Herefordshire Council

AGENDA

Health and Wellbeing Board

Date: **Wednesday 17 June 2015**

Time: **3.00 pm**

Place: **Committee Room 1, Shire Hall, Hereford**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

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Agenda for the Meeting of the Health and Wellbeing Board

Membership

Chairman	To be appointed	
Vice-Chairman	To be appointed	
	Councillor JG Lester	Herefordshire Council
	Councillor PM Morgan	Herefordshire Council
	Prof Rod Thomson	
	Diane Jones MBE	Herefordshire Clinical Commissioning Group
	Sue Doheny	Arden, Herefordshire and Worcester LAT
	Helen Coombes	Director of Adults Wellbeing
	Jo Davidson	Director for Children's Wellbeing
	Paul Deneen	Healthwatch Herefordshire
	Dr Andy Watts	Clinical Commissioning Group
	Jo Whitehead	Herefordshire Clinical Commissioning Group
	Jacqui Bremner	Healthwatch representative - Carers Support

AGENDA

		Pages
1.	**TO APPOINT A CHAIRMAN OF THE HEALTH & WELLBEING BOARD** To appoint a Chairman of the Health & Wellbeing Board.	
2.	**TO APPOINT A VICE-CHAIRMAN OF THE HEALTH & WELLBEING BOARD** To appoint a Vice-Chairman of the Health & Wellbeing Board.	
3.	**APOLOGIES FOR ABSENCE** To receive apologies for absence.	
4.	**NAMED SUBSTITUTES (IF ANY)** To receive any details of Members nominated to attend the meeting in place of a Member of the Committee.	
5.	**DECLARATIONS OF INTEREST** To receive any declarations of interests of interest by Members in respect of items on the Agenda.	
6.	**MINUTES** To approve and sign the Minutes of the meeting held on 25 March 2015.	7 - 12
7.	**QUESTIONS FROM MEMBERS OF THE PUBLIC** To receive questions from Members of the Public relating to matters within the Board's Terms of Reference. (Questions must be submitted by midday eight clear working days before the day of the meeting (ie on the Wednesday 13 calendar days before a meeting to be held on a Tuesday.))	
8.	**PHARMACEUTICAL NEEDS ASSESSMENT** To approve the publication of the Herefordshire Pharmaceutical Needs Assessment.	13 - 190
9.	**UPDATE ON THE HEALTH AND WELLBEING STRATEGY** To approve the Health and Wellbeing Strategy and to receive a presentation on the key themes and messages from the refreshed Joint Strategic Needs Assessment.	191 - 254
10.	**HEREFORDSHIRE CLINICAL COMMISSIONING GROUP (HCCG) INTEGRATED URGENT CARE PATHWAY PROJECT** To receive a progress report on the Herefordshire Clinical Commissioning Group (HCCG) integrated urgent care pathway project.	255 - 258
11.	**HEALTH PROTECTION UPDATE** To receive an update on Health Protection.	259 - 268

12.	**ENGAGEMENT GATEWAY** To receive a report on the Engagement Gateway.	269 - 278
13.	**ITEMS FOR INFORMATION** To receive briefing reports on: • The Better Care Fund (BCF) • Joint Commissioning Board Communications Briefing	
14.	**WORK PROGRAMME** To note the Board's Work Programme.	279 - 282

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HEREFORDSHIRE COUNCIL

SHIRE HALL, ST PETER'S SQUARE, HEREFORD, HR1 2HX.

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HEREFORDSHIRE COUNCIL

MINUTES of the meeting of Health and Wellbeing Board held at Committee Room 1, Shire Hall, Hereford on Wednesday 25 March 2015 at 1.30 pm

Present: **Councillor GJ Powell (Chairman)**
Councillor Mrs D Jones MBE (Vice Chairman)

Councillors: JW Millar, Ms H Coombes, Mr P Deneen, Dr Andy Watts and Ms J Bremner

113. APOLOGIES FOR ABSENCE

Apologies for absence were received from Jo Davidson and Jo Whitehead.

114. NAMED SUBSTITUTES (IF ANY)

None.

115. DECLARATIONS OF INTEREST

None.

116. MINUTES

The Minutes of the meeting of the 28 January 2015 were signed and approved as a correct record.

117. QUESTIONS FROM MEMBERS OF THE PUBLIC

None.

118. HEALTH AND WELLBEING STRATEGY

The Board received a progress report on the Health & Wellbeing Strategy. It was noted that the Key Themes for the strategy were in place, and that the priorities had been identified.

Feedback from two consultation exercises with carers and local communities were tabled at the meeting The first of these had resulted from a systematic scatter gun approach to the question of how people stayed healthy and looked after their wellbeing. A high degree of independence was shown within the County by the answers that had been received, and people were not making use of existing services but rather turning to their communities and peer groups for support. The prevention agenda was also supported by the retired population of the County, who were content to support themselves. An action plan would be drawn up to address priority areas.

That there was a great deal of community development good practice in the County, and not all of it had been captured within the consultation. It could, however, be showcased in an annual event.

The Director of Adult Wellbeing pointed out that much of the community development work outlined was undertaken by members of the Community Development Forum (CDF), and it was suggested that representatives should be invited to future meetings in order to ensure

that there were appropriate reporting mechanisms between the HWBB and community development within Herefordshire links in place with the CDF.

It was agreed after a brief discussion that clarity was needed about the communication of the strategy and that a HWBB strategy communications plan needed to be developed

A proposal had been submitted to the National Systems Leadership Programme, run by the Leadership Centre. The Centre was working with NHS England and the NHS Local Development Partners to support existing locality projects. Criteria are based on working with local partners, gaining support from H&WB Partners, service user groups, the voluntary sector, providers and commissioners. The bid was based on the self help element at grassroots community level which will enhance the successful proposal for work with primary care in localities.

Resolved:

That

a) **the approach being taken and the priorities outlined be approved;**

b) **feedback from the consultation be noted;**

c) **Board members identify their role in championing and communicating the health and wellbeing strategy and action plans; and;**

d) **The Board approve the submission of a proposal to the Leadership Centre's National Systems Leadership Programme.**

119. HEREFORDSHIRE CLINICAL COMMISSIONING GROUP OPERATIONAL PLANS 2015/16

The Board noted the Herefordshire Clinical Commissioning Group's (HCCG) Operational Plans 2015/16. The following issues were raised:

The HCCG would have a focus on the achievement of NHS Constitutional targets and ensuring the delivery of high quality care. It would concentrate on three priorities:

- Delivering greater integration of care
- Enhancing supportive self-management of long term conditions
- Strengthening Herefordshire's urgent care system including re-procurement of services and improved system management

That there would be a greater emphasis on children in the commissioning plans.

The Chairman asked that the plans be RAG rated, and suggested that the HCCG would be hard pressed to deliver against the target by 2020. He went on to say that the Transformational Board should be integral to these plans, but no reports had been forthcoming from that Board for several months.

The Clinical Lead of the HCCG said that a joint governance structure had been set up which would meet soon. The Transformation Board had been helpful in setting up programmes, but progress had been slow in what was an extremely sensitive area. All the system leaders had accountability for healthcare within Herefordshire, and had responsibility too and were performance managed by, different systems.

The financial plan 15/16 for the HCCG did not yet present a balanced budget, and officers were not yet able to close the existing gap. No report had been put to this

meeting because of the extreme sensitivity of the situation, and trust had to be developed between partners on both sides. The assurance processes were different for the system leaders which meant that care did need to be taken.

The Director of Adults Wellbeing said that, from a governance perspective, it was important for the Board to understand that it was unlikely that the HCCG budget would be balanced for 2015/16 and that NHS England would have a view on the HCCG's decision to submit a plan that was not financial sustainable. The Board would need to understand what the implications of submitting a financially unsustainable budget were and these were not articulated in the report. Whilst every Clinical Commissioning Group in the Country was facing difficult financial situations, it was important that the Board was properly briefed on the issues facing the local health economy, particularly in view of any subsequent decisions by NHS England on how to support the local health economy.

Resolved:

That:

(a) The Board note the content of the HCCGs 2015/16 operational plan;

(b) Amendments to the briefing note be made that set out clearly the financial position for the Board once the financial position had been confirmed and circulated to all Health and Wellbeing Board members; and;

(c) The Board endorse the plan and the HCCGs work programme.

120. COMMISSIONING INTENTIONS 2015/16

The Board noted a report on the commissioning intentions and programmes that promoted the health and wellbeing of the population of Herefordshire. The following points were made:

- That whilst the list was ambitious, none of the items in the list were not already being worked on, and all were reflected in the Health and Wellbeing Strategy.

- That there were six themes that were being worked on within the Children and Young Peoples Plan, which was linked to the Children and Young People Partnership. The overall Plan, together with the associated implementation plan, would focus on the how shrinking resources could be best utilised for the service.

- All items listed in the document were covered by approved budgets for the coming year.

Resolved:

That:

(a) The Board noted the broad and specific commissioning intentions.

(b) areas of commonality and synergy to support increasing opportunities for co-commissioning be noted; and;

(c) The development of capability to support commissioning intentions that are evidenced based and demonstrate better outcomes for people be noted.

121. PUBLIC HEALTH ANNUAL REPORT

The Public Health Annual Report was noted. The following points were made:

- That the focus of this year's report was on children
- That improvements had been made to the take up of immunisations in the County
- That there was a recognition of the issues concerning dental health, that these had been around for a while and, importantly, what steps needed to be taken to resolve the matter.
- That responsibility for dental care lay with the local authority, and with 97% of 3 to 4 year olds now in nursery, this was a good place to start promulgating a dental health message. Group cleaning exercises after lunch were being worked on as one way forward.
- That there was no mention of prevention awareness issues in high Schools within the report, as it was focussed on a younger age group. The School Nurse service was being recommissioned and would include more prevention work.
- That the pathway for health visiting was being recommissioned in association with the HCCG, and whilst this had yet to be finalised, it was a high priority.
- That breastfeeding was an area that was not currently performing well and, as it was an overlap of responsibility between the HCCG and the Council, was an opportunity for joint working.
- As the Care Act would becoming into force in April, this would be a good time to undertake a refresh of the needs of carers and young carers.

Resolved: That the report be noted.

122. ASSESSING READINESS FOR IMPLEMENTATION OF BETTER CARE FUND PLANS IN 2015-2016

The Board receive an update in relation to the expectation that local health and social care communities will complete a national template to assess their readiness to implement the Better Care Fund.

Resolved:

That:

(a) The Board approved the assessment completed by officers from Herefordshire Council and Herefordshire Clinical Commissioning Group;

(b) The assessment be set within the context of the agreed Section 75 Partnership Agreement and the governance arrangements operating allied to the Better Care Fund Plan; and;

(c) a briefing note be issued once the process had been completed

123. MENTAL HEALTH NEEDS ASSESSMENT REPORT

The Board noted the mental health needs assessment undertaken by the HCCG between May 2014 and January 2015 for the purpose of understanding the needs of the population and to provide an evidence base for future commissioning. It integrates service mapping, a review of published evidence, an analysis of population and service data and engagement of the public and other stakeholders. The presentation of the info in one document would prove to be useful for all agencies within the County.

Resolved:

THAT:

(a) The Board note that the development of the report has involved over 450 hours of engagement with the public including service-users, carers, local groups, front line staff and other key stakeholders;

(b) the Mental Health Needs Assessment be utilised in the forthcoming Health and Well-being Strategy and the refresh of the Joint Strategic Needs Assessment; and

(c) The Board approved that the report be published by the HCCG

124. AUTISM SELF-ASSESSMENT 2014

The Board noted a report on the progress made by the Council on the self-assessment for the implementation of the 2010 Adult Autism Strategy "Fulfilling and Rewarding Lives", which had been submitted to Public Health England.

The following points were raised:

- That the action plan was being updated and improved, and that a diagrammatic pathway was to be developed.

- The Autism Partnership Board was in place, attended regularly by the HCCG and other partners, together with an autism strategy.

- A key area of weakness was that of the collection of data and the Council would need to be more forward thinking in this area. More work was also needed on policies associated with autism. There had been a wide consultation on the self-assessment statement.

The Clinical Lead HCCG, said that the information was useful as it highlighted the gaps in service provision. A medical model for autism was not required, and other professionals could be involved in the diagnosis.

The Chairman of Healthwatch Herefordshire said that NHS England had highlighted that there was a lack of awareness of the condition amongst GPs, and many were unclear as to ways of supporting patients. This was an important issue, as GPs were gatekeepers for the available services. He went on to suggest that the report should be used as a benchmark for the coming year to provide greater clarity of progress.

Resolved: That the report be noted.

125. JOINT HEALTH AND SOCIAL CARE LEARNING DISABILITY SELF-ASSESSMENT FRAMEWORK 2014

The Board received a report on the submission to Public Health England of the self-assessment in response to the Joint Health and Social Care Learning Disability Self-Assessment Framework 2014. The following points were made:

- That there would be greater scrutiny of learning disabilities in the future following guidance around access to health services and health inequalities that had been highlighted nationally.

- Herefordshire was lagging behind in this area and progress had been slow. The prevalence of learning disabilities within the County was higher than would have been expected.

- A Learning disability commissioning plan would be submitted to the Board following the General Election in May.

- That the key was to develop an action plan as part of the Learning Disability strategy in order to improve the strategy forward. Data was weak in this area, and a greater focus was being placed on recording it to be utilised to help service users

- The Partnership Board had been revitalised, and there were strong links with the service in Worcestershire

Resolved:

That:

a) The report be noted; and;

b) An interim report be provided to a meeting of the Board in six months time.

126. MENTAL HEALTH CRISIS CONCORDAT

The Board received a report on the progress made regarding the development of a local Action Plan as part of the Government guidance document 'Mental Health Crisis Care Concordat, Improving outcomes for people experiencing mental health crisis care' (February 2014).

Resolved: That the report be noted

127. ITEMS FOR INFORMATION

The Board noted briefing reports for information.

It was also noted that the Leader of the Council had received a letter from the Department of Health stating that the Special Intervention measures for Children's Services had been lifted.

128. WORK PROGRAMME

The Committee noted its Work Programme.

The meeting ended at 4pm **CHAIRMAN**

Herefordshire Council

MEETING:	**HEALTH & WELLBEING BOARD**
MEETING DATE:	**17 June 2015**
TITLE OF REPORT:	**PHARMACEUTICAL NEEDS ASSESSMENT**
REPORT BY:	**Director of Public Health**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

To approve the publication of the Herefordshire Pharmaceutical Needs Assessment.

Recommendation(s)

THAT:

(a) The publication of the Herefordshire Pharmaceutical Needs Assessment be approved.

Alternative Options

1 Since 1 April 2013, Health and Wellbeing Boards have been responsible for developing and updating Pharmaceutical Needs Assessments (PNAs), therefore there is no alternative option.

Reasons for Recommendations

2 The Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs to the Local Authority Health and Wellbeing Boards.

3 The Health and Wellbeing Board has a statutory responsibility to publish a Pharmaceutical Needs Assessment.

Further information on the subject of this report is available from
Rod Thomson, Interim Director of Public Health on Tel (01432) 383783

Key Considerations

4 The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics.

5 The primary purpose of a PNA is to guide the commissioning of community pharmacy services. The PNA will also inform the commissioning of services that deliver the same outcome as 'pharmaceutical services'.

6 PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).

7 The PNA will be issued to NHS England as the main commissioner of pharmaceutical services. A person who wishes to provide NHS pharmaceutical services must generally apply to NHS England and demonstrate they are able to meet pharmaceutical needs as set out in the relevant Pharmaceutical Needs Assessments.

8 The Health and Wellbeing Board is required to publish a Pharmaceutical Needs Assessment to describe current pharmaceutical provision in Herefordshire and help identify possible gaps.

9 This Pharmaceutical Needs Assessment is a concise reference point for pharmaceutical services and will form part of the Joint Strategic Needs Assessment of the population of Herefordshire entitled "Understanding Herefordshire".

Community Impact

10 The Pharmaceutical Needs Assessment sets out the requirements for pharmaceutical services to the people of Herefordshire.

Equality and Human Rights

11 The premise of the Pharmaceutical Needs Assessment is to support equality of access to pharmaceutical services.

12 An Equality Impact Assessment has been completed (Appendix 11).

Financial Implications

13 None

Consultees

14 The public, pharmacies, GPs, NHS providers, the community and voluntary sector.

Appendices

Appendix 1 – Acronyms

Appendix 2 – Herefordshire PNA 60 day Consultation Plan

Appendix 3 – Herefordshire PNA 60 day Consultation responses

Appendix 4 – Herefordshire Cross Boundary Pharmacies

Appendix 5 – Herefordshire Community Pharmacy Survey

Appendix 6 – Herefordshire Dispensing Practices Survey

Appendix 7 – Herefordshire Pre-consultation Public Survey

Appendix 8 – Herefordshire Locally Commissioned Services

Appendix 9 – Pharmacy Contractor Opening Hours

Appendix 10 – Herefordshire Dispensing Doctors

Appendix 11 – Equality Impact Assessment form

Background Papers

None

Herefordshire Health and Wellbeing Board

Pharmaceutical Needs Assessment

2015-2018

Final Draft version for HWB approval

INSERT LOCATION MAP

This Pharmaceutical Needs Assessment (PNA) has been produced for Herefordshire Health and Wellbeing Board (HWB) by Herefordshire Council in conjunction with North West Commissioning Support Unit (NWCSU), the NHS England Arden, Herefordshire and Worcestershire Area Team (AHW AT), Herefordshire Clinical Commissioning Group (HCCG) and the Local Pharmaceutical Committee (LPC)

Contents

Executive Summary

The production and publication of a Pharmaceutical Needs Assessment (PNA) became a statutory requirement in the Health Act 2009. Following the abolition of Primary Care Trusts (PCT) in 2013 this statutory responsibility was passed to Health and Wellbeing Boards (HWB) by virtue of the National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services (Amended) Regulations 2013, which came into force on 1st April 2013.

Each HWB is required to publish its own revised PNA for its area by 1st April 2015. In Herefordshire, the HWB must describe the current pharmaceutical services in the county, systematically identify any gaps, unmet needs, and in consultation with stakeholders make recommendations on future development.

The PNA is a key document used by the NHS England local area Pharmaceutical Services Regulations Committee (PSRC) to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies. It is also used by commissioners reviewing the health needs for services within their particular area, to identify if any of their services can be commissioned through community pharmacies.

Pharmacy has much more to offer than the safe and effective dispensing of medicines. It is increasingly expanding its provision of additional clinical services, becoming a persuasive force in improving the health and wellbeing of individuals and communities, and reducing health inequalities. They are easily accessible and are often first point of contact, including for those who might otherwise not access health services.

Local context

This PNA for Herefordshire is undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in the Herefordshire Joint Strategic Needs Assessment (JSNA). This PNA does not duplicate these detailed descriptions of health needs in the relevant JSNAs and should be read alongside the JSNA.

Herefordshire is a predominantly rural county with few urban settlements, which can create challenges for local transport and access to services. The city of Hereford, in the middle of the county, is the centre for most facilities; other urban locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington. The health of Herefordshire is generally similar or better than the England average, but important local variations exist within the county.

Some of the key headlines of the demographics, health needs and services include:

1. Herefordshire population is increasing and this trend is set to continue
2. The county over 65s account for 23% of the population, compared to 17% nationally. This includes, 5,700 residents aged 85 and over
3. Herefordshire has a small but growing ethnic minority profile
4. The average life expectancy for males and females in Herefordshire is higher than the national average
5. There is a lower proportion of deprived areas in Herefordshire than nationally, however, eight areas (out of a total of 116 in the county) in Herefordshire were amongst the 25% most deprived nationally in terms of multiple deprivations
6. Five of those most deprived areas are in South Hereford, two in Leominster and one in Ross-on-Wye
7. There is consistent correlation of greater mortality rates in areas of higher deprivation like Belmont, St Martins and Hinton, Leominster South and Ross-on Wye West Wards

8. The prevalence of smoking in Herefordshire is similar to national figures and within the county the prevalence in the most deprived areas is twice the rate
9. Within the most deprived communities of Herefordshire, the residents are more likely to become morbidly obese - over 5% of the population compared to less than 1% across the rest of the county
10. Between 2010-12, 30% of all teenage conceptions occurred in just three wards with high deprivation; Belmont, St Martin's and Hinton and Leominster South
11. Herefordshire has significantly less admissions to hospital per 100,000 population for alcohol-related conditions than regional and national averages
12. There are 27 pharmacies across the Herefordshire area, of these one is a 100 hour pharmacy. This is an increase from 26 in the previous PNA in 2011
13. Currently, of the 27 pharmacies in Herefordshire:
    - 25 are commissioned to provide a smoking cessation service
    - 23 provide the Emergency Hormonal Contraceptive (EHC) service
    - An intention of all Herefordshire pharmacies to provide the Minor Ailment service
    - 16 are contracted to stock and supply a jointly agreed list of palliative care drugs in line with the local formulary for easier access and a sub set of these provide Out of Hours (OOH) pharmaceutical support for palliative care
    - 5 are commissioned to deliver seasonal influenza vaccination plan
    - 5 provide needle exchange service
    - 20 offer a supervised methadone/buprenorphine consumption service
14. Under the rurality review regulations, NHS England delineates the areas in Herefordshire that are rural in character (also known as 'controlled localities'). The strict Regulations prevent the awarding of community pharmacy contracts unless in exceptional circumstances and enables the provision of dispensing doctors. There are 11 dispensing doctor practices in Herefordshire providing dispensing service for their registered patients only.
15. Of the 11 dispensing doctor practices, 15 sites across Herefordshire provide a dispensing doctor service in defined rural areas. However, an exception to this can be found in the Kington and Bromyard localities where dispensing doctors are situated in a market town along with a community pharmacy
16. Herefordshire County has a significantly higher proportion of dispensing practices (30%) versus the regional (6%) and England (9%) average due to its rurality

Key findings and recommendations

The PNA has not identified any current needs for new NHS pharmaceutical service providers that cannot be met by existing contractors, and improvements and better access in the future would be best addressed in the first instance through working with existing contractors to consolidate services.

The PNA concludes that the assessment made in accessibility, locations and population density suggest there is satisfactory access to NHS pharmaceutical services. The geographical mapping of pharmaceutical service provision highlights that most services are located and delivered in the most densely populated areas of the county. In the main, these are also areas with the highest level of socio-economic deprivation and ill-health.

The areas not within a one and five mile buffer zone from a pharmaceutical provider (representing the walking and driving distance respectively), are largely considered uninhabited and rural and correlates well with the current pharmaceutical provision, population and deprivation.

Herefordshire is however a growing county with substantial housing developments planned. It is anticipated that the existing pharmaceutical providers will need to change as the health needs of Herefordshire increases and the wider NHS services moves towards extended opening hours seven days a week. The existing pharmaceutical provider opening hours is unlikely to be sufficient and such access issues will be further exacerbated by the fact that dispensing doctors only provide

a limited dispensing service to their eligible registered patients and under the 'controlled localities' regulations, no community pharmacy contract can be awarded unless in exceptional circumstances following an NHS England rurality review. To facilitate commissioning of pharmaceutical services responsive to population needs the HWB will monitor development of changes and produce supplementary statements to the PNA if deemed necessary, in accordance with regulations.

The Herefordshire PNA sets out the aspirations and recommendations for all existing pharmaceutical providers (community pharmacies and dispensing doctors) and any future applications of pharmaceutical provision to be considered and prioritised accordingly. As community pharmacies are commissioned to deliver wider services, such as influenza vaccination and EHC, then there will need to be a greater emphasis on funding for improved consultation facilities, access to information technology and meeting the access needs of all the population.

Herefordshire HWB considers community pharmacies to be an accessible and key public health resource and existing pharmacies have always demonstrated a willingness to provide any local service that is commissioned from them. Commissioners are recommended to commission service initiatives in pharmacies around the best possible evidence and to evaluate any locally implemented services, ideally using an evaluation framework that is planned before implementation.

The potential access and service developments will always be considered alongside other priorities of the HWB and other health organisations when developing future commissioning strategy. However, because much of the local strategy is still emerging, it is not possible to set out the specific circumstances under which services will be commissioned.

1.0 Background

The Health Act 2009 128A made amendments to the NHS Act 2006 stating that

(1) Each PCT 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.

The regulations stated that a PNA must be published by each PCT by the 1st February 2011. There was a duty to rewrite the PNAs within three years or earlier if there were any significant changes which would affect the current or future pharmaceutical needs within the PCT's locality. This meant that subsequently revised PNAs were due to be produced by February 2014.

However, the Health and Social Care Act 2012 brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included abolition of PCTs and the introduction of CCGs who now commission the majority of NHS services. Public Health functions were not transferred to CCGs and are now part of the remit of Local Authorities.

In order to ensure integrated working and plan how to best meet the needs of any local population and tackle local inequalities in health the 2012 legislation calls for HWB to be established and hosted by Local Authorities. These HWB's bring together the health care, public health, adult social care and children's services, including elected representatives and local Healthwatch.

The Health and Social Care Act 2012 transferred responsibility for the development and updating of PNAs to HWBs. It also made provision for a temporary extension of PCT's PNAs and access by NHS England and HWBs.

Duties of the newly established HWB will include:

- Publishing a new PNA by 1st April 2015 (the Department of Health (DH) recently published an information pack to help HWB undertake PNA[1]).
- Ensure there are systems in place to monitor potential changes that will affect the delivery of and the need for pharmaceutical services and have a process in place to decide what action it needs to take.
- Maintain the PNA in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or where this thought to be disproportionate, through the issue of a supplementary statement setting out the change(s).
- Map of pharmaceutical provision must be kept up to date.
- A new PNA must be published every three years.
- Make the PNA and any supplementary statements available to NHS England and neighbouring HWBs.

[1] Department of Health. 'Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.' May 2013. Accessed 1.10.14. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

1.1 Purpose of a PNA

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor (DAC) or dispensing doctors, who wishes to provide NHS Pharmaceutical Services, must apply to be on the Pharmaceutical List maintained by NHS England.

The NHS Pharmaceutical Services and Local Pharmaceutical Services (Amended) Regulations 2013 set out the system for market entry and No. 349 Part 3 Regulation states that:

Current needs: additional matters to which the NHS Commissioning Board (NHSCB) must have regard*

13 (1) If the NHSCB receives a routine application and is required to determine whether granting it, or granting it in respect of some only of the services specified in it, would meet a current need—*

(a) For pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and.

(b) That has been included in the relevant pharmaceutical needs assessment in accordance with paragraph 2(a) of Schedule 1.Under these revised market entry arrangements, routine applications are assessed against Pharmaceutical Needs Assessments.

The PNA is subsequently a key document used by NHS England in making decisions with regard to applications to open a new pharmacy or to move existing pharmacy and when commissioning services. It is also a reference source for existing NHS pharmaceutical services contractors who may wish to change services they provide and/or by potential new entrants to the market.

In addition, the PNA will use the local needs assessment and other board approved strategic documents to identify the local health priorities. From this it should look at current demographics and future trends and developments which may impact on the health of the local population. The PNA will look at issues that may affect it across the three years it could be valid for.

The PNA will also identify where pharmaceutical services are currently used to address these priorities and inform commissioners if there are any gaps, in relation to the local health priorities, which could be addressed by improving services or access to services in that area[2]. The commissioners who would find the PNA most useful are CCGs, Local Authorities (Public Health) and NHS England Area Team.

[2] Primary Care Commissioning. 'Pharmaceutical needs assessment.' March 2013. Accessed 20 October 2014. Available at http://www.pcc-cic.org.uk/

* *NHSCB (NHS Commissioning Board) is now known as NHS England*

1.2 Methodology

Figure 1 below provides an overview and summary of the key activities which were carried out at each stage of developing the PNA. The PNA development followed guidance set out by:

- NHS Pharmaceutical Services and Local Pharmaceutical Services (Amendment) Regulations 2013
- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards (May 2013, DoH)[3]

In addition, the PNA regulations require that the HWB divide its area into localities which are then used as a basis for structuring the assessment. It was agreed by the PNA steering group that for our PNA we would use the current nine Locality system and 2015 Herefordshire Ward boundaries (See Figure 2).

This was because the majority of available healthcare data is collected at ward level. Also wards are a well understood definition within the general population as they are used during local parliamentary elections. Where ward level data is not available, we have used smaller geographical areas known as Super Output Areas (SOA). SOAs are a lower denominator population unit than wards and designed for the collection and publication of small area statistics. They are established by the Office of National Statistics (ONS) and currently there are two layers of SOA, Lower Layer SOA (LSOA) and Middle Layer SOA (MSOA).

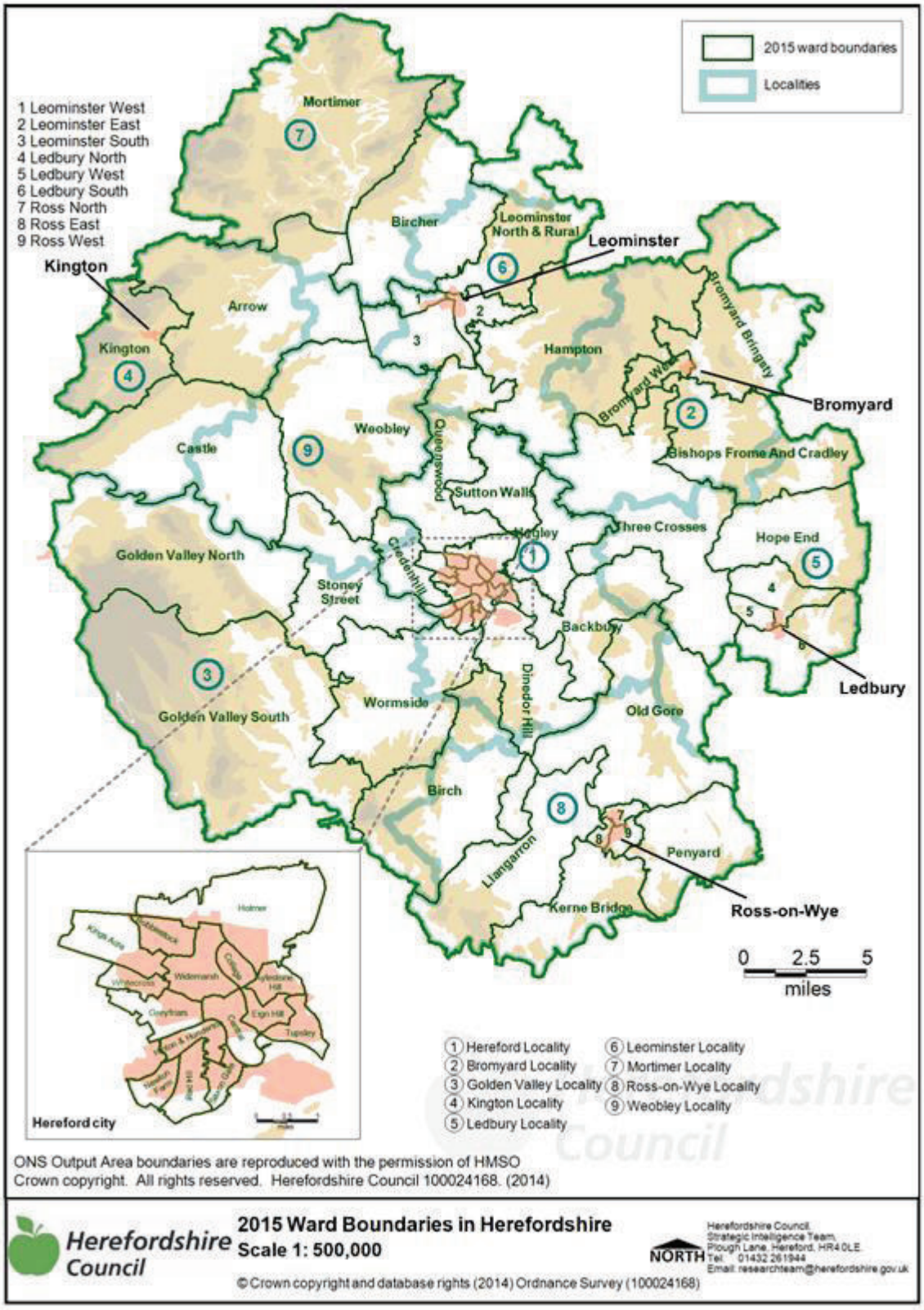
Figure 1: Methodology

	Activity
Stage 1: Governance and Project Management	Project management approach in the development of the PNA. Steering group was established in October 2014 consisting of representatives from Herefordshire Council, Local Pharmaceutical Committee, HCCG, NWCSU Medicines Optimisation Team and the NHS England Arden, Herefordshire and Worcestershire Area Team (AHW AT). This steering group approved the template for the PNA, along with all public facing documentation. Group is responsible for the completion of the PNA and that the PNA meets at least the minimum requirements.
Stage 2: Gather and	Steering group gather information and data from managers and commissioners within Herefordshire Council, AHW AT and HCCG. The information included demographics, mapping, service provisions and any

[3] Department of Health. 'Pharmaceutical needs assessments: Information Pack for Local Authority Health and Wellbeing Boards.' May 2013. Accessed 1.October 2014. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

validate data	baseline information. Group approve the pre-consultation pharmacy and dispensing practice survey to verify current service provision and secure insights into other aspects of service delivery (see Appendix 5 and 6). The public survey was also designed and disseminated to reinforce messages around current pharmaceutical services through wide engagement. All views are captured in section 3.1.1 and Appendix 7 to identify and inform the PNA and the conclusion.
Stage 3: **Health Needs and Strategic Priorities**	A desktop review of the local strategic needs assessment and other relevant strategies was undertaken to ensure the priorities were identified correctly. The PNA will inform commissioning decisions by the Local Authority (Public Health) services from pharmacy contractors, NHS England and CCGs and for this reason the PNA is a separate statutory requirement.
Stage 4: **Pharmacy Profile**	Current profile of pharmaceutical services was documented on a service by service basis. Benchmarking exercise using ONS comparators (where data was available) was used to supplement the pharmacy profile information.
Stage 5: **Synthesis and Assessment**	NWCSU developed and drew together the content of the draft PNA following emerging themes and pre-consultation responses. Pre-determined principles were used to underpin the decision making process. The draft PNA is approved by the HWB to go to formal consultation.
Stage 6: **Formal Statutory Consultation**	The consultation took place from 30th January 2015 to 1st April 2015 for a period of 60 days, in accordance with the Regulations (see Appendix 2). To facilitate this process a comprehensive communication plan was devised identifying all the local organisations who had a stake in pharmaceutical service provision around the county. This can be found in Appendix 2. The consultation responses were collated and analysed and the full consultation report can be found in Appendix 3. From this analysis the PNA steering group determined whether any amendments were required and updated the PNA accordingly. The formal statutory consultation is used to test and challenge our assessment and conclusion prior to producing the final PNA for another approval by the HWB on the 18th June 2015. The PNA was then published on the website on XX June 2015.

Figure 2: Locality and 2015 Electoral Ward Boundaries in Herefordshire



1.3 Scope of Assessment

A PNA is defined in the regulations as:

"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".

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—*

a) 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)."*

It follows, therefore, that we must understand what is meant by the term "pharmaceutical services" in order to assess the need for such services in the local authority's area.

1.3.1 Definition of Pharmaceutical Services

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies, dispensing doctors and appliance contractors.

Whether a service falls within the scope of pharmaceutical services for the purposes of PNA depends on who the provider is and what is provided. For the purposes of this PNA we have adopted the following scope:

Pharmacy Contractors - For pharmacy contractors the scope of the services that need to be assessed is broad and comprehensive. It includes the Essential, Advanced and Enhanced service elements of the pharmacy contract (full details are given in section 1.3.2 and Figure 25) whether provided under the terms of services for pharmaceutical contractors or under Local Pharmaceutical Services (LPS) contracts. It is estimated that a new pharmacy contract has a net cost of £30-40K per annum to the NHS.

There are 27 pharmacy contractors in the Herefordshire area and of these; one has a 100 hour contract which is contractually obliged to open for a minimum of 100 hours per week. There are no distance-selling/ internet pharmacies.

Local Pharmaceutical Service (LPS) Contractors - LPS contracts are locally commissioned pharmacy contracts to deliver specific services, over and above the Essential and Advanced services, to their local population or service users. LPS complements the national contractual framework for community pharmacy but is an important local commissioning tool in its own right.

LPS provides flexibility to include within a single local contract, a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements. In Herefordshire, there are no LPS contractors (31st October 2014). LPS contracts are now commissioned by the NHS England Area Team and for the Herefordshire HWB footprint; such contracts will fall under the remit of the AHW AT.

* *NHSCB (NHS Commissioning Board) is now known as NHS England*

Dispensing doctors - Dispensing doctors are General Practitioners (GPs) who are allowed to both prescribe and dispense medicines and appliances to patients registered with their surgery. Doctors are only allowed to become dispensing practices in very specific circumstances. The control of entry system, which is already tightly regulated, requires the GP practice to be located in a designated rural area, and with a specified minimum distance (currently 1.6Km or one mile) between a patient's home and the nearest community pharmacy. These are known as 'controlled localities'.

The NHS Pharmaceutical Services and Local Pharmaceutical Services (Amended) Regulations 2013 define a controlled locality as an area, or part of an area "rural in character". The AHW AT of NHS England is required to determine, within the area it is responsible for, which parts are "rural in character", delineate precisely the boundaries of such areas and publish a map of such areas. They are also required to determine or re-determine any area for which they are responsible if requested to do so by either the Local Medical Committee, or the Local Pharmaceutical Committee. In Herefordshire, such determination processes are often referred to as rurality reviews.

Once an area has been determined by a rurality review no part of this area can be subject of a further rurality review for five years unless NHS England is satisfied that there has been a substantial change in circumstances for the area since the previous rurality review was determined.

Dispensing practices are invited to take part in the Dispensing Services Quality Scheme (DSQS) which is part of the General Medical Services (GMS) contract and equivalent to the Community Pharmacy Contractual Framework (CPCF) (see 1.3.2 below). However, unlike community pharmacies which have a contractual obligation of delivering on CPCF, the DSQS is voluntary and not all dispensing practices take part.

The PNA takes into account the dispensing service provided by dispensing doctors but is not concerned with assessing the need for other services they may provide as part of their national or local contract arrangements. There are 24 GP surgeries in Herefordshire and of these eleven are dispensing doctor practices, providing dispensing services from 15 sites (see Figure 3).

Figure 3: Herefordshire County Dispensing Practices and Sites

Source: Herefordshire Strategic Intelligence Team

	GP Surgery	Dispensing Site	Address	Post Code	In-County
1	Cradley Surgery	Cradley Surgery	Bosbury Road. Cradley. Malvern	WR13 5LT	Y
2	Fownhope Medical Centre	Fownhope Medical Centre	Fownhope	HR1 4PZ	Y
3	Golden Valley Practice	Golden Valley Practice	The Surgery Ewyas Harold	HR2 0EU	Y
	Golden Valley Practice	Peterchurch Surgery	Closure Place Peterchurch	HR2 0RS	Y
4	Kingstone Surgery	Kingstone Surgery	Kingstone Hereford	HR2 9HN	Y
5	Marches Surgery	Bodenham Surgery	Brockington Road Bodenham. Hereford	HR1 3LR	Y

6	*Mortimer Medical Centre*	*Mortimer Medical Centre*	*Kingsland Leominster*	*HR6 9QL*	*Y*
	Mortimer Medical Centre	*Leintwardine Surgery*	*The Health Centre Jay Lane. Leintwardine*	*SY7 0LG*	*Y*
	Mortimer Medical Centre	*Orleton Surgery*	*Milbrook Way Orelton. Ludlow*	*SY8 4HW*	*Y*
7	*Much Birch Surgery*	*Much Birch Surgery*	*Much Birch Hereford*	*HR2 8HT*	*Y*
8	*Nunwell Surgery*	*Nunwell Surgery*	*10 Pump Street Bromyard*	*HR7 4BZ*	*Y*
9	*Kington Medical Practice*	*Kington Medical Practice*	*Eardisley Road Kington*	*HR5 3EA*	*Y*
10	*Weobley Surgery*	*Weobley Surgery*	*Gadbridge Road Weobley*	*HR4 8SN*	*Y*
	Weobley Surgery	*Staunton-on-Wye*	*Staunton-on-Wye*	*HR4 7LT*	*Y*
11	*Quay House Medical Centre**	*Credenhill Surgery*	*16 Meadow drive Credenhill. Hereford*	*HR4 7EF*	*Y*

**Note: Similar to CPCF for community pharmacies, Herefordshire CCG considers adherence to the voluntary DSQS as a minimum and a baseline clinical governance requirement for dispensing practices. Although a registered dispensing practice, Quay House Medical Centre provides a limited and selected dispensing service e.g. urgent prescription only, and does not qualify under DSQS payments. This was considered when evaluating dispensing activity against total dispensing service providers in Herefordshire.*

Dispensing Appliance Contractors (DACs) - For appliance contractors the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of the recently introduced Appliance Use Review (AUR) service and Stoma Appliance Customisation Service (SAC). This means that, for the purposes of the PNA, we are concerned with whether patients have adequate access to dispensing of appliances, AURs and SACs where these may be undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

There were 112 DACs in England in 2012/13[4] and similar to many other HWB footprints in England, there is no DAC in Herefordshire. However, as part of the essential services of appliance contractors, a free delivery service is available to all patients, and the patients of Herefordshire can and do use DACs outside the area. Pharmacy contractors can also dispense appliances and provide AURs and SAC services as part of their Essential and Advanced services.

Other services which affect the need for Pharmaceutical Services

Other providers or contractors in Herefordshire may deliver services that meet a particular pharmaceutical service need, although they are not considered pharmaceutical services under the relevant regulations. Examples include:

[4] General Pharmaceutical Services in England – 2004-05 to 2013-14. Accessed 9 April 2015. Available at: http://www.hscic.gov.uk/

- Hospitals
- Walk-In-Centres (WIC)
- Out-Of-Hours (OOH) service
- Dentists
- Optometrists
- GPs
- The GP Federation - Taurus Healthcare Ltd (www.taurushealthcare.co.uk)
- Community Drug and Alcohol Services Herefordshire (DASH)

1.3.2 Pharmaceutical Services Contractual arrangements[5]

The CPCF is made up of three different service types. These are defined below, for a detailed description of current pharmaceutical services in Herefordshire please see section 2.3.1, Figure 25).

