 - Wiltshire
- All Pharmacy Contractors (including DACs)
- All Dispensing GPs
- Gloucestershire Clinical Commissioning Group
- Gloucestershire Hospitals NHS Foundation Trust
- 2gether NHS Foundation Trust

- Gloucestershire Care Services
- NHS England
- District Councils

2.0 Response to the Consultation

2.1 There were 13 responses to the on-line consultation questionnaire and 5 email responses sent directly to Officers. The majority of comments concerned the increase in large scale housing developments and whether pharmacy provision would be adequate with the growing population.

2.2 The consultation responses were collated for review by the PNA Steering group between 12th – 21st March 2018. A full overview of responses to the draft PNA and responses by the PNA Steering group are presented below.

2.3 A summary of the responses to the consultation was taken to the Gloucestershire Health and Wellbeing Board on the 20th March where it was agreed that, due to the timing of the Board and the need for the Steering Group to respond, the Board would receive the final draft of the PNA for electronic sign-off on the 23rd March 2018.

On-line Responses to the consultation (13)

Question	Consultees Response Yes/No/Don't Know	Additional Consultees response	Response/Action
<p>1. Do you think that the information contained within the draft PNA accurately reflects the <u>current pharmacy and prescription dispensing services available</u> in your area</p>	<p>5-Yes 6-No 2-Don't Know</p>	<p>I do not agree with this, whilst Badham Pharmacy provides a very good service, the Draft PNA ought to have reviewed the needs of patients when the Greyholme Surgery and Seven Post surgery move. This will happen in the next 12 months. The PNA must express the desire for all medical centres to have a pharmacy adjacent or within the centre. Bishops Cleeve for example patients currently can access a pharmacy next door to the Surgery, in a years time, they will have to travel 1,500 metres (0.9 Miles).</p> <p>I also (sic) have concerns that the Draft PNA does not accept that new housing developments and shopping developments should trigger a review. In my view any housing development over 1,000 houses with shops and other services (sic) , ought to have a review for a pharmacy</p>	<p>Response 1: It is noted that almost all respondents who answered 'No' to the question made reference to the Bishop's Cleeve area.</p> <p>Current provision of pharmaceutical services within the Bishop's Cleeve area appears adequate.</p> <p>We can confirm there is a plan to move patients registered with the Seven posts and Greyholme Surgeries into a new medical centre- Clevelands Medical Centre. We acknowledge that it is convenient for patients to have access to a pharmacy close to their GP surgery and have modelled journey times from the location of the new medical centre to the 2 existing community pharmacies and this shows</p> <ul style="list-style-type: none"> - Less than 4minutes driving time - Less than 20minute walking time. <p>If the current pharmacies remain open there are currently no identified gaps.</p> <p>We however acknowledge that an increase in population size is likely to generate an increased need for</p>

Question	Consultees Response Yes/No/Don't Know	Additional Consultees response	Response/Action
		<p>Bishops Cleeve is not identified as a separate town of similar size to Tewkesbury; therefore Tewkesbury has the vast majority of pharmacies and Bishops Cleeve insufficient for a population of similar size Large house building projects not taken into account. E.g. bishops Cleeve, Stonehouse, Cirencester, and Longford. Additional pharmacies should at least be considered in all of these areas. Where only one provider e.g. Stonehouse, and a large population, which is having significant expansion - it is logical to question their ability to provide all services.</p>	<p>pharmaceutical services. In mapping potential growth areas in the county within the next 5 years (pg. 23) we have used data available for the 2016/17 financial year. Development is dynamic and continues to evolve; the Health & Wellbeing Board /PNA steering group will continue to monitor developments in this area using data available in the future and if/when deemed necessary further review the needs in the Bishops Cleeve area.</p> <p>Response 2 The PNA acknowledges that some significant new housing developments and regeneration projects are planned in parts of the County; these are longer-term and are likely to occur outside the life of this Pharmaceutical Needs Assessment. Developments would however be monitored by the Health and Wellbeing Board and will be reviewed by the PNA steering group once a considerable proportion of these new homes have been built and occupied.</p>