Essential Services – which are set out in schedule 4 of the NHS Pharmaceutical and Local Pharmaceutical Services (Amended) Regulations 2013. All pharmacy contractors must provide the full range of Essential service and are managed and monitored by the NHS England Area Team. Such services include:

- Dispensing medicines and appliances and actions associated with dispensing (e.g. keeping records)
- Repeat dispensing
- Disposal of unwanted medicines
- Public health (Promotion of healthy lifestyles)
- Signposting
- Support for self-care

In Herefordshire, should a more directed service be required e.g. targeted to specific age groups or in specific wards then discussions with the Local Pharmaceutical Committee or the AHW AT about how this could be managed within the desired budget could raise a number of solutions. This could include Enhanced or Locally Commissioned services.

Advanced Services – any contractor may choose to provide Advanced services. There are requirements which need to be met in relation to premises, training or notification to NHS England. Each service is intended to support and empower patients to optimise their safe and effective use of medicines or appliances and to reduce waste. The current Advanced services include:

- Medicines Use Review (MURs)
- New Medicines Service (NMS)
- Appliance Use Reviews (AUR)
- Stoma Appliance Customisation Service (SAC)

Providing patients with a better understanding of their medication or appliance can help to prevent unnecessary exacerbations of conditions and reduce the possible risk of patients accessing urgent care services; hopefully leading to better health outcomes.

Enhanced Services - Only those contractors directly commissioned by NHS England can provide these services with the aim of complementing GP existing services. The NHS Act 2006, The

[5] Pharmaceutical Services Negotiating Committee(PSNC). Accessed 20 September 2014. Available at: http://psnc.org.uk/contract-it/the-pharmacy-contract/

Pharmaceutical Services (Advanced & Enhanced Services) (England) Directions 2013, Part 4 14.-(1) list the enhanced services as:

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Independent Prescribing Service
- Home Delivery Service
- Language Access Service
- Medication Review Service
- Medicines Assessment and Compliance Support Service (This is more clinical than MURs)
- Minor Ailments Service
- Needle and Syringe Exchange Service
- On Demand Availability of Specialist Drugs Service
- Out of Hours Service
- Patient Group Direction (PGD) Service (This would include supply of any Prescription Only Medicine (POM) via PGD)
- Prescriber Support Service
- Schools Service
- Screening Service
- Seasonal Influenza Vaccination Service
- Stop Smoking Service
- Supervised Administration Service
- Supplementary Prescribing Service

In Herefordshire the AHW AT has responsibility for making arrangement for the provision and managing of Enhanced services. If similar local services, as above, are commissioned by CCGs or Local Authorities, they are referred to as Locally Commissioned services and not Enhanced services (see below).

Locally Commissioned services[6] - Community pharmacy contractors can also provide services commissioned locally that fall outside of the NHS Pharmaceutical Services and Local Pharmaceutical Service (Amended) Regulations 2013. Locally commissioned services do not impact on the commissioning of new pharmacy contracts and any applications should not be submitted solely on gaps identified for Locally Commissioned services.

Locally Commissioned services within Herefordshire may be reviewed within the planned lifespan of this document but must be considered alongside other pharmaceutical service provision in order that a full picture of current provision is identified across the HWB footprint.

Public health services[7]

Particular mention should be given to the Locally Commissioned services which have been designated as public health services such as population screening or prevention of disease states. The commissioning of the following Enhanced services which were listed in the Pharmaceutical

[6] Pharmaceutical Services Negotiating Committee. Accessed 6 October 2014. Available at: http://psnc.org.uk/services-commissioning/locally-commissioned-services/

[7] Primary Care Commissioning. Pharmacy Enhanced services from 1 April 2013. Accessed 27 October 2014. Available at: http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013

Services (Advanced and Enhanced services) (England) Directions 2012 transferred from PCTs to Local Authorities with effect from 1st April 2013.

- Needle and syringe exchange
- Screening services such as Chlamydia screening
- Stop smoking
- Supervised administration of medicines service
- Emergency hormonal contraception services through patient group directions

Where such services are commissioned by Local Authorities they no longer fall within the definition of Enhanced services or pharmaceutical services as set out in legislation and therefore cannot be referred to as Enhanced services.

However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors when asked to do so by a Local Authority. Where this is the case they are treated as Enhanced services and fall within the definition of pharmaceutical services.

CCG services[8]

CCGs can commission services from pharmacies but similar to public health classification these will be known as Locally Commissioned services and then fall outside the definition of Enhanced services, and so have no impact on pharmacy applications.

For a brief summary on who can commission which services please refer to the Pharmaceutical Services Negotiating Committee's "Community Pharmacy Local Service Commissioning Routes; July 2013"

The following local services are commissioned in Herefordshire community pharmacies by Herefordshire Council (Public Health) and HCCG to support the local public health agenda:

Figure 4: Herefordshire Locally Commissioned Services

Herefordshire Council	*Herefordshire CCG*
Emergency Hormonal Contraception	*Community Pharmacy Smoking Cessation Service - Pharmacotherapy**
Needle and Syringe Exchange Service	*Minor Ailments Service*
Supervised Methadone/Buprenorphine Administration Service	*In-hours/ Out-of-hours palliative care service*
	Pharmaceutical advice to care homes service
	Patient self-care education talks

*Note – * at the time of writing this PNA (December 2014) services have not been transferred. Herefordshire Council expects the responsibility of the Locally Commissioned services to have transferred to the council by Quarter 1 2015/16.*

To date (December 2014) the most up to date list of which Locally Commissioned services each community pharmacy is delivering is available in Appendix 8.

[8] Pharmaceutical Services Negotiating Committee. Accessed 6 October 2014. Available at: http://psnc.org.uk/services-commissioning/locally-commissioned-services/

1.4 What is excluded from scope of the PNA?

The PNA has a regulatory purpose which sets the scope of the assessment. However pharmaceutical services and pharmacists are evident in other areas of work in which the local health partners have an interest but are excluded from this assessment. Examples include prison and hospital pharmacy services whereby those patients may be obtaining a type of pharmaceutical service that is not covered by this assessment.

Prison pharmacy
Pharmaceutical services are provided in prisons by providers contracting directly with the prison authorities. There are no HM Prisons within the Herefordshire area.

Hospital pharmacy
Patients in Herefordshire area have a choice of provider for their elective hospital services. Information about the choice of hospital used by Herefordshire residents is shown in Figure 5. Most (68%) of our residents choose to be treated at Wye Valley NHS Trust and its associated community hospitals and rehabilitation centre (16%). The Hillside Rehabilitation Centre is based in Hereford whilst the three community hospitals are based at Bromyard, Leominster and Ross-on-Wye.

The Wye Valley community hospitals in Leominster and Ross-on-Wye also provide a minor injury unit (MIU) which offers help with a range of injuries and ailments including simple breaks, children's illnesses, minor head injuries, burns and emergency contraception. A similar MIU service can also be found in Ledbury and Kington NHS commissioned health and care centres. The 2gether NHS Foundation Trust is a specialist trust providing mental healthcare service in Herefordshire.

The PNA makes no assessment of the need for pharmaceutical services in hospital settings; however the HWB and CCG are concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures the continuity of support around medicines. In order for patients to receive a consistent service across the county, prescribing for patients should be in line with the local joint medicines formulary.

Figure 5: Hospital Choice for Herefordshire residents 2012-2014

Source: West Midlands and Lancashire CSU

	Patient Numbers		Percentage Share	
	2012/13	2013/14	2012/13	2013/14
Wye Valley NHS Trust	99,607	103,229	67%	68%
Wye Valley Community Trust	24,053	24,333	16%	16%
Gloucestershire Hospitals NHS Foundation Trust	4,692	4,885	3%	3%
Worcestershire Acute Hospitals NHS Trust	3,584	3,752	2%	2%
University Hospitals Birmingham Foundation Trust	2,513	2,671	2%	2%
2gether NHS Foundation Trust	2,179	2,264	1%	1%
Nuffield Health, Hereford Hospital	1,343	1,586	1%	1%
Herefordshire PCT*	2,142		1%	0%
Worcestershire Health and Care NHS Trust	950	988	1%	1%
Birmingham Children's Hospital NHS Foundation Trust	882	950	1%	1%
Other	6,583	8,154	4%	5%
Total	***148,528***	***152,812***		

**Note: Available rolling data prior the NHS reform (1st April 2013)*

1.5 Non-NHS added value community pharmacy services

Community pharmacy contractors can provide services directly to patients that are not commissioned by NHS England, Local Authorities or CCGs but are considered to provide added value to the patients.

Examples include pharmacies providing a home delivery service, blood pressure checks and/or providing compliance support for those patients that do not fall under the Disability Discrimination Act (DDA). Community Pharmacists are free to choose whether or not to charge for these services as part of their business model.

Pharmacies also provides over the counter medicines including those on the 'general sales list' and 'pharmacy only medicines'. The provision of retail sales in community pharmacy is not part of this needs assessment since it is not contracted by the NHS.

These non-NHS services will not be included as part of the PNA.

2.0 Local Context

2.1 Population Demography

2.1.1 Overview

Herefordshire is a predominantly rural county, with the 4th lowest population density in England. The Office for National Statistics (ONS) published the first results of the 2011 Census on the 16th July 2012 revealing a population increase in Herefordshire[9]. The population has risen 6.4 per cent since the last census mid-2001; up from 174,900 to 186,100 (mid-2013).

Figure 6: Estimated headline population figures for Herefordshire, mid-2001 to mid-2013

Source: ONS, Population Estimates Unit. Figures rounded to the nearest hundred.

Herefordshire	*2001*	*2013*	*Change (%)*
All Persons	174,900	186,100	6.4
Males	85,400	91,800	7.5
Females	89,500	94,300	5.4
Young people (0-19)	41,500	40,000	-3.6%
Older people (65+)	33,700	42,000	24.6
90+	1,300	2,000	53.8

It is also worth noting for health purposes that according to the NHS Prescription Service data 2013, Herefordshire CCG has a registered population of 182,800. This means that Herefordshire CCG is not responsible for over 3,000 patients who live within the county council boundaries but have a GP in neighbouring HWB footprints. This has implications for joint working between agencies in Herefordshire as well as cross boundary working.

Whilst overall population trends are useful in predicting future population volume, often it is population characteristics that are most important when developing a PNA. Research has shown that in general, and during a lifetime, children and older people consume more medicines and that generally women, over their lifetime, consume more medicines than men[10]. Therefore areas where there are higher numbers than average of children 0-9 years and elderly people over 65 living alone, especially female, will have the need to access pharmaceutical services more often.

A comprehensive overview shall predict the structure and characteristics of the Herefordshire population and determine how changes are likely to impact upon specific population groups. Some of the key headlines of the population demographics include:

- Herefordshire population is increasing and this trend is set to continue
- The County's over 65s account for 23% of the population, compared to 17% nationally. This includes, 5,700 residents aged 85 and over
- By 2017, the population of 0-15 year olds is predicted to increase by 1.0% but a 1.7% drop is predicted in the 15-64 year old age group
- In contrast, the 65-84 years old population is expected to increase by 19.7% (over 6,700 more) whilst over 85 year olds population is expected to increase by 29.6% (over 1,600 more) by 2017

[9] Office National Statistics (ONS). Accessed 10 October 2014.

[10] "Use of community pharmacies: a population-based survey". Journal of Public Health 2005; 27 (3): 254-262. Boardman H, Lewis M, Trinder P, Rajaratnam G, Croft P.

- Herefordshire has a small but growing ethnic minority profile
- Provisional figures from the ONS suggest that the official estimates of Black, Asian and Minority Ethnic (BAME) numbers underestimate immigration to Herefordshire by several thousands
- There are no official estimates of where these migrants come from, but based on various administrative datasets (e.g. National Insurance registration, interpretation requests, births and school children) it is likely that most are from Eastern Europe, particularly Poland
- The average life expectancy for males in Herefordshire was 79.7 years compared with 79.2 years for England, and for females, life expectancy was 83.7 years compared to 83 for England
- There will be substantially more people living to what is currently considered to be extreme old age (90+)
- In Herefordshire, circulatory diseases (such as coronary heart disease and stroke), cancers and respiratory disease account for 75% of all mortality
- There is a lower proportion of deprived Output Areas in Herefordshire than nationally, however, eight areas in Herefordshire were amongst the 25% most deprived nationally in terms of multiple deprivations (out of a total of 116 in the county)
- Five of those most deprived areas are in South Hereford, two in Leominster and one in Ross-on-Wye
- There is consistent correlation of greater mortality rates in areas of higher deprivation like Belmont, St Martins and Hinton, Leominster South and Ross-on Wye West Wards

2.1.2 Age and Sex profile of Herefordshire Population

Figure 7 shows the estimated spread of age ranges across Herefordshire in five year stages by gender mid- year 2013. The largest group of the Herefordshire population (7.5%) is made up of residents aged 45-49 and this is comparable to national estimates (7.4%). The proportion of under 16s in Herefordshire is also comparable to national averages whilst in contrast, the county's over 65s account for 23% of the population, compared to 17% nationally. This includes, 5,700 residents aged 85 and over.

Currently 51% of the population are female and 49% male. This is comparable to national figures and is not expected to change significantly in the years to come. The gender split will however vary in terms of the proportion of each sex within age bands as depicted in Figure 8. There is an unusual pattern of generally lower proportions of people aged 45 or below and a generally higher proportion of people over 45 compared to England averages.

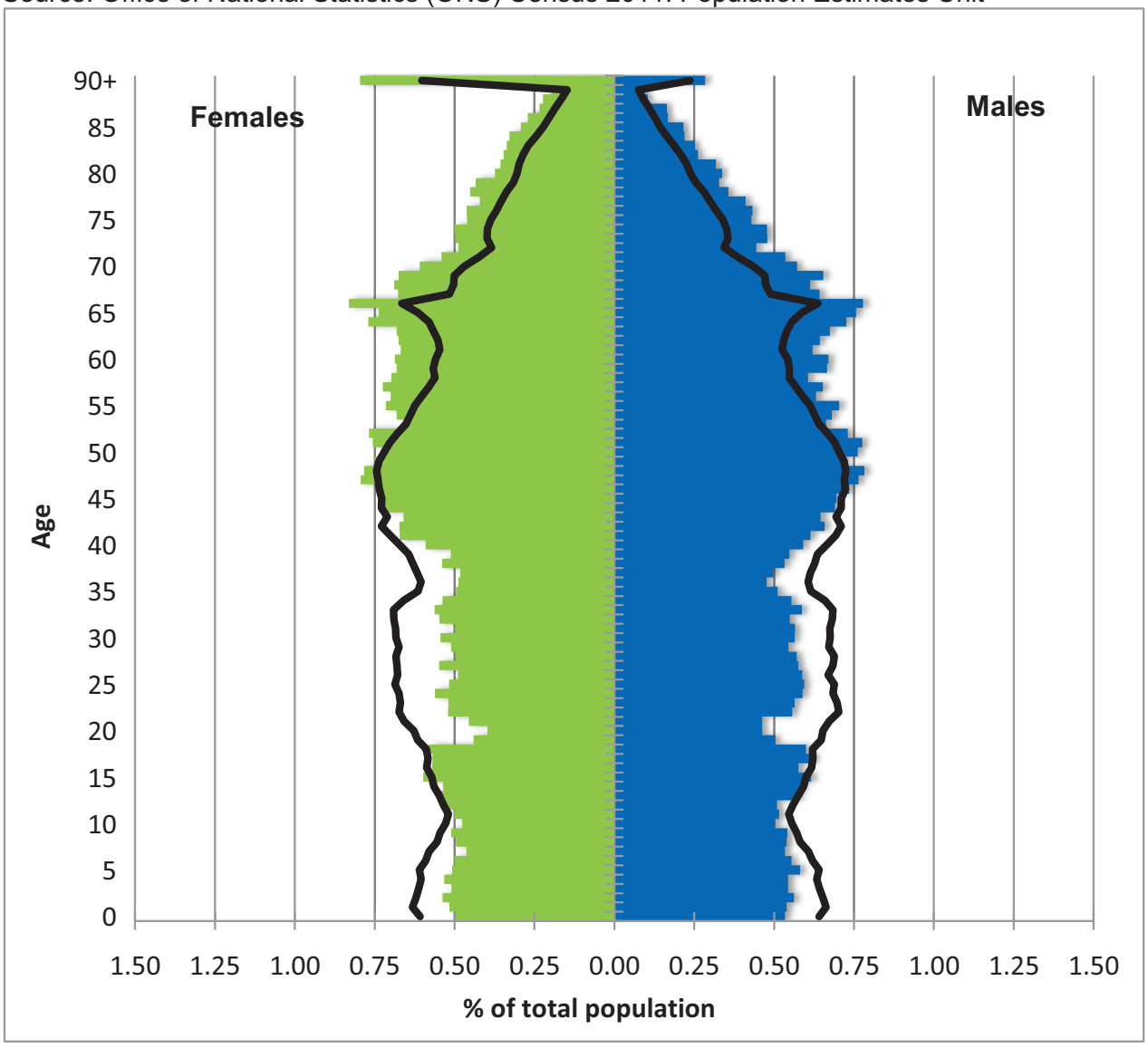
Figure 7: Mid-Year 2013 Population Estimates of Herefordshire

Source: ONS, Population Estimates Unit. Figures rounded to the nearest hundred.

Age-group	*Numbers* ***in Herefordshire***			***Percentage of total***		
	Persons	***Males***	***Females***	***Persons***	***Males***	***Females***
Under 1	1,900	1,000	900	1.0%	0.5%	0.5%
1-4	8,000	4,100	3,900	4.3%	2.2%	2.1%
5-9	9,700	5,100	4,600	5.2%	2.7%	2.5%
10-14	9,800	5,000	4,800	5.3%	2.7%	2.6%
15-19	10,600	5,400	5,100	5.7%	2.9%	2.7%
20-24	9,500	4,900	4,600	5.1%	2.6%	2.5%
25-29	10,100	5,300	4,800	5.4%	2.8%	2.6%
30-34	10,300	5,200	5,000	5.5%	2.8%	2.7%
35-39	9,500	4,800	4,700	5.1%	2.6%	2.5%
40-44	12,200	5,900	6,200	6.6%	3.2%	3.3%
45-49	13,900	6,900	7,100	7.5%	3.7%	3.8%
50-54	13,400	6,700	6,700	7.2%	3.6%	3.6%
55-59	12,600	6,100	6,600	6.8%	3.3%	3.5%
60-64	12,700	6,200	6,500	6.8%	3.3%	3.5%
65-69	13,100	6,400	6,700	7.0%	3.4%	3.6%
70-74	9,600	4,700	4,900	5.2%	2.5%	2.6%
75-79	7,800	3,600	4,200	4.2%	1.9%	2.3%
80-84	5,800	2,600	3,200	3.1%	1.4%	1.7%
85-89	3,700	1,400	2,300	2.0%	0.8%	1.2%
90+	2,000	500	1,500	1.1%	0.3%	0.8%
All ages	**186,100**	**91,800**	**94,300**	**100.0%**	**49.3%**	**50.7%**

Figure 8: Mid-Year 2013 Population Estimates of Herefordshire (bars) and England & Wales estimates (lines)

Source: Office of National Statistics (ONS) Census 2011. Population Estimates Unit



2.1.3 Future Age Trends

The health and social care needs of an individual in Herefordshire will change substantially during their lifetime and consequently one of the key characteristic of a population overview is the age profile.

Figure 9 provides a comparison of the current (2011) age profile compared to the 2018 predicted population and this reveals some significant changes in the spread of the population between age bands.

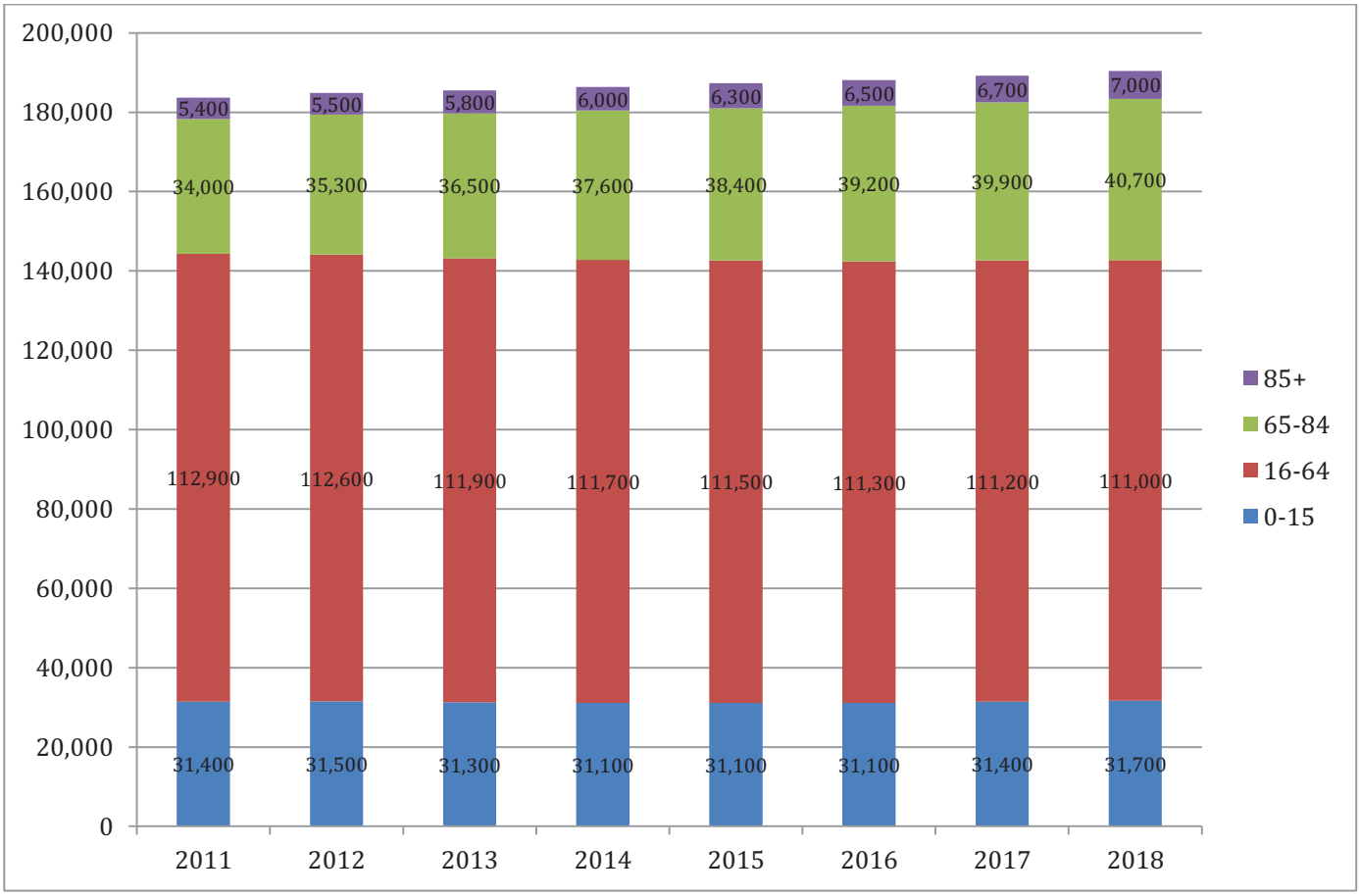
By 2017:

- The population of 0-15 year olds is predicted to increase by 1.0% but a 1.7% drop is predicted in the 15-64 year old age group.
- The 65-84 years old population is expected to increase by 19.7% (over 6,700 more).
- The over 85 year olds population is expected to increase by 29.6% (over 1,600 more).

In broad terms, there will be more people living beyond 65 years and fewer people of working age which will be compounding by the low birth rate. The changes in older population will unsurprisingly increase demand on health and care services in managing long-term conditions such as coronary heart disease, diabetes, respiratory disorders, obesity, dementia, mental health, sensory impairment and/or incontinence. These problems will be further exacerbated as it is anticipated that more people over the age of 65 may potentially be living alone and require carers to live independently.

Figure 9: Herefordshire population projections to year 2018

Source: ONS Census 2011



The population overview and forecast will undoubtedly put further strain on the health and social care services of Herefordshire HWB. As discussed in the Prescriptions Dispensed in the Community Statistics for 2002 – 2012[11] such age ranges (especially over 65 year olds) are the most frequent users of pharmacy services and health services in general.

"A new collection of data on prescriptions dispensed free of charge shows that over 90.6 per cent of all prescriptions were dispensed free of charge. Sixty per cent of items were dispensed free to patients exempt from the prescription charge because of old age (aged 60 and over) and five per cent went to the young (aged under 16 or 16-18 and in full-time education) who are also exempt from the charge."

[11] Prescriptions dispensed in the community, Stats for England 2002 – 2012. Accessed 10 October2014. Available at: http://www.hscic.gov.uk/catalogue/PUB11291

Commissioners should be aware when looking to commission future services that sufficient resources are in place to manage this expected increase in elderly population.

2.1.4 Ethnicity

According to the 2011 Census, over 93% of Herefordshire is of white: British ethnicity compared with the England and Wales average of 80.5%. Just over 6% of Herefordshire's population are from BAME communities compared with England and Wales average of 19.5%. The second largest ethnicity group are of white: other than British or Northern Irish origins accounting for 4.5% of the county's BAME population, followed by Asian/British Asian ethnicity accounting for only 0.8% of Herefordshire residential population (see Figure 10).

Figure 10: Ethnic Profile of Herefordshire population based on 2011 Census

Source: ONS Census 2011

Ethnicity	2011		
	Herefordshire		England & Wales
	Number	%	%
All residents	183,477	100	100
White English, Welsh, Scottish, Northern Irish, British	171,922	93.7	80.5
White other (incl. Irish, Gypsy &Traveller)	8,247	4.5	5.4
Mixed/multiple ethnic group	1,270	0.7	2.2
Asian/Asian British	1,439	0.8	7.5
Black/African/Caribbean/Black British	331	0.2	3.4
Other ethnic group	268	0.1	1

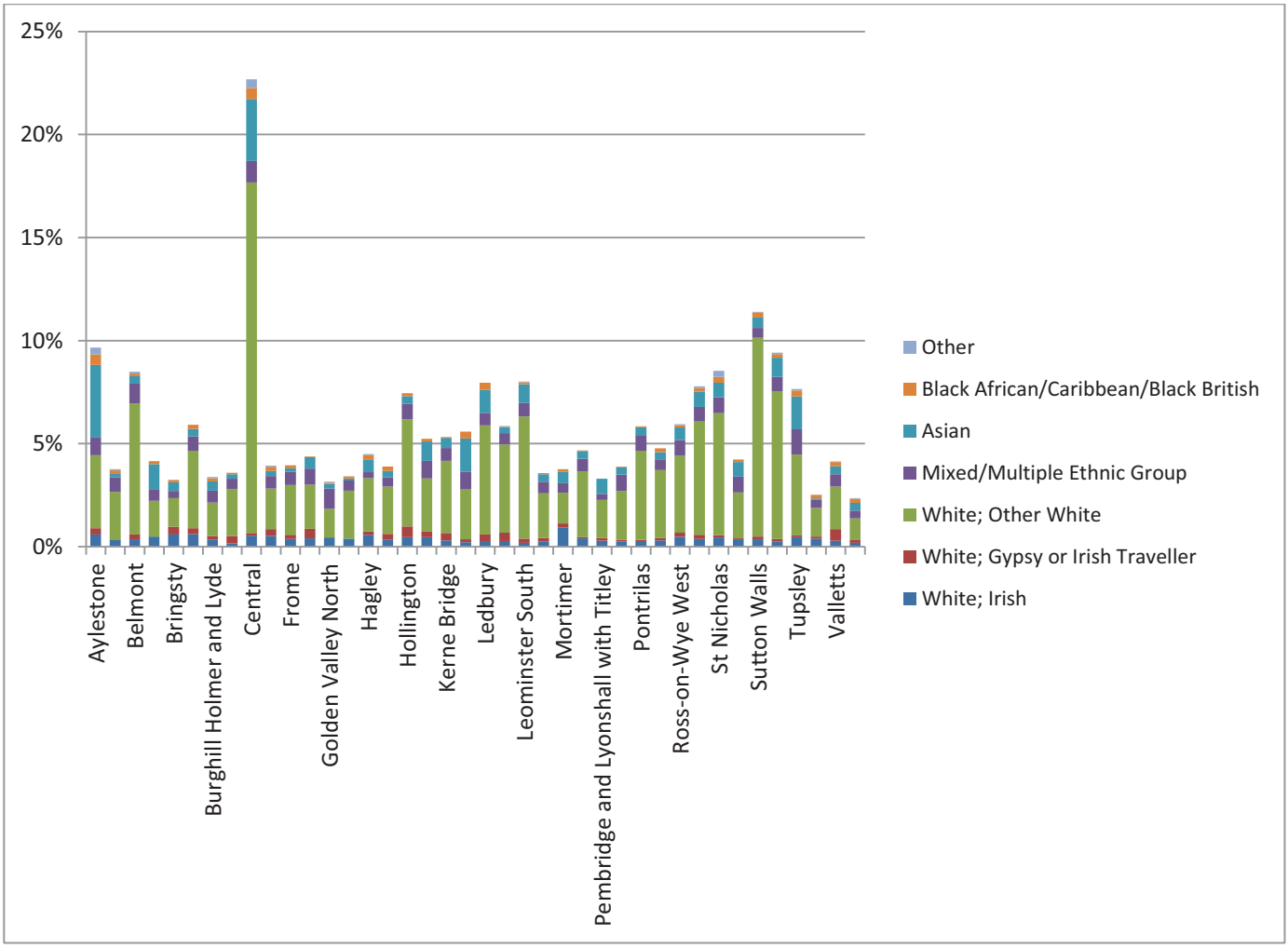
Despite a relatively small BAME community of 6.3% of Herefordshire's resident population in 2011, this has more than doubled in the last decade from 2.5% in 2001. It is also worth noting that provisional figures from the ONS suggest that the official estimates of BAME numbers underestimate immigration to Herefordshire by several thousands. There are no official estimates of where these migrants come from, but based on various administrative datasets (e.g. National Insurance registration, interpretation requests, births and school children) it is likely that most are from Eastern Europe, particularly Poland.

Community pharmacies and other healthcare providers are appreciative that some ethnic populations often experiences a spectrum of health challenges from low birth weight babies and infant mortality through to higher incidences of long term conditions such as diabetes[12].

It is essential that pharmaceutical services meet the specific needs of all communities within Herefordshire as well as providing a broad and appropriate range of services to the general population.

[12] "Use of community pharmacies: a population-based survey". Journal of Public Health 2005; 27 (3): 254-262. Boardman H, Lewis M, Trinder P, Rajaratnam G, Croft P.

Figure 11: Ethnic Minority Group variation by Ward in Herefordshire
Source: ONS Census 2011



Although BAME communities are small within Herefordshire, Figure 11 above depicts a stacked bar chart of BAME communities in Herefordshire and the considerable variation at ward level.

Pharmacy contractors located within areas where there is a high population and variation of a certain ethnic groups should consider services that are targeted to achieve improved health outcomes in those populations. They should also look at how best to communicate with their patients. Cultural differences account for a wide variation in patients' view of medications and the healthcare system and pharmacy contractors should ensure that they are able to deliver services to different ethnic groups in a way that meets their needs.

As described in the Herefordshire pharmacy contractor survey (Appendix 5), which all pharmacy contractors were sent, approximately 58% (of the 27 Herefordshire pharmacy respondents) already have staff who can communicate in languages, other than English, which are spoken within their community. Polish and Russian accounted for 54% and 31% respectively of other languages spoken in pharmacies and correlates well with the known growth in this ethnic group. Pharmacy contractors should continue to consider the diversity of cultures and languages spoken in their locality and how best to address such barriers when meeting pharmaceutical needs. All pharmacies in Herefordshire will also be aware of local Language Access Network and are able to signpost patients accordingly if required.

2.1.5 Life Expectancy

In 2012 the average life expectancy for males in Herefordshire was 79.7 years compared with 79.2 years for England, and for females in Herefordshire, life expectancy was 83.7 years compared to 83 for England (Figure 12). Both are above the national averages as we have seen steady and lasting improvements in how long people live and the significant on-going support in those disease areas which have historically had the greatest impact on life expectancy.

There will be more and more people living to what is currently considered to be extreme old age (90+) and again this steady increase in life expectancy will lead to more people requiring greater local health and social care services.

Figure 12: Life Expectancy Gap at Birth in Herefordshire 2010-12

Source: ONS 2010-12

Gender	Life expectancy (years)			Gap between Herefordshire and England
	Herefordshire	West Midlands	England	
Male	79.7	78.7	79.2	+0.5
Female	83.7	82.7	83	+0.7

Life expectancy has long been used as an indicator of population health. However, it is increasingly seen as too crude a measure of a population's health as it does not take into account chronic disease and disability.

In recent years self-reported overall general health status has been increasingly used to calculate healthy life expectancy (HLE), which is a measure of the balance between length and quality of life. ONS calculates two types of health expectancy for males and females at birth, at age 50 (for Disability-free Life Expectancy (DFLE) only) and aged 65:

1. HLE defines healthy life as years in good or fairly good self-perceived general health.
2. DFLE defines healthy life as years free from limiting long-standing illness.

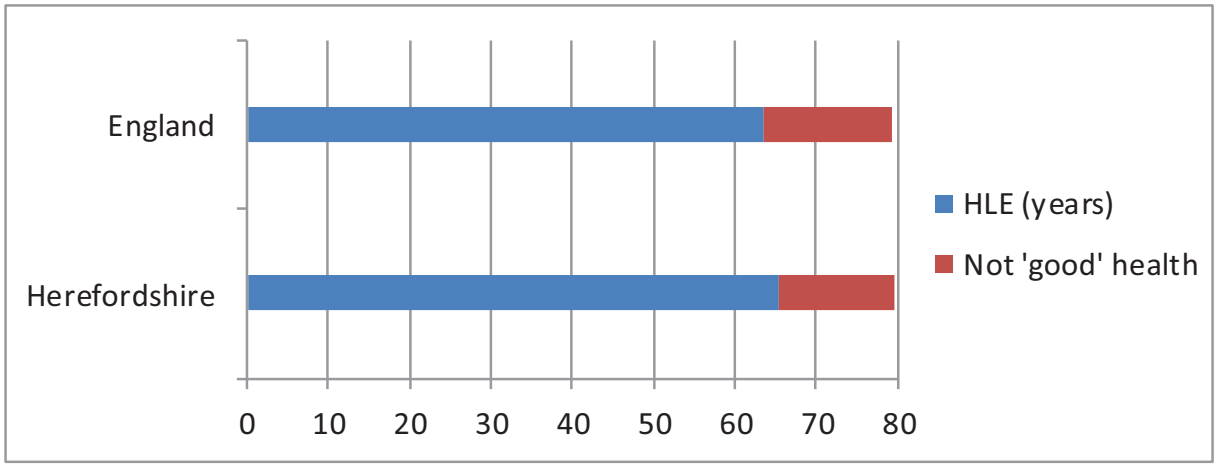
Healthy Life Expectancy

At birth HLE estimates were calculated by combining the prevalence of very good health and good health from the 2011 Census general health module for each CCG along with mortality data and mid-year population estimates for the period 2010-12 (see Figures 13). HLE at birth in Herefordshire was 65.3 years for males and 66.9 years for females; significantly higher than in England (63.5 years for males and 64.8 years for females).

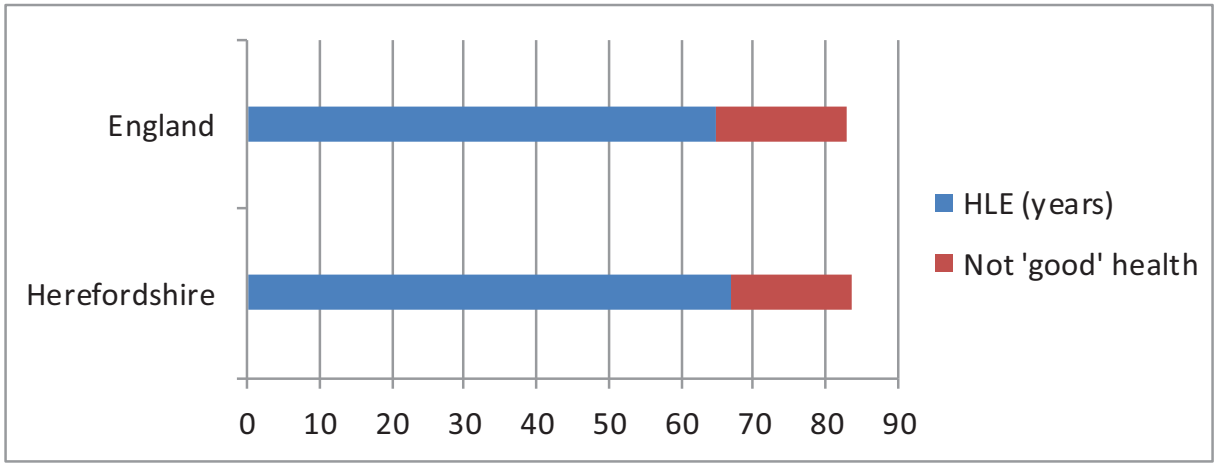
Figure 13: Herefordshire HLE at Birth, 2010-12

Source: ONS 2010-12

Males



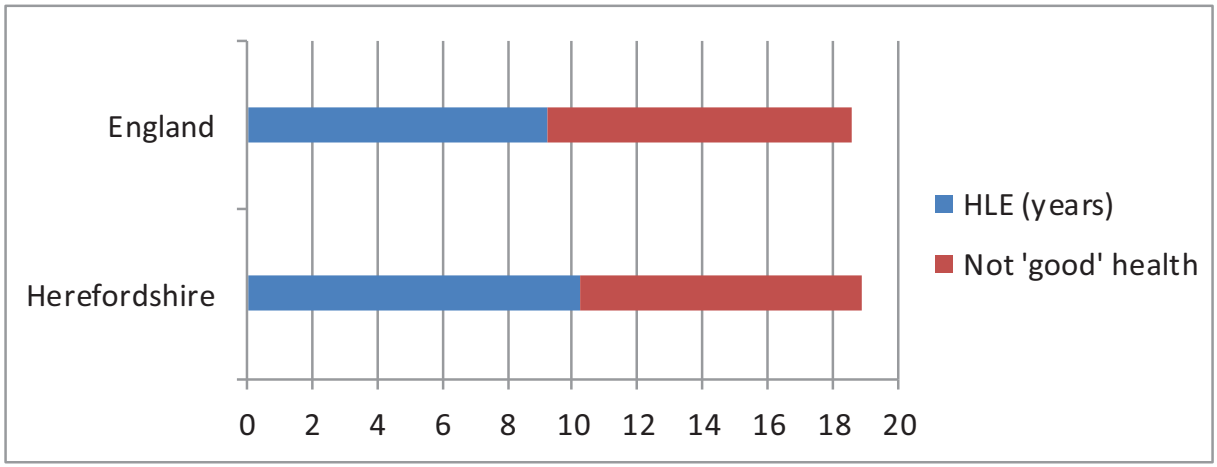
Females



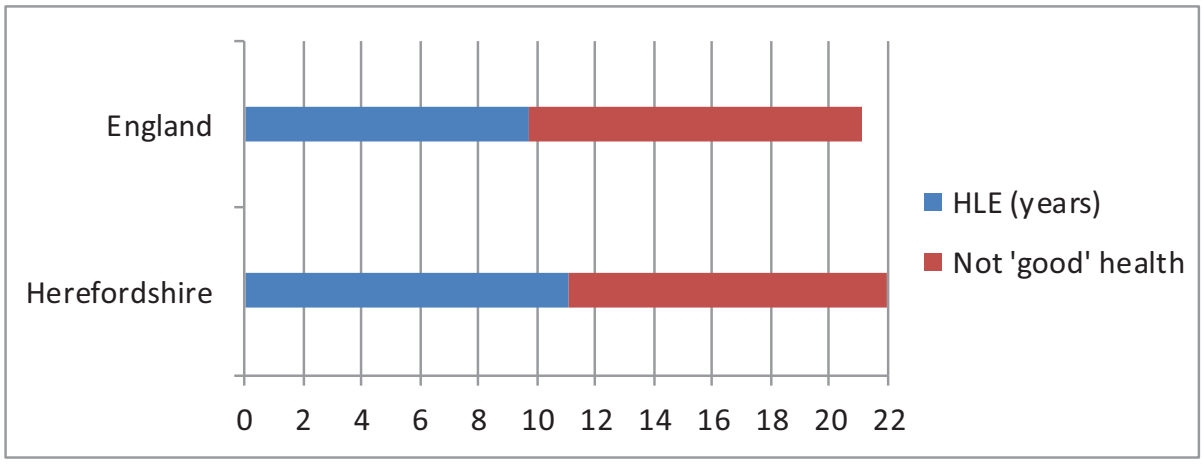
At 65 years HLE in Herefordshire for males is 10.3 years and among females 11.1 years (Figures 14). Again this is significantly higher than the equivalent values for England of 9.2 years for males and 9.7 years for females. Locally males and females respectively can expect to live 54% and 50% of their remaining life in 'good' health at age 65 years, compared to 50% and 46% nationally.

Figure 14: Herefordshire HLE at Age 65, 2010-12
Source: ONS 2010-12

Males



Females



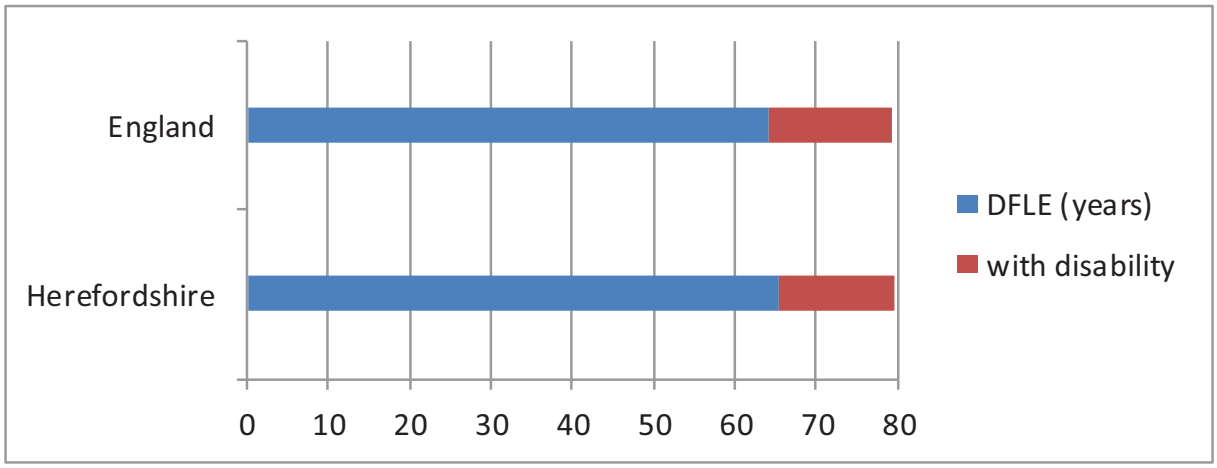
Disability-free life expectancy

DFLE estimates were calculated with data collected in the 2011 Census general health module for each CCG along with mortality data and mid-year population estimates for the periods 2010-12 (Figures 15). Across 2010-12 the DFLE at birth in Herefordshire was 65.5 years for males and 66.6 years for females. This was significantly higher than for England (64.1 years for males and 65.0 years for females). Herefordshire males can expect to live 82% of their lives without a disability, and females almost 80%.

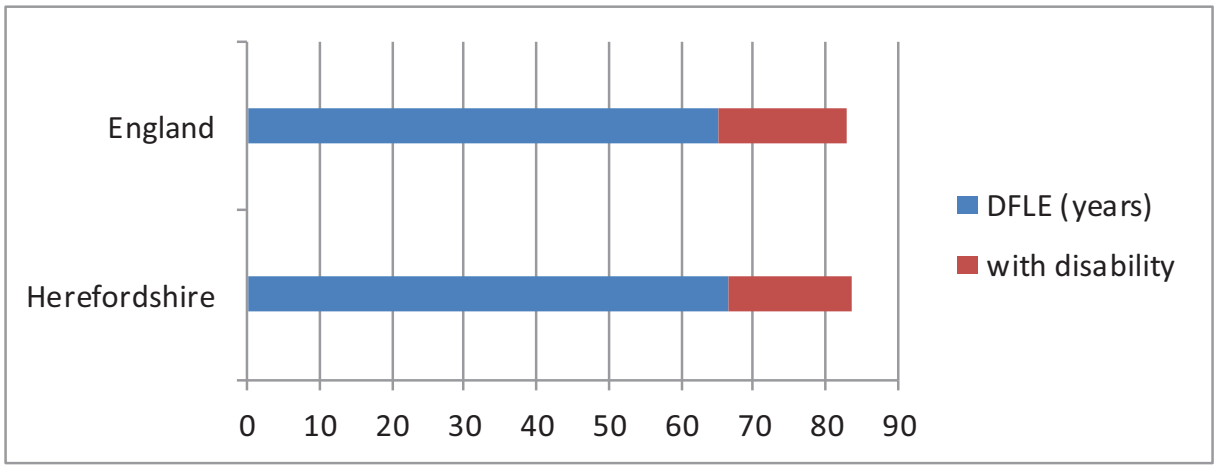
Figure 15: Herefordshire DFLE at Birth, 2010-12

Source: ONS 2010-12

Males



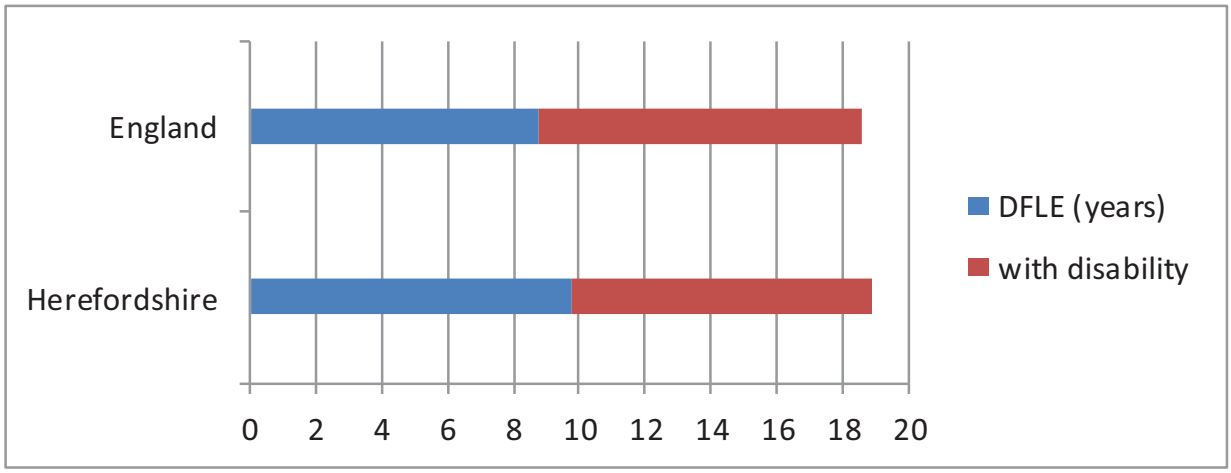
Females



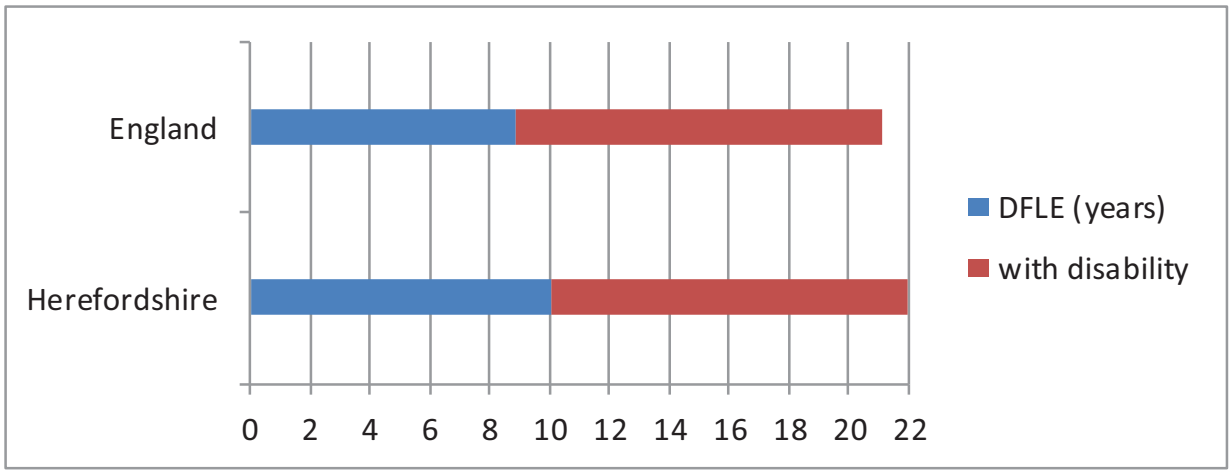
At age 65, across 2010-12 the DFLE in Herefordshire was 9.8 years for males and 10.1 years for females (Figures 16). This was significantly higher than for England (8.8 years for males and 8.9 years for females). Herefordshire males can expect to live 52% of their remaining life without a disability, and females almost 46% (compared to 47% and 42% nationally).

Figure 16: Herefordshire DFLE at Age 65, 2010-12
Source: ONS 2010-12

Males



Females

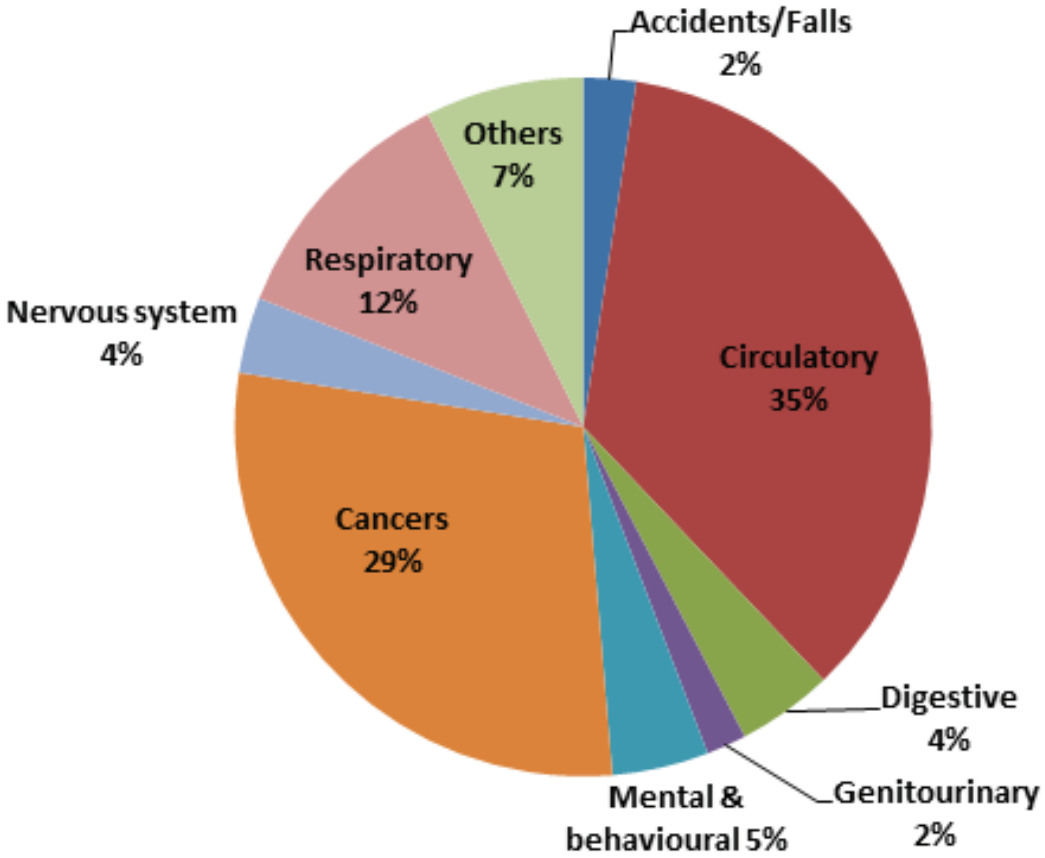


In summary although HLE and DFLE for men and women in Herefordshire is greater than national averages, there is variation within the Herefordshire footprint, and commissioners should focus on the areas where the needs and gaps are the greatest.

Herefordshire has over 1,900 deaths a year with the 'big killers' (75% of all mortality) being broadly circulatory diseases (such as coronary heart disease and stroke), cancers and respiratory disease[13] (Figure 17). They are the greatest contributors to total mortality rates between wards and reducing the mortality rate is a key priority for all HWB strategies.

[13] Understanding Herefordshire 2014: An integrated needs assessment. Version 1.1, May 2014.

Figure 17: Underlying cause of death in Herefordshire (2009-13 mortality data)
Source: Herefordshire Strategic Intelligence Team

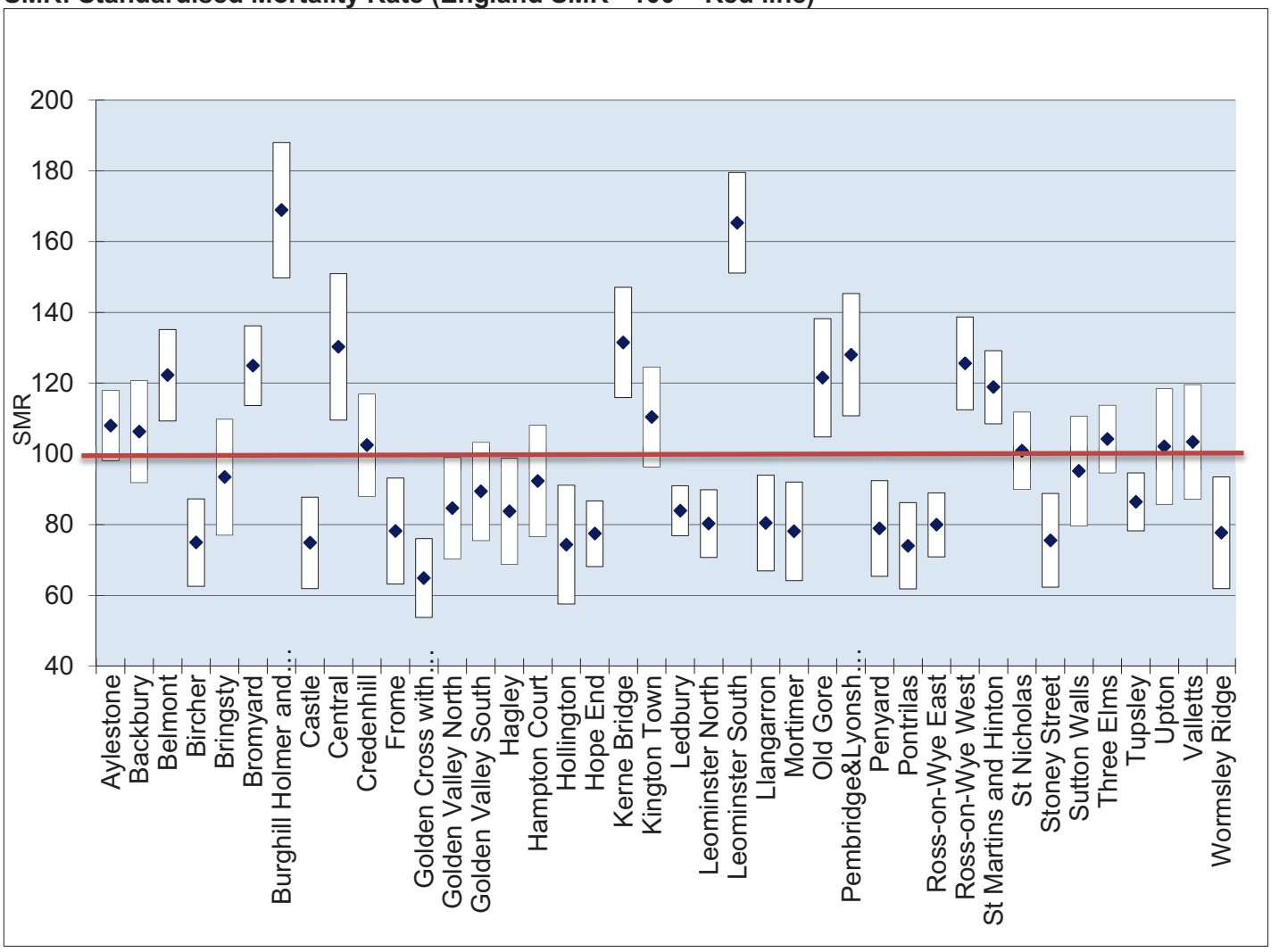


Note: Digestive diseases include intestinal disorders and alcohol-related conditions such as chronic liver disease and cirrhosis. Prominent among 'other' causes of mortality are deaths before or within a month of birth (peri- and neonatal), intentional self-harm, senility, diabetes and infectious diseases such as septicaemia.

In the 2011 Census, deaths from potentially avoidable causes accounted for approximately 24% of all deaths registered nationally. Figure 18 shows that 17 (out of 40) Herefordshire 2003 Wards are above the national standardised mortality rates and evidently, reducing inequalities between Herefordshire wards will in turn reduce the difference in life expectancy in the areas.

Figure 18: Standardised Total Mortality Rates by Herefordshire Ward 2009-13
Source: ONS 2010-12 and Herefordshire Strategic Intelligence Team

SMR: Standardised Mortality Rate (England SMR =100 – Red line)



Note: There is an issue with ward-based mortality rates in Herefordshire in that annual numbers of deaths (approx. 1900 per year across the county) are insufficient at ward level to negate the distorting effects on mortality levels of the presence of nursing/care homes within certain wards. Often these wards are not areas of relatively high deprivation where SMRs would be expected to be higher.

2.1.6 Deprivation

Just over 5 million people live in the most deprived areas in England, of which 38% people are income deprived. Almost all (98%) of the most deprived areas in England are in urban areas. The English Indices of Deprivation 2010 use 38 separate indicators, organised across seven distinct domains of deprivation - income, employment, health and disability, education skills and training, barriers to housing and other services, and crime and living environment.

All domains are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2010 (IMD 2010). This is an overall measure of multiple deprivations experienced by people living in a small geographical area known as LSOA. IMD 2010 is ranked nationally in terms of LSOA according to their relative level of deprivation.

In 2010 there were eight areas (LSOA) in Herefordshire that were amongst the 25% most deprived nationally in terms of multiple deprivations out of a total of 116 in the county (Figure 19). Five of the most deprived areas are in South Hereford, two in Leominster and one in Ross-on-Wye.

Figure 19: LSOA and 2003 Wards in Herefordshire that are amongst the most deprived nationally according to the 2010 IMD ranking
Source: Facts and Figures about Herefordshire (December 2014)

LSOA name	*Ward*	*National percentile 2010 – most deprived nationally*
Golden Post - Newton Farm	**Belmont**	Top 10%
Leominster - Ridgemoor	**Leominster North**	Top 20%
Redhill-Belmont Road	**St Martins and Hinton**	Top 20%
Hunderton - Bishop's Meadow	**St Martins and Hinton**	Top 20%
Hunderton	**Belmont**	Top 20%
Newton Farm-Brampton Road	**Belmont**	Top 20%
Leominster Grange	**Leominster South**	Top 20%
Ross - John Kyrle	**Ross-on-Wye West**	Top 25%

In Herefordshire, Figure 18 and 19 illustrates consistent correlation of greater mortality rates in areas of higher deprivation like Belmont, St Martins and Hinton, Leominster South and Ross-on Wye West Wards. There is clearly a strong link between deprivation, inequalities and poor health outcomes and commissioners should focus on those areas within the Herefordshire HWB footprint where the needs and gaps are the greatest.

The thematic maps of Figure 20 and 21 illustrate which areas are the most and least deprived in a local context. There is a lower proportion of deprived LSOA in Herefordshire than nationally and most of the LSOA with the greatest deprivation in Herefordshire are in Hereford City. The remainder are in the market towns, but also a number in more rural areas within the Golden Valley and Weobley localities.

Although Hereford City appears relatively deprived with the Golden Post – Newton Farm LSOA (Figure 21) being the only area of Herefordshire in the 10% most deprived nationally; the surrounding rural area is also considered as one of the least deprived nationally. Similarly, aspects of the markets towns and surrounding areas of Ledbury, Leominster, Bromyard and Ross-on-Wye are also considered less deprived in comparison to the rest of the county.

Figure 20: Deprivation in the Herefordshire (IMD 2010) ranking for England by LSOA

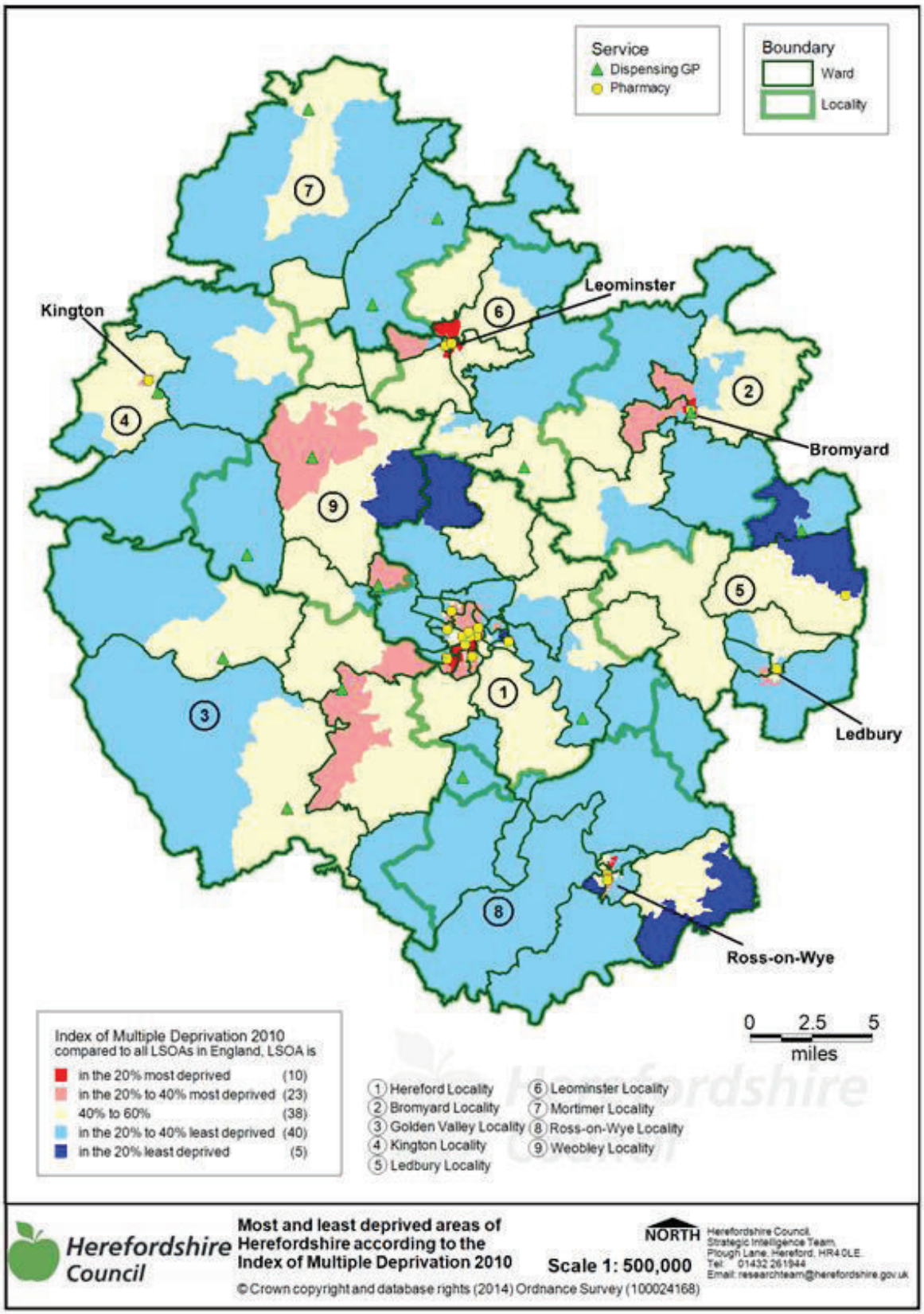
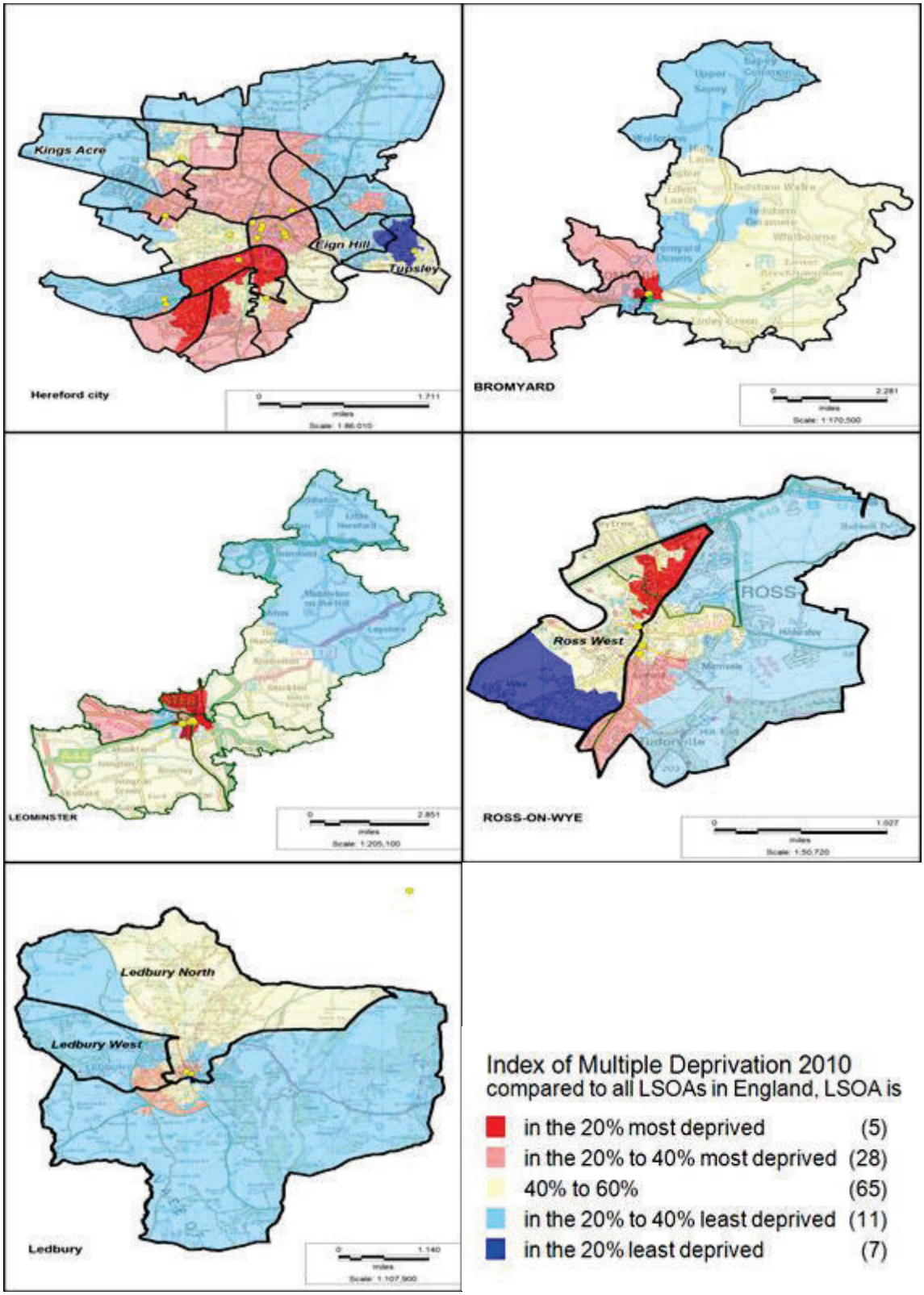


Figure 21: Detailed maps of Hereford City and Market Towns- Deprivation ranking for England by LSOA



2.2 Health Services Strategy

Healthcare strategy is set by a range of health and care organisations working in an integrated way, including but not limited to Public Health England (PHE), Local Authorities, HWBs, NHS England, CCGs and Healthwatch. The strategy is evolving and influences both the need for pharmaceutical services and how pharmaceutical services are delivered, and therefore in this section, we set out the high level strategic priorities together with the implications for the PNA.

2.2.1 Herefordshire HWB Strategic Approach

Herefordshire Council considers community pharmacies a key public health resource and recognises that they offer potential opportunities to commission health improvement initiatives and promote health and wellbeing locally. Community pharmacies will play a key role in supporting the principles and outcomes identified in the *Development of the Herefordshire Health and Wellbeing Strategic Approach 2013/14*[14].

Figure 22: Principles of Herefordshire Health and Wellbeing Strategic Approach 2013/14

Principle 1	Sustainable Services
Principle 2	Working Together
Principle 3	Information and Support
Principle 4	Five Ways to Wellbeing
Principle 5	Personal Responsibility
Principle 6	A Life-course Approach
Principle 7	The Ladder of Intervention

The PNA is undertaken in the context of the needs of the local population based on local intelligence and primarily from Herefordshire's annual Joint Strategic Needs Assessment (JSNA) known locally as '*Understanding Herefordshire 2014: An integrated needs assessment (INA)*[15]'. The INA identifies the needs and provides an overarching plan of intentions for improving health and wellbeing of the local population.

This PNA does not duplicate the detailed descriptions of the documents *Health and Wellbeing Strategic Approach 2013/14* or the *INA,* and should be read alongside each other for a comprehensive overview.

[14] Development of the Herefordshire Health and Wellbeing Strategic Approach 2013/14.
[15] Understanding Herefordshire 2014: An integrated needs assessment. Version 1.1, May 2014.

2.2.2 Public Health Priorities

A number of priority themes were considered by the Public Health team to take forward and five top priorities were identified for pharmacies. Figure 23 outlines those priorities and throughout the PNA there will be a frequent focus and reference to those action plans.

Figure 23: Herefordshire Public Health priorities and focus for community pharmacies
Source: Herefordshire Public Health team November 2014

Priority	Goal	Pharmacy Contribution
1	***Smoking*** • Reduce smoking rates in adults and young people • Address inequalities – improving access to services	• Opportunistic Brief Advice • No smoking campaigns • Stop Smoking Service including various options of pharmacotherapy*
2	**Cardiovascular Diseases** • Address inequalities – improving access to services • Reduce mortality rates from heart disease, stroke and cancer • Increase uptake of health checks**	• Promotion of Health Checks • Information and advice on healthy lifestyles (smoking, diet, physical activity, alcohol etc.) • Campaigns- local or national Secondary prevention/ risk factor monitoring and advice
3	**Alcohol and Substance Misuse** • Reduce harm caused by alcohol/substance misuse • Reduce rates of alcohol related hospital admission	• Opportunistic Brief Advice • Supervised consumption of methadone and other medicines** • Needle and syringe exchange schemes plus information and advice**
4	**Sexual Health** • To reduce the rate of new syphilis infections • To reduce the proportion of Human Immunodeficiency Virus (HIV) cases diagnosed at late stage of infection • To reduce the rate of under 18 conception	• Chlamydia testing • Condoms Distribution • Emergency Hormonal Contraception Pill (Prescribing, advice and Information)
5	**Excess Winter Deaths** • To reduce the numbers of excess winter deaths	• Vaccination e.g. influenza, Pneumococcal

*Note: *applies once the pharmacotherapy services are transferred to public health (1st April 2015)*
***applies for pharmacies that opt-to be a qualified provider (only in place from 1st April 2014)*

2.2.3 Herefordshire CCG Medicines Optimisation Strategy

HCCG commissions the majority of NHS healthcare for the area and recognises the impact community pharmacies can have in supporting their visions and principles. In particular, the CCG Medicines Optimisation (MO) Strategy 2014/16[16] (Figure 24) is a robust plan to integrate safe, cost effective medicines use into the commissioning of all services from development to monitoring of outcomes in order to secure best possible benefits from patients from finite NHS resources.

Figure 24: Herefordshire CCG Medicines Optimisation Strategy

Principles		***Aims and Objectives***
1	*A strategy owned by the Medicines Optimisation Group*	A medicines strategy owned on a CCG wide multidisciplinary level including local NHS trusts and patients meets to deliver improved outcomes for patients using medicines.
2	*Aim to understand patient experience*	Patients are more engaged, understand more about their medicines, how to make choices including choices about prevention and healthy living. Patients are fully involved and being proactive in taking their medicines and are able to take/use the medicines as agreed. Patients feel confident enough to share openly their experience of taking or not taking their medicines, their views about what their medicines mean to them and how medicines impact on their daily life. Patients will ask healthcare professionals when they have a query or difficulty with their medicines. Actively support opportunities for self-administration of medicines and on-going support within managed care settings. National and local level structured opportunity for patients to provide feedback through surveys and changes made where appropriate.
3	*Evidence based choice of medicines through appropriate commissioning arrangements*	Confirmed and auditable compliance with best practice including National Institute for Health and Clinical Excellence (NICE) guidance. Effective adherence to Herefordshire CCG Low Priority Treatment (LPT) policy through close working with and advice provided to local health professionals. Ensure that all prescribers are consistent in their application of where medicines are prescribed and monitored. Timely and accurate information follows patient through their journey. Patient centred medicines optimisation strategy will ensure that

[16] Herefordshire CCG Medicines Optimisation Strategy – Medicines Optimisation Group December 2014.

		medicines are commissioned within a governance framework. Local audit demonstrating processes are safe and incidents are learned from in line with Care Quality Commission (CQC) Essential standards and other nationally recognised standards e.g. new NICE Social Care Guidance for standards of medicines in care homes.
4	*Ensure medicines use is as safe as possible*	Increase the reporting of incidents involving medicines and devices and reducing potential avoidable harm. Ensure all patients know to return unused medicines to the community pharmacy/dispensing practice for safe disposal. Ensure patients discuss potential side effects and health care professionals and patients are encouraged to report to the Medicines and Healthcare products Regulatory Agency (MHRA).

2.3 Herefordshire Health Needs and Service Provisions

2.3.1 Role of Community Pharmacies

Despite the recent NHS reforms, along with the unprecedented era of economic, demographic and technological changes, it is clear there will continue to be challenges and opportunities for the pharmacy profession. In March 2013, the Royal Pharmaceutical Society (RPS) identified and established the commission on future models of care delivered through pharmacy. The 'Now or Never: Shaping pharmacy for the future' report highlights the vision for pharmacists, together with the pharmacy team, of providing innovative and effective access to medicines information and advice for all patients in all pharmacy settings[17]. With the predicted increase in number of patients with long term conditions, people taking multiple medicines and an emphasis of self-management, there is greater focus on the provision of effective patient centred pharmacy services.

Community pharmacies have an important role in improving the health of local people. They are easily accessible, often first point of contact and can offer a valuable opportunity for reaching people who may not otherwise access health services. Community pharmacies can contribute to the local public health agenda in a number of ways, including:

- Motivational interviewing
- Providing education, information and brief advice
- Providing on-going support for behaviour change
- Signposting to other services or resources

Pharmacy professionals (pharmacists and pharmacy technicians) are responsible and accountable for maintaining and improving the quality of their practice by keeping their knowledge and skills up to date and relevant to their role and the services they offer (General Pharmaceutical Council Standards of conduct, ethics and performance July 2012)[18]. As well as the pharmacists and pharmacy technicians, pharmacies also employ medicines counter assistants, trained to at least National Vocational Qualification (NVQ) level 2. Many are trained to provide brief interventions, and some act as Healthy Living Champions, Dementia Friends, Carers Champions and more. They add significantly to the skill mix available in pharmacy teams.

Being resourced with highly trained and experienced healthcare professionals, community pharmacies are able to offer a wide range of services including healthy life-style advice, advice on medicines and long term conditions, health screening, support for the prevention of diseases and treatment of minor ailments, and signposting to other services.

Historically pharmacists were required to complete an accreditation process in order to deliver specific Enhanced services commissioned by the former PCT organisation and the lack of availability of an accredited pharmacist potentially limited patient access to those services. However, following the NHS reform, changes in NHS structure and movement of commissioned services, a national solution to assuring the competence of pharmacists and pharmacy technicians was developed by Health Education North West in conjunction with the Centre for Pharmacy

[17]Royal Pharmaceutical Society. 'Now or Never: Shaping Pharmacy for the Future. 2013. Available at: http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf

[18]General Pharmaceutical Council (GPhC) Standards for Conduct, Ethics and Performance July 2012. Accessed: 1 October 2014 http://www.pharmacyregulation.org/sites/default/files/Standards%20of%20conduct%20ethics%20and%20performance%20July%202012.pdf

Postgraduate Education (CPPE). The Declaration of competence (DoC) system is supported for use across England by Health Education England, and endorsed by NHS England and PH England and is intended to support professionals and employers in assuring the delivery of high quality services for patients. DoC allows pharmacy professionals to self-assess their competence and demonstrate to themselves, their employers and the service commissioners that they have the skills and knowledge necessary to deliver the Enhanced and Locally Commissioned services[19]. Allowing pharmacy professionals to take professional responsibility for assessing and declaring their own competence to provide a service is expected to significantly improve service continuity and choice.

There are many ways in which pharmacy services can impact on improving the HWB and CCG priorities. In Figure 25, we systematically explore the role of the current community pharmacy contract and service provision in relation to tackling the proposed strategic priorities, described in section 2.2 above.

[19] Centre for Pharmacy Postgraduate Education and Health Education North West. Declaration of Competence for Community Pharmacy Services. Guidance for Commissioners. Accessed 1 October 2014 https://www.cppe.ac.uk/mycppe/ssl/myservicedocs/CommNara.pdf

Figure 25: Current Provision of Pharmaceutical Service in Herefordshire

Community Pharmacy Service	Description and Examples
Essential Services	
Dispensing Medicines or Appliances	• Supply of medicines or appliances. • Advice given to the patient about the medicines being dispensed and possible interactions with other medicines. • Recording of all medicines dispensed, advice provided, referrals and interventions made using Patient Medication Records (PMR). • Electronic Prescription Services (EPS) allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy for dispensing. The system is more efficient than the paper based system and potentially reduces errors. ***Example:*** Pharmacies dispensing and providing an emergency supply of repeat medications prevents calls to Out-of-Hours GP service, Walk-In Centres and/or Accident and Emergency (A&E) departments.
Repeat Dispensing (RD)	• Allows patients, who have been issued with a repeatable prescription, to collect repeat medication, for up to a year, from their pharmacy without having to request a new prescription from their GP. • Pharmacist must ascertain the patient's need for a repeat supply of a particular medicine before each dispensing and communicate significant issues to the prescriber with suggestions on medication changes as appropriate. • Patients who use a RD service use less GP staff time and appointments whilst ordering their medication. • GP's and their staff have more time to help the people who have more severe health needs and therefore more health services could be identified to remain in the community. • The regular checking of how patients use of their prescribed medication can avert incidences arising from inappropriate use. ***Example:*** Patients with an increased use of their analgesics could be identified by patients returning for repeats earlier than anticipated. Increase use could be a sign of inadequate pain control, a reduction in the patient's quality of life, overuse and subsequent adverse effects like excessive drowsiness and falls. Both the uptake and benefits of the RD service in Herefordshire is expected to increase and be better received following the greater implementation and roll out of Release 2 of the EPS (EPS2). Currently, as per NHS England data (December 2014), all 27 pharmacies in Herefordshire and 13 GP practices are EPS2 ready.
Disposal of	• Pharmacies act as a collection points for unwanted medicines.

Unwanted Medicines	• The pharmacy will, if required by NHS England or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols. • Additional segregation is also required under the Hazardous Waste Regulations. • Pharmacy staff has the opportunity to identify patients who have not taken the medicines they were prescribed and initiate a discussion such as compliance, side effects or dosage regimes which can be addressed. ***Example***: CCGs would be very interested in knowing whether issued medicines are not being used correctly. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all.
Public Health (Promotion of Healthy Lifestyles)	• NHS England sets the health promotion campaigns although HWBs have discretion to run alternative campaigns. • Campaigns provide opportunistic advice information and signposting around lifestyle and public health issues NHS pharmacists are required to participate in up to six AHW AT campaigns each year to promote public health messages to their users. Where requested to do so by AHW AT, the NHS pharmacist records the number of people whom they have provided information as part of one of those campaigns. • Typically each pharmacy is provided with posters, leaflets, and key message fact sheets as part of the campaigns. • Promotion of these messages will reinforce wider campaigns to improve health in the locality and are a useful tool to engage the public in meaningful discussions about preventing illness and staying well. ***Example***: An Obesity campaign will encourage and support patient weight management, fat and sugar intake, healthy eating and lifestyle changes. All of which supports the Herefordshire strategic priorities.
Signposting	• NHS England (and other commissioners e.g. Local Authority and CCG) provides pharmacies with lists of sources of care to support in the area. • Pharmacies are expected to be equipped to provide opportunistic advice, information and facilitate signposting of patients to other services. ***Example:*** Pharmacists directing patients to the local sexual health service for routine contraception.
Support for Self Care	• Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families • This may include self-limiting conditions as well as LTC ***Example:*** If patients used pharmacies for advice on a more frequent basis this would free other health care settings which they might otherwise have accessed. Such as the emergency departments or GP practices. This would free resources allowing money to be redirected into patient care thereby further enhancing the population's health outcomes.

Advanced Services	
Medicines Use Review (MURs)	• Medicines play a critical role in preventing illness and improving outcomes for people with long term conditions. • MUR and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centered reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. • National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. Targeting MURs to specific groups are now required to make up 70% of all MURs in the service e.g. those with high risk medicines, respiratory and cardiovascular conditions. • The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. • Community pharmacies may choose to provide MURs and such services play a pivotal role in helping patients to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital. ***Example:*** MURs could be targeted to support patients taking high risk medicines, patients recently discharged from hospital that have had changes to their medicines, or support specific cohorts of patients within the HWB strategic priorities e.g. respiratory disease. ***Note:*** In 2013/14 Herefordshire community pharmacies delivered 5,851 MURs. On average each pharmacy delivered 216 MURs. At the time of writing this PNA each pharmacy may undertake up to 400 MURs per annum if they have informed the NHS England Area Team of their intention to provide the service. It is anticipated that there will be an increase demand for MUR and an expectation that all existing pharmacies and future new pharmacy applications to apply and deliver.
New Medicine Service (NMS)	• The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. ***Example:*** *W*hen a person is discharged from hospital they may have had their medication regime altered and not realise they should stop a certain medicine. This could lead to the person taking two medicines which interact. NMS aims to stop these problems before they occur by helping the patient to understand why certain medicines have been stopped or started.
Appliance Use Review (AUR)	• AUR is the second Advanced service to be introduced into the NHS community pharmacy contract. AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. • AURs should improve the patient's knowledge and use of any 'specified appliance' by: - Establishing the way the patient uses the appliance and the patient's experience of such use; - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient; - Advising the patient on the safe and appropriate storage of the appliance; and

	- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted ***Note:*** 92% of Herefordshire pharmacies dispense appliances but none provide the AUR service which could significantly disadvantage patients in utilising their appliance effectively. However, this inequity in service has not been raised as an issue during the pre-consultation public survey as it is understood that most patients obtain specified appliances and their specialist Advanced services through the DACs nationwide.
Stoma Appliance Customisation Service (SAC)	• SAC is the third Advanced service in the NHS community pharmacy contract. • This involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. • Aims to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. • Patients able to manage their stoma products themselves are less likely to need costly, intensive nursing and also less likely to be admitted to a residential or nursing home. • The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff. ***Note:*** Only 14% of the 24 pharmacies dispensing appliances provide the SAC service, However, similar to AURs, most patients obtain specified appliances and their specialist Advanced services through the DACs nationwide.
Enhanced Service	
Seasonal Influenza Vaccination	• AHW AT commissioned the 2014/15 seasonal influenza vaccination plan. • Aims to improve accessibility to the vaccine and addressing the historically low uptake. • The service in pharmacies targets under 65 at risk individuals, 65+ years old and Year 7 and 8 children and aims to increase average influenza vaccination uptake in all groups except healthy children to the national target of 75%. • In 2013/14 the uptake in Herefordshire for under 65 at risk individuals, 65+ and pregnancy are 54%, 71% and 38% respectively. • Community pharmacies are well placed, accessible, often open extended hours to provide the vaccine without the need for an appointment. ***Note:*** See section 2.3.5 below for more details.