Question	Consultees Response Yes/No/Don't Know	Additional Consultees response	Response/Action
		I expected to see mention of Longford , a pharmacy is needed here	Please see response 2 above
		No PS gaps have been mentioned in the Bishop's Cleeve (sic) area yet the population is increasing rapidly due to current massive housing developments - some of which are at some distance from the centre of Bishop's Cleeve. There will be a new surgery in one development but no pharmacy. This means many residents will have difficult access to PS services. The large increase in development and therefore population should trigger a review of the PS services.	Please see Response 1 above
2. Do you feel that the pharmaceutical needs of the population of your area have been adequately reflected in the draft PNA document?	3-Yes 9-No 1- Don't know	The DRAFT PNA makes no reference to the new medical centre, or the new housing (sic) developments. We already have an ageing population, large scale developments (sic) of housing must require a review. it is in the public arena where new houses are planned , and the needs of patients will not be met with the current provision (sic) of pharmacies	Please see response 1 above
		The PNA states that there is an average population of 4358 per pharmacy in Gloucestershire, whereas the average in Tewkesbury district is 6814, almost 2,500 more than the average.	<p>Response 3</p> <p>Whilst the average number of residents per pharmacy in Tewkesbury Borough Council is higher than the county average, it should be noted that residents have access to pharmacies in the</p>

Question	Consultees Response Yes/No/Don't Know	Additional Consultees response	Response/Action
		<p>I live in Bishops Cleeve. The village and surrounding feeder villages have expanded by some 2000 houses and look to expand by at least another 1000 houses very. A new surgery is planned to be situated 1 mile from the village centre to the north west, within the locality of 1500 new houses and an old peoples' complex. The surgeries of Prestbury (Seven posts) and Bishops Cleeve (Greyholm) are to be replaced by this new surgery. It is clear that this new surgery needs to have a pharmacy within its precincts otherwise people will have to travel back to the centre of Cleeve, or further, to get prescriptions. On pages 10, 11 and 17 of your report you state " .. identify additional premises .. services .." ".... identify future gaps in provision ... planned housing developments .. new NHS services ... " " ...Population growth ... local housing development considered....."However, nowhere in your report do you mention on behalf of</p>	<p>neighbouring districts of Cheltenham (notably at Prestbury, Wymans Brook and the Gallagher Retail estate) as well as within Gloucester City. There is no recognised formula of residents per pharmacy, with some pharmacies serving large and some small populations. The PNA analyses access to and choice of pharmaceutical services and has concluded that these are adequate.</p> <p>Please see response 1 above</p>

Question	Consultees Response Yes/No/Don't Know	Additional Consultees response	Response/Action
		our area: - the new surgery, the new houses, Prestbury merging with Cleeve surgery and the demographic relocation of both surgeries. It is only common sense which would lead anyone to the conclusion that a new pharmacy is required and situated within the new complex of the new surgery in Bishops Cleeve. Hopefully this situation can be addressed before your report is finalised.	
		Huge expansion of the population in BC area	Please see response 1 above
		The population is increasing rapidly due to current massive housing developments - some of which are at some distance from the centre of Bishop's Cleeve .There will be a new surgery in one development but no pharmacy. This means many residents will have difficult access to PS services. The large increase in development and therefore population should trigger a review of the PS services	Please see Response 1 above