Council – Locally Commissioned Services	
Emergency Hormonal Contraception (EHC)	• Community pharmacies are ideally placed in the supply of EHC to appropriate clients in line with the requirements of the PGD. • Under 16s must be competent to consent to the treatment. • Some women prefer to use central pharmacies as these offer a sense of anonymity when compared to more local pharmacies. ***Note:*** See section 2.3.7 below for more details.
Needle Exchange	• Pharmacies provide access to sterile needles and syringes, associated materials and sharps containers for return of used equipment. • Needle exchange is a harm reduction programme designed to stop the spread of disease via needles sharing between drug users. • The pharmacies are also asked to take the opportunity to talk to their patients about reduction of self-harm, health benefits and promoting other services which would be beneficial to the drug users. • Pharmacies will offer a user-friendly, non-judgmental, client-centered and confidential service. Note: See section 2.3.8 below for more details.
Supervised Methadone/ Buprenorphine	• This service provides a pharmacist and suitably qualified staff to supervise the consumption of prescribed methadone or buprenorphine at the point of dispensing in the pharmacy. • Ensures that the dose has been administered to the patient and the reduction in street drug misuse. • Pharmacies offer a user-friendly, non-judgmental, client-centered and confidential service. • Pharmacy will also provide support and advice to the patient, including referral to primary care or specialist centre where appropriate. ***Note:*** See section 2.3.8 below for more details.
CCG – Locally Commissioned Services	
Smoking Cessation Service	• Provide high quality, accessible, convenient and comprehensive stop smoking services. • Reduces patient need to access GP appointments for repeat supplies of smoking cessation therapy. • Reduce smoking prevalence. ***Note:*** See section 2.3.2 below for more details.

Minor Ailment	• This involves the provision of advice and support to people on the management of minor ailments, such as colds and flu, including where necessary, the supply of medicines for the treatment of the minor ailment. • Reducing the number of those people who would have otherwise gone to their GP for a prescription, WIC, or the OOH service. • Provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists. • Complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations. ***Note:*** See section 2.3.15 below for more details.
In-Hours/ Out-of-Hours Palliative Care Service	• Palliative care patients' health often deteriorates rapidly. If there is no facility to ensure there is prompt access and availability to medicines then this may result in the patient being taken into hospital. • The service requires a pharmacist to stock and supply an agreed list of specialist medicines for use in palliative care. • In addition to the prompt supply, pharmacies can support carers and clinicians by providing them with up to date information and advice, and referral where appropriate. • In Herefordshire, the CCG currently commissions in-hours and out-of hours palliative care service from community pharmacies. ***Note:*** See section 2.3.16 below for more details.
Pharmaceutical Advice to Care Homes Service	• Advisory service to care homes. • Pharmacist (usually the community pharmacy that supplies the medicines to the home) will provide advice on medicine storage, record keeping, staff training, and ways of reducing risks around ordering, receiving and administering medicines to patients. ***Note:*** See section 2.3.17 below for more details.
Patient Self-Care Education Talks	• Pharmacists training and advice to specific groups of patients in a number of education sessions. • Programme service is both responsive to requests but also integrates into health needs of the county. ***Examples:*** Cardiac rehabilitation patients, Parkinson's disease patients, Herefordshire carer's support and education sessions on the use of antibiotics in children. ***Note:*** See section 2.3.18 below for more details.

2.3.2 Smoking[20]

The local prevalence of smoking in Herefordshire is similar to England, with 17% of adults smoking on a daily basis and a further 4% occasionally, compared with 20.7% nationally. At sub-county level prevalence in the most deprived areas is twice this rate with a greater proportion of male smokers than females.

In the period 2008-12, Herefordshire recorded a smoking attributable mortality rate of approximately 165 deaths per 100,000 population among adults aged 35+ years. In 2012/13 there was a rate of hospital admission due to smoking of around 1,100 admissions per 100,000 Herefordshire population aged 35+ years.

In the Herefordshire *Health and Wellbeing survey 2011*, approximately 60% of daily or occasional smokers would actually like to quit, but only 30% of adults who currently smoke have attempted to quit in the past 12 months. This proportion is significantly lower for people living in the most deprived areas.

According to Local Tobacco control profiles, in 2011/12, Herefordshire also recorded a rate of 11.2 women smoking at the time of delivery per 100 maternities; a rate significantly better than the England rate of 13.2 per 100 maternities.

Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking is a modifiable lifestyle risk factor and as a main contributor to many diseases states and poor health, particular focus should be on the wards where smoking prevalence is greatest.

In Herefordshire it was identified that smoking is the leading contributor to the burden of disease and is responsible for 22% loss of healthy life years or Daily-Adjusted Life Years (DALYs). The HWB partners have already identified reducing smoking prevalence in all patients including women during pregnancy as a priority for the county. Evaluation of the smoking cessation services is required to ensure the desired outcomes are being delivered. Future commissioning of this service should include specific key performance indicators which relate to long term smoking cessation targets.

Pharmacies are ideally placed to provide a stop smoking service in the community. The smoking cessation service in Herefordshire illustrates how community pharmacies can improve population health through smoking cessation services, as evaluated by NICE [21]. All pharmacies in Herefordshire are offered the opportunity to contract and provide stop smoking services. HCCG has commissioned smoking cessation services from 25 of the 27 pharmacies across the footprint and they are able to offer nicotine replacement therapy (NRT) and varenicline as pharmacological support (see Appendix 8 and Figure 48 of those pharmacies providing smoking cessation). The introduction of the PGD service for varenicline has provided a logical extension to this service moving patients away from unnecessary GP consultations and improving access for smoking cessation services.

This shows that community pharmacy is an integral part of the primary care team and there is potential for expanding services to further support delivery of the primary care agenda. Figure 26 summarises how the development of community pharmacy services can potentially support the delivery and ambitions set out in sections 2.2.2 around smoking.

[20] Smoking in Herefordshire – Overview; Health Intelligence, Public Health Department July 2013.

[21] NICE Guidance (Feb 2010) PH10: Smoking Cessation Services. Available at: http://guidance.nice.org.uk/PH10

Figure 26: Smoking – Herefordshire priority and potential pharmaceutical service developments

Public Health Priority: Smoking	
Herefordshire Public Health Priorities	• Reduce smoking rates in adults and young people • Address inequalities – improving access to services • Ensure smoking services can build capacity and capability • "Make Every Contact Count" through brief, opportunistic interventions and health promotion[22] • Improve LTCs management – Diabetes, Stroke and Respiratory disease • Cancer – tackling lifestyle behaviours • Maternal and Infant health – healthy lifestyle before pregnancy • Treatment for patients should be in line with Joint Medicines Formulary
Current Herefordshire Community Pharmacy Contribution	• Opportunistic brief advice • Health promotion campaigns to No smoking and smoking cessation • Stop Smoking Service including various options of pharmacotherapy, e.g. varenicline via PGD • Promotion of accessibility and services via local websites e.g. CCG Community Pharmacy web pages
Potential Community Pharmacy Developments	
****Note: Pharmacy contractors express a willingness to engage in all potential locally commissioned and enhanced services and they need to work with commissioners, through the LPC, in order to be able to produce business cases or tenders for the provision of those services***	• Widen participation of community pharmacies • Expand scope of pharmacy-based stop smoking services to include 'quit groups'. These could be: - Pharmacist-led (within the pharmacy or as an outreach service) - Provided by a counsellor on pharmacy premises

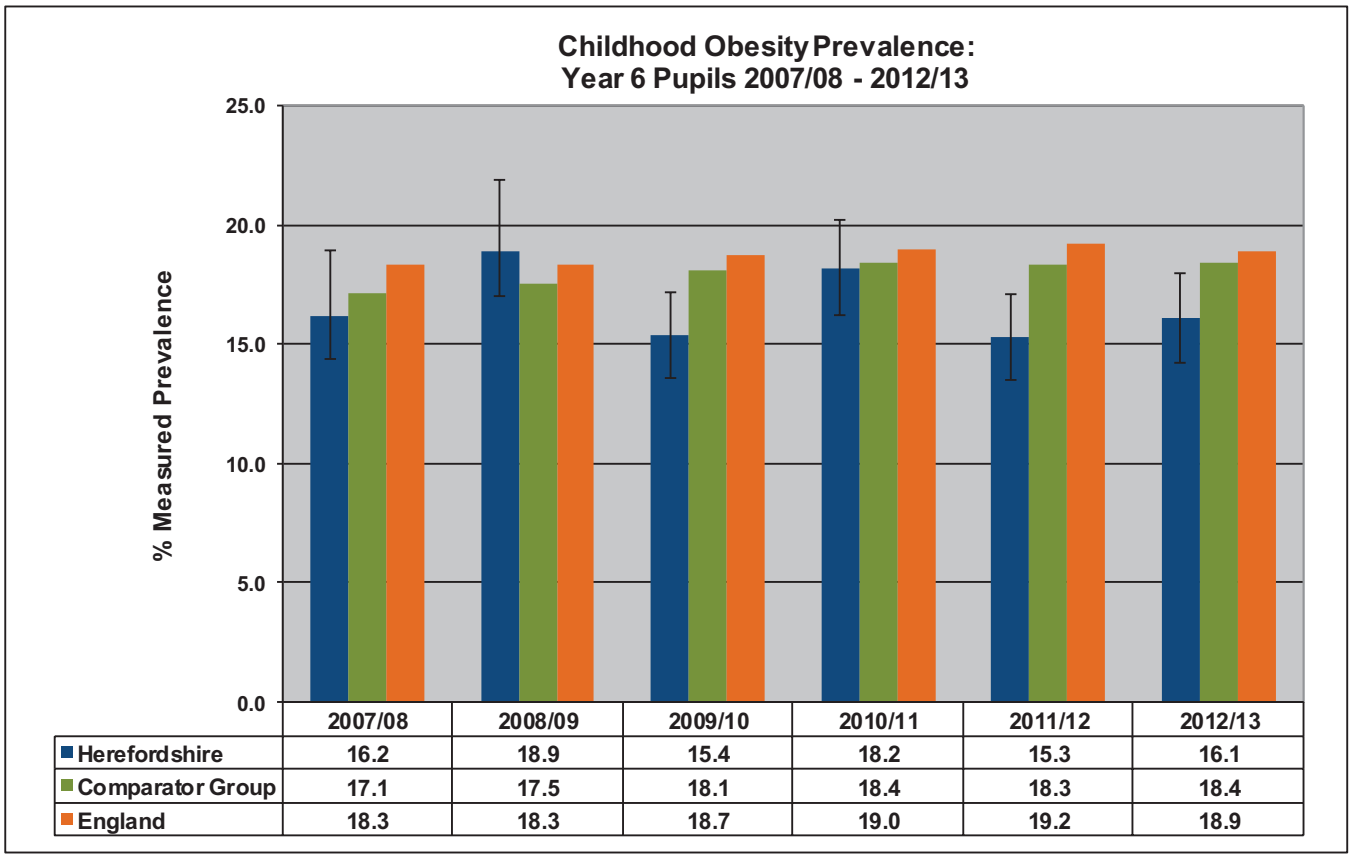
[22] The NHS's role in the public's health – a report from the NHS Future Forum" (Date of publication not stated)

2.3.3 Healthy weight[23]

Figures 27 and 28 below illustrate recent trends in childhood obesity in Herefordshire and England with additional comparative data from a peer group of the four PCT areas most similar to Herefordshire based on an ONS Health Area Classification. Among Year 6 children (Figure 27) local prevalence at 16.1% is significantly lower than national prevalence (18.9%) in 2012/13, though not significantly different from comparator group prevalence (18.4%).

Figure 27: Year 6 Pupil Comparative Obesity Trends

Source: Herefordshire Strategic Intelligence Team



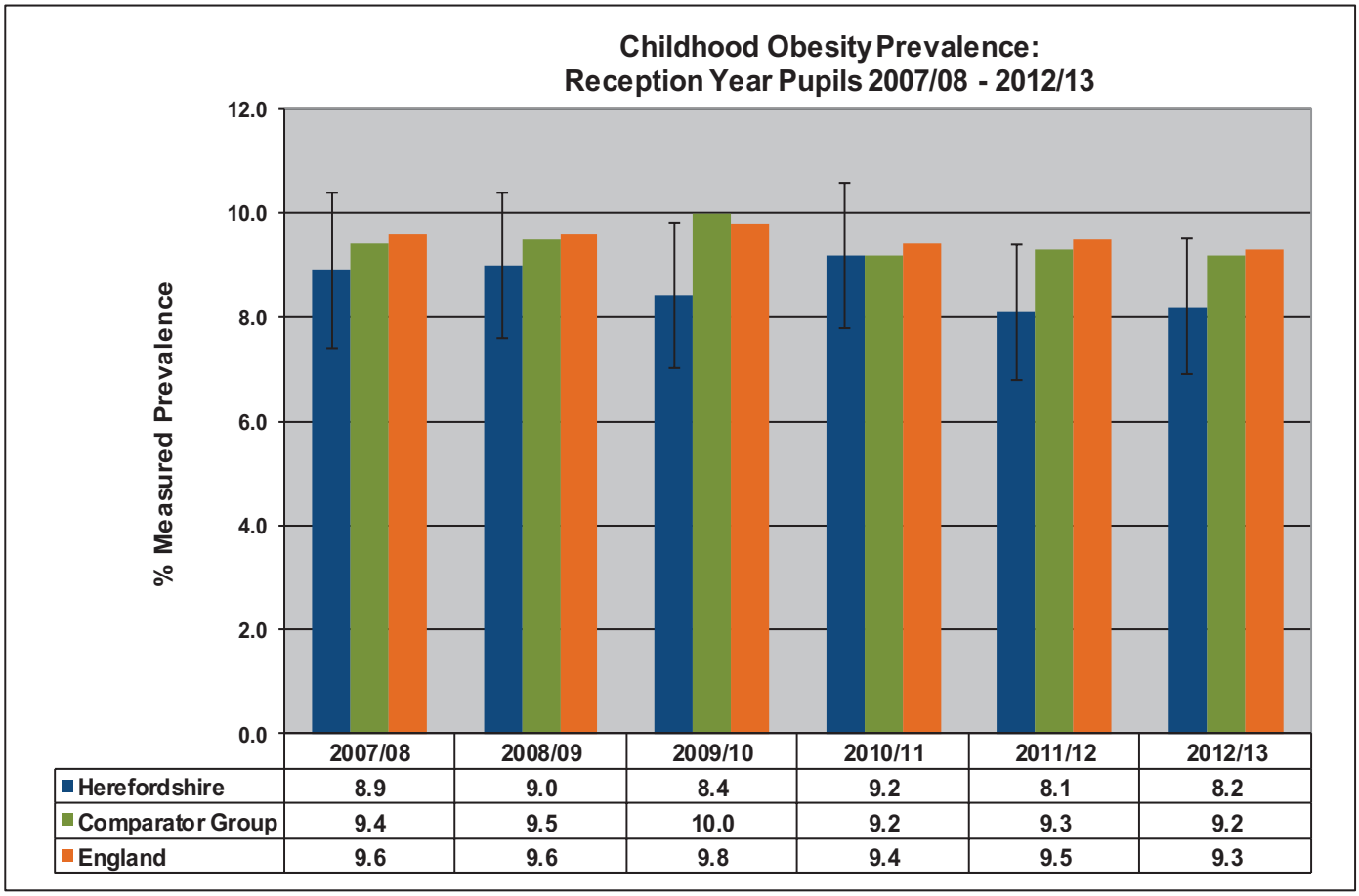
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Herefordshire	16.2	18.9	15.4	18.2	15.3	16.1
Comparator Group	17.1	17.5	18.1	18.4	18.3	18.4
England	18.3	18.3	18.7	19.0	19.2	18.9

Similarly, rates of obesity are also lower – though not significantly among Reception children (Figure 28) in Herefordshire at 8.2%, compared to 9.3% nationally and 9.2% in the comparator group.

[23] Excess Weight Prevalence in Herefordshire: An Overview. January 2014

Figure 28: Reception Year Pupil Comparative Obesity Trends

Source: Herefordshire Strategic Intelligence Team



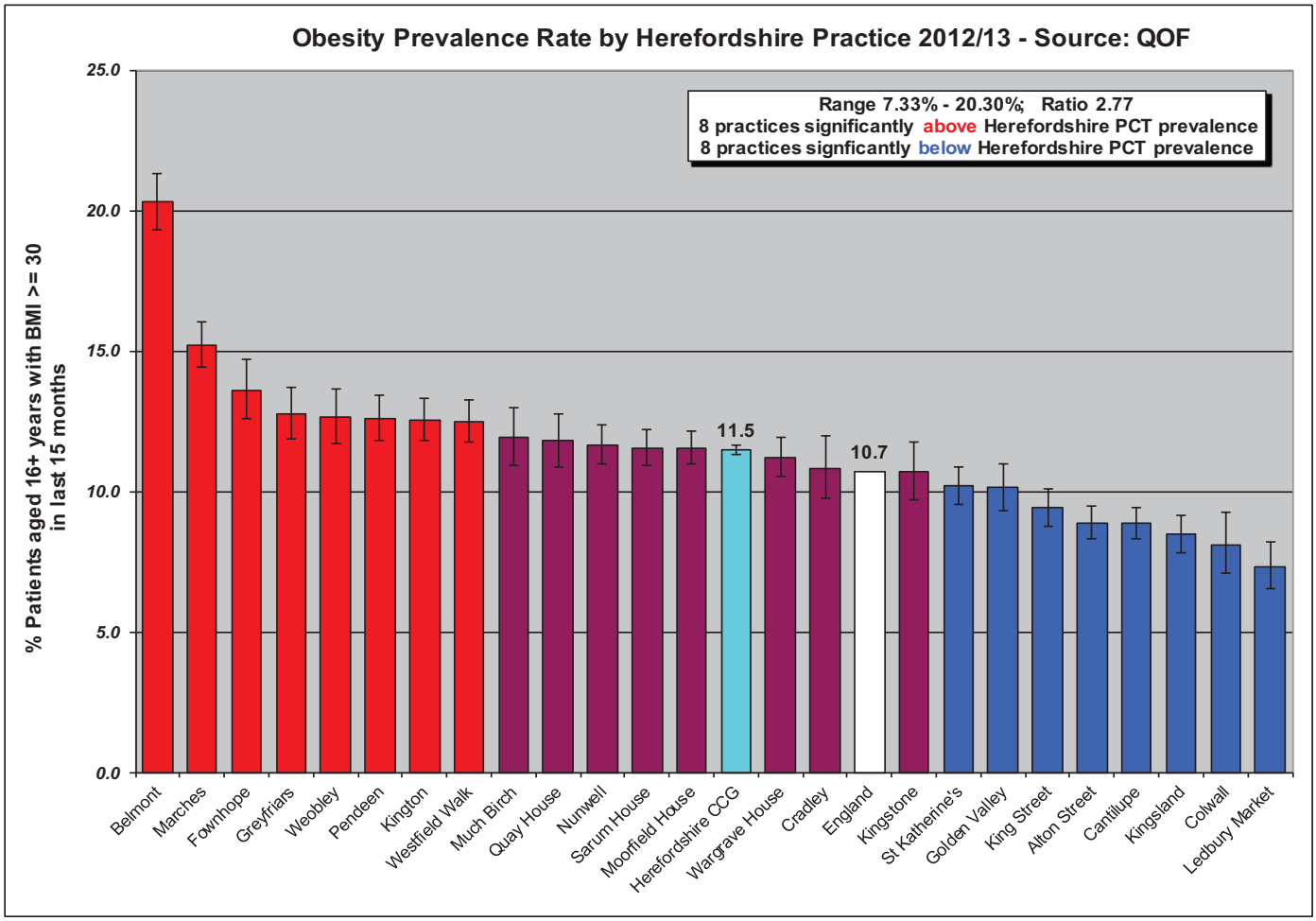
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
Herefordshire	8.9	9.0	8.4	9.2	8.1	8.2
Comparator Group	9.4	9.5	10.0	9.2	9.3	9.2
England	9.6	9.6	9.8	9.4	9.5	9.3

Although, there appears to be lower prevalence of obesity in reception years, this appears to vary across the county with higher levels in areas of South Leominster and Ross-On-Wye.

In adults aged 16+ years, the Quality and Outcomes Framework (QOF) data recorded at every GP practice is the primary source of data on obesity levels. Figure 28 illustrates the wide variance in prevalence rates recorded at practices throughout Herefordshire County – from 20.3% to just 7.3% in 2012/13. Eight Herefordshire practices recorded rates significantly greater than the Herefordshire PCT rate of 11.5% (red bars) and eight practices recorded significantly lower rates (blue bars). Nationally the recorded prevalence rate was 10.7%.

Figure 29: Diagnosed Obesity Prevalence among Adults 2012/13

Source: Herefordshire Strategic Intelligence Team



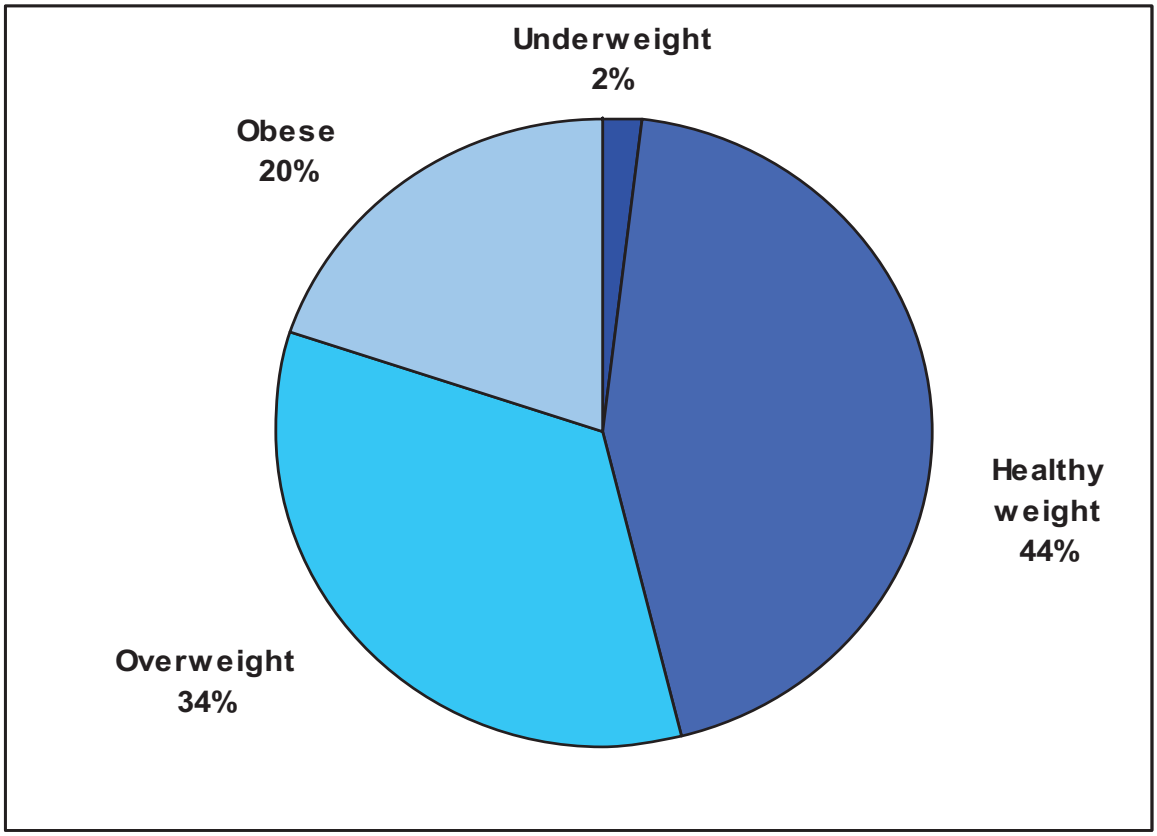
However, it is highly probable that obesity prevalence is generally under-recorded by QOF as it does not reflect the undiagnosed element of obesity within a community i.e. obese patients not presenting to their GPs.

Alternatively, the *Herefordshire Health & Well-being Survey 2011* provided a sample of the general adult population (aged 16 years and over) living in private households and covered attitudes towards some of the lifestyle factors that can affect health in general and weight specifically. The survey questionnaire asked respondents for their height and weight. From this data a body mass index (BMI) was calculated (Figure 30). BMI was calculated for all respondents, excluding pregnant women and those who did not answer. Key findings from the survey are listed below:

- In total, 54% of adults were classified as overweight or obese (a BMI of 25 to under 30), including 20% of adults classified as obese (a BMI of 30 and over).
- Men were significantly more likely to be overweight than women. However, women were more likely to be obese.
- Around 40% of young adults aged 16-24 years and 50% of adults aged 25-44 years were either overweight or obese. This proportion rises to almost 60% of older adults aged 45–64 years, and a very similar proportion of the elderly aged 65+ years.

- Within the most deprived communities of the county residents are significantly more likely to become morbidly obese - over 5% of the population compared to less than 1% across the rest of the county.

Figure 30: Body Mass Index category of adults
Source: Herefordshire Strategic Intelligence Team



Although obesity statistics in Herefordshire are considered lower than national and regional averages, the prevalence of obesity has increased nationally and there is clear understanding that obesity is a leading cause of ill health; including type-2 diabetes, cardiovascular and cancer.

In the Herefordshire County the impact of obesity accounts for 15% loss of healthy life-years and it is a combination of those facts that have prioritised the prevention of obesity as a major public health agenda.

The HWB understands the potential impact this may have on its health economy and several opportunities exist through local services (including community pharmacies[24]) that are ideally placed to provide advice, signposting to services and provide on-going support towards achieving behavioural change for example through monitoring of weight and related measures.

[24] *Note: Pharmacy contractors express a willingness to engage in all potential Locally Commissioned and Enhanced services and they need to work with commissioners, through the Local Pharmaceutical Committee, in order to be able to produce business cases or tenders for the provision of those service.*

2.3.4 NHS Health Checks

The risk factors for vascular disease include diabetes, smoking, obesity, physical inactivity, high blood pressure and raised cholesterol levels. The aim of the NHS Health Checks programme is to offer preventative checks to eligible individuals aged 40-74 years to assess their risk of vascular disease, followed by appropriate management interventions. The Department of Health indicated that it would expect access to the NHS Health Checks Programme to be developed through a number of routes including community pharmacies[25] and GP surgeries.

The NHS Health Checks programme in Herefordshire is currently delivered by all general practices. Data from April 2012-March 2013 show that an NHS Health Check was offered to 24.2% of eligible people in Herefordshire; 17.4% of eligible people in West Midlands of England and 16.5% of eligible people in England as a whole[26]. The programme runs in five year cycles, which means that on average 20% of the eligible population is invited for an NHS Health Check each year. At this point the programme has not yet been in operation long enough for five year data to be available.

Herefordshire Council recognises the co-morbidities and risks associated with cardiovascular disease and Figure 31 summarises how community pharmacy services could be considered in future commissioning intentions to deal with this priority.

Figure 31: Cardiovascular Disease – Herefordshire priority and potential pharmaceutical service developments

Public Health Priority: Cardiovascular Diseases	
Herefordshire Public Health Priorities	• Address inequalities – improving access to services • Improve LTCs management – Diabetes and Stroke • Reduce mortality rates from heart disease, stroke, and cancer • Increase uptake of NHS Health Checks • Support NHS England Medicines Optimisation Dashboard • "Make Every Contact Count" through brief, opportunistic interventions and health promotion • Treatment for patients should be in line with Joint Medicines Formulary
Current Herefordshire Community Pharmacy Contribution	• Promotion of NHS Health Checks • Information and advice on healthy lifestyles (smoking, diet, physical activity, alcohol etc.) • Health campaigns (local or national) - Secondary prevention/ risk factor monitoring and advice • CCG commissioned Pharmaceutical advice to care homes scheme • Targeted CCG patient education sessions • Medicines utilisation reviews (MURs, NMS) • Increasing EPS and RD functionality

[25] *Note: Pharmacy contractors express a willingness to engage in all potential Locally Commissioned and Enhanced services and they need to work with commissioners, through the Local Pharmaceutical Committee, in order to be able to produce business cases or tenders for the provision of those service.*

[26] NHS England Health Checks data. Accessed 15 October 2014. Available at: http://www.england.nhs.uk/statistics/statistical-work-areas/integrated-performance-measures-monitoring/nhs-health-checks-data/

Potential Community Pharmacy Developments	
Note: Pharmacy contractors express a willingness to engage in all potential locally commissioned and enhanced services and they need to work with commissioners, through the LPC, in order to be able to produce business cases or tenders for the provision of those services.	• Expansion of provision within the communities focusing on the more deprived, vulnerable and at risk communities • Healthy Living Pharmacies (HLP) Programme – encourage/incentivise roll out of HLP status as pharmacy participation requires them to consistently deliver a range of commissioned services based on local need and commit to and promote a healthy living ethos within a dedicated health-promoting environment • Promotion by pharmacies themselves, as well as national pharmacy bodies and local commissioners, of pharmacy as centres of excellence for supporting long term conditions, self-care and potentially be used as locations for NHS Health Checks. • Integrated medicines optimisation systems to support people who are cared for in more than one clinical setting. This may include: - Medication review in hospital with post discharge referral for follow-up by community pharmacy - Support for patients e.g. using Monitored Dosage Systems (MDS), aide memoires - Domiciliary MURs and/or full clinical medication reviews for housebound or those in care homes - Training and advice to health and social care professionals; and carers • Weight management support – scope could include: - Advice and brief interventions targeted at healthy eating, weight management and exercise - Community pharmacy referral into local exercise referral schemes - Pharmacy as a provider of a new weight management service • Opportunities for independent prescribing

2.3.5 Seasonal Influenza Vaccination Plan

Since 2013 Herefordshire pharmacies have been commissioned by NHS England to help deliver the seasonal flu vaccination programme. Five Herefordshire pharmacies were commissioned to immunise under 65 at risk individuals, 65+ years old and Year 7 and 8 children with the aims to increase average influenza vaccination uptake in all groups except healthy children to the national target of 75%.

Although the numbers so far are relatively small (252 patients in 2013/14 and 637 patients in 2014/15) they delivered 1.56% of vaccinations to these groups across Herefordshire in 2014/15 (total vaccinated 40,873). Herefordshire failed to meet its percentage uptake targets for 2013/14 and 2014/15 and in fact this worsened in 2014/15 even though 1,070 more people were vaccinated. The five commissioned pharmacy contractors increased the number of people they vaccinated by 153%, offering support in increasing the numbers vaccinated. Expansion of this service would help Herefordshire meet its targets, although pharmacy contractors should be encouraged to focus on those in the clinical risk groups as this is the population that has the lowest uptake.

Patients welcomed delivery of this service through community pharmacies as it provided increased access through longer opening times and availability on Saturdays, without the need to make an appointment. In Herefordshire, the Enhanced service is set to continue and be commissioned across the county and each partaking pharmacy is required to have up to date training and appropriate clinical facilities.

There is emerging evidence to support the role of community pharmacies delivering this (and other) vaccination services[27] and the expansion of the service, along with improved promotion to patients, will certainly help deliver further on future targets.

Figure 32 summarises Herefordshire Council's concerns in excess winter deaths and how the development in community pharmacy and existing services may support in any emerging strategies.

Figure 32: Excess Winter Deaths – Herefordshire priority and` potential pharmaceutical service developments

Public Health Priority: Excess Winter Deaths	
Herefordshire Public Health Priorities	• To reduce the numbers of excess and premature deaths • Reduce inappropriate hospital attendance • Support people to manage their health conditions in communities • Support for all vulnerable communities • Address inequalities – improving access to services • "Make Every Contact Count" through brief, opportunistic interventions, immunisation and health promotion • Treatment for patients should be in line with Joint Medicines Formulary
Current Herefordshire Community Pharmacy Contribution	• Health promotion campaigns e.g. winter warmth • Herefordshire Influenza immunisation plan • CCG Minor Ailment scheme • CCG commissioned Pharmaceutical advice to care homes scheme

[27] *Note: Pharmacy contractors express a willingness to engage in all potential Locally Commissioned and Enhanced services and they need to work with commissioners, through the Local Pharmaceutical Committee, in order to be able to produce business cases or tenders for the provision of those service.*

	• CCG patient education sessions • Promotion of accessibility and services via local websites e.g. CCG Community Pharmacy web pages • Medicines utilisation reviews (MURs, NMS) • Increasing EPS and RD functionality
Potential Community Pharmacy Developments	
****Note: Pharmacy contractors express a willingness to engage in all potential locally commissioned and enhanced services and they need to work with commissioners, through the LPC, in order to be able to produce business cases or tenders for the provision of those services***	• Expansion of provision within the communities focusing on the more deprived, vulnerable and at risk communities • Signpost the above communities to local support services if required • Widen availability of influenza immunisation to more pharmacies and patient groups • Expand pharmacy service scope to include: - Childhood immunisation services - Pneumococcal vaccination • Integrated medicines optimisation systems to support people who are cared for in more than one clinical setting. This may include: - Medication review in hospital with post discharge referral for follow-up by community pharmacy - Support for patients e.g. using MDS, aide memoires - Domiciliary MURs and/or full clinical medication reviews for housebound or those in care homes - Training and advice to health and social care professionals; and carers • Medication review falls service, which may include: - Pharmacy delivered falls service - Pharmacy referral into falls service - Pharmacy as a member of the falls multi-disciplinary team - Combination of the above • Minor Ailment service – expand advice, support and supply of medicines under PGD of common ailments to patients who would otherwise have gone to their GP or urgent care service HLP Programme – encourage/incentivise roll out of HLP status as pharmacy participation requires them to consistently deliver a range of commissioned services based on local need and commit to and promote a healthy living ethos within a dedicated health-promoting environment

2.3.6 Sexual Health

In Herefordshire County, the rate of acute sexually transmitted infection (STI) diagnoses remain nominally static in 2013 at 635 new diagnoses per 100,000 population, compared to 627 per 100,000 in 2012. This is lower than both the overall West Midlands rate (at 729 per 100,000), and considerately lower than the rate in England generally in 2012 (834 per 100,000 population).

In 2013, a total of 1,174 new STIs were diagnosed among residents of Herefordshire. Although rates in the county are generally low relative to regional and national averages in 2013, Herefordshire experiences relatively high rates of certain types of STIs like syphilis.

Figure 33: Sexually Transmitted Infection Rates per 100,000 population, 2013

Source: Herefordshire Strategic Intelligence Team

	15-24 yrs. old	*25+yrs*	*Total*	*Gonorrhoea*	*Herpes*	*Syphilis*	*Warts*	*All New STIs*
Herefordshire	2,360.1	103.3	330.9	16.2	48.7	8.7	109.2	634.8
England	2,062.6	173.8	390.2	54.8	60.3	6.1	137.2	834.2

Syphilis incidence has increased over the past decade and is an important Herefordshire public health issue. Syphilis is primarily diagnosed in Genitourinary Medicine (GUM) clinics and the number of acute syphilis diagnoses recorded in 2013 increased to 16 (from 11), and the county has the highest infection rate in West Midlands region at 8.7, compared to regional rate of 3.0 and national rate of 6.1 per 100,000

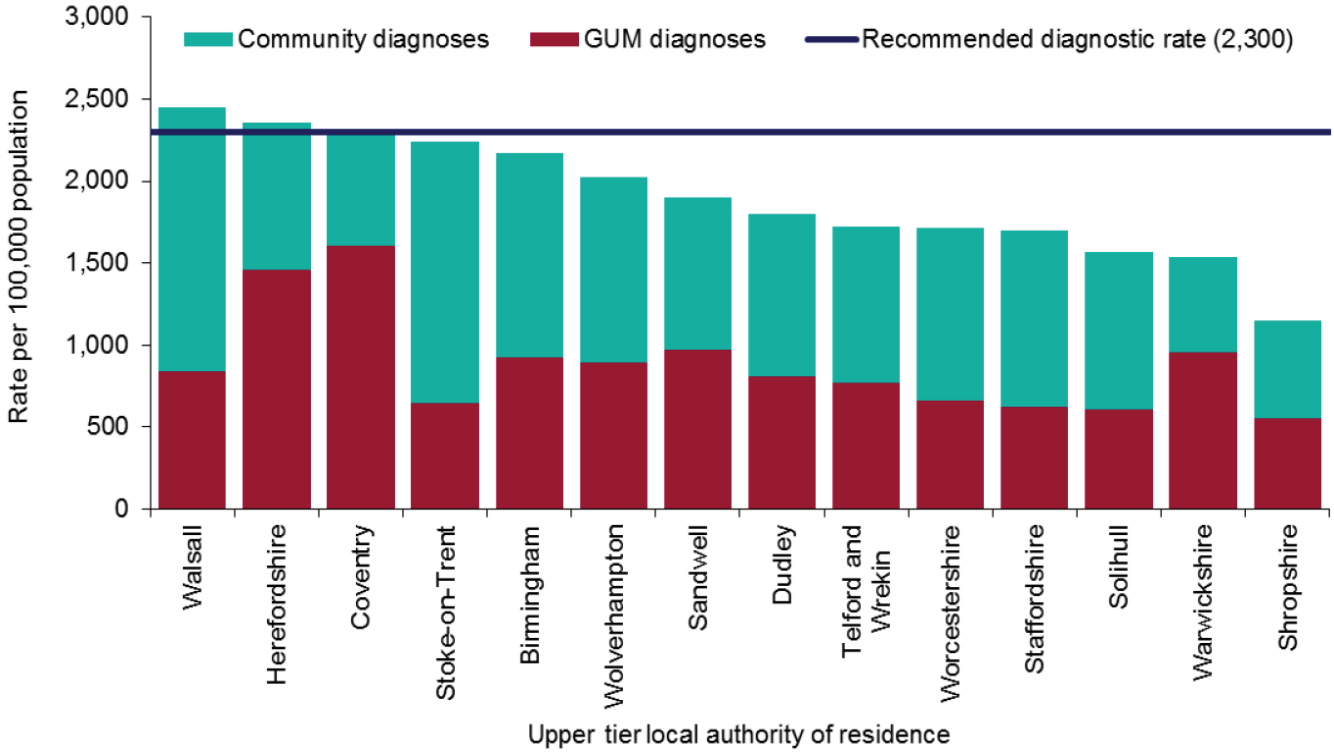
Genital Chlamydia trachomatis infection is another and most common bacterial STI frequently diagnosed in GUM clinics in England. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to Pelvic Inflammatory Disease (PID), ectopic pregnancy and tubular factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated.

It is difficult to assess changes in local chlamydia occurrence over the last decade due to changes from absolute numbers being diagnosed to diagnostic rates.

PHE recommends that local areas should be working towards achieving chlamydia diagnosis rate of at least 2,300 per 100,000 15-24 year old resident population annually. In 2013, Herefordshire had a diagnosis rate of 2,360 per 100,000 compared to 1,917 in West Midlands and 2,016 in England[28]. Figure 34 illustrates that in West Midlands only Herefordshire and Walsall local authorities achieved the national diagnostic rate and the variation in venue of diagnosis (community and GUM clinic settings) is depicted across authorities. Only a relatively low proportion of positive tests were performed outside of GUM clinics in 2013 in Herefordshire; just 38% compared to 58% nationally.

[28] Public Health England: Chlamydia testing data for 15-24 years old in England, January to December 2013

Figure 34: Chlamydia Diagnosis Rate (15-24 years) by Upper Tier Council, 2013
Source: Herefordshire Strategic Intelligence Team



Despite Herefordshire County Council's chlamydia diagnosis rate exceeding PHE recommendations, in Herefordshire, there has been no National Chlamydia Screening Programme (NCSP) co-ordination function. NCSP service is not commissioned through GP practices (although young people can still get tested by their GP as part of routine primary care activity), nor is it available through the local community pharmacies. Patients are however still able to get tested independently from some pharmacies if they so wish, but there is often an associated cost attached through the private over the counter service.

Following national guidance and at the time of writing this PNA (December 2014), Herefordshire Council have commissioned with the provider - Source Bioscience Healthcare, an on-line chlamydia testing service for 16-24yr olds.

The internet based chlamydia screening service aims to:

- Improve access to chlamydia screening for young people via the internet;
- Provide an online presence for young people in Herefordshire and increase awareness of regular screening to maintain good sexual health;
- Provide a confidential service to young people, posting screening kits to their home addresses;
- Provide results to screened young people;
- Provide screening kits to local registered screening outlets;
- Provide access to live reporting and statistical analysis tools for screening

The service will contribute to the national and local chlamydia screening programmes, and their targets. The service provider will be expected to establish and maintain relationships with the sexual health clinic, GPs, pharmacies and colleges across Herefordshire.

The online service will only be available to Herefordshire residents aged 16-24yrs and eligibility will be confirmed via postcode and date of birth. As tests do not include a face-to-face consultation, they will not be offered to young people under 16 years of age. There is no limit to the number of times that an eligible person can use this service. However, the provider will have a system in place that enables the identification of risky behaviour where multiple tests are being requested from a single young person. Anyone who contacts the service that falls outside of the criteria will be signposted to appropriate alternative services based on their age and place of residence.

Community pharmacies are easily accessible for young people and are potentially useful resources for offering a confidential advice and treatment service for chlamydia infections. However, in some cases it can be challenging to offer testing in the pharmacy setting as not all pharmacies have the facilities required to enable patients to provide a urine sample for diagnostic testing on site. No community pharmacies in Herefordshire provide the chlamydia screening and treatment programme for 16-24 year olds but, since the chlamydia diagnosis rate exceeds PHE recommendations, it can be concluded that there is adequate provision locally to chlamydia services in the area. However, it is unclear if there is any inequity in the access of community sexual health service in the county and services are continuously under negotiation and evaluated to ensure they meet the desired targets, uptake and address any inequity in access**.**

2.3.7 Emergency Hormonal Contraception (EHC)

According to the latest figures from the teenage pregnancy unit, Herefordshire has a lower rate of teenage conceptions (24.7 per 1,000 females aged 15-17) than the national (27.7) and regional (32) averages in 2012. In addition, Herefordshire has seen a 2% decrease in teenage conception rate on the 2011 figure and this has contributed to an overall reduction in under-18 conceptions of 5.1% on the 2008 baseline.

Figure 35: Under 18 Conception Rates Trend 2008-2012

Source: Teenage Pregnancy Unit

	Rates are per 1,000 female population aged 15-17				
	2008	***2009***	***2010***	***2011***	***2012***
Herefordshire	29.8	29.8	28.1	26.1	24.7
West Midlands	43.2	42.1	38.5	34.9	32.0
England	39.7	37.1	34.2	30.7	27.7

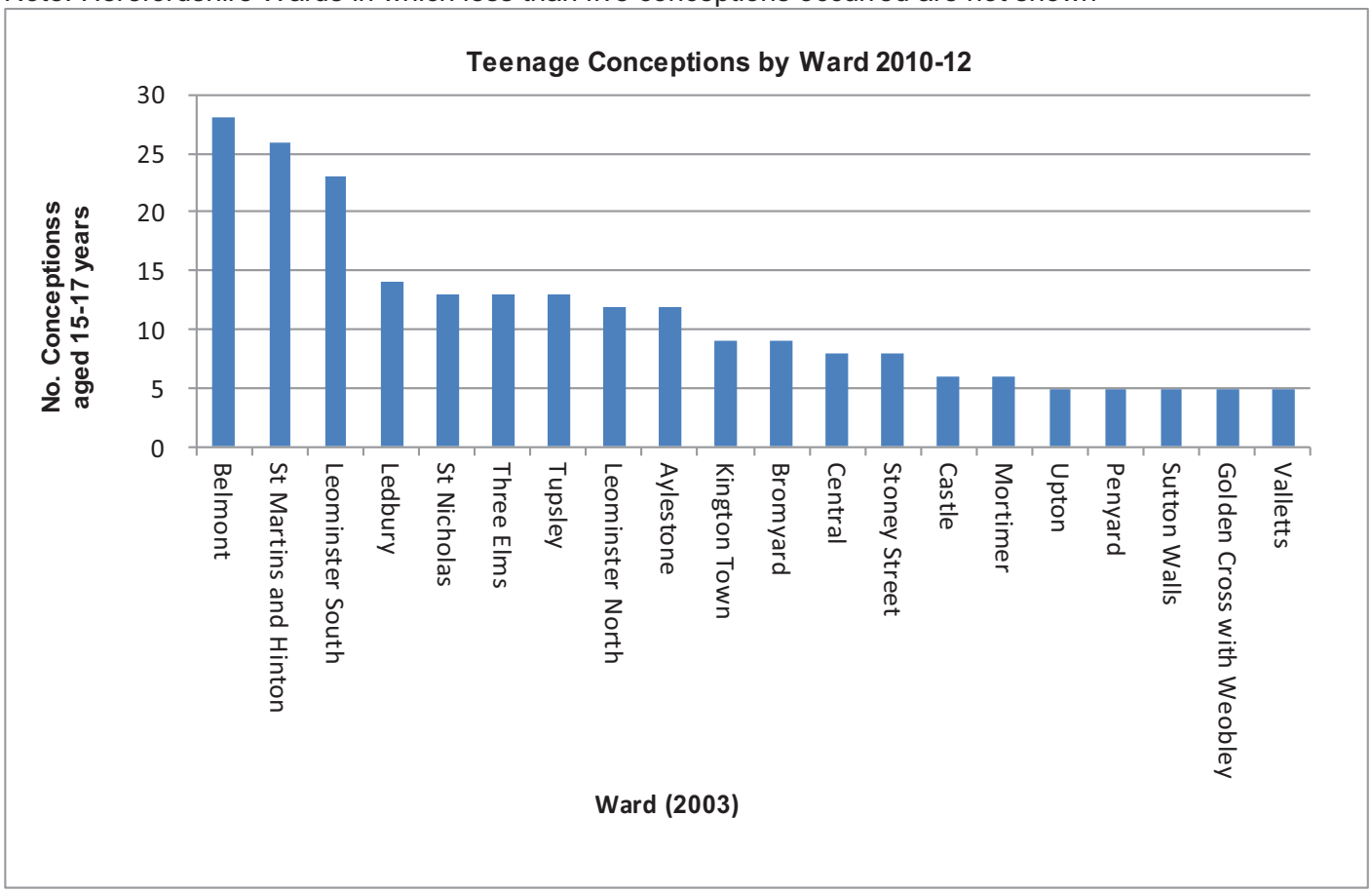
Reducing the teenage conception rate and increasing the number of teenage parents who can access and sustain places in education, employment or training is important to improve outcomes for young people and their babies. Most teenage pregnancies are unplanned and around half end in termination. As well as it being an avoidable experience, terminations represent an avoidable cost to the NHS. Studies indicate that making EHC available over the counter and through pharmacies under the NHS has not led to an increase in its use, to an increase in unprotected sex, or to a decrease in the use of more reliable methods of contraception[29].

Pharmacies in Herefordshire are offered the opportunity to provide EHC, which is available as a Council Locally Commissioned service in 23 of the 27 pharmacies in the county (see Appendix 8 and Figure 36 below of Herefordshire pharmacies providing EHC). Figure 33 below illustrates the distribution of teenage conceptions across the county in the three year period 2010-12. Of the 260 conceptions approximately 30% occurred in just three wards with high deprivation (see Figure 20); Belmont, St Martin's and Hinton and Leominster South, and over half were concentrated in eight (of 40) wards.

[29] Marston C. (2005) Impact on contraceptive practice of making emergency hormonal contraceptive available over the counter in Great Britain: repeated cross sectional surveys. BMJ 331:271

Figure 36: Teenage Conceptions by Herefordshire Ward

Source: Herefordshire Strategic Intelligence Team
Note: Herefordshire Wards in which less than five conceptions occurred are not shown



Although the mapping and information of pharmacies providing EHC within the appropriate high teenage conception areas is useful, there is some evidence that teenagers will travel to pharmacies outside their locality in order to maintain anonymity. Of the 27 existing contractors in Herefordshire, four pharmacies do not commission this service, but all pharmacies are able to signpost and direct patients accordingly or sell EHC over the counter (if appropriate). In addition, medicine counter staff must operate within local protocols and be trained to refer each request for EHC to the competent pharmacist(s).

The EHC service is part of the overall contraception service offered by sexual health, contraception clinics and GP practices across Herefordshire. In pharmacies, it would be ideal that all pharmacists working there are able to provide EHC to ensure continuity of services. EHC may only be supplied by pharmacists that have completed the declaration of competence documents available on the CPPE website (https://www.cppe.ac.uk/services/declaration-of-competence).

Recommendation: ***Community Pharmacies in Herefordshire could offer chlamydia screening at the time of any EHC provision because those who require EHC contraception are likely to be at risk of infection. The extent to which local services offer signposting to this service or carry out testing when EHC is provided could be examined in an audit. Such an audit could stimulate best practice in this area[30].***

[30] *Note: Pharmacy contractors express a willingness to engage in all potential Locally Commissioned and Enhanced services and they need to work with commissioners, through the Local Pharmaceutical Committee, in order to be able to produce business cases or tenders for the provision of those service.*

Figure 37 below summarises how the development of community pharmacy services can potentially support the delivery and ambitions set out in sections 2.2.2 around sexual health and contraceptive services.

Figure 37: Sexual Health – Herefordshire priority and potential pharmaceutical service developments

Public Health Priority: Sexual Health	
Herefordshire Public Health Priorities	• To reduce the rate of new syphilis infections • To reduce the proportion of HIV cases diagnosed at late stage of infection • To reduce the rate of under 18 conception • Redesign and commission open access contraception and STI testing and treatment services • Address inequalities – improving access to services • "Make Every Contact Count" through brief, opportunistic interventions, immunisation and health promotion • Treatment for patients should be in line with Joint Medicines Formulary • Maternal and Infant health – early booking of pregnant women
Current Herefordshire Community Pharmacy Contribution	• Opportunistic Brief Advice • Chlamydia testing • Emergency Hormonal Contraception Pill (Prescribing, advice and Information) • Promotion of accessibility and services via local websites e.g. CCG Community Pharmacy web pages • Medicines utilisation reviews (MURs, NMS) • Increasing EPS and RD functionality
Potential Community Pharmacy Developments	
**Note: Pharmacy contractors express a willingness to engage in all potential locally commissioned and enhanced services and they need to work with commissioners, through the LPC, in order to be able to produce business cases or tenders for the provision of those services*	• Expansion of provision within the communities focusing on the more deprived, vulnerable and at risk communities • Expand pharmacy service scope to include: - Pregnancy testing (with referral into maternity services/ termination services as required) - Contraceptive services - Access to EHC for all women of childbearing age (i.e. lift restrictions on current age) - Free condoms (targeted on a case by case basis according to need) • Link or integrate with any alcohol and substance misuse services (because of link with risky sexual behaviour)

2.3.8 Drug Misuse Related Harm

Illicit drug use contributes to the disease burden both globally and in Herefordshire. Efficient strategies to reduce disease burden of opioid dependence and injecting drug use, such as delivery of opioid substitution treatment and needle and syringe programmes, are needed to reduce this burden at a population scale[31].

Figure 38: 2011/12 Estimated total numbers of and prevalence rate Opiate and/or Crack Cocaine

Source: Public Health England

	15-64 Population	*Number of Users*	*Rate per 1,000 of the population*
Herefordshire	**115,000**	719	6.25
West Midlands	**3,632,400**	34,329	9.45
England	**34,991,400**	293,879	8.4

In 2011/12, the Home Office estimated the number of Opiate or Crack Cocaine Users (OCU) in Herefordshire being 719 individuals. When this is divided into a rate per 1,000 population it works out at 6.25, which compares to rates of 9.45 in the West Midlands and 8.4 for England. About two thirds of this cohort is either already in, or is known to, Herefordshire treatment services and therefore, the proportion of treatment naïve individuals present a variety of significant risk factors to Herefordshire in terms of social and family impacts, health, crime and resources[32].

As a result, Herefordshire commissions two drug misuse services from community pharmacies. Both services are linked to the harm minimisation agenda and all contracted pharmacies aim to offer a user-friendly, non-judgmental, patient-centred and confidential service.

a) Needle Exchange

Herefordshire Community Safety and Drugs Partnership (HCSDP) working together with Drug and Alcohol Service Herefordshire (DASH) have commissioned a service to deliver a needle and syringe programme at community pharmacies in Ledbury, Ross, Hereford City, Kington and Leominster.

There are currently a total of five pharmacies in Herefordshire that provide access to sterile needles and syringes, and sharp containers for return of used equipment. The pharmacies can provide support and advice to the user; including referral to other health and social care professionals; specialist drug and alcohol treatment services where appropriate and promote safe practices to the user, including injection techniques, sexual health, STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation (see Appendix 6 of pharmacies providing needle exchange).

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[31] Degenhart L et al. Global burden of disease attributable to illicit drug use and dependence: findings from the Global Burden of Disease Study 2010. Lancet 2013; e-Pub 29 Aug. Accessed 10 June 2014. Available at http://www.sciencedirect.com/science/article/pii/S0140673613615305

[32] Herefordshire Community Safety Partnership: Strategic Assessment to inform 2014-17 Community Safety Strategy v1.1. May 2014. Available at http://factsandfigures.herefordshire.gov.uk/docs/Research/Scanning_exercise_v1.1.pdf

The contracted pharmacies provide a sufficient level of privacy and safety and have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in operation of the service. Usage of the needle exchange services can be difficult to capture as users tend to provide little information which can be recorded.

b) Supervised Consumption

In Herefordshire, there are 20 pharmacies that provide supervised methadone/buprenorphine consumption. The scheme provides a mechanism to ensure doses of methadone/buprenorphine are consumed in pharmacy premises. The service aims to reduce the over or under usage of substances of misuse, prevent exposure of the supervised medicines in local communities, minimise the diversion of such substances onto the illicit drugs market and principally provide support and advice to the patient.

Terms of agreement are set up between the prescriber, pharmacist, patient, and patient's key worker (a four-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the patient and what action will be taken by the Specialist Drug Treatment Service and pharmacist if the user does not comply with the agreement.

The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service and are aware of and operate within local protocols. The pharmacy contractor must maintain appropriate records to ensure effective on-going service delivery and audit and share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.

In Herefordshire, there are also other commissioned non-pharmacy specialist drug services e.g. Drug and Alcohol Services Herefordshire (DASH) which can offer doctor appointments, psychosocial interventions (including cognitive behavioural therapy), structured day programmes and substitute medication in community based settings. The DASH must also be taken into account when looking to evaluate any drug misuse related services in community pharmacies.

People who use illicit drugs are often not in contact with general health care services and their only contact with the NHS may be through the service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting, harm reduction measures and provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the patient's addiction.

Once patients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Patients often need support to prevent them stopping treatment.

2.3.9 Alcohol Use

Local authorities are responsible for the commissioning of alcohol prevention and treatment services. Alcohol misuse has an impact on the whole community through crime, health and wellbeing, affecting families and the wellbeing of children, placing significant strain on key health services and council resources.

In 2012/13, Herefordshire had just over 550 admissions to hospital per 100,000 population for alcohol–related conditions. This is significantly less than regional and national average figures with rates being consistently lower in females than males across all districts across the county.

Figure 39: Number of Admissions involving an Alcohol-Related Primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised)

Source: Public Health Outcome Framework

	Admission episodes for alcohol-related conditions per 100,000			
	09/10	**10/11**	**11/12**	**12/13**
Herefordshire	592	625	610	551
West Midlands	674	692	695	690
England	638	652	653	637

According 2009-13 mortality data, digestive disease including cirrhosis accounted for 4% of the underlying *cause of deaths in Herefordshire* (Figure 17). Cirrhosis can affect anyone[33] and those that drink too much are often at risk.

Community pharmacists are ideal places to offer healthy lifestyle advice aimed at raising awareness of the harmful effects of excess alcohol. This can be through opportunistic advice, brief interventions or through the use of integrated agreements around medication checks.

Recommendation: ***96% of Herefordshire pharmacies have consultation rooms that could also be shared with other community services (if commissioned). Pharmacies are well placed to offer supervised monitoring of medicines to treat alcohol withdrawal and could through prescribing, or supply via a PGD, provide medicines related to reducing alcohol intake[34].***

[33] British Liver Trust. Accessed 15 October 2014. Available at: http://79.170.44.126/britishlivertrust.org.uk/home-2/liver-information/liver-conditions/cirrhosis/

[34] *Note: Pharmacy contractors express a willingness to engage in all potential Locally Commissioned and Enhanced services and they need to work with commissioners, through the Local Pharmaceutical Committee, in order to be able to produce business cases or tenders for the provision of those service.*

Figure 40 summarises how the development of community pharmacy services can potentially support the delivery and ambitions set out by Herefordshire Public Health in alcohol and substance misuse.

Figure 40: Alcohol and Substance Misuse – Herefordshire priority and potential pharmaceutical service developments

Public Health Priority: Alcohol and Substance Misuse	
Herefordshire Public Health Priorities	• Reduce harm caused by alcohol/substance misuse • Reduce rates of alcohol related hospital admission • Preventing premature deaths –target blood-borne virus interventions and high risk injecting drug users • Address inequalities – improving access to services • "Make Every Contact Count" through brief, opportunistic interventions, immunisation and health promotion • Treatment for patients should be in line with the Joint Medicines Formulary
Current Herefordshire Community Pharmacy Contribution	• Opportunistic Brief Advice • Supervised consumption of methadone and buprenorphine • Needle and syringe exchange schemes plus information and advice • Information and advice on healthy lifestyles (smoking, diet, physical activity, alcohol etc.) • Promotion of accessibility and services via local websites e.g. CCG Community Pharmacy web pages • Medicines utilisation reviews (MURs, NMS) • Increasing EPS and RD functionality
Potential Community Pharmacy Developments	
*Note: Pharmacy contractors express a willingness to engage in all potential locally commissioned and enhanced services and they need to work with commissioners, through the LPC, in order to be able to produce business cases or tenders for the provision of those services	• Expansion of provision within the communities focusing on the more deprived, vulnerable and at risk communities • Expand pharmacy service scope to include: - Alcohol Identification and Brief Advice - Blood-borne virus screening and treatment - Testing for Hepatitis B and Hepatitis C - Hepatitis B vaccination - Naloxone therapy via PGD Link or integrate with sexual health services (because of link with risky sexual behaviour)

2.3.10 Health of Older People

People are living longer and there is no doubt that there will be an increasingly elderly population. In Herefordshire the proportion of over 65 years old has already increased by 24.6% from 2001 to 2013 and this is expected to increase by approximately 19% by 2017. Preventative approaches are important to ensure older people remain healthy and independent in the community for longer, and to reduce the unsustainable cost of health and social care services for this growing population.

Community pharmacies can support self-care where appropriate, as well as referring back to the GP service or signposting patients to other appropriate services. Many patients receive a range of different medications and up to 50% of patients do not take their prescribed medicines as intended[35]. To help with this, particularly for those with complex medication regimens or have problems with taking regular doses, pharmacists could offer advice and support to the patients, carers and to other healthcare professionals. This could be undertaken as part of a local clinical team whether in a pharmacy or other primary care setting.

New technologies are also being developed to assist patients in taking their medication as prescribed. Pharmaceutical service providers could have an increasing role to work with others in primary care team to utilise these to improve patient concordance.

[35] World Health Organization. (2003) 'Adherence to long-term therapies: evidence for action.' Available at: http://whqlibdoc.who.int/publications/2003/9241545992.pdf

2.3.11 Long Term Conditions (LTC)

Patients with LTCs are likely to be taking medication, often several medications. These patients have a particular need to understand the role medicines play in managing their condition in order to gain maximum benefit and reduce the potential for harm. Several types of interventions (e.g. reduced dosing demands as well as monitoring and feedback) may help in improving medication adherence[36].

Under NHS contractual arrangements community pharmacists already have the opportunity to carry out MURs. Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Pharmacy MURs are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber.

The HWB and its partners recognise the importance of improving awareness of the risks associated with LTC. Health campaigns aimed at improving medicines-related care for people with LTC and therefore reducing emergency admissions could be provided through community pharmacies. In addition pharmacists and their staff already provide a signposting service to other sources of information, advice or treatment.

Pharmacists are also involved in the early detection of some cancers, for example, through the provision of advice on skin care and sunbathing, and participating in the Be Clear on Cancer campaign[37], which aims to improve early diagnosis of cancer by raising awareness of symptoms and making it easier for people to discuss them with their GP.

[36] Kripalani et al 2007. Interventions to Enhance Medication Adherence in Chronic Medical Conditions: A Systematic Review. Arch Intern Med. 2007;167:540-550.

[37] More information on Be Clear on Cancer homepage. Available at: http://www.cancerresearchuk.org/cancer-info/spotcancerearly/naedi/beclearoncancer/

2.3.12 Mental Health[38]

Mental health issues are responsible for a larger burden of disease than any other health problems. There is a complex, dynamic relationship between mental and physical health and people with a chronic medical condition have a 2.6 fold increase in likelihood of having mental illness, compared to those without chronic medical condition. Conversely, people with mental illness experience poor physical health with higher than expected mortality. Much of this excess mortality is potentially avoidable.

A number of reasons have been suggested for the increase in mortality of people with mental illness:

- Health behaviours e.g. smoking, diet, exercise alcohol and drugs
- Altered help seeking e.g. delayed presentation
- Reduced treatment adherence, poor uptake of health screening, impaired mental capacity leading to treatment refusal
- 'Diagnostic overshadowing' e.g. failure by health professionals to recognise physical health problems in people with mental disorders
- Discriminatory policies
- Iatrogenic factors e.g. obesity caused by antipsychotic medication
- Social conditions e.g. homelessness, unemployment
- Poverty
- Suicide and violent victimisation
- Direct physical impacts of mental disorders e.g. changes to immune function

Unfortunately, studies have also shown that the stigma around mental health and the rurality of an area compounded by small, close networks and the lack of anonymity can discourage people seeking help[39]. Consequently, in Herefordshire there is a crucial need to identify and address these contributory factors (outlined above) to reduce prevalence and enable GPs to better support people experiencing mental ill health across the county.

In Herefordshire it is estimated one in four patients will need treatment for mental health problems in primary care and pharmacy staff can play a key role in promoting awareness of good mental health, for example signposting to information about local support networks, mental health help lines etc.

National community pharmacy initiatives to improve and support patients with long term conditions such as NMS and MUR do not target mental health medicines specifically, but in time this may be reviewed. Nevertheless, Herefordshire community pharmacists offer easy accessibility and support by promoting simple mechanisms to help patients and carers understand and take their medicines as intended. If necessary the patient could receive medication by instalment dispensing, through supervised administration or supported via the provision of compliance aids such as monitored dosage systems.

[38] Herefordshire CCG – Mental Health Needs Assessment (December 2014).

[39] Aisbett DL, Boyd CP, Francis KJ et al (2007) Understanding the barriers to mental health service utilisation for adolescents in rural Australia. Rural and Remote Health, 7, 624.

2.3.13 Healthcare Associated Infections

Pharmacy providers are involved in part of the public advice and campaign network to increase public awareness of antibiotic resistance and the rational approach to infection control matters regarding, for example, Methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C. difficile).

Senior specialist antimicrobial pharmacists within hospitals, primary care pharmacists and microbiology/infectious diseases/infection control teams must work together to develop, implement and monitor antimicrobial guidelines across the local health economy. This will involve community pharmacists and GPs working together with hospital teams to align prescribing with the agreed local policy.

Within primary care, dispensing staff are able to reinforce the message that antibiotics are not always necessary and explain the relationship between excessive use of antibiotics and Health Care Acquired Infections (HCAI). In addition they are able to inform other primary care practitioners when an item prescribed is not normally available in the community. The Minor Ailment service (detailed below) allows pharmacists to provide symptom relief for viral infections, reassure patients that they do not need antibiotics and reduce pressure on GPs to prescribe unnecessarily.

2.3.14 Medication Related Harm

The National Patient Safety Agency (NPSA) report - Safety in doses: improving the use of medicines in the NHS[40], stated the following

- The most serious incidents included 100 medication related incident reports of death and severe harm.
- The most serious incidents were caused by errors in medicine administration (41%) and, to a lesser extent, prescribing (32%).
- Three incident types – unclear/wrong dose or frequency, wrong medicine and omitted/delayed medicines – accounted for 71% of fatal and serious harms from medication incidents.

In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication. NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system wide implementation of safety alerts – for instance NPSA alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc.

Through the provision of MURs, clinical screening of prescriptions and identification of adverse drug events pharmacy staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

[40] National Patient Safety Agency (2009) 'Safety in Doses: Improving the use of medicines in the NHS. Accessed 16 October 2014. Available at: http://www.nrls.npsa.nhs.uk/resources/?entryid45=61625)

2.3.15 Community Pharmacy Minor Ailments Service

The White Paper Pharmacy in England – Building on Strengths, Delivering the Future[41] set out the introduction of Minor Ailments services that promotes pharmacy as the first port of call for people with minor ailments and complements GP and out-of-hours medical provision.

A Minor Ailments service is commissioned by HCCG. The service aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.

The service has been commissioned for several years and has worked well in sites where there is close collaboration between pharmacies and GP practices and areas of greater deprivation. The benefits of the longer opening hours in pharmacies has proven to be a cost effective alternative to other NHS professionals and has enabled better use of GP, Out-of-Hours (OOH) and A&E department resources. The service also reduces prescription waste medicines by carefully controlling clinical choice via the locally agreed formularies as well as quantities and may reduce the prescription of antibiotics by careful triage.

Currently all patients registered with a GP surgery located within the boundaries of Herefordshire can use the service (unless excluded under the treatment options). Ten conditions are included in the scheme which enables patients to see a pharmacist for self-limiting conditions for advice and supply of medicines under the same terms as visiting a GP. The service is currently being redesigned (May 2015) by HCCG with the expectation that all registered community pharmacies in Herefordshire will provide the Minor Ailment service.

2.3.16 Community Pharmacy Palliative Care Service

Palliative care is the care of any patient with an advanced, incurable disease. It involves the control of symptoms, such as pain and aims to improve quality of life for both patients and their families.

Drug treatment plays a major role in symptom control in palliative care. The aim is to ensure that appropriate palliative care drugs are available in the community at the point of need. In addition to the prompt supply, pharmacies can support carers and clinicians by providing them with up to date information and advice, and referral where appropriate.

In Herefordshire, the CCG currently commissions in-hours and out-of hours palliative care service from community pharmacies. 16 pharmacies have been contracted to stock and supply a jointly agreed list of palliative care drugs in line with local formulary for easier access in-hours. Furthermore, a number of on-call pharmacists around the county respond to requests for both advice and supply of palliative care drugs in the out-of-hours period which involves close working with out-of-hours provider.

[41] Department of Health. The White Paper Pharmacy in England – Building on Strengths, Delivering the Future Accessed 16 October 2014. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

2.3.17 Pharmacy advice to Care Homes

There are a large number of care homes in Herefordshire and patients who are looked after in a care home setting are often high users of medicines. However because of the nature of care, patients rarely access pharmaceutical services individually, leaving this to be carried out by the care home staff.

In Herefordshire, the CCG commissions a local service whereby the community pharmacists provide advice to care homes. The visiting pharmacist is usually the pharmacist that supplies the medicines and appliances to the home and they will provide advice on medicine storage, record keeping, staff training, and ways of reducing risks around ordering, receiving and administering medicines to patients. This has been commissioned historically over a number of years and supports inspections of care homes by other regulatory bodies e.g. CQC.

There has been evidence of the benefits of the service through detailed analysis by HCCG[42], and is currently provided by seven pharmacies in the area. In 2013/14 there were over 85 visits to the local care homes. .

The pre-consultation pharmacy survey identified that only 20% of local pharmacies provide the care home advisory service. More care homes now have arrangements with pharmacy contractors which are not within the HCCG area. Recognising the value of this service HCCG supports those care homes, not supplied by Herefordshire pharmacy contractors, by commissioning the services of an independent pharmacist to carry out regular visits.

2.3.18 Patient Support for medicines via Educational Programmes

Pharmacists have been commissioned over several years to provide specific advice to groups of patients in a number of education sessions, including cardiac rehabilitation patients, Parkinson's disease patients, Herefordshire carer's support and education sessions on the use of antibiotics in children.

Evaluation have shown that these are well received programmes by patients who find them useful, particularly those starting long term medicines for long term conditions in a group setting[42]. This service is commissioned by HCCG and is both responsive to requests but also integrates into health needs of the county.

At the time of writing this PNA (December 2014) there is currently on-going media facing work developing videos to provide information to the public on the role of the community pharmacist.

[42] NHS Herefordshire Pharmaceutical Needs Assessment. 1st January 2013

2.3.19 Urgent Care Services - [Accident and Emergency (A&E), Minor Injury Unit (MIU), Walk-In-Centre (WIC), Extended Hours GP service and Out-Of-Hours (OOH) Services]

In Herefordshire the main A&E is located at The Wye Valley NHS Trust which operates 24-hours a day, 365 days a year. Depending on the nature of the patient's condition they may be prescribed medicines by the hospital pharmacy.

Alternatively, for treatment of minor injuries, such as cuts, grazes, bites, stings, sprains, minor eye infections/foreign bodies and minor burns, patients can use the MIU located at Leominster and Ross Community Hospitals, Ledbury Community Health and Care Centre, and the Kington Court Health and Social Care Centre.

Other services include, the GP Access Centre, a WIC providing fast and convenient care advice and treatment for minor injuries and illnesses. Located beside Asda store on Belmont Road in Hereford, it is open from 8am to 8pm 7 days a week every day of the year including public and bank holidays. The WIC services are available to local residents, irrespective of whether or not they are registered at the centre.

Additionally, patients in Herefordshire are also being offered greater access to local GPs and Nurses as part of the Prime Minister's Challenge Fund (PMCF), a national initiative that uses Taurus Healthcare Ltd. to manage three primary care hubs which offer local GP and Nurse services to patients from across the county from 6pm to 8pm on weekdays and 8am to 8pm on weekends and Bank Holidays. These are located at the Wargrave House surgery in Hereford, The Marches surgery in Leominster and the Pendeen surgery in Ross-on-Wye.

Another service is the GP OOH service, supported by Primecare and is for urgent medical problems that cannot wait until normal surgery hours. The service applies from 6pm to 8am Monday to Friday, and all day Saturday, Sunday and Bank Holidays. People contacting the OOH service will initially be triaged and assessed over the phone and if it is clinically appropriate, they will refer the patient to the OOH service. This will then result in either:

- A face to face appointment to attend a primary care centre to see a doctor, or
- A home visit from a doctor.

Depending on the nature of the patient's condition they will either be given:

- A full course of treatment, for example antibiotics for an infection, or
- Sufficient medication to cover until a prescription can be dispensed, for example for pain relief.

Whilst the majority of people will visit a pharmacy during the 8.30am to 6pm period, Monday to Friday, following a visit to their GP or another healthcare professional, there will be times when people will need to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the OOH GP service or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

There is no dispensing service (pharmacy or dispensing doctor) in the overnight period which suggests that the provision of medicines via the OOH GP service is sufficient during these hours or patients wait until they can access a dispensing service. We have not identified any current or future gaps.

2.3.20 Online Non Prescription Ordering Service (ONPOS)

The current Herefordshire ONPOS service is the preferred online ordering system for district nurses in the supply of formulary dressings. Stocks are ordered online from the list and delivered by the participating pharmacies to each district nurse base. The competent team nurse continues treatment utilising the store of formulary dressings held at each base.

The aim of the service is to:

- Improve patient pathway with timely access to the correct dressings
- Improve dressings formulary compliance
- Provide real time reporting to tissue viability nurses and CCG medicines optimisation team on dressings ordered by each district nurse team
- Reduced workload for GP practices
- Workload efficiencies for district nurses
- Improve savings via reduced waste

In future, the service has the potential to be extended to practices and care homes across Herefordshire, however, the on-going benefits will need to be evaluated and reported. Currently, the supply of dressings is via the Herefordshire community pharmacists which all may sign up to supply dressings via ONPOS.

3.0 The Assessments and Findings

This section examines in more detail the level of dispensing activity, access and locations of pharmacies within and bordering the Herefordshire County. The adequacy of pharmaceutical provision locally is compared with the provision elsewhere, and considered in the context of feedback from local stakeholders. Up-to-date information on community pharmacies (including opening hours) is available on the NHS website:
www.nhs.uk/servicedirectories/Pages/ServiceSearch.aspx

3.1 Pre-Consultation Survey

Prior to the commencement of the draft PNA, an eight week public survey was carried out to identify how the public currently use their pharmacy/dispensing practice and whether they had any problems with areas such as access to services. We also asked them what future services they would be interested in using. The full results of the public survey can be found in Appendix 7.

A community pharmacy and dispensing practice survey was also undertaken over approximately eight weeks. This asked the staff to identify their hours of opening, provision of current services and ease of access to services e.g. if the pharmacy had any facilities for disabled patrons or whether the staff could speak any other languages than English. We also asked them which, if any, services they would like to deliver in the future. The results of the pharmacy and dispensing practice survey can be found in Appendix 5 and 6 respectively.

3.1.1 Herefordshire Public Survey

Further to the local strategic health needs and priorities, an important need in informing the PNA was to gather data that took account of patient, public and service user experience of pharmaceutical services. In particular to identify gaps in current provision and their views on how pharmacies may be able to meet other current and future health needs.

These were explored in a survey which Herefordshire Council co-developed with the NWCSU.

Summary of Herefordshire Public Survey

A survey about local pharmacy/dispensing practice provision was created and ran from the 17th October 2014 until the 15th December 2014 to gather people's views on what works well, and what could be improved. The survey was completed by 207 people. The majorities of respondents (63%) were females aged between 45-64 years old and of a White British ethnicity (96%).

The results to the survey of pharmacy/dispensing practice services and experiences tell a positive story about the existing contractors in the Herefordshire County area. Overall, the majority of respondents (84%) rated the pharmacy or dispensing practice service as either excellent or good. Only 4% rated the service as very poor or poor. Other findings following the public survey include:

- 70% of responders use a community pharmacy with the remaining responders using dispensing GP practices. Only 4% and 1% use a DAC or distant selling/internet pharmacy respectively.

- 91% of responders were using a pharmacy/dispensing practice for themselves with 52% using such services for a family member.

- 38% of responders highlighted that access issues e.g. disability and lack of transport was the main issue they would use a pharmacy/dispensing practice on behalf of someone.

- Most residents (86%) use a regular or preferred pharmacy/dispensing practice with the service related motivations for use being friendly (80%) and knowledgeable (68%) staff. In addition, patients used the contractor because it was near to their home (44%) or it was near to their doctors or it was their doctor (65%).

- Pharmacies and dispensing practices are easily accessible with the majority of respondents (71%) describing no difficulties accessing the service and 53% travelling less than 10 minutes to the contractor.

- Most patients (72%) used a car, either as a driver or passenger to access pharmacy/dispensing practice services with 40% of responders either walking or combining with other transport methods.

- It was noted that approximately 2% of all respondents were having difficulties travelling to the pharmacy/dispensing practice due to its location. 18% have difficulties parking and 7% had difficulties with the availability of public transport.

- Many responders (60%) are aware that Herefordshire has community pharmacies open for extended hours (e.g. early mornings, late nights and weekends). However, only 34% of responders knew which and where these pharmacies are located; with 21% accessing extended pharmacy opening hours.

- The majority of respondents (78%) rated the ease of obtaining medications from pharmacies/dispensing practices as either excellent or good. 79% of responders felt they are provided with sufficient information about the medicines supplied.

- While the majority of respondents were satisfied with opening hours of pharmacy and dispensing practices, most of the respondents predominantly from the HR1, HR2, HR6 and HR8 postcode areas would like to see contractors open late at night (36%), Saturdays (55%) and on Sundays (32%).

With a particular reference to the community pharmacies in Herefordshire:

- The public considered opening times (64%), pharmacies having the items they need (74%) and the access to knowledgeable staff (80%) being very important aspects of their local community pharmacy service.

- The greatest three aspects of community pharmacy that the public are dissatisfied with include opening hours (12%), waiting/delivery times (10%) and the private consultation areas (11%).

- The council, CCG and community pharmacies need to communicate the availability and benefits of accessing all types of pharmacy services, as approximately 24% of respondents would like to use additional services if available. For example, 53% of respondents would like to use the Minor Ailment service at the local pharmacy. As all pharmacies in Herefordshire can offer this service (see 6.13 below) it would be worthwhile investing in the promotion or communication of the service to ensure the public takes full advantage of it.

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3.1.2 Herefordshire Pharmacy and Dispensing Practice Survey

During October to December 2014 pharmacy contractors and dispensing practices were asked to complete and return a survey with questions requesting information about facilities and services that the contractor provided including those that were not currently commissioned (see Appendix 5 and 6 respectively for further details). 27 (100%) community pharmacies in Herefordshire and 9 (82%) dispensing practices (12 sites) responded to the pre-consultation survey.

Some of the key findings of the surveys include:

- Most contractors considered their own service provision to be accessible with regards to public transport, distance to walk and the facility to park within 50 metres of the premises.

- 32% of the public survey respondents considered themselves to be limited a lot or a little by their health problems or disability. Pharmacies and dispensing GP practices, as shown by the survey, have differences in their availability of consultation facilities, as would be expected due to the range of services they deliver and the way in which they are delivered.

- Dispensing GP practices have better access to information technology and support aids, allowing easier access for disabled people, some of which is due to the different ways in which they are funded. As pharmacies are commissioned to deliver more services, such as flu vaccination and emergency hormonal contraception, then there will need to be a greater emphasis on funding for improved consultation facilities, access to information technology and meeting the access needs of all the population. Barriers to accessing services are a key driver behind health inequalities and should be a key consideration in commissioning services.

- 78% of Herefordshire community pharmacies provide a delivery service compared to 18% of the dispensing practice responders.

- Supported by the findings in the pre-consultation public survey, the delivery service of medicines is considered an extremely valuable service to all patient groups and should enable greater access to pharmaceutical services.

- 25 (of 27) community pharmacy and 9 (of 11) dispensing practices returned the self-completed pre-consultation survey stating that they dispense appliances in addition to their core roles.

In summary, as well as ensuring the accuracy of data on services found in the PNA, the survey also gave an opportunity to find out the pharmacy and dispensing practice views of gaps in service provision and ideas about how these might be addressed.

Unsurprisingly, the findings of the self-completed survey and potential conflict of interest; nearly all responders (96% of pharmacies and 100% of dispensing practices) felt that there is no need for additional pharmaceutical providers in their localities but existing pharmacies have expressed a willingness to provide all potential Locally Commissioned and Enhanced services.

It is recommended that community pharmacies must work with commissioners, through the Local Pharmaceutical Committee, in order to be able to produce business cases or tenders for the provision of those services highlighted in Question 26 of the survey (Appendix 5).

3.2 Provision of Pharmaceutical Services

3.2.1 Change in number of Pharmacy, GP and Dispensing GP contractors from 2011

According to the previous PNA and 2011 data, there were in total 26 community pharmacies and 10 dispensing practice in the Herefordshire County. At a locality level there has been a small change in the number of community pharmacies and dispensing practices to date (December 2014), and Herefordshire HWB footprint have seen an increase of one community pharmacy and one dispensing practice in 2014.

However, it is understood that the additional dispensing practice since the last PNA provides a limited and restricted service and as a result do not qualify under the DSQS scheme. Despite not providing a full dispensing service, for the purpose of this PNA and under NHS Regulations, Herefordshire currently have 11 dispensing practices and 15 dispensing GP sites. Figure 41 below highlights an actual drop in dispensing GP sites since the last PNA in 2011 due to the closure of two sites in the Kington locality (Eardisley and Pembridge).

Figure 41: Number of Pharmacy, Dispensing Practice and GP contractors in Herefordshire by Locality level (2011 vs. 2014)

		2011			2014		
Herefordshire Localities	Population (2011 census)	Number of Community pharmacies	Number of Dispensing practices and Branches	Number of GP Practices	Number of Community pharmacies	Number of Dispensing practices and Branches	Number of GP practices
Bromyard	10,700	1	1	1	1	1	1
Golden Valley	14,100	-	4	3	-	4	3
Hereford	73,100	**14**	2	12	**15**	2	12
Kington	7,500	1	**3**	1	1	**1**	1
Ledbury	18,500	3	1	3	3	1	3
Leominster	15,600	4	1	1	4	1	1
Mortimer	8,100	-	3	1	-	3	1
Ross-on-Wye	23,500	3	-	1	3	-	1
Weobley	8,200	-	2	1	-	2	1
Total	**179,300**	**26**	**17***	**24**	**27**	**15****	**24**

** Excluding dispensing branch sites there are 10 Dispensing Doctor Practices (excluding Dispensing Branch sites)*
*** Excluding dispensing branch sites there are 11 Dispensing Doctor Practices (includes Quay House Medical Centre providing a limited dispensing service)*

3.2.2 Pharmacies per Head of Population and Dispensing Activity[43]

Based on community pharmacy dispensing data of the Health and Social Care Information Centre (HSCIC) 2012-13 data, the following comparisons are made with the national, regional and similar ONS Health Area averages:

- There are 14 pharmaceutical service providers per 100,000 registered populations in Herefordshire. This is significantly less than national and regional averages of 22 and 23 per 100,000 respectively.

- However, it should be noted that 49,172 (26%, HCCG, October 2014) of the registered population are on Herefordshire's Dispensing Doctors dispensing list. Removing these from the total registered population would indicate for dispensing services provided by pharmacy contractors there is a registered population of 136,928. This equates to 19 pharmacy contractors (for dispensing services) per 100, 000 registered population.

Figure 42: Number of Pharmacies per 100,000 Population, 2012-13

Source: NHS Prescription Services of NHS Business Services Authority.
Population data: ONS 2011 mid-year estimates based on 2011 Census

	Number of community pharmacies	*Number of dispensing practices - Jan 2012 (percentage of dispensing practice)*	*Population (000)s Mid 2011*	*Pharmacies per 100,000 population*	*Average items per pharmacy per month 2012-13*
ENGLAND	11,495	1,097 (9%)	53,107	22	6,628
WEST MIDLANDS	1,297	84 (6%)	5,609	23	6,359
HEREFORDSHIRE	**26**	**11 (30%)**	**184**	**14**	-
SHROPSHIRE COUNTY	50	18 (26%)	307	16	-
SOMERSET	102	22 (18%)	532	19	-
LINCOLNSHIRE	116	65 (36%)	717	16	-
EAST RIDING OF YORKSHIRE	63	31 (33%)	335	19	-

Note: Since Herefordshire is very different from the rest of the LA/ Health Areas in the region, we have used the following closest Health Areas as comparators- this is based on the National Statistics 2001 Area Classification for Health Areas (by Squared Euclidean Distance)

- As per Figure 42 above, Herefordshire County has a significantly higher proportion of dispensing practices (30%) versus the regional (6%) and England (9%) average due to its rurality. This partly explains the lower number of pharmacies per 100,000 population. Note: As this uses previous 2012/13 data, it was not possible to obtain comparative data at CCG level.

- Using recent data taken from electronic prescribing and cost (ePACT) tool for the year from September 2013 to October 2014 it can be seen that for all the items issued by the Herefordshire GPs that over 96% (3.37 million items) are dispensed within Herefordshire. In that same period pharmacy contractors in Herefordshire County dispensed 2,203,178 items, giving an average of 6,800 items per month per pharmacy contractor. Dispensing doctor

[43] Electronic Prescribing and Cost (ePACT) data. Accessed 18 November 2014.

practices dispensed 963,597 items, giving an average of 7,300 items per month per dispensing doctor practice.

- Each month Herefordshire pharmacies dispense on average more items (6,800, based on 2013-14 data) than the monthly national and regional average items of 6,628 and 6,359 respectively (based on 2012-13 data). Higher prescribing does not necessarily equate to needing more pharmacy premises as pharmacies are not restricted by list size and can adjust staffing levels and if possible increase the area dedicated to dispensing activity to manage any increased volume.
- Herefordshire HWB recognises that dispensing doctors provide dispensing of medicines and appliances, dispensing approximately 28% (over 960,000 items) of the total Herefordshire prescribed items. Due to the regulations governing rural areas, where an area is considered 'rural' under Regulation, pharmacies cannot be granted an NHS contract by NHS England except in exceptional circumstances. Where dispensing doctors have patients who live in 'rural' areas they can dispense to those patients even if they have to come to a site situated next to a pharmacy contractor. Patients can make the choice to use the nearby pharmacy if they wish but few do. This does mean that some patients use a pharmacy for all pharmaceutical services except dispensing.