Question	Consultees Response Yes/No/Don't Know	Additional Consultees response	Response/Action
3. From the information in the draft PNA, do you believe that your future pharmaceutical needs will be met in the next 3 years?	Yes – 3 No – 8 Don't Know-2	I do not , new housing developments (sic) with planning for more than 1,000 homes , automatically (sic) require a review of pharmacy services in the locality If there is only one pharmacy in the locality , then an additional pharmacy should be considered to met the needs	<p>Response 4</p> <p>The Health and Wellbeing Board/PNA Steering group is not aware of robust evidence of a specific generic number of homes in housing developments to trigger a new pharmaceutical service provider. We would however continue to monitor accessibility and choice of pharmaceutical provider available to residents. Additional factors such as employment, retail and leisure facilities will also be relevant in consideration of whether a community is self contained or if residents will be able to access pharmaceutical services where they work and shop.</p>
		No pharmaceutical gaps have been identified in the draft PNA despite the imminent opening of a large surgery on the Clevelands development in Bishop's Cleeve, which is a rapidly expanding village with 400 new properties built and occupied during the preceding 12 months. This area will have significant growth during the lifespan of the PNA and it should therefore reflect the demand that this well documented development and consequential increase in population will deliver adequate pharmacy provision for current and future residents.	Please see Response 1 above

Question	Consultees Response Yes/No/Don't Know	Additional Consultees response	Response/Action
		<p>Bishops Cleeve needs a third pharmacy to satisfy the requirements of its current and ever growing population. The new pharmacy in Bishops Cleeve should be located in the new medical centre which will serve a population of at least 13,000 patients. The patients want a pharmacy located there too.</p>	<p>Please see response 1 above</p>
4. Would you like to add any further comments:		<p>I do not believe the (sic) PNA really helps in the determination of pharmacy applications .It is not automatic that current pharmacies can met the needs of the ageing population , and large scale housing schemes</p>	<p>Please see response above</p>
		<p>I found the locality assessment section of PNA to be unclear about these three issues in relation to Cheltenham. I would have expected this section to set out the level of provision and how this compares against what would be expected. I also felt the health and lifestyle section was too brief and did not pick up issues such as our ageing population, nor the fact that we have significant needs around mental ill-health. The assessment does not address the issue of housing growth and how the population will grow over the next three years and beyond.</p>	<p>The Gloucestershire Joint Strategic Needs Assessment (JSNA) gives further information about the issues mentioned. The JSNA can be accessed at here</p>

Question	Consultees Response Yes/No/Don't Know	Additional Consultees response	Response/Action
		I would add that the PNA should look at pharmacy services in Bishops Cleeve in light of the new medical centre in Clevelands. It would make sense to have an onsite pharmacy in addition to taking into account growth of the population and housing plans. The new medical centre in Bishops Cleeve will be supporting the needs of 15,000 patients and ought to have a pharmacy onsite to ensure exceptional care is available.	Please see response above
		I cannot understand why the PNA does not take into account large scale housing developments	Please see response above
		The map of potential growth over the next 5 years is not accurate. 120 homes built and occupied on one development site within the village, and over 50% of two other sites are also completed. Many of these new residents will have to walk for in excess of 20 minutes to reach a pharmacy. Future patients of the new surgery will then have to walk (20 mins +) or drive to the village centre to collect their prescription. The population of Bishop's Cleeve has an increasing number of ageing residents too, with over 25% of the current surgery's patients over the age of 65. the number of patients at the new surgery is estimated to reach 14000 during the next five years, an increase of 3,300.	Please see response above

Question	Consultees Response Yes/No/Don't Know	Additional Consultees response	Response/Action
		<p>Given that Gloucestershire does neighbour with LA areas, including Wiltshire, although a nod has been given to this, it is felt that a further sentence or two around any border-issues (or not) could have been given.</p> <p>Secondly, the wording of the consultation questionnaire refers to 'your area' - for future consultations it may be better to refer to the county - as I am responding on behalf of a HWBB in another area - so my answers are based on your PNA for your area, not mine.</p>	<p>Comment noted, additional text added on page 9</p> <p>We acknowledge this observation and note this for future reference.</p>

Email responses to the consultation on the draft PNA:

Name	Comments	Response
Gloucestershire Hospitals Foundation Trust:	<p>This is a comprehensive and rigorous report which reflects a significant level of stakeholder engagement. The recommendations flow from the findings of the report and would be supported by colleagues in the Trust.</p> <p>One observation for future PNAs is that the scope does not include the dispensaries located in the provider organisations. Whilst we are not aware of any particular concerns relating to the interface between these dispensaries and community pharmacies they do represent a significant access point for patients attending our outpatients and the Health and Wellbeing Board might wish to include them in the scope of the next PNA.</p>	<p>Whilst pharmacy services provided within secondary and tertiary care sites are not formally in scope of the pharmaceutical needs assessment, we acknowledge that the interaction with community pharmacies is worth considering; additional text on pg. 36</p>
Gloucester City Council:	<p>As part of the Pharmaceutical needs Assessment Consultation, Gloucester City Council asked for feedback and comments from its elected members. Councillor Hyman, Elbridge Ward, responded to</p>	<p>We have reviewed provision in the Podsmead ward; currently there are 7 community pharmacies in the area.</p>

	<p>note that he and his fellow Councillors for Elmbridge Ward were satisfied with the accessibility of services within a reasonable distance for their residents. There was no response from other Councillors, although they may have chosen to respond directly to the online consultation which we shared with them. Gloucester City Council continues to support the quest of residents in Podsmead Ward who continue to petition for improved local access to healthcare in the area including access to a local pharmacy. We hope that the voices of these residents are heard as part of this consultation.</p>	<p>Every resident in Podsmead can access their nearest pharmacy within a 5 minute drive. Predominantly, all Podsmead residents can access a pharmacy within 20 minutes walk with the exception of a small area around Capitol Park/Pearce Way where a walk to the nearest pharmacy would take slightly over 20 minutes. If a resident lives in the northern part of Podsmead ward (incorporating Linden and the two new areas of potential development) you can access a pharmacy within 10 minutes.</p>
Worcestershire Health and Well-being Board to the PNA consultation:	<p>Worcestershire shares a large border with Gloucestershire and this leads to the possibility of patients from both regions travelling across the border for medical and pharmaceutical services. Districts on the border are Cotswold, Tewkesbury and Forest of Dean in Gloucestershire and Malvern Hills and Wychavon in Worcestershire. Any changes in services provided by Gloucestershire pharmacies are therefore likely to impact on Worcestershire residents. With the increasing importance of pharmacies to the local health and social care economy it is important to protect smaller pharmacies to maintain and improve access to services. Indeed one of the recommendations from the Worcestershire PNA relates to a minor ailments scheme and we recognise and value the common ailments scheme already in place in Gloucestershire. There is notable agreement between the Worcestershire PNA and the Gloucestershire PNA on the opportunities for service development action on which would benefit residents of both counties.</p>	Comments noted
Yorkley Health Centre	<p><i>On Page 78 (Appendix 3 Dispensing GP Practices) Yorkley Health Centre is listed, but not our Branch site at Bream from which we also dispense. The details are: Bream Surgery, Beech Way, Bream</i></p>	Required amendment made - Appendix 3

	<p><i>GL15 6NB, in Forest of Dean area. Could you please add these details to the document?</i></p>	
Gloucestershire Local Pharmaceutical Committee	<p>In Addition to the Response via the online consultation questionnaire, the Gloucestershire LPC made an additional comment regarding the closure of pharmacies during the consultation period</p> <p><i>3 Lloyds Pharmacies at the end of January 2018 (during the consultation period) these are:</i></p> <ul style="list-style-type: none"> • <i>Lloyds Pharmacy Limited, 5 Glevum Centre Abbeydale Gloucester GL4 4FF</i> • <i>Lloyds Pharmacy Limited 16 Millyard Nailsworth GL6 0AG</i> • <i>Lloyds Pharmacy Limited 22 Court Road Brockworth Gloucester GL3 4EP</i> <p><i>Each of these pharmacies was in close proximity to another pharmacy, and will not create a gap in service through closure, or affect the mapping.</i></p>	<p>Required amendments have been made on relevant pages to reflect the closure of the 3 pharmacies mentioned; due to the close proximity of other pharmacies changes to the mapping was not required.</p>