Figure 43: *Percentage and number of items dispensed by Herefordshire Dispensing Practices*

Source: ePACT - October 2013 to September 2014

	Number of items	*Percentage (%) of total Herefordshire prescriptions*
Items dispensed by Dispensing Practices within Herefordshire ***Note: there are 11 dispensing practices within Herefordshire boundaries***	963,597	27.6

- Of the 3.2% (over 111,000 items) which were dispensed by non-Herefordshire contractors, this includes all prescriptions dispensed by distance selling pharmacy contractors (none in Herefordshire County), as well as other pharmacy contractors and DACs.
- Distance selling pharmacy contractors do not appear to be having a major impact on dispensing activity in the Herefordshire County.

Figure 44: *Percentage and Number of items issued by Herefordshire prescribers which are dispensed within or outside of Herefordshire*

Source: Electronic Prescribing And CosT (ePACT) data

	Number of items dispensed Sept 13-Oct 14	*Percentage (%) of total items dispensed*
Items dispensed within Herefordshire	3,376,213	96.8
Items dispensed Outside of Herefordshire	111,576	3.2
Total	3,487,789	

- The majority of prescriptions dispensed outside Herefordshire County (over 1%) were dispensed in Worcestershire County. This could predominantly be due to the fact that Worcestershire borders a large area of Herefordshire and potentially significant numbers of commuters and residents travelling into Worcestershire to work and access services.

- Just over 2% of Herefordshire prescribed items annually (over 71,000 items) are dispensed outside of Herefordshire and the neighbouring counties. This information and the general positive responses of the pre-consultation public survey leads us to the conclusion that for the prescriptions generated by Herefordshire prescribers the current number of dispensing practices and pharmacy contractors within Herefordshire is sufficient and meets their needs. Note: Although the significance is unclear, the unavailability of Welsh dispensing data may have an impact on the West of the county.

Figure 45: Percentage and number of items issued by Herefordshire prescribers which are dispensed outside Herefordshire HWB footprint

Source: ePACT - October 2013 to September 2014

	Number of items	*Percentage (%) of total Herefordshire prescriptions*
Worcestershire	37,724	1.08
Gloucestershire	855	0.02
Shropshire	1,730	0.05
Rest of England	71,267	2.04
Total	111,576	

Note: the above data does not include prescriptions dispensed in the Powys Teaching Health Board in Wales as ePACT data is not available.

- There are no DACs within the Herefordshire area. Appliances are also available from community pharmacies/dispensing practices and other DACs from outside the area. The dispensing of appliances has not been raised as an issue during the pre-consultation public survey of the PNA.

Figure 46: Percentage and number of items dispensed by Dispensing Appliance Contractor (DACs) in England

Source: ePACT - October 2013 to September 2014

	Number of items	*Percentage (%) of total Herefordshire prescriptions*
Items dispensed by Dispensing Appliance Contractor (DAC) *Note: there are no DAC within Herefordshire and are items dispensed outside of Herefordshire*	39,039	1.1

3.3 Access to Pharmaceutical Services

3.3.1 Distribution of Pharmacies and Dispensing Doctors by Locality

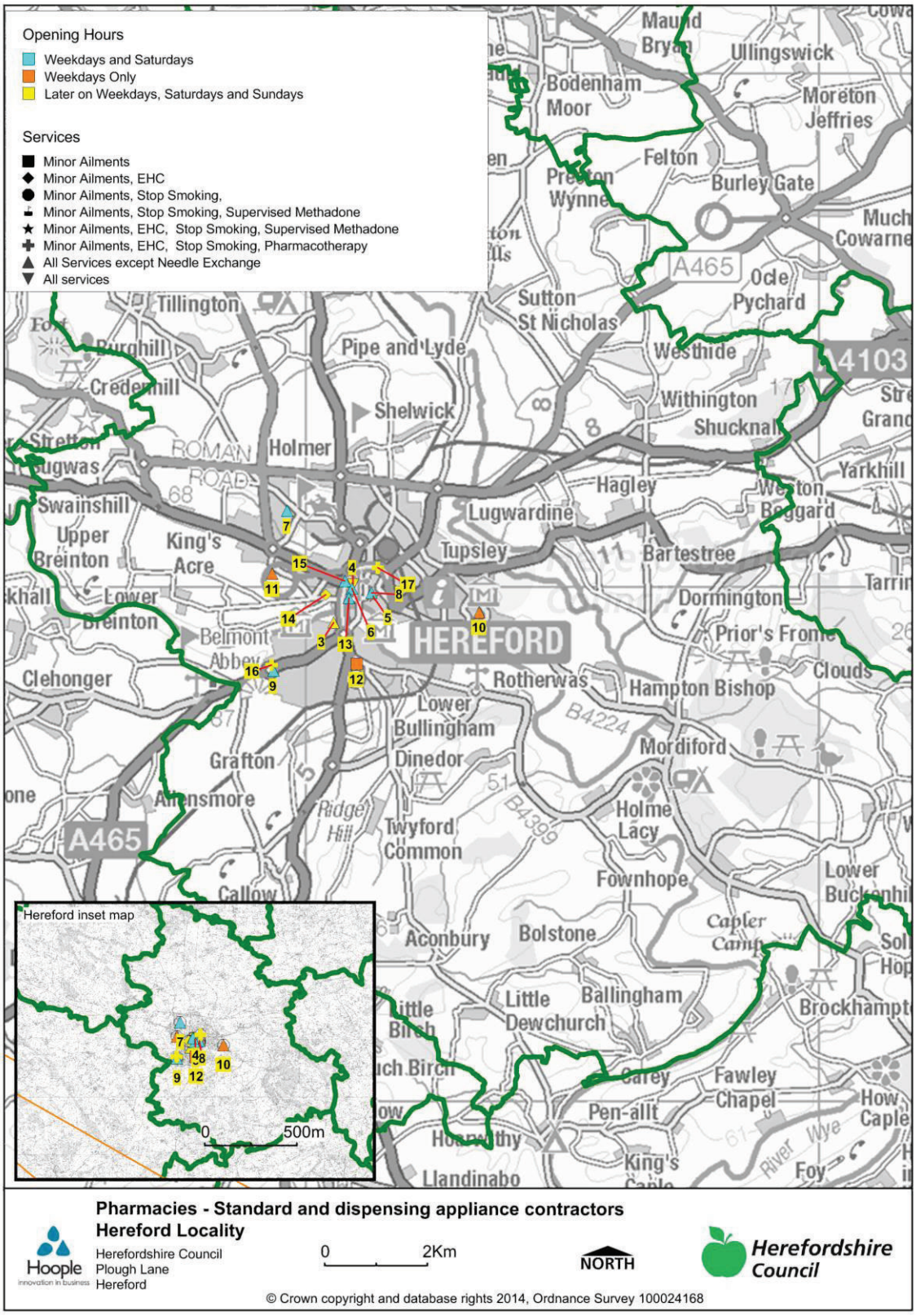
Herefordshire is a predominantly rural county situated in the south-west of the West Midlands region bordering Wales. The city of Hereford, in the middle of the county, is the centre for most facilities; other principal locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington.

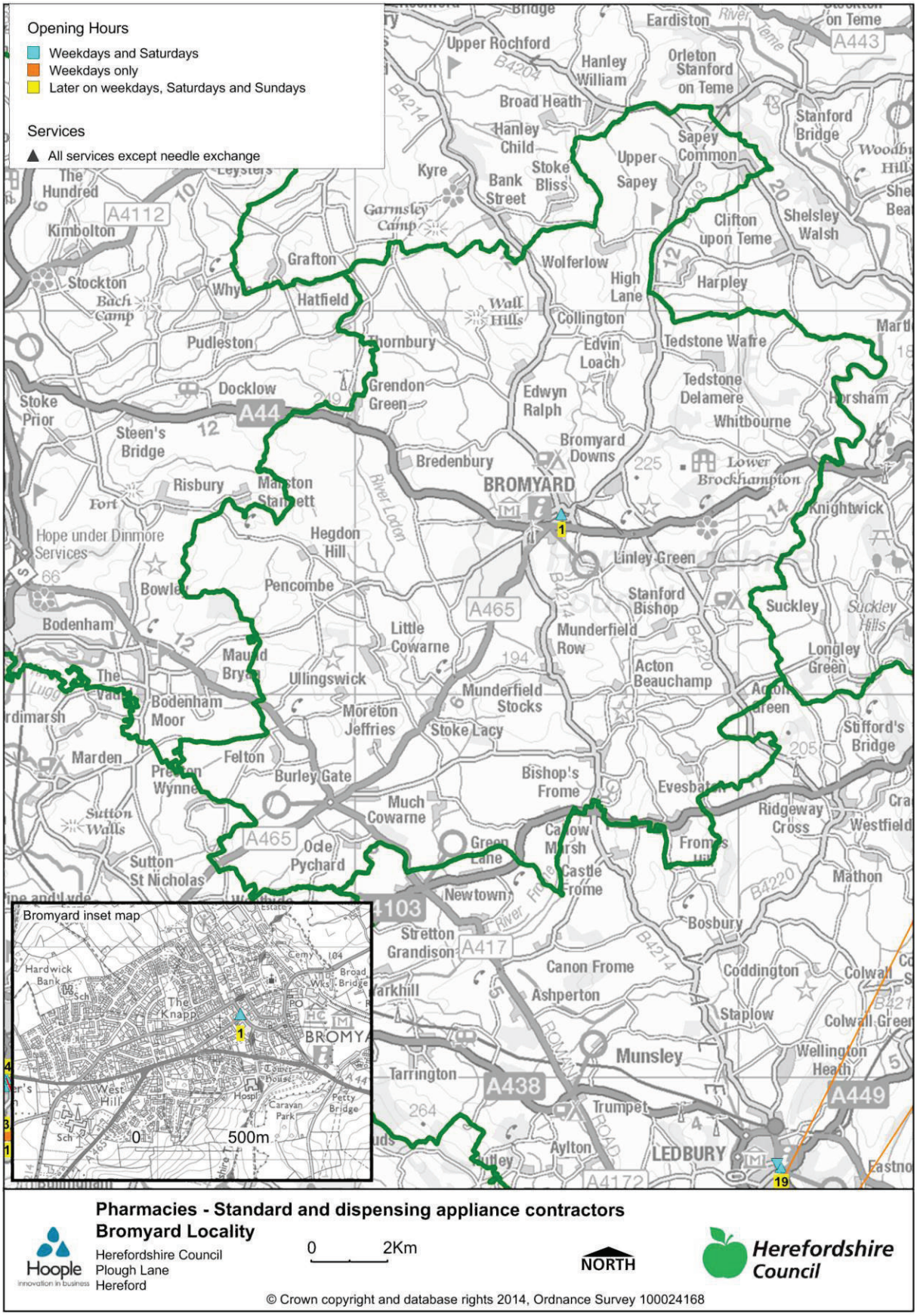
Community Pharmacies

Figure 47 illustrates the location of each community pharmacy service provider at locality level, their opening hours and the Locally Commissioned service provision. Of the 27 pharmacies in the Herefordshire County, one is a 100 hour contracted community pharmacy *(Figure 47 – reference No. 3 of Hereford Locality map)*. Patients have the right to access pharmaceutical services from any community pharmacy, including mail order/wholly internet pharmacy of their choice and therefore can also access any of the many distant selling pharmacies available nationwide, in addition to local provision.

Figure 47: Herefordshire Community Pharmacy contractor location at Locality Level- Opening Hours and Locally Commissioned Services

Note: See Appendix 8 and 9 for reference to contractor identification number and corresponding Herefordshire Community Pharmacy




Opening Hours
Weekdays and Saturdays
Weekdays only
Later on weekdays, Saturdays and Sundays
Services
All services except needle exchange
Bromyard inset map
0
500m
Pharmacies - Standard and dispensing appliance contractors
Bromyard Locality
Herefordshire Council
Plough Lane
Hereford
Hoople
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2Km
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Herefordshire Council
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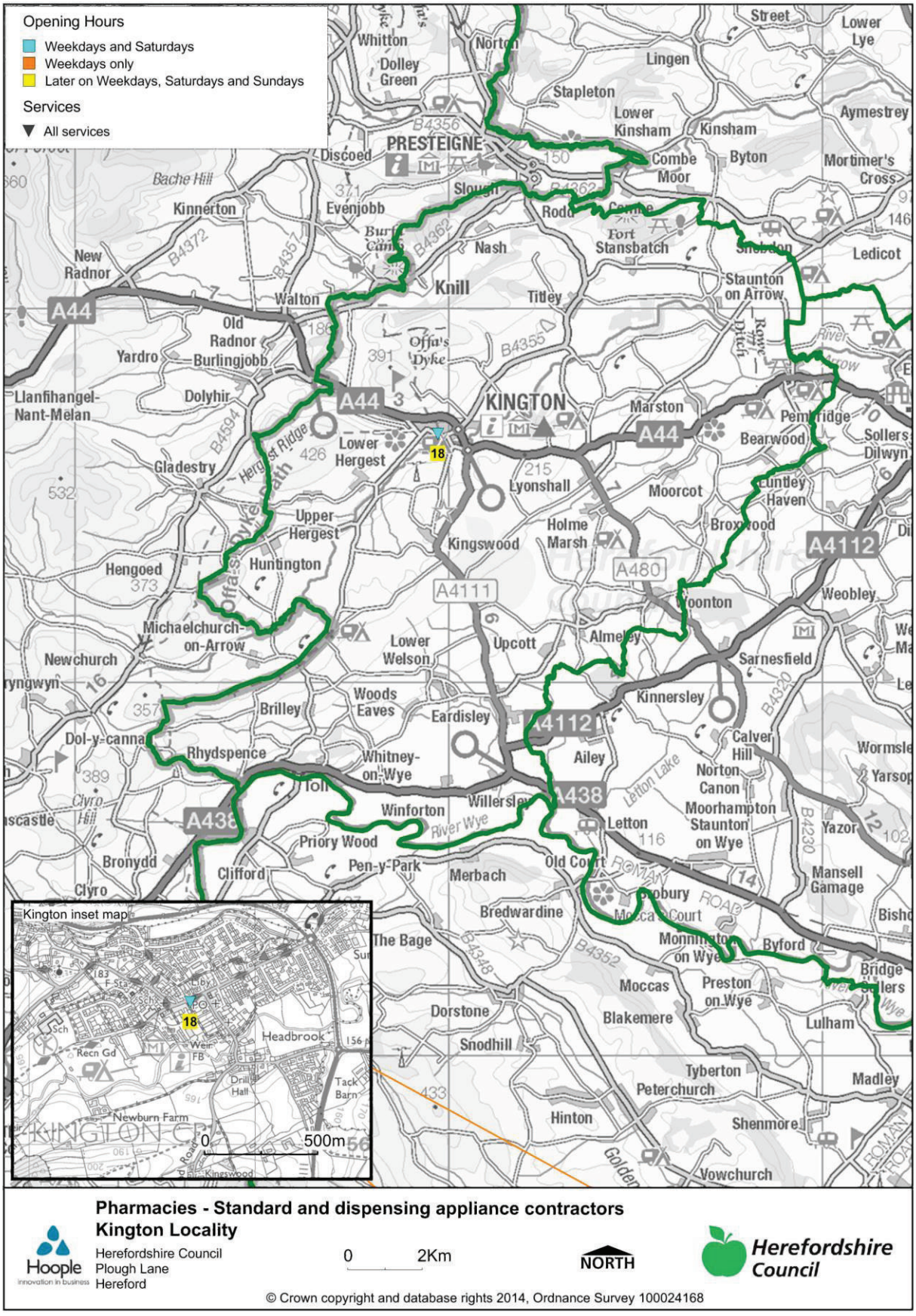
Opening Hours
Weekdays and Saturdays
Weekdays only
Later on Weekdays, Saturdays and Sundays
Services
All services
PRESTEIGNE
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Kington inset map
Pharmacies - Standard and dispensing appliance contractors
Kington Locality
Herefordshire Council
Plough Lane
Hereford
Hoople
innovation in business
0 2Km
NORTH
Herefordshire Council
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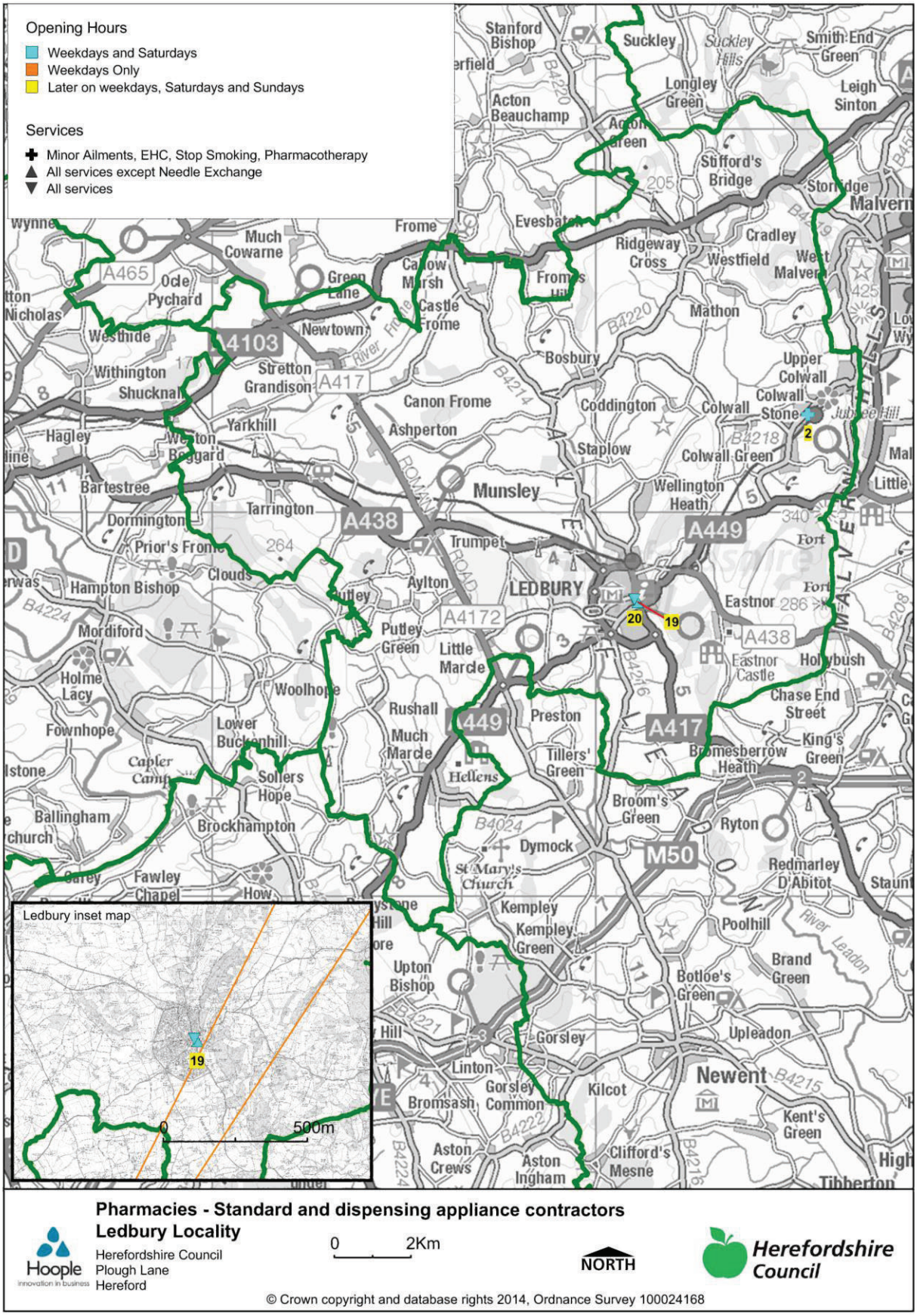
Opening Hours
Weekdays and Saturdays
Weekdays Only
Later on weekdays, Saturdays and Sundays
Services
Minor Ailments, EHC, Stop Smoking, Pharmacotherapy
All services except Needle Exchange
All services
Ledbury inset map
19
0
500m
Pharmacies - Standard and dispensing appliance contractors
Ledbury Locality
Hoople
Herefordshire Council
Plough Lane
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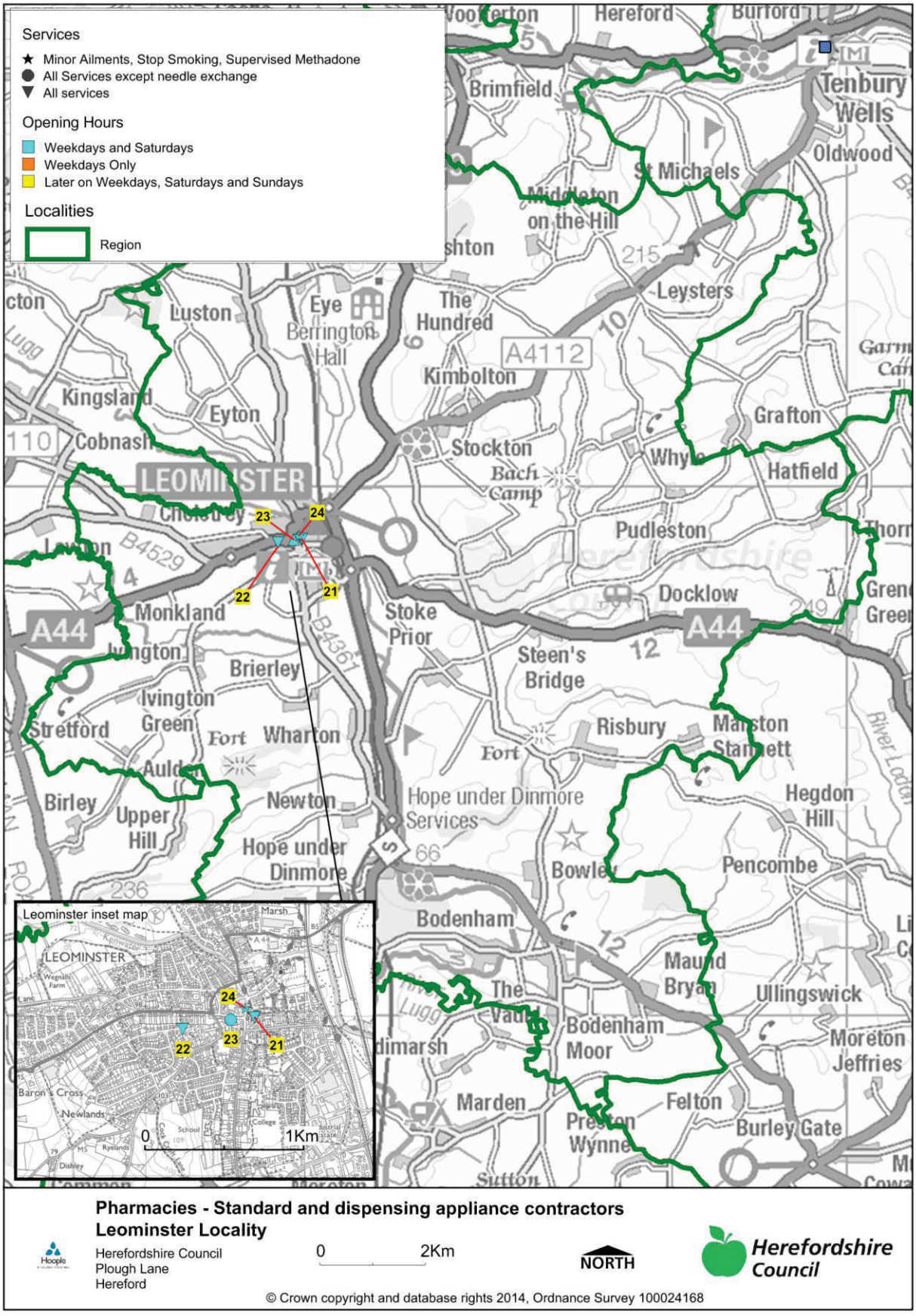
Services
Minor Ailments, Stop Smoking, Supervised Methadone
All Services except needle exchange
All services
Opening Hours
Weekdays and Saturdays
Weekdays Only
Later on Weekdays, Saturdays and Sundays
Localities
Region
Leominster inset map
Pharmacies - Standard and dispensing appliance contractors
Leominster Locality
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NORTH
Herefordshire Council
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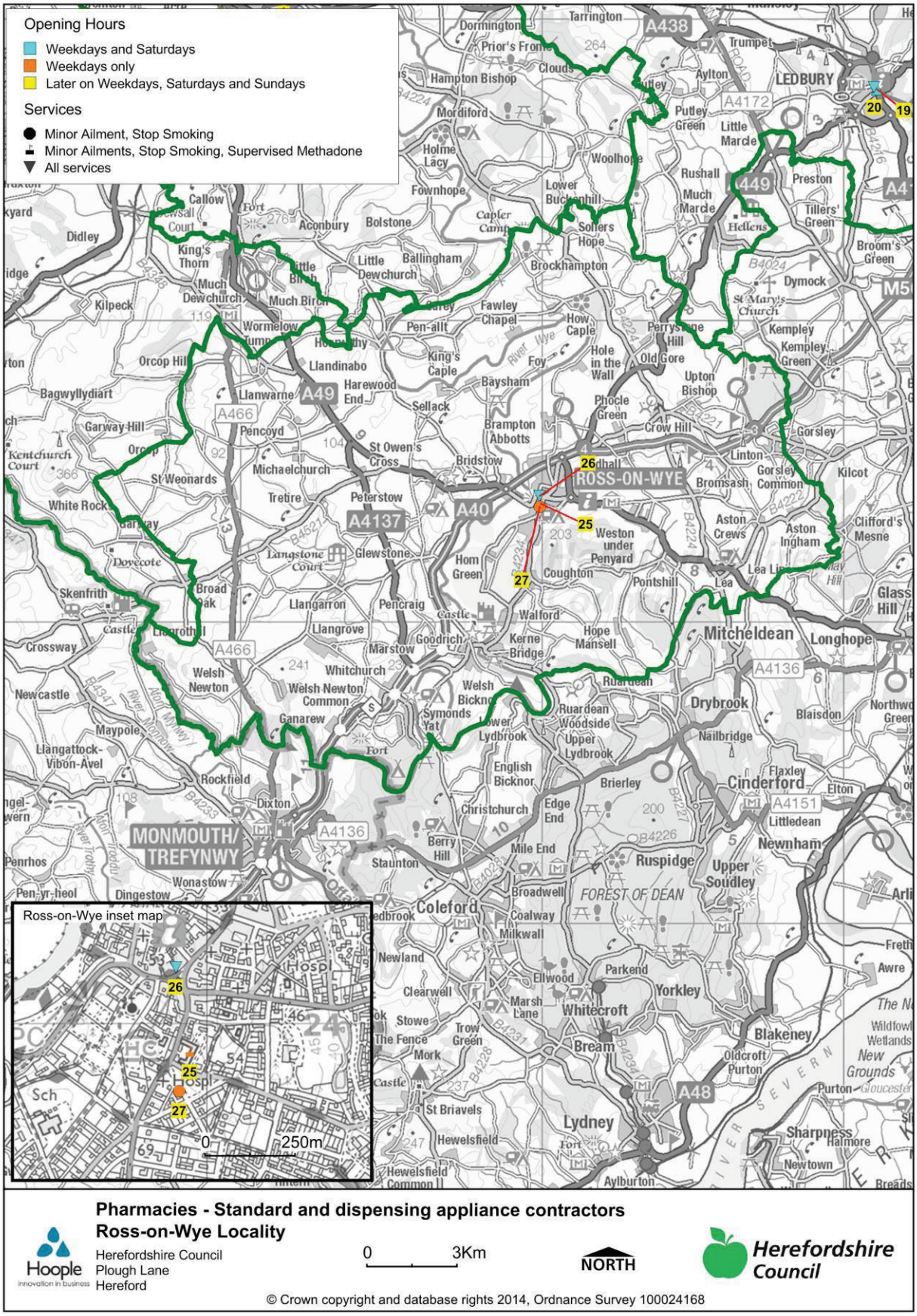
Opening Hours
Weekdays and Saturdays
Weekdays only
Later on Weekdays, Saturdays and Sundays
Services
Minor Ailment, Stop Smoking
Minor Ailments, Stop Smoking, Supervised Methadone
All services
Ross-on-Wye inset map
0 250m
Pharmacies - Standard and dispensing appliance contractors
Ross-on-Wye Locality
Herefordshire Council
Plough Lane
Hereford
Hoople
innovation in business
0 3Km
NORTH
Herefordshire Council
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Dispensing Doctors

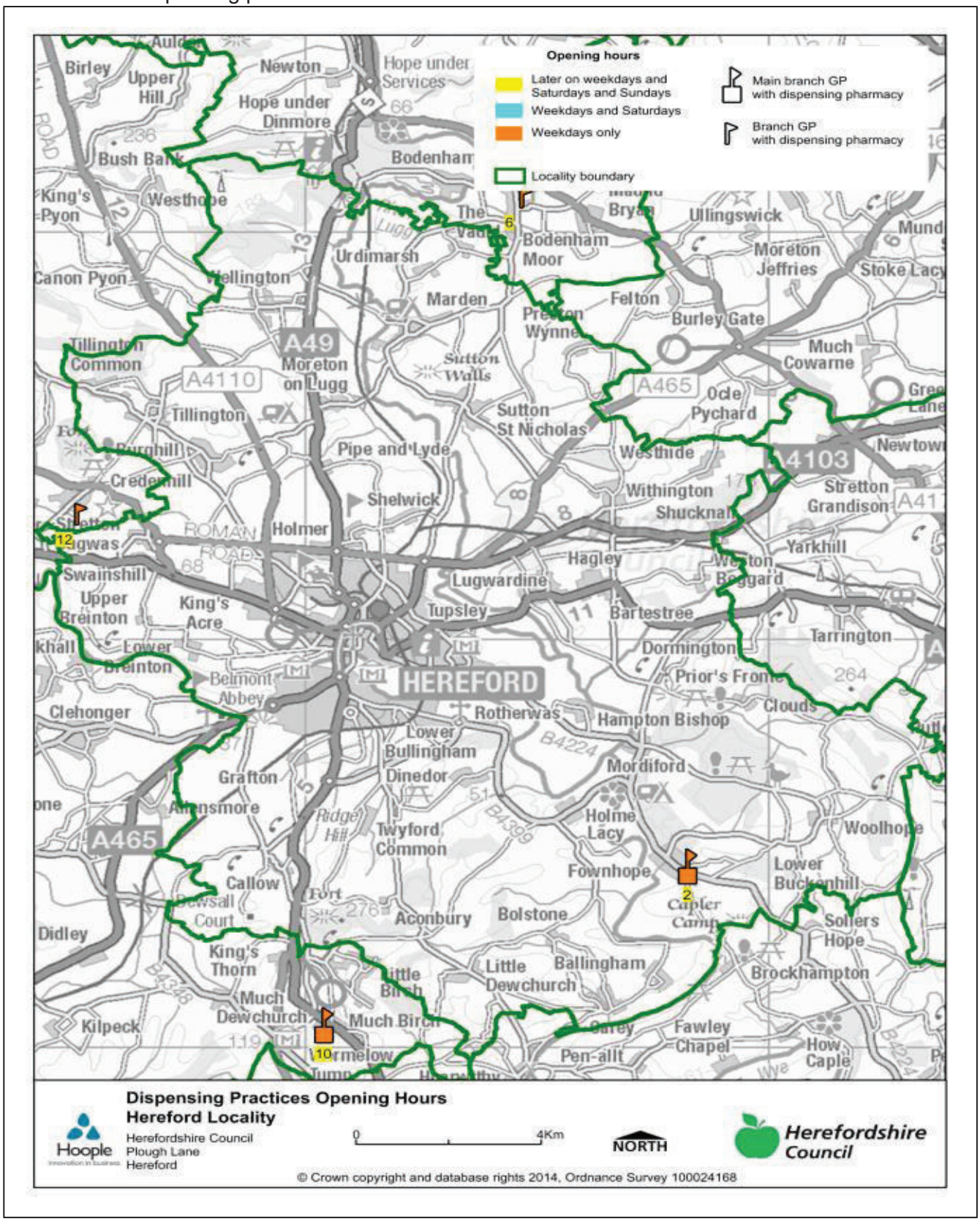
The norm in England is for the separation of prescribing and dispensing functions except for locations, which are considered to be rural under regulation; also known as 'controlled localities'. In this instance, the GP practices dispensing medicines for their registered patients are known as dispensing doctors. Where these exist, regulations prevent the awarding of contracts to community pharmacies unless in exceptional circumstances as determined by NHS England rurality review (see section 1.3.1 above). Herefordshire has a number of areas considered to be 'controlled localities' and the dispensing doctor sites in isolated rural locations provide a valuable service for those patients requiring a dispensing service, especially where access to pharmacies may be difficult. However, an exception to this can be found in the Kington and Bromyard localities where the dispensing doctors are situated in the market town along with a community pharmacy.

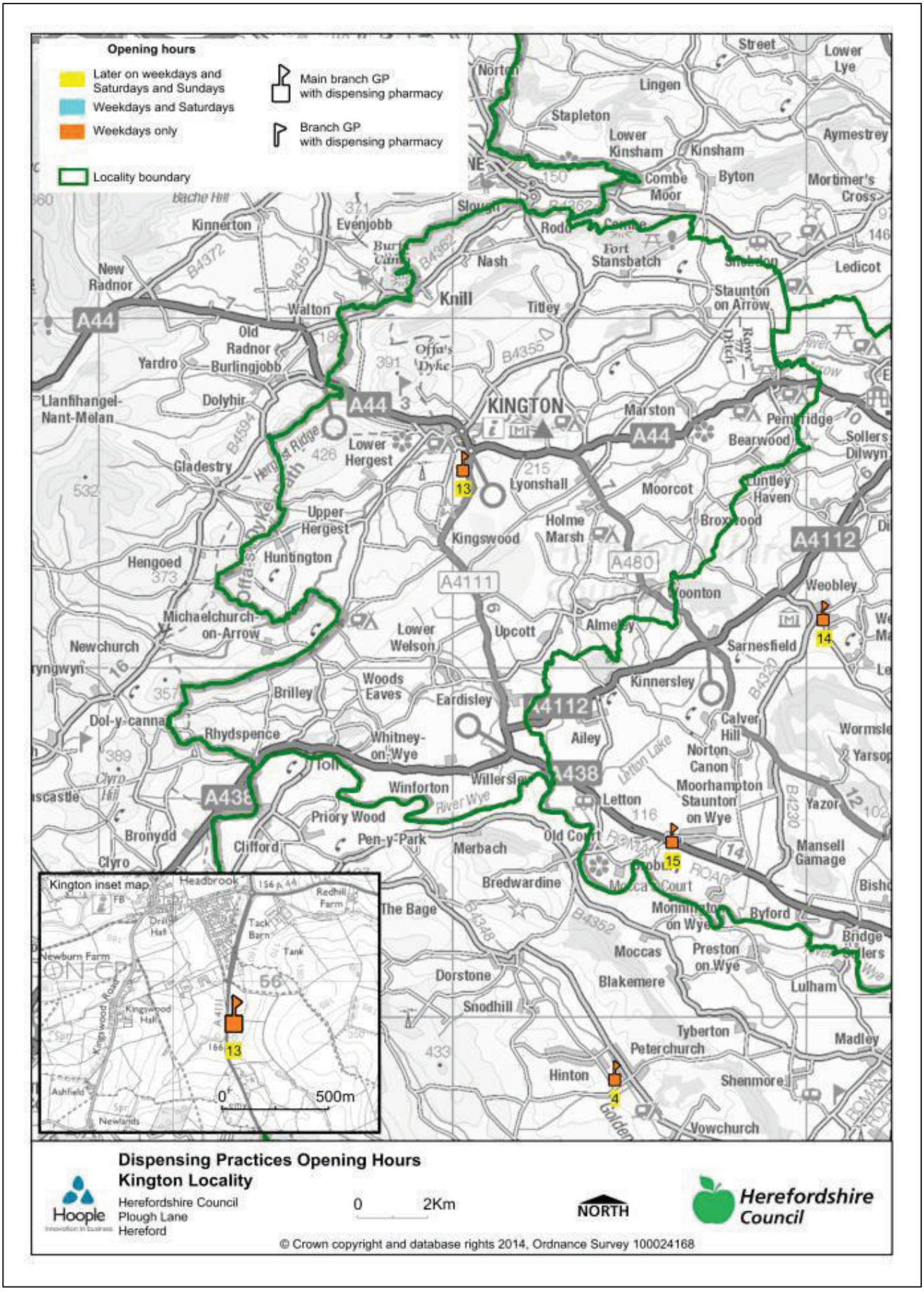
Dispensing doctors mainly provide dispensing services and the Dispensing Review of the Use of Medicines (DRUMs). They do not offer the full range of pharmaceutical services offered at community pharmacies but it is acknowledged in the pre-consultation public survey (section 3.1.1) that dispensing doctor services are well appreciated and make a valuable contribution to those eligible patients.

Figure 48 illustrates the Herefordshire main dispensing doctors and branch surgeries by localities. Dispensing doctors only provide a dispensing service from Monday to Friday for their patients on their dispensing list. In addition, several sites only provide restricted access to dispensing services ranging from 2 to 2.5 hours per day, Monday to Friday. For further details of surgery names, opening times and the corresponding reference number please see section 3.3.5 below, Figure 54 and Appendix 10.

Figure 48: Herefordshire geographical location and opening times of Dispensing Practice at Locality Level

Note: See Appendix 10 for reference to contractor identification number and corresponding Herefordshire dispensing practices




Opening hours
Later on weekdays and Saturdays and Sundays
Weekdays and Saturdays
Weekdays only
Locality boundary
Main branch GP with dispensing pharmacy
Branch GP with dispensing pharmacy
KINGTON
Knill
Kington inset map
500m
Dispensing Practices Opening Hours
Kington Locality
Hoople
Herefordshire Council
Plough Lane
Hereford
0
2Km
NORTH
Herefordshire Council
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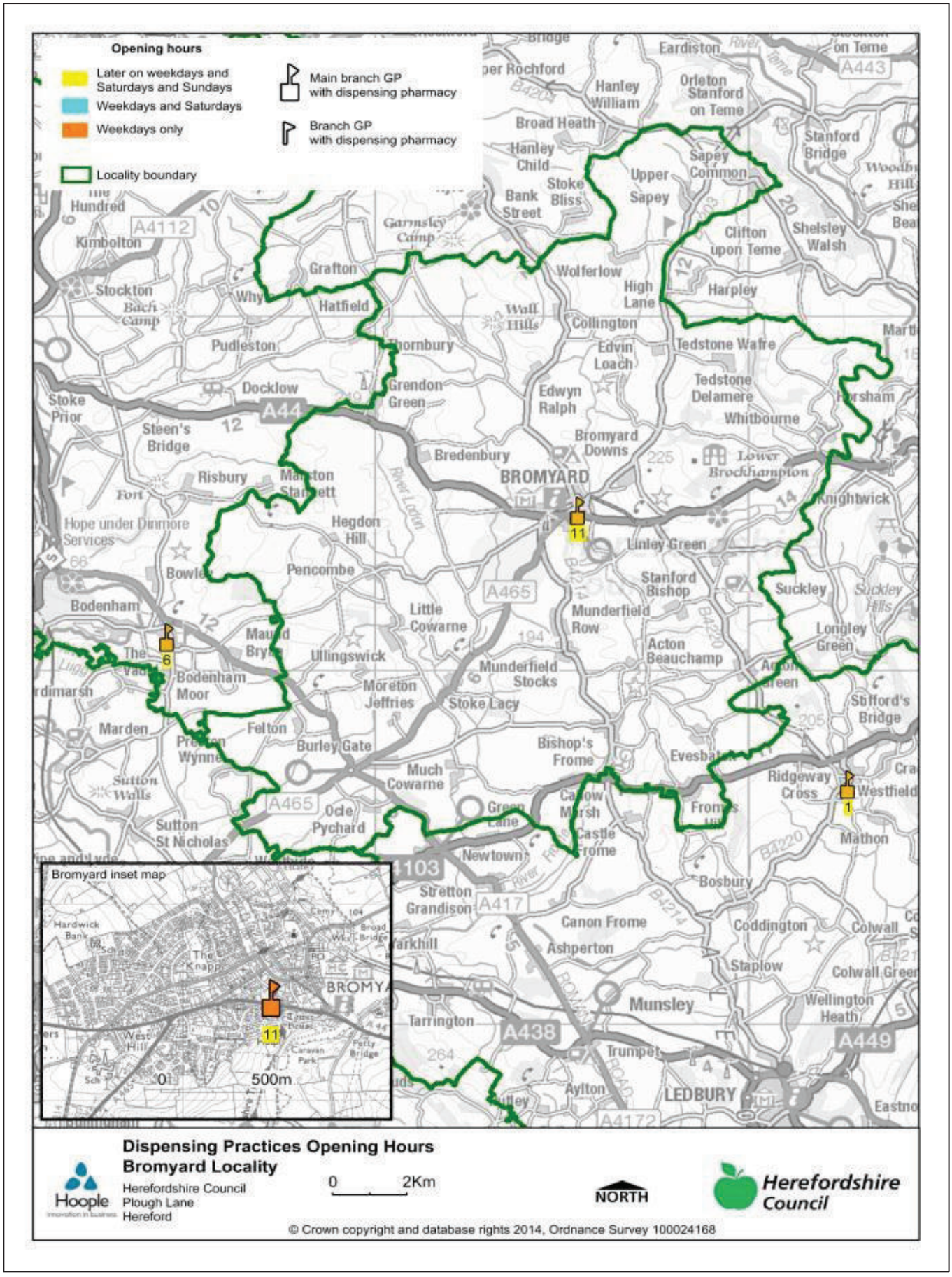
Opening hours
Later on weekdays and Saturdays and Sundays
Weekdays and Saturdays
Weekdays only
Locality boundary
Main branch GP with dispensing pharmacy
Branch GP with dispensing pharmacy
Bromyard inset map
0
500m
Dispensing Practices Opening Hours
Bromyard Locality
Hoople
Herefordshire Council
Plough Lane
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0
2Km
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Herefordshire Council
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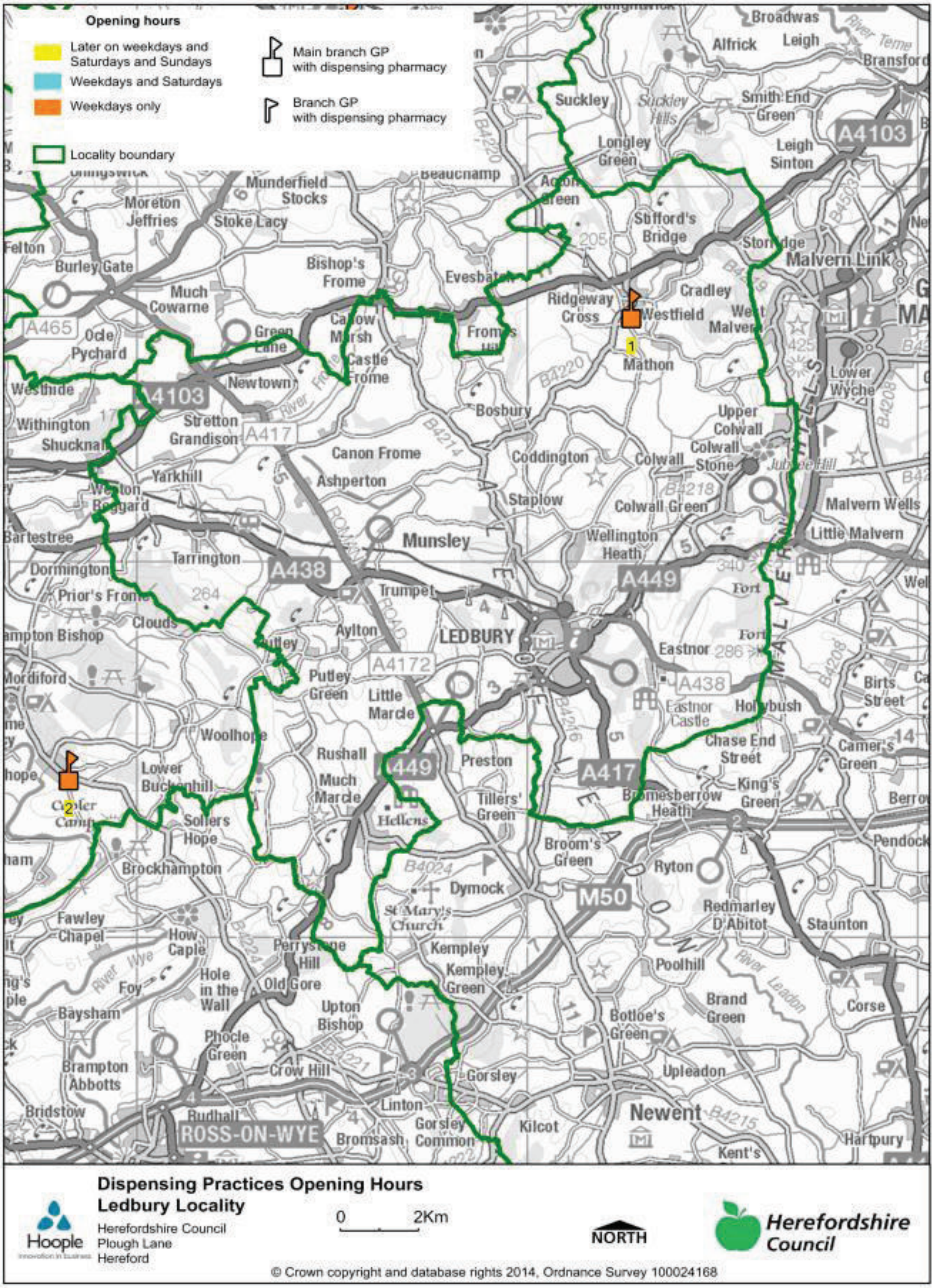
Opening hours
Later on weekdays and Saturdays and Sundays
Weekdays and Saturdays
Weekdays only
Locality boundary
Main branch GP with dispensing pharmacy
Branch GP with dispensing pharmacy
Dispensing Practices Opening Hours
Ledbury Locality
Hoople
Herefordshire Council
Plough Lane
Hereford
0 2Km
NORTH
Herefordshire Council
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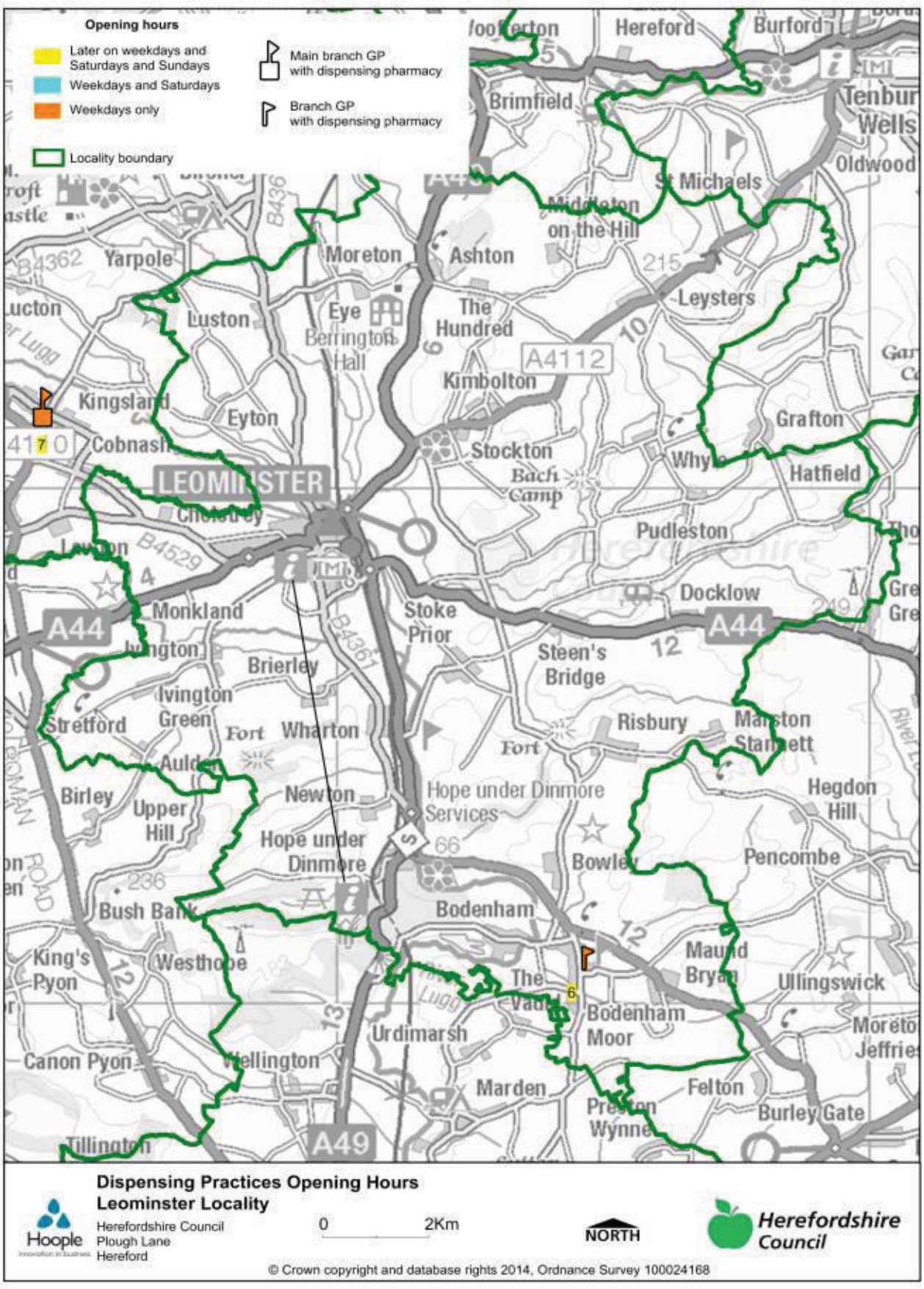
Opening hours
Later on weekdays and Saturdays and Sundays
Weekdays and Saturdays
Weekdays only
Locality boundary
Main branch GP with dispensing pharmacy
Branch GP with dispensing pharmacy
Hereford
Burford
Brimfield
Tenbury Wells
Oldwood
St Michaels
Middleton on the Hill
Yarpole
Moreton
Ashton
Leysters
Luston
Eye
Berrington Hall
The Hundred
A4112
Kimbolton
Kingsland
Eyton
Cobnash
Stockton
Bach Camp
Grafton
Hatfield
LEOMINSTER
Pudleston
Docklow
Monkland
Stoke Prior
A44
Steen's Bridge
Brierley
Ivington Green
Stretford
Fort Wharton
Risbury
Marston Stannett
Birley
Upper Hill
Newton
Hope under Dinmore Services
Hope under Dinmore
Hegdon Hill
Pencombe
Bodenham
Bush Bank
King's Pyon
Westhope
Maund Bryan
Ullingswick
The Vauld
Bodenham Moor
Urdimarsh
Canon Pyon
Wellington
Marden
Felton
Preston Wynne
Burley Gate
Tillington
A49
Dispensing Practices Opening Hours
Leominster Locality
Herefordshire Council
Plough Lane
Hereford
Hoople
0
2Km
NORTH
Herefordshire Council
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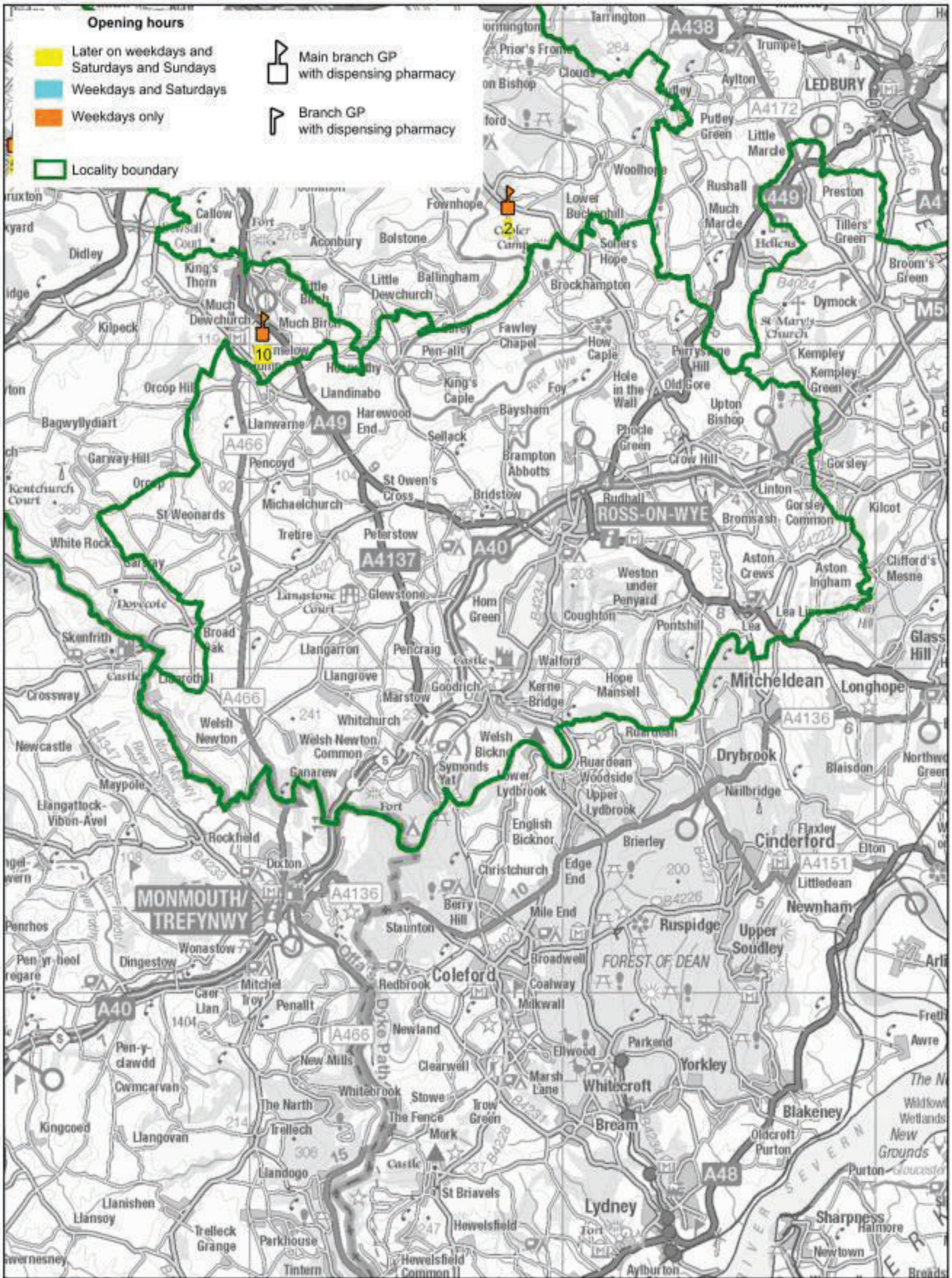


Dispensing Practices Opening Hours
Ross-on-Wye Locality

Herefordshire Council
Plough Lane
Hereford

0 3Km

NORTH

Herefordshire Council

3.3.2 Access to Pharmaceutical Services

The 2008 White Paper Pharmacy in England: Building on strengths – delivering the future states that "*it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population – even those living in the most deprived areas can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport*[44]*".*

The public survey noted that 81% of respondents were travelling less than 20 minutes to their pharmacy/dispensing practice and 72% would use a car for transport. Considering Herefordshire County being predominantly of a rural nature, 71% of public respondents commented that they had no difficulties accessing pharmacies or dispensing practices.

However, it was noted that around 2% of the survey respondents are unable to get to a pharmacy/dispensing practice of their choice due to its location. 18% of respondents highlighted parking difficulties and the availability (7%) and cost (1%) of public transport caused difficulties in accessing pharmacy/dispensing practice services. Although the findings were considered small, barriers to accessing services are a key driver behind health inequalities and should be a key consideration in commissioning services, especially with the rapidly ageing population of Herefordshire.

With 72% of the public respondents using a car to travel to the pharmacy/dispensing practice, having access to transport is an obvious important factor in considering accessibility of services for the population. However, it is extremely difficult to define the relative accessibility of a particular service without making some inevitable assumptions about the relevant population needing that service. For example, one could map walk or drive times, but that would assume that all in the relevant population are equally capable of making such journeys. Some people may have poor mobility, some may be housebound and others may not have access to a car or bus.

The level of car ownership throughout the Herefordshire County (84% of households own at least one car) is greater than both the regional (75%) and national average (74%). It is recognised that not everyone has access to a car, and that those unable to access a car may be amongst the more vulnerable in society. 6% of the public survey respondents used public transport.

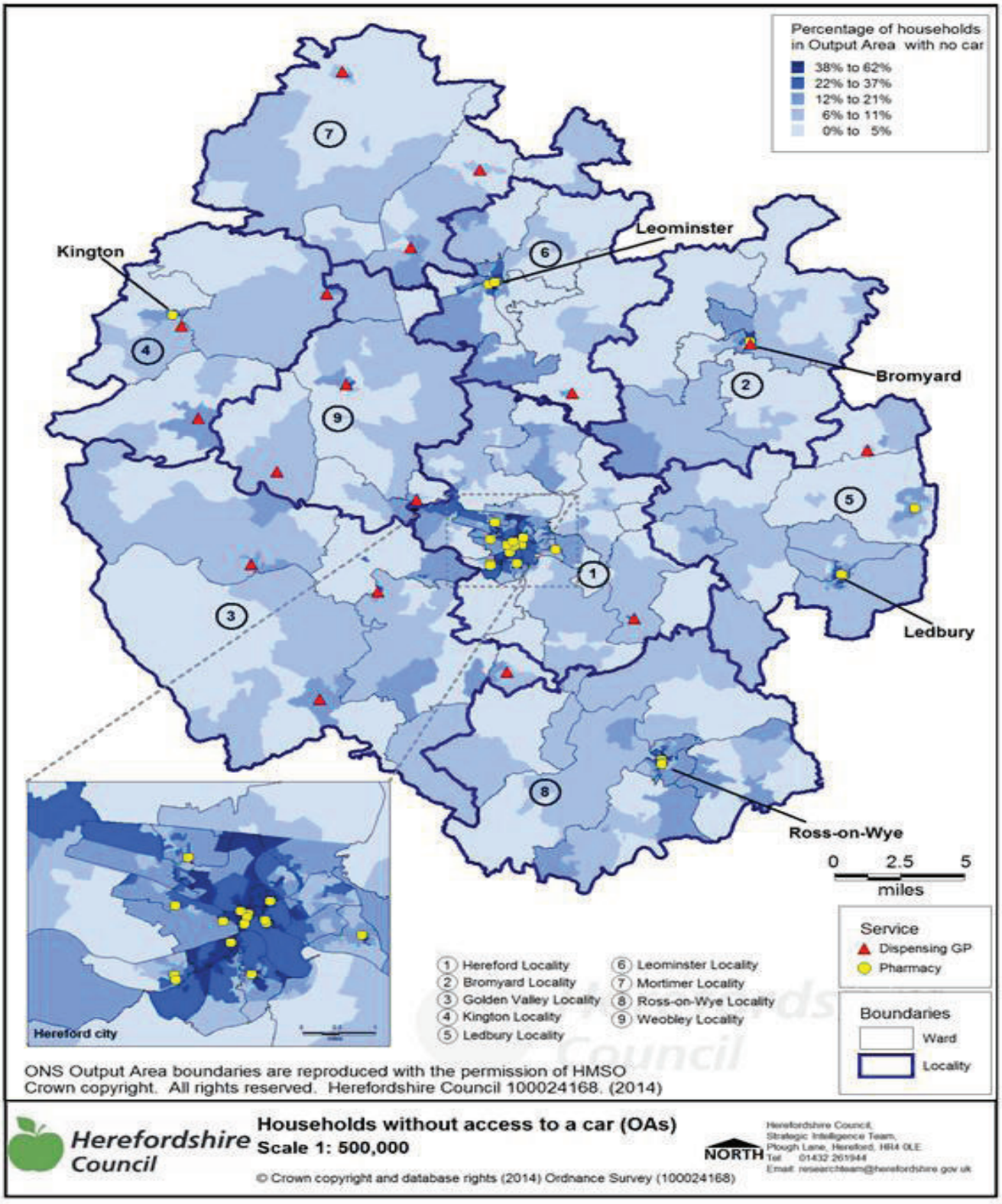
Herefordshire County Council considered creating maps to illustrate access through public transport, but found that this information could not be easily presented due to complexity and constantly changing nature of public transport routes and service times. The council currently provides the most up to date public transport information through their website and is accessible via the following link https://www.herefordshire.gov.uk/transport-and-highways/public-transport/travelling-by-bus.

Data is available around number of households with no car ownership at ward level and this is detailed in Figure 49. Although the level of car ownership is lower in the urban areas of Herefordshire such as Hereford City and the market towns; the pharmacies/dispensing practices are located within a one mile (1.6km) buffer zone of those urban areas. The one mile (1.6km) buffer zone uses the simple "as the crow flies" parameter to represent the distance, the majority of residents can walk to and from a pharmacy/dispensing practice within 20 minutes (see Figure 50 below). In addition, most community pharmacies (and some dispensing practices) offer the added value service of home delivery which can help to provide medications to those who do not have access to a car or who are unable to use public transport. Another support is also available from

[44] Department of Health. The White Paper Pharmacy in England – Building on Strengths, Delivering the Future Accessed 16 October 2014. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

distant selling/internet pharmacies (located outside of the Herefordshire HWB footprint) that deliver to individual homes.

Figure 49: Thematic map of Herefordshire and Wards with Households with No Car



3.3.3 Unpopulated Areas

The buffer zone of one and five miles represent the distance to walk and drive respectively[45] within 20 minutes and the majority of Herefordshire residents are able to access a provider of pharmaceutical services (either community pharmacy or dispensing practice [dispensing only]) within 20 minutes.

A significant number of patients will need to travel further in order to access the full range of pharmaceutical services, including dispensing services when these are not available through dispensing practices, which is a particular problem at weekends (see section 3.3.5).

In Herefordshire, Figure 50 illustrates that there are areas where it is necessary to travel further than one or five miles to access a pharmacy or dispensing practice. However, as depicted in Figure 51 these areas are rural and largely uninhabited. Residents in areas designated "rural in character" under the tightly regulated NHS England rurality review can choose to access pharmaceutical services through dispensing doctors (provision of prescription dispensing only) and/or community pharmacies.

In contrast, it can be considered that in all areas of high population density there is good coverage in terms of their locations of pharmacies and dispensing practices e.g. Hereford City and the market towns. The pharmacy provision in a one and five miles buffer zone of the populated area is considered satisfactory and therefore there is no requirement for a pharmacy contract to be established.

[45] Department of Health. The White Paper Pharmacy in England – Building on Strengths, Delivering the Future Accessed 16 October 2014. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

Figure 50: Herefordshire Community Pharmacies and Dispensing Practices mapped against One and Five miles Buffer Zone

Note: See Appendix 9 and 10 for reference to contractor identification number and corresponding Herefordshire community pharmacy and dispensing practice

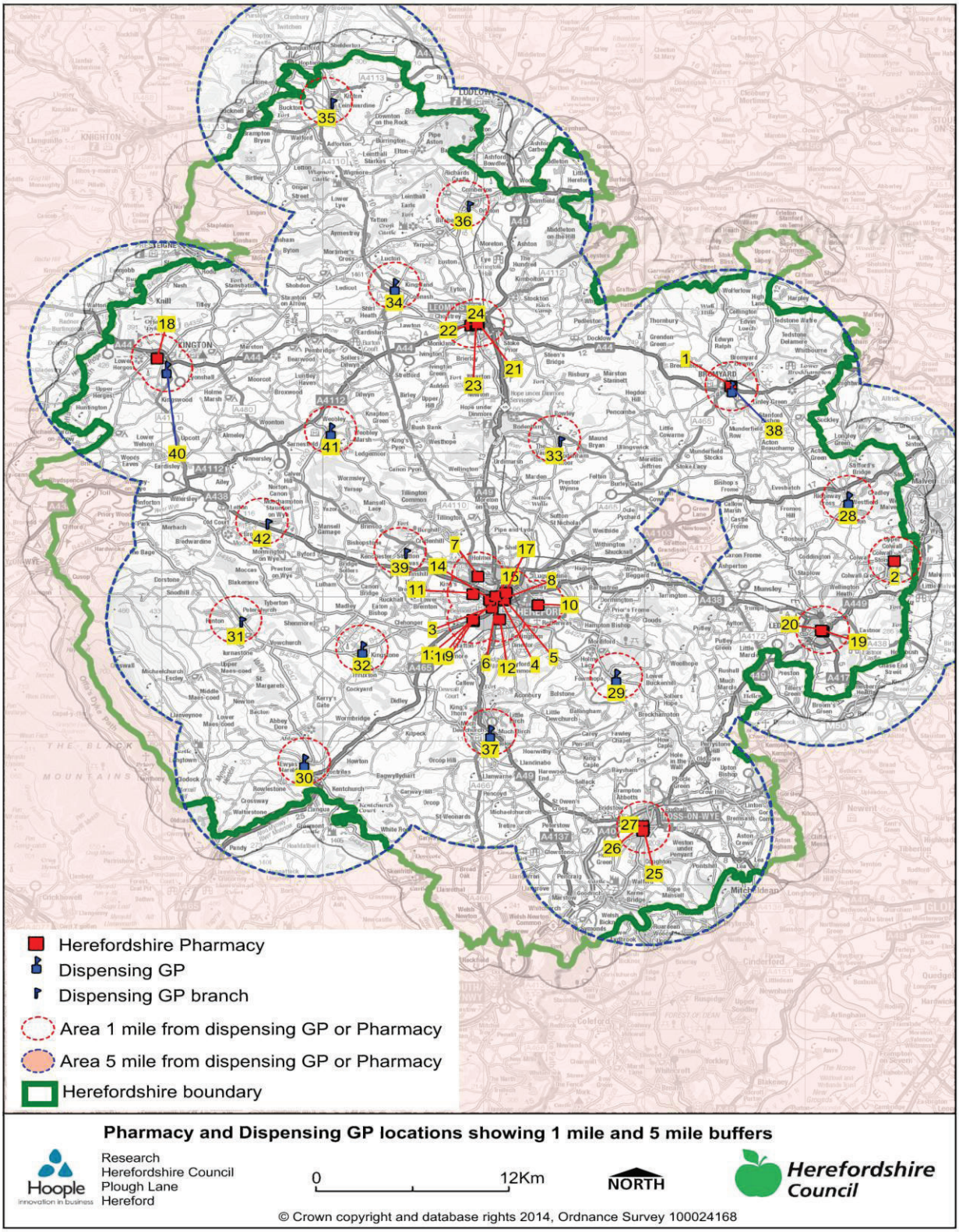
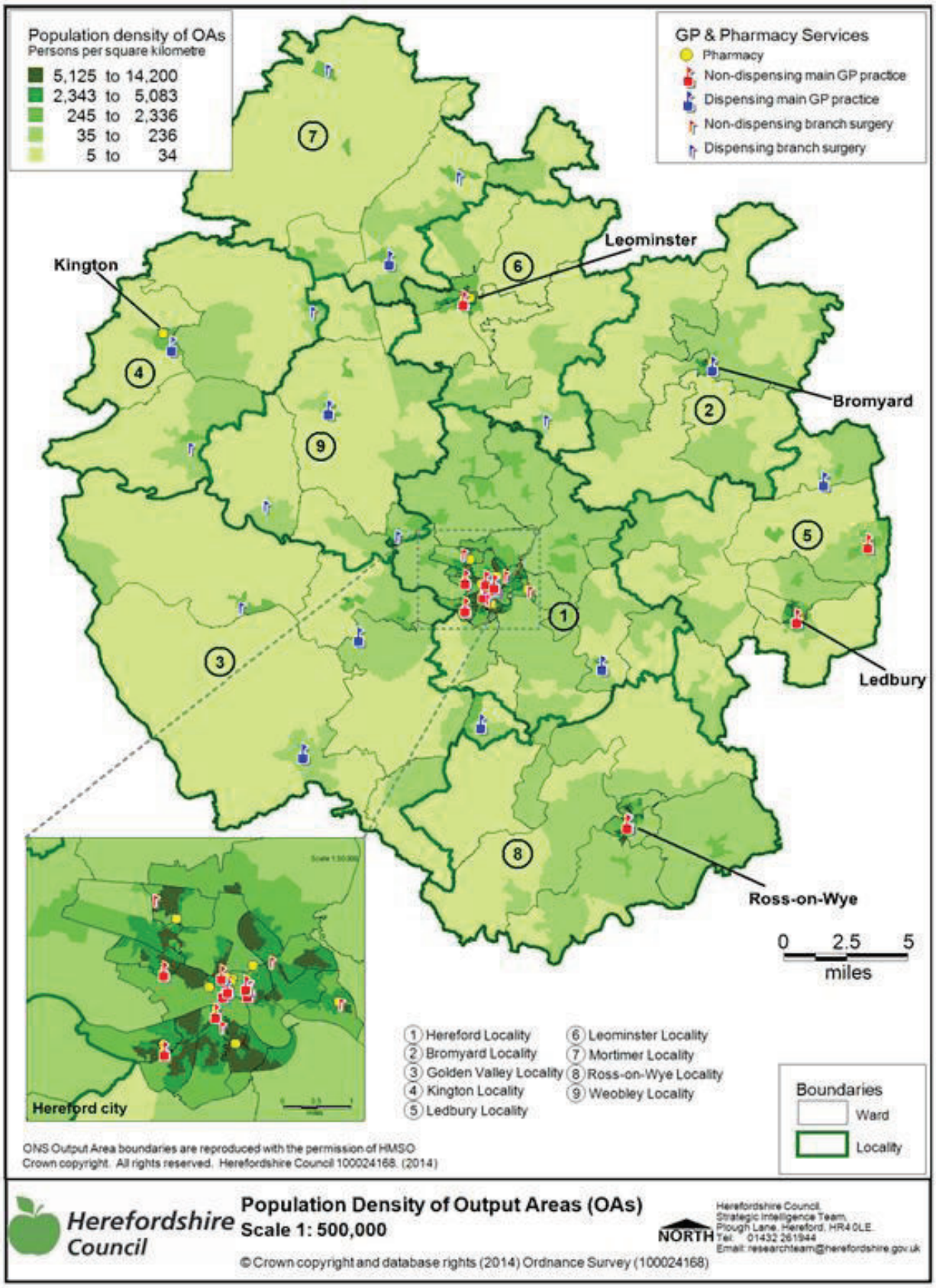


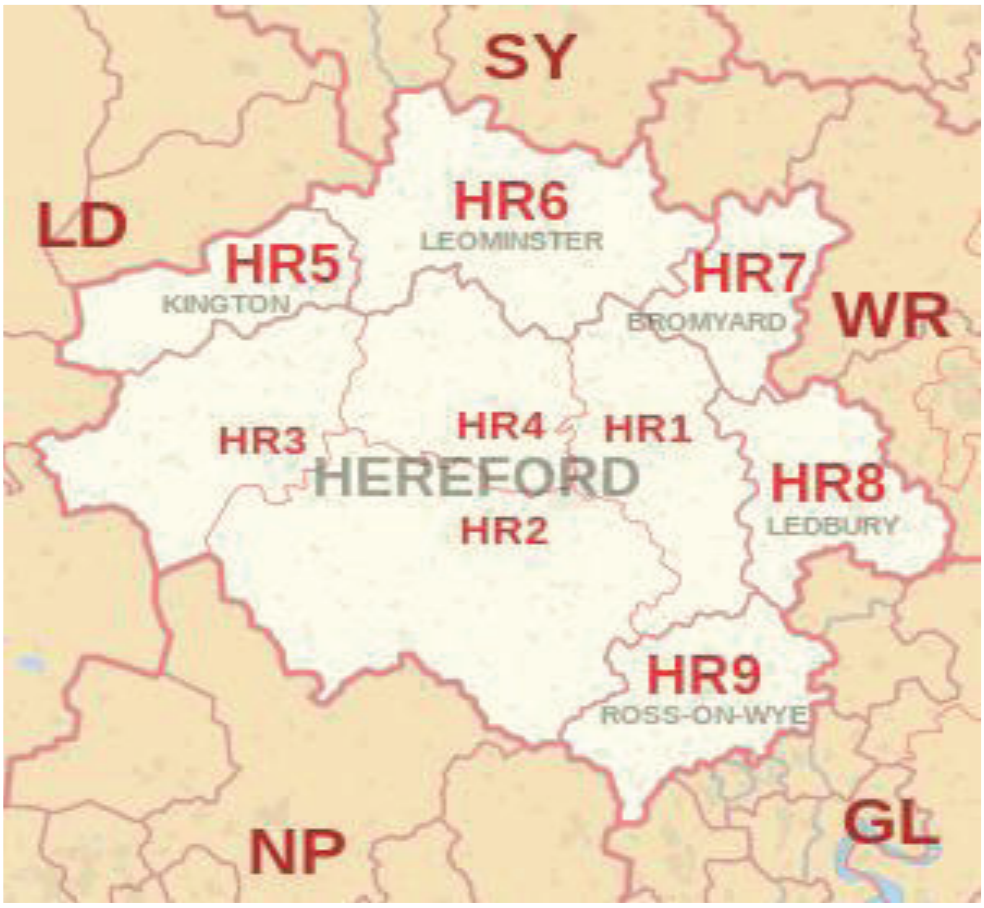
Figure 51: Population density by LSOA with GP and Pharmacy services



3.3.4 Pharmaceutical Services provided Across the Border of Herefordshire in other Local Authority areas

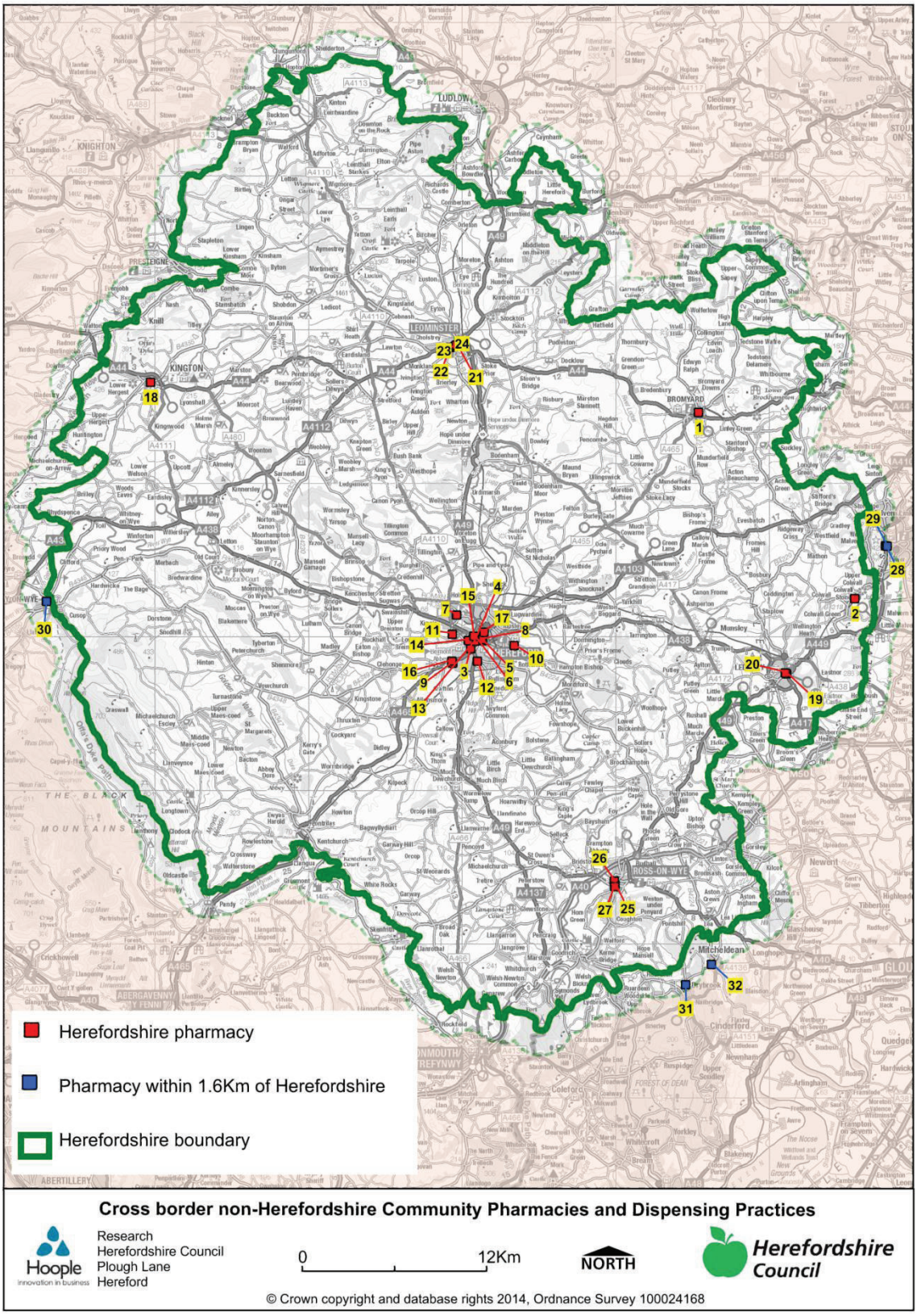
In making its assessment the HWB needs to take account of any services provided to its population which may affect the need for pharmaceutical services in its area. This could include services provided across a border to the population of Herefordshire by pharmacy contractors outside their area, or by GPs, or other health service providers including where these are provided by NHS Trust staff. For further information on the across the border services please refer to the relevant neighbouring HWB or Welsh Health Boards PNA.

Figure 52: Postcode boundary across Herefordshire HWB footprint



During the development of this PNA the Local Authorities and Welsh Health Boards that border the Herefordshire County were evaluated. This includes Shropshire, Worcestershire, and Gloucestershire HWBs, and in Wales the Powys Teaching and Aneurin Bevan Health Boards. The aim was to identify the access to, and provision of, pharmaceutical services to the Herefordshire population who may access them along the borders of neighbouring localities. For example, a pharmacy in a neighbouring locality may be closer to a resident's home or place of work although they are registered for NHS services with Herefordshire CCG. Figure 53 shows the locations of these cross border pharmacies within one-mile (1.6Km) of Herefordshire and a list of those contractors and corresponding reference numbers are available in Appendix 4.

Figure 53: Map of cross border non-Herefordshire Community Pharmacies (blue square) within a 1.6 Kilometres Buffer zone of Herefordshire boundary



3.3.5 Opening Hours

For a map showing location and opening hours of pharmacies see Figure 47 above. The pharmacies are colour coded to represent the hours the pharmacy in that location is open, the same coding is used in the table of opening hours (See Appendix 9 for full details of each pharmacy).

In Herefordshire there is currently one pharmacy contractually obliged to open for 100 hours per week due to the conditions on their application. This inevitably means that they are open until late at night and at weekends. Currently, there are also a number of Herefordshire community pharmacies (with 40 core hours contract) already open for longer than their core hours to support patient access and meeting the increasing needs of longer GP opening hours. Additional hours, over and above core hours are termed "supplementary hours".

If a pharmacy or DAC wishes to amend its core hours, it must seek permission from NHS England (DACs are requires to open for a minimum of 30 core hours). Supplementary hours may be changed at the discretion of the contractor, providing that NHS England is given 90 days' notice.

There is a very low risk that if the regulations for the 100 hours contractors were to change or existing pharmacies that are not obliged to provide supplementary hours of opening may reduce their hours. This could potentially and significantly reduce the county's centrally located and readily accessible network of late night and weekend pharmacies.

Pharmacy opening times are based on a commercial decision by the owners, subject to the minimum number of hours required by their contract and based on the demand for services they deliver. Changes to opening times can occur when an opportunity to meet increased demand is identified e.g. when a GP practice extends its opening times. The current extended opening hours offered by the contractually obliged 100 hour pharmacy and those pharmacies providing supplementary opening hours all week are valuable and should be maintained.

For a number of conditions there is also a range of general sales list medications that are available from a range of extended opening hour retailers such as garages and 24-hour supermarkets.

Current Picture

Figures 47 (maps), 54 (table) and Appendix 9 provide an overview of opening hours and geographical coverage throughout the week. Note: The Golden Valley, Mortimer and Weobley localities have no community pharmacy contractors.

Weekdays

- All 27 pharmacies are open between the hours of 9am to 5.30pm.
- 11 pharmacies (of 27) close for lunch; this is usually from 1pm to 2pm (with four of those only closing for 20-30 minutes). One pharmacy in the Hereford locality closes for lunch from 12.30pm to 1pm and another in the Ledbury locality from 12pm to 1pm. There is no access to a pharmacist in the Bromyard and Kington localities at lunchtime for 20 minutes as there is only one pharmacy per locality.
- With respect to extended hours, 11 pharmacies are open by 8.30am or earlier; and five remain open until 7pm or later. Of these one is the 100 hour pharmacy in the Hereford locality.

Saturdays

- 21 pharmacies are open on Saturdays across the county.
- One pharmacy in the Hereford and Ledbury localities are open from 9am to 12.30pm; with one in Leominster open from 9am and 12pm.
- 18 pharmacies are open between the hours of 9am to 1pm; of these three are open until 5pm and seven are open until 5.30 pm. A further four are still open until 7pm or later.

Sundays

- Five pharmacies in the Hereford locality are open on Sunday for 6 hours.

Bank Holidays

- Since the introduction of the pharmaceutical contractual framework in 2005, community pharmacies do not need to participate in rota provision to provide access for weekends or during the evening.
- The need for such a service has been greatly reduced by the increased opening hours of a number of pharmacies including the 100 hours pharmacy. Despite this there is still a gap in contracted hours to cover statutory holidays.
- Fortunately, due to changes in shopping habits a number of pharmacies/retailers now open on many Bank Holidays although they are not contractually obliged to do so.
- The AHW AT works with community pharmacies in Hereford City and the market towns of Ross-on-Wye and Leominster to ensure an adequate rota service is available for Christmas Day, Boxing Day, New Year's Day and Easter Sunday as these are days where a majority of pharmacies are traditionally closed. The arrangements are renewed each year.

Dispensing Doctors

Note: Ross-On-Wye locality have no dispensing doctors.

- Dispensing doctors provide dispensing services from Monday to Friday for their patients on their dispensing list, with varied access ranging from 2 to 10 hours per day.
- Three dispensing doctor sites (in the Hereford and the Golden Valley localities) provides restricted access to dispensing services ranging from 2 to 2.5 hours per day, Monday to Friday only (see Appendix 10 for further details).
- There is no dispensing doctor service in Herefordshire at weekends whilst 21 Herefordshire community pharmacies are open on a Saturday, of which, five are also open on Sunday. In addition, 11 pharmacies provide extended weekday hours and any pharmacy can be used by any patient irrespective of dispensing list status.
- Patient access to dispensing services (and other pharmaceutical services) is more limited than community pharmacies.
- Feedback from dispensing practice survey requested greater access to dispensing services on weekends and extended hours.

Prime Minister's Challenge Fund (PMCF) sites

- The current PMCF hub sites in Herefordshire are located at the Wargrave House surgery in Hereford, The Marches surgery in Leominster and the Pendeen surgery in Ross-on-Wye.
- The Hereford locality PMCF site has pharmacies offering extended opening hours and weekend service within the proximity.
- In contrast, community pharmacies opening hours near to the PMCF hub sites in Leominster and Ross-on-Wye currently do not align with the extended access to GPs and nurses.
- Leominster has no pharmacy open beyond 7pm weekdays, 5.30pm on Saturdays and no pharmacy service all day Sunday.
- Ross-On-Wye has no pharmacies open beyond 6.30pm weekdays and 5.30pm on Saturdays.

Pre-consultation Public Survey Insight to Opening Hours

64% of responders considered the opening times of a pharmacy as a very important feature of the pharmaceutical service and 12% of responders were dissatisfied with current existing Herefordshire community pharmacy opening times. While the majority of respondents were satisfied most of the respondents predominantly from the HR1, HR2, HR6 and HR8 postcode areas would like to see contractors open late at night (36%), Saturdays (55%) and on Sundays (32%).

Of the 207 completed surveys, 30% of responders were regular users of dispensing doctor services. 10% of those responders submitted comments regarding the opening times and accessibility of dispensing doctor service being inconvenient.

Recommendation: ***Consideration should be given to looking to extend the provision of dispensing services provided by the existing pharmacy/dispensing doctors to more convenient times, especially in the Golden Valley locality.***

Recommendation: ***Dispensing services should be available near to all PMCF hub sites for their full opening hours.***

The majority (60%) of the public survey responders are aware that Herefordshire County have community pharmacies open for extended hours (e.g. early mornings, late nights and weekends). However, only 34% of responders knew which and where these pharmacies are located; with 21% accessing extended pharmacy opening hours.

Recommendation: ***It is suggested that commissioners and contractors must frequently update and consider promoting opening times of all pharmacies (along with additional services that they offer) via differing local media sources and NHS choices****.*

Figure 54: Number of Pharmacy and Dispensing Doctor by Herefordshire Locality level with Opening Times

Herefordshire Localities	Population (2011 Census)	Pharmaceutical Service	Total No. in 2014	Number of service providers available (Earliest and Latest Opening hours)						
				Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bromyard	10,700	Pharmacies	1	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-17:30)	-
		Dispensing Practice	1	**1** (08:30-18:30)	**1** (08:30-18:30)	**1** (08:30-18:30)	**1** (08:30-18:30)	**1** (08:30-18:30)	-	
Golden Valley	14,100	Pharmacies	-	-	-	-	-	-	-	-
		Dispensing Practice	4	**4** (08:00-13:30 &14:00-18:30)	**4** (08:00-13:30 &14:00-18:30)	**4** (08:00-13:30 &14:00-18:30)	**4** (08:00-13:30 &14:00-18:30)	**4** (08:00-13:30 &14:00-18:30)	-	
Hereford	73,100	Pharmacies	15	**15** (08:00-23:00)	**15** (07:00-23:00)	**15** (07:00-23:00)	**15** (07:00-23:00)	**15** (07:00-23:00)	**11** (07:00-22:00)	**5** (10:00-16:00)
		Dispensing Practice	2	**2** (09:00-11:00 & 14:00-16:00)	**2** (09:00-11:00 & 14:00-16:00)	**2** (09:00-11:00 & 14:00-16:00)	**2** (09:00-11:00 & 14:00-16:00)	**2** (09:00-11:00 & 14:00-16:00)	-	
Kington	7,500	Pharmacies	1	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-18:30)	**1** (09:00-13:00 & 13:20-17:00)	-
		Dispensing Practice	1	**1** (09:00-18:00)	**1** (09:00-18:00)	**1** (09:00-18:00)	**1** (09:00-18:00)	**1** (09:00-18:00)	-	-
Ledbury	18,500	Pharmacies	3	**3** (08:30-18:00)	**3** (08:30-18:00)	**3** (08:30-18:00)	**3** (08:30-18:00)	**3** (08:30-18:00)	**3** (08:30-13:00 & 14:00-17:30)	-
		Dispensing Practice	1	**1** (08:00-18:00)	**1** (08:00-18:00)	**1** (08:00-18:00)	**1** (08:00-18:00)	**1** (08:00-18:00)	-	
Leominster	15,600	Pharmacies	4	**4** (08:30-19:00)	**4** (08:30-19:00)	**4** (08:30-19:00)	**4** (08:30-19:00)	**4** (08:30-19:00)	**4** (08:30-17:30)	-

		Dispensing Practice	1	**1** (08:30-12:30)	**1** (08:30-12:30)	**1** (14:00-18:00)	**1** (08:30-12:30)	**1** (08:30-12:30)	-	
Mortimer	8,100	Pharmacies	-	-	-	-	-	-	-	-
		Dispensing Practice	3	**3** (08:30-18:00)	**3** (08:30-18:00)	**3** (08:30-18:00)	**3** (08:30-18:00)	**3** (08:30-18:00)	-	
Ross on Wye	23,500	Pharmacies	3	**3** (08:30-18:30)	**3** (08:30-18:30)	**3** (08:30-18:30)	**3** (08:30-18:30)	**3** (08:30-18:30)	**1** (08:30-13:00 & 14:00-17:30)	-
		Dispensing Practice	-	-	-	-	-	-	-	-
Weobley	8,200	Pharmacies	-	-	-	-	-	-	-	-
		Dispensing Practice	2	**2** (08:30-13:00 & 14:45-18:00)	**1** (08:30-13:00 & 15:00-18:00)	**2** (08:30-13:00)	**2** (08:30-13:00 & 14:45-18:00)	**2** (08:30-13:00 & 14:45-18:00)	-	

3.4 Other Future Matters or Wider Determinants

Housing Developments
Herefordshire Council has examined Herefordshire's supply of housing in a document entitled 'Herefordshire Local Plan: Core Strategy 2011-2031[46]'. Herefordshire Council is recognised as an area of where the housing stock is likely to increase considerably in the next 20 years. This includes a housing trajectory which indicates that 16,500 dwellings are expected to be completed over the next 20 years (2011-2031). This trajectory suggests that housing completions will be back-loaded, starting with around 600 dwellings per annum during the first five years of the plan period, with the highest levels of housing growth (950 per annum) taking place towards the end of the plan period[47].

Communications with Herefordshire Council planners have highlighted planned areas of new housing in the next five years. The PNA needs to be mindful of any dwelling construction that may affect the demand for pharmaceutical services and capture any large planned construction sites that may have an impact during the three year life of the PNA.

Herefordshire Council currently have 24 planning applications for construction of dwellings of a size greater than 10 units over the next five years, these are detailed in Figure 55 and mapped in Figure 56. Although these developments sites will be reviewed regularly, we can conclude that the majority of these sit within an area were pharmaceutical service provision will be satisfactory to meet any increase in population that may occur.

Retail, Leisure, Industrial and Primary Care Developments
Although increase in housing are markers to increased health needs, the development of large industrial and retail sites are also markers for increased health needs, both from staff and visitors. In contrast, closure of major industrial and retail sites can often mean a transfer of the population away from the area, resulting in a decreased health need.

At the time of writing (December 2014) there have been no known retail, leisure, industrial or primary care developments that would significantly affect the findings and conclusions reached in this PNA. If any significant development occurs during the life span of this PNA, a supplementary statement shall be produced at agreed intervals and published in accordance to the regulations.

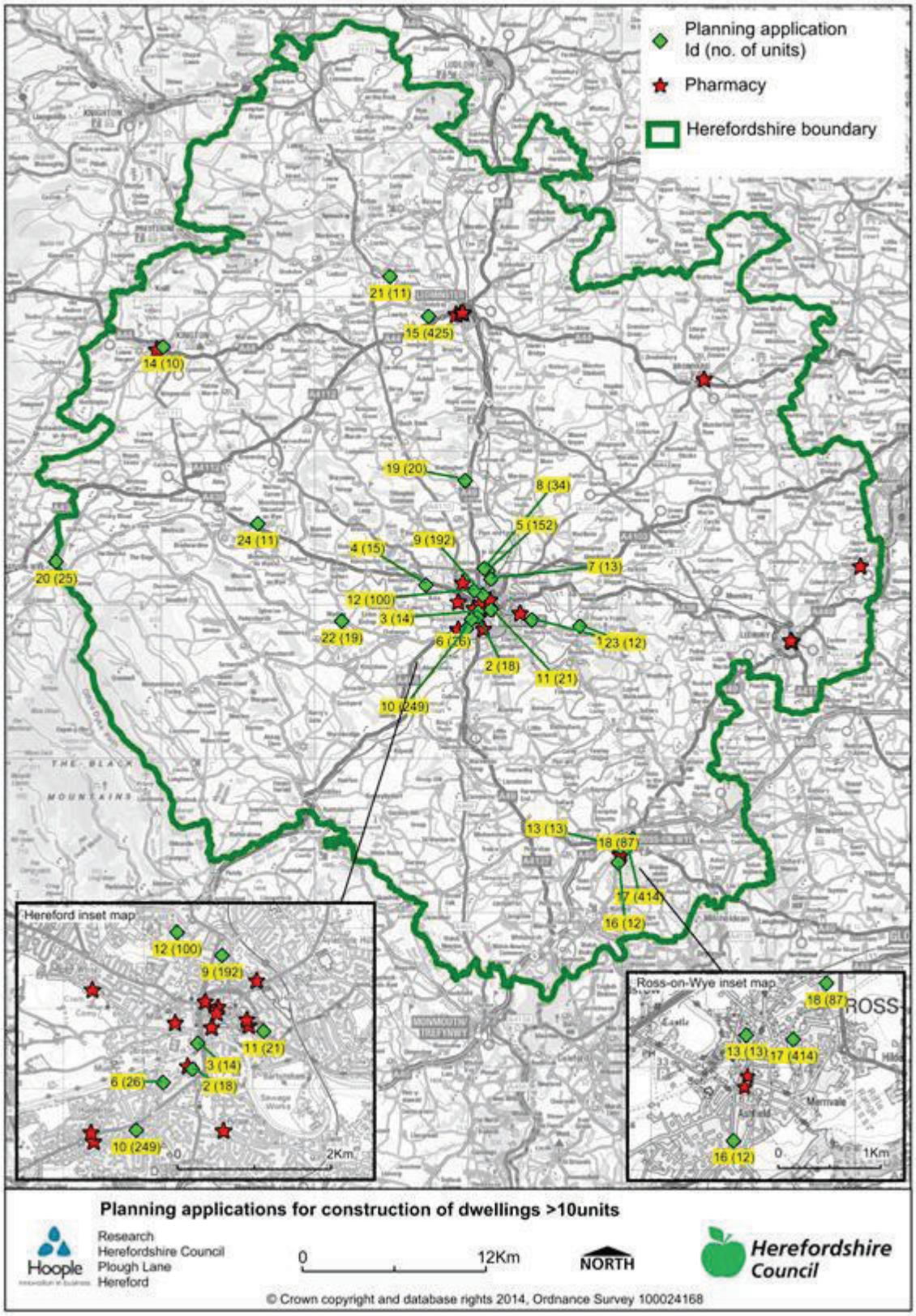
[46] 'Herefordshire Local Plan: Core Strategy 2011-203. Pre-Submission Publication May 2014. Accessed 23 December 2014 https://www.herefordshire.gov.uk/media/7848349/pre-submission_publication.pdf
[47] Herefordshire Council. Five year housing land supply (2014-2019). October 2014. Accessed 23 December 2014 https://www.herefordshire.gov.uk/media/7923794/5_year_land_supply_document.pdf

Figure 55: List of 24 Planning Application for Construction (Dwellings of a size greater than 10 units)

Source: Herefordshire Strategic Intelligence Team

List of 5 year Approved Planning Applications (Dwellings > 10 units)					
Reference (see Figure 56)	***Unique Number***	***Location***	***Street/Road***	***Postcode***	***Number of Dwellings in application***
HEREFORD CITY					
1	S102921/O	Land to the East of, Holywell Gutter Lane,	Hampton Bishop, Hereford	HR1 4JN	190
2	CW2002/3441/F	Land to the west of the A49(T) and north of	Belmont Avenue, Belmont, Hereford	HR2 7JF	18
3	S110918/F	Campions Restaurant, Greyfriars Avenue,	Greyfriars Avenue, Hereford	HR4 0BE	14
4	123592	Land off Breinton Lee,	Kings Acre Road, Hereford	HR4 0QJ	15
5	5110884/RM	Land To The North Of,	Roman Road, Holmer, Hereford	HR1 1LE	152
6	113168	Former land of Hunderton Infants School,	Belmont Avenue, Hereford,	HR2 7JF	26
7	122600	Land at Bridge Inn,	College Road, Hereford,	HR1 1EE	13
8	130426	Former Pomona Works,	Attwood Lane, Holmer, Hereford	HR1 1LJ	34
9	130878	Land at Merton Meadow,	Edgar Street, Hereford	HR4 9JU	192
10	130888	The Oval,	Hereford	HR2 7GH	249
11	131391	101-105	St Owen Street, Hereford,	HR1 2JW	21
12	131610	Land at Faraday Road,	Hereford,	HR4 9NZ	100
MARKET TOWN					
13	131709	Gardner Butcher Garages,	Kyrle Street, RossOn-Wye,	HR9 7DB	13
14	S1202287/F	Victoria Road,	Kington, Herefordshire,	HR5 3BY	10
15	N102016/F	Barons Cross Camp,	Cholstrey Road, Leominster	HR6 8RT	425
16	NC100122/RM	Land and Hotel at The Chasedale Hotel,	Walford Road, Ross on Wye, Herefordshire	HR9 5PX	12
17	132126	Land at Former West Mercia Management Site,	Station Road, Ross on Wye, Herefordshire	HR9 7AG	414
18	S110885/F	Land at Tanyard Lane,	Ross-On-Wye, Herefordshire,	HR9 7BH	87
RURAL AREAS					
19	CW83205/F	Church House Farm,	Wellington, Hereford,		20
20	80058	Part Of O S Plot No's 11791578,	Cusop, Hay On Wye Herefordshire	HR3 5BE	25
21	120678	Land adjacent to St Mary's Farm,	Kingsland, Leominster, Herefordshire,11	HR6 9QS	11
22	S121332/O	Faraday House, , HR2	Madley, Herefordshire	HR2 9PJ	19
23	123565	Sufton Rise,	Mordiford, Herefordshire,	HR1 4EN	12
24	132968	Land adjacent to Bliss House,	Staunton on Wye, Herefordshire,	HR4 7NA	11

Figure 56: Map of Planning Applications for construction of Dwellings >10 units and Pharmacies (see Figure 53 for a list of corresponding reference number of Planning application sites)



4.0 Conclusion

Herefordshire HWB considers community pharmacies a key public health resource and recognises that they offer potential opportunities to commission health improvement initiatives, promote health and wellbeing and support in achieving the required outcomes identified by the HWB. They contribute to the health and wellbeing of the local population in a number of ways, including:

- Easily accessible – 99% of the UK population can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport and can help the Herefordshire HWB footprint provide care to the population closer to home[48].
- Often first point of health contact and open for extended hours - most people can visit a pharmacy at a time that is convenient to them, providing choice and access without an appointment.
- Ideal for people seeking a less formal environment and those hard to reach groups who are less likely to visit their GP with health problems which supports need to reduce health inequalities.
- Resourced with highly trained and experienced healthcare professionals that are able to offer a wide range of services including healthy life style advice, advice on medicines and long term conditions, health screening, support for the prevention of diseases and treatment of minor ailments, and signposting to other services.

Following the PNA, this section will summarise the high level findings of the PNA and identify any gaps/unmet need, together with how these may be addressed, using a framework which is based on the types of application which may be submitted to NHS England.

Provision of Pharmaceutical Services

Herefordshire County is adequately provided for by pharmaceutical service providers and has not identified a current need for new NHS pharmaceutical service providers in the area. There are a number of reasons for this conclusion:

1. There are 27 pharmacies across the Herefordshire area, of these one is a 100 hour pharmacy. This is an increase from 26 in the previous PNA in 2011.
2. Each Herefordshire pharmacy dispenses on average 6,800 items per month in comparison to national and regional average of 6,628 and 6,359 respectively. Greater prescribing does not necessarily equate to needing more pharmacy premises as existing pharmacies are not restricted by list size and can readjust both staffing levels and premises size to manage increases in volume.
3. There are 11 dispensing doctor practices in Herefordshire providing dispensing services only, of which one provides a limited and restricted dispensing service and does not qualify under the DSQS payment scheme.
4. Herefordshire County has a significantly higher proportion of dispensing practices (30%) versus the regional (6%) and England (9%) average due to its rurality.
5. Dispensing doctors dispense to just over 49,000 Herefordshire patients and on average each dispensing practice dispenses 7,300 items per month. Approximately 28% (over 960,000 items) of the total Herefordshire prescribed items per annum are dispensed by dispensing doctors.

[48] Department of Health. The White Paper Pharmacy in England – Building on Strengths, Delivering the Future Accessed 16 October 2014. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf

6. The 11 dispensing practices provide dispensing service from 15 sites across Herefordshire in rural areas. However, an exception to this can be found in the Kington and Bromyard market towns where the dispensing practice and community pharmacy are within the town.
7. 86% of the Herefordshire public used a regular or preferred pharmacy/dispensing practice and the most commonly selected reason for using the service was because of friendly and knowledgeable staff and the proximity to the respondent's home or doctors.
8. Patients have the right to access pharmaceutical services from any community pharmacy, including mail order/wholly internet pharmacy of their choice and therefore can also access any of the many distant selling pharmacies available nationwide. 1% of the public responders use a distant selling/internet pharmacy.
9. Over 96% (3.37 million items) of items prescribed in Herefordshire are dispensed by contractors within the county boundaries. 84% of the public rated their pharmacy/dispensing GPs as either excellent or good and it can be concluded that there is sufficient services in Herefordshire ensuring patients can access the medicines/appliances they need.
10. There is no DAC in the Herefordshire area. However, appliances are available from community pharmacies, dispensing GPs and from DACs outside the county. As a result, the dispensing of appliances is not an issue and has not been raised as such during the pre-consultation survey.

Access to Pharmaceutical Services

Considering Herefordshire County being predominantly of a rural nature and the concurrent 'controlled localities' Regulations governing the number and type of pharmaceutical contractors in those areas; the review of accessibility, locations and population density in general suggest there is satisfactory access to NHS pharmaceutical services and dispensing GPs. The reasons for such conclusion include:

1. Pharmacies and dispensing practice are easily accessible with the majority of public respondents (71%) of the pre-consultation PNA survey describing no difficulties accessing the service.
2. The buffer zone of one and five miles represent the distance to walk and drive respectively within 20 minutes and the majority of Herefordshire residents are able to access a contractor of pharmaceutical services (community pharmacy/ dispensing practice). The public survey identified 81% of responders were travelling less than 20 minutes to a contractor.
3. The areas not within the one and five mile buffer zones are largely uninhabited and rural in character. The few residents in such areas fall under the tightly regulated NHS England 'controlled localities' and can choose to access pharmaceutical services through dispensing doctors or community pharmacies or both e.g. patients using a pharmacy for all other pharmaceutical services except dispensing unless out of GP usual hours.
4. The level of car ownership throughout the Herefordshire County (84% of households own at least one car) is greater than both the regional (75%) and national average (74%). The public survey identified the majority (72%) would use a car for transport.
5. Hereford City and the market towns have the greatest number of households with no access to a car but there is adequate coverage in a one mile walking buffer zone (within 20 minutes) of those pharmacies/dispensing practices.
6. Community pharmacies (78%) and dispensing GPs (18%) offer the added value non-NHS service of home delivery which can help to provide medications to those who do not have access to a car or who are unable to use public transport. This is especially important in areas where the population is ageing and less able to drive or be independently mobile.
7. Further support is available from distant selling/internet pharmacies (located outside of the Herefordshire HWB footprint) that could make deliveries to individual homes. Currently around 1% of the public in Herefordshire use a distant selling/internet pharmacy for support in dispensing activity.

8. The distribution of community pharmacies and dispensing GPs correlates well with both population density and deprivation.
9. The single 100 hour pharmacy contract and a number of community pharmacies (with 40 core hour's contract) already provide extended access to pharmaceutical services for a large portion of the population; it is important that these extended hours are maintained.
10. The 100-hour contract pharmacy in Hereford City is centrally located and accessible by public transport, walking or own transportation with good parking.
11. 77% of the pharmacy contractors in Herefordshire are open on a Saturday and access to a pharmacy can be found between the hours of 7am to 10pm. This gives good cover for Herefordshire six days a week both in terms of opening hours and number of locations for all patients accessing pharmaceutical services.
12. In contrast, 19% of pharmacy contractors in Herefordshire are open on a Sunday for six hours per day in the Hereford Locality. The remaining eight localities of Herefordshire do not have a pharmacy open on a Sunday. Nevertheless only 12% of the public survey responses were dissatisfied with current pharmacy opening times.
13. Dispensing GP sites provide dispensing services across varied opening times from 2 to 10 hours per day, Monday to Friday for those patients on their dispensing list.
14. There is no dispensing doctor service at weekends but there are 21 and 5 community pharmacies open on Saturday and Sunday respectively providing pharmaceutical services irrespective of dispensing doctor status. In addition, 11 community pharmacies are open extended hours on weekdays. Patients on the doctor dispensing list have the right to choose to access any community pharmacy contractor for the dispensing and/or use of other pharmaceutical services not provided by the dispensing GP.
15. The AHW AT ensures any gap in contracted hours to cover statutory holidays is covered by a rota service with community pharmacies in Hereford City and the market towns of Ross-on-Wye and Leominster; thus providing support in urgent care at these times.

Recommendations

Over the coming years the population in Herefordshire is expected to both age and grow substantially in numbers. Housing and commercial developments are in progress and it will be a collective number of factors that may influence the potential need for any additional pharmaceutical service provision changes. To facilitate the commissioning of services responsive to the potential population changes, the HWB and partners will monitor those changes and development and produce supplementary statements to the PNA if deemed necessary and in accordance with regulations.

The current pharmaceutical services commissioned from Herefordshire pharmacies, in addition to their NHS contract, supports Herefordshire's HWB in achieving the health priorities and outcomes outlined in their ambitions. The range of services provided by community pharmacies varies due to several factors, including: the availability of pharmacists and support staff, capacity issues in the pharmacy, changes to service level agreements and by the will and ability of commissioning bodies to commission services that meet the needs of the Herefordshire population.

In this section we set out the aspirations and recommendations for existing Herefordshire pharmaceutical provision which we would wish to be prioritised and to be considered in future applications for pharmaceutical services.

1. **Level of service and choice** – Community pharmacies are resourced with highly trained and qualified healthcare professionals. In additional to the essential dispensing service, they are able to offer a wide range of additional pharmaceutical services including healthy life-style advice, advice on medicines and long term conditions, health screening, support for the prevention of diseases and treatment of minor ailments, and signposting to other services.

Existing Herefordshire pharmacies have demonstrated a willingness to provide any local service that is commissioned from them and it is recommended in order to maximise value for public money, any service to meet local need will be offered to existing community pharmacy contractors in the first instance. It is important that commissioners continue to review the currently commissioned pharmaceutical services and assess service delivery and health outcomes achieved. Review should include whether all pharmacy contractors should be engaged in commissioned services or whether targeted delivery by a small number of contractors would be preferential. It is important that any review also includes possible or actual service delivery by other providers where they also meet specific pharmaceutical needs.

Through the evidence identified in the PNA, we have been able to identify a range of recommendations in pharmaceutical services which, if implemented or commissioned, would further enhance and support of the local strategic priorities.

Advanced Services

MUR and NMS – Both services are considered necessary to meet the pharmaceutical needs of our population. Although 24 pharmacies offer MUR and 23 pharmacies (of 27) offer NMS service, access to services is considered limited during extended hours on weekdays, Saturdays and on Sundays. In the future, we anticipate an increase in demand for MUR and NMS service and expect all existing pharmacies and future new pharmacy applications to apply and provide such services to ensure comprehensive coverage across Herefordshire. We have demonstrated that there is sufficient capacity within the existing network of pharmacies to provide Advanced services and they are willing to meet this need, should a gap arise.

AUR and SAC – 92% of Herefordshire pharmacies dispense appliances but none provide the AUR service and two provide SACs. We consider AUR and SAC as relevant services which may result in improvements for our population. Although there appears to be inequity in services which may significantly disadvantage patients in utilising their appliance effectively; most residents who require such services either access them outside of area (via nationwide DACs) or from the hospital or specialist responsible for their on-going care. We have not identified any current or future gaps but as a minimum we expect pharmacies to be able to signpost patients to such services where applicable.

Enhanced services

Vaccination plan – Community pharmacies are well placed, accessible, often open extended hours and may provide the vaccine without the need for an appointment. In Herefordshire, the seasonal influenza plan is currently commissioned from five pharmacies only and it is recognised that the pharmacy patient record provides an opportunity to identify and proactively target people who may benefit from vaccination. We recommend commissioners to review existing service providers and consider supporting and/or extend the role of community pharmacies delivering this (and other) vaccination services.

Locally Commissioned Services

Note: Pharmacy applications must relate to pharmaceutical services (i.e. Essential, Advanced and Enhanced services) and should not be submitted solely on gaps identified for Locally Commissioned services.

Sexual health - The EHC service is necessary to meet pharmaceutical needs of our population and is available from 23 (of the 27) pharmacies. With respect to opening hours, it may be considered access to this service is limited during extended hours on weekdays, and on Saturdays and Sundays. Analysis has shown that during 2010-12, approximately 30% of the total 260 conceptions occurred in just three wards with high deprivation: Belmont, St Martins and Hinton and Leominster South, and over half of conceptions were concentrated in eight (of 40) wards. We recommend the HWB to update and evaluate teenage conception rate at ward

level and determine if there is any inequity in the provision of EHC service throughout the county.

No pharmacies in Herefordshire are commissioned to provide chlamydia screening and treatment service. We recommend offering chlamydia screening at the time of any EHC provision because those who require EHC contraception are likely to be at risk of infection, due to higher levels of risk taking behaviours. The extent to which local services offer signposting to this service or carry out testing when EHC is provided could be examined in an audit. Such an audit could stimulate best practice in this area.

Substance misuse **-** Needle exchange service is commissioned from five pharmacies in Herefordshire and there are 20 pharmacies providing supervised consumption of methadone/buprenorphine. Similar to other services, it may be considered access to both services is limited during extended hours on weekdays and on Saturdays and Sundays. A key priority for both services is to monitor the quality, service outcomes and client experience of service provision; and to work with pharmacists to address any issues identified. The HWB should evaluate substance misuse needs at ward level and determine if there is any inequity in the provision of service throughout the county.

Healthy Weight **-** Although, there appears to be lower prevalence of obesity in Herefordshire compared with regional and national statistics, this appears to vary across the county with higher levels in areas of South Leominster and Ross-On-Wye. Several opportunities exist through local pharmacies that are ideally placed to provide advice, signposting to services and provide on-going support towards achieving behavioural change for example through monitoring of weight and related measures. The HWB should evaluate the benefits of a weight management programme and determine if there is any need in the provision of a service throughout the county.

NHS Health Checks - The aim of the NHS Health Checks programme is to offer preventative checks to eligible individuals aged 40-74 years to assess their risk of vascular disease, followed by appropriate management interventions. The Department of Health indicated that it would expect access to the NHS Health Checks Programme to be developed through a number of routes including community pharmacies should the need for additional providers are required.

2. **Pharmacy and dispensing doctor premises** – 32% of the public survey respondents considered themselves to be limited a lot or a little by their health problems or disability. Barriers to accessing services are a key driver behind health inequalities and should be a key consideration in commissioning services. There are opportunities to enhance facilities and equipment for some contractors and to ensure that the minimum requirements of the Equality Act 2010 are met. Examples of recommendation for consideration include:

   Consultation area - Minimum of one area, fully compliant with the Regulations and with:
   - Space for chaperone and/or a wheelchair
   - Sink with hot water
   - Equipped with a telephone, computer and secure internet connection
   - Access to patient medication records
   - Security measures i.e. panic button and camera
   - Hearing loop
   - Patient toilet nearby

   Disability needs - Meeting the needs by:
   - Ensuring accessible parking nearby pharmacy premises
   - Premises and services should be suitably adapted to meet the needs of those with a disability including:

- Step-free wheelchair access to all public areas within the pharmacy or dispensing practice
- Hearing loop
- Ability to provide large print labels and labels with braille

A private consultation area meeting disability access needs would be a minimum expected standard for all newly commissioned services.

3. **Access** - The access to essential pharmaceutical services of the NHS contract are fundamental with respect to ensuring patients can obtain the medicines they need; and play a valuable role in improving the health of our population. At the time of writing we have concluded that there is no access gap identified in Herefordshire but this may change when Herefordshire County health needs change and GPs are increasingly moving towards extended seven days a week service e.g. PMCF hub sites. It is unlikely current pharmacy contractor or dispensing doctor opening hours will be sufficient; especially if there is currently no dispensing doctor service at weekends, a limited access to dispensing service in the Golden Valley locality of 2 to 2.5 hours per weekday only and on Sundays, as only five community pharmacies provide seven day service in the Hereford locality.

   Such access could be further exacerbated by the fact that, under the controlled localities regulations no pharmacy contract is allowed, dispensing doctors only provide a dispensing service to a set of eligible practice registered list size. We recommended that the existing network of pharmacy contractors and dispensing doctors review their opening hours to ensure good alignment with local GP and urgent care services as those access increases.

   In addition, it was noted that the majority (60%) of the public survey responders are aware that Herefordshire County have community pharmacies open for extended hours (e.g. early mornings, late nights and weekends). However, only 34% of responders knew which and where these pharmacies are located; with 21% accessing extended pharmacy opening hours. It is recommended that commissioners and contractors must frequently update and consider promoting opening times of all pharmacies (along with additional services that they offer) via differing local media sources and NHS choices.

The potential access and service developments will always be considered alongside other priorities of Herefordshire HWB and other health organisations when developing future commissioning strategy. However, because much of the local strategy is still emerging, it is not possible to set out the specific circumstances under which services will be commissioned.

Pharmacies themselves, as well as national pharmacy bodies and local commissioners, need to do more to promote the pharmacy as centres of excellence for supporting long term conditions and self-care. The RPS recommends that pharmacists collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with medicines use as they move between care settings. This could be particularly relevant to those at risk groups identified in the HWB priorities.

5.0 Equality Impact Assessment

The HWB has a statutory duty to tackle and reduce health inequalities in health and wellbeing and consequently these have informed the HWB strategic priorities and approach set out in section 5.0. See Appendix 11 for HWB Equality Analysis.

6.0 Appendices

Appendix 1 - List of Acronyms
Appendix 2 - PNA 60 Day Consultation Plan
Appendix 3 - 60 Day Consultation Analysis
Appendix 4 - Cross border non-Herefordshire County Community Pharmacies
Appendix 5 - Community Pharmacy Survey 2014
Appendix 6 - Dispensing Practice Survey 2014
Appendix 7 - Public Survey 2014
Appendix 8 - Locally Commissioned Services
Appendix 9 - Pharmacy Contractor Opening Hours
Appendix 10 - Dispensing Practices Opening hours
Appendix 11 - Equality Analysis

Appendix 1 – Acronyms

A&E – Accident and Emergency	HCAI – Health Care Inquired Infections	NPSA – National Patient Safety Agency
AHW AT – Arden, Herefordshire and Worcestershire Area Team	HCSDP – Herefordshire Community Safety & Drugs Partnerships	NVQ – National Vocational Qualification
AUR – Appliance Use Review	HIV – Human Immunodeficiency Virus	NWCSU – North West Commissioning Support Unit
BAME – Black and Asian Minority Ethnic	HLE – Healthy Life Expectancy	OCU – Opiate or Crack Cocaine Users
BMI – Body Mass Index	HLP – Healthy Living Pharmacies	ONS – Office of National Statistics
CCG – Clinical Commissioning Group	HSCIC – Health and Social Care Information Centre	OOH – Out of Hours
COPD – Chronic Obstructive Pulmonary Disease	HWB – Health & Wellbeing Board	OTC – Over the Counter
CPCF – Community Pharmacy Contractual Framework	IMD – Index of Multiple Deprivation	PCT – Primary Care Trust
CPPE – Centre for Pharmacy Postgraduate Education	LA – Local Authority	PGD – Patient Group Direction
CQC – Care Quality Commission	LPC – Local Pharmaceutical Committee	PHE – Public Health England
CSU – Commissioning Support Unit	LPS – Local Pharmaceutical Services	PID – Pelvic Inflammatory Disease
DAC – Dispensing Appliance Contractor	LSOA – Lower Layer Super Output Area	PMR – Patient Medical Records
DALYs – Daily Adjusted Life Years	LTC – Long Term Conditions	PNA – Pharmaceutical Needs Assessment
DASH – Drug and Alcohol Services Herefordshire	MHRA – Medicines & Healthcare products Regulatory Agency	PSNC – Pharmaceutical Services Negotiating Committee
DDA – Disability Discrimination Act	MIU – Minor Injury Unit	PSRC – Pharmaceutical Services Regulations Committee
DFLE – Disability-free life expectancy	MO – Medicines Optimisation	QOF – Quality and Outcomes Framework
DH – Department of Health	MRSA – Methacillin-resistant staphylococcus	RPS – Royal Pharmaceutical Society
EHC – Emergency Hormonal Contraception	MSOA – Middle Layer Super Output Area	SAC – Stoma Appliance Customisation Service
ePACT – Electronic Prescribing and CosT tool	MUR – Medicines Use Review	SMR – Standardised Mortality Rate
EPS – Electronic Prescription Services	NCSP – National Chlamydia Screening Programme	SOA – Super Output Area
GP – General Practitioner	NHS – National Health Service	STI – Sexually Transmitted Infection
GUM – Genitourinary Medicine	NMS – New Medicines Service	WIC – Walk in Centre

NHS

North West
Commissioning Support Unit

Herefordshire PNA Project 2014/15

60-day Consultation Plan

Version: 1.0
Date: 13th January 2015

Contents

1. Background and current context

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating the PNAs to the LA Health and Wellbeing Boards (HWBs).

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/.

There is a legal requirement for the HWB boards to publish the PNA before 31 March 2015.
PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).

IMPORTANT NOTE: Herefordshire County Council have been fully informed by NWCSU that the timescale agreed within this statement of work will be in breach of NHS No.349 2013: Part 2: Regulation 5. 'Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.'

Herefordshire County Council understands that there will be a short period of time where there will be an absence of a robust PNA, to the timescales designated in regulations above. There is a risk that this could lead to legal challenges against health and care commissioning bodies responsible for the Herefordshire geography, due to the PNA's relevance to decisions about commissioning pharmaceutical services, dispensing doctor services and new pharmacy openings.

Herefordshire County Council will take full accountability for this publication delay and be responsible for any necessary communication, actions and potential external challenge which may arise by the absence of a PNA. NWCSU would provide advice and support should this occur.

2. Communications context and scope

This document details the scope of formal consultation and the proposed methods that will be used to engage different stakeholders and ensure patient and public involvement within this PNA.

There is a need for the local authority to understand;

- Local people and their representatives affected by the new service;
- Existing Pharmacy Services/Community based providers;
- Patients affected by possible new services in the area;

- Patient Services and Formal Complaints; and
- Other key stakeholders

Details of these issues can be gathered by public and pharmacy service provider surveys. The information from these can then be used to inform the final PNA document.

Prior to publication of the final document a draft version should be available for interested stakeholders to be able to comment on its content. This is called the formal consultation.

The formal consultation programme will commence on **30th January 2015** and will run for a period of 61 days. Therefore, the consultation will formally close on **1st April 2015.**

3. Key outcomes

- To encourage constructive feedback from a variety of stakeholders between 30th January 2015 and 1st April 2015.
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

4. Key Audiences

The regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB 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 NHS England 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) Local NHS England Area Team; and

(h) Any neighbouring HWB.

The consultation must be for a minimum of 60 days.

The following groups of people could be formally consulted on the draft PNA asked to comment on the assessment and the assumptions that it makes. A local decision needs to be made whether these groups are going to be contacted.

- General public
- Patient Participation Groups in primary care
- Community Pharmacy Contractor Superintendent Offices
- Local Authority area CCGs
- Local Authorities employees
- Neighbouring CCGs
- Local Voluntary Groups
- Overview and Scrutiny Committee
- Social services

5. Consultation engagement

Although the timescale for the consultation to begin (**30th January 2014**) and end (**1st April 2015**) is a standard date, the period of consultation between can be locally agreed based on work load. However you do need to ensure that everyone who participates in the consultation has enough time to complete the response forms by 1st April.

Any paper copies of the response forms can be sent back to Herefordshire LA who will electronically input the responses into the survey – they need to be returned to Herefordshire LA by Wednesday 1st April 2015 to be included in the analysis.

The advert on homepage of council's website and the link on other relevant pages need to be done by **30th January 2015** to ensure the consultation begins on time. Everything that follows this should be done within the first month to allow time for responses and targeted work where returns have been low.

All the stakeholders listed below who are preceded by a **C** are in the **compulsory** list of people who must be consulted on the draft PNA.

You may feel that you do not need to undertake engagement with all the other stakeholders listed below, or that you will do more, which is a decision for your local teams to decide on.

When each section has/has not been attempted we need the two last columns completing to say how many people you engaged with for each element before this is sent back at the end of the consultation period.

	Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
	General population	Advert on homepage of council's website	Large advert on the carousel with a link to the consultation document and survey monkey for responses.	No cost	Comms team at LA	*e.g. yes or no*	*e.g. 2,100 people*
	General population	Links to survey on relevant webpages on council's website	Identify relevant webpages and add a couple of sentences about the consultation document/survey along with a link	No cost	Comms team at LA		
C	H&WB Board	Health and Wellbeing Board secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	Neighbouring H&WB boards	Health and Wellbeing Board	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
C	NHS Commissioning Board	Email consultation document to GM local area team	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA		
	General population	Face to face surveys at local events – could be where the LA is already in attendance	Attendance at local events in targeted communities and complete paper surveys face to face with members of the public.	No cost	Comms team at LA		
	General	Advert in local	Quarter page, black and white	Various	Comms team at		

	population	newspapers	advert in local newspaper to direct people to the online survey would be advised	cost	LA		
	General population	Press release	Short news piece with link to the survey.	No cost	Council's press office		
	General population	Electronic Flyers	Produce and distribute A5 flyers to pharmacies to promote the survey and give the online address.	No cost	Comms team at LA		
	Local HOSC	Email consultation document	Send out an electronic link to the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local PH Committees	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	Pharmacy contractors (including appliance and distance selling pharmacies)	Email consultation document to pharmacy superintendent	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	Dispensing doctors	Email consultation document to practice	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	LPS pharmacy contractors	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	Local Pharmaceutical Committee	Email consultation document to LPC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		

C	Local Medical Committee	Email consultation document to LMC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local Authority Staff	Council internal communications campaign	Desktop wallpaper and Intranet homepage story to encourage staff to complete the online survey.	No cost	Comms team at LA		
	General population	Council social media Twitter Facebook	Post regular tweets with a link to the survey and submit content for Facebook	No cost	Comms team at LA		
C	Healthwatch	Email Healthwatch	Contact Health Watch to ask for support to encourage Link users to complete the survey	No cost	Comms team at LA		
C	NHS Acute Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
C	NHS Mental Health Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA		
	Local Commissioners	Patient groups at the local CCG	M&C to contact to ask for support for PPI group to complete the survey	No cost	Comms team at CCG/LA		
	MPs and Local councilor's	Email MP and Councilor's	Email sent to all MPs and councillors to make them aware of the survey and give more information about it.	No cost	Comms team at LA		
	Local Voluntary, Health and community Faith Groups	Email to other relevant groups and organisations to give information about the survey and ask for participation	Below is an example of some groups this could be sent to: • *Prison Pharmacy's* • *Care UK* • *Asylum seekers* • *Schools*	No cost	Comms team at LA		

			• *Colleges* • *Older People's Forum* • *Adult Safeguarding Board* • *Men's Action Group* • *Women's Centre* • *BME Forum* • *Interfaith Network* • *Community Committees* • *Carers Centre* • *MIND* • *Breathe Easy*				

6. Budget

It is advised that a budget is agreed with Public Health at a local level to be used to promote the consultation and to cover costs for printing out response forms, consultation documents and postage of forms back to the LA if needed.

7. Evaluation

A consultation report and an evaluation report will be provided by Herefordshire County Council and the NWCSU. The Consultation report will analyse the feedback received and will also be used to update the final PNA. The evaluation report will be used to analyse the level of participants and the number of people engaged with.

APPENDIX 3 - ANALYSIS OF PNA CONSULTATION RESPONSE						
Responder Number	**Organisation/Member of Public**	**Section of PNA**	**Actual Response**	**Comment from PNA Steering group**	**Decisional of the steering group to amend the PNA? (Y/N)**	**Date amendment made**
1	A member of public (a patient)	Section 3	Q2 (section 3). Yes- Although, it would be nice to see pharmacies in the larger supermarkets in Leominster and Ross (as in Asda, Hereford)	Comment noted by the PNA Steering Group. The intention of the PNA is to identify access to pharmaceutical services and if there are any gaps or unmet needs. The application of pharmacies and its location is dependent on the application made by contractors and the 'control of entry' Regulations	N	
		Section 3.2	Q6. (section 3.2) Yes - Although, pharmacies in the larger supermarkets in Leominster and Ross would be beneficial I feel	Comment noted by the PNA Steering Group. The intention of the PNA is to identify access to pharmaceutical services and if there are any gaps or unmet needs. The application of pharmacies and its location is dependent on the application made by contractors and the 'control of entry' Regulations	N	
		Additional information	Q9. (Additional information) Yes - Percentage of people needing home delivery service. Also, the need for pharmacy outlets will presumably increase as more doctors surgeries close around the county ?	Home delivery is a non-NHS service. Comment noted	N	
2	A health or social care professional (Kingstone Surgery)		Q11. (Further comments) The maps do not appear to show the locations of dispensing practices at Kingstone and Ewyas Harold.	All maps checked for accuracy	N	
3	On behalf of an organisation: Worcestershire Health and Well-being Board		Q11. Worcestershire Health and Well-being Board have consulted the Local Pharmaceutical Committee and Local Medicines Committee on the draft Herefordshire PNA. No comments were received.	Comment noted by the PNA Steering Group	N	
4	A health or social care professional		Q11. It is worth reiterating that the role of dispensing doctors is unique. Most of these small rural surgeries would not survive financially if they didn't have a dispensary. Dispensing income enables these rural villages to have 1) a dispensary and 2)a surgery. The two issues can't be separated.	Comment noted by the PNA Steering Group. It is not within the remit of the PNA to discuss financial viability of contractors delivering pharmaceutical services.	N	
5	On behalf of an organisation: Local Pharmaceutical Committe Herefordshire (LPC)	Section 3	a) P 74 - The wrong figures are in the table for the number of pharmacies 2011 should be - 26 and 2014 - 27; and also why and where this new contract was awarded.	a) Figure 36 - figures to be amended. It is not the remit of this PNA to explain why and where an existing contract is awarded.	Y	24/04/2015
			b) there should be an explanation to explain increase in dr Dispensing branches	b) Comment added to clarify increase in dispensing practices and drop in sites. An explanation of the reasons why there has been increase in dispensing doctors is not the remit of the PNA.	Y	24/04/2015
		page 75	c) It is noted that figures are for 100,000 population but a lot of these may be registered to a dispensing Dr. practice and wont go to a pharmacy. Therefore Herefordshire may have the lowest no. of pharmacies per 100,000 but if the dispensing Dr. population is removed then this figure could increase by 28% plus another pharmacy in 2014 and the figure may be 18-19 pharmacies per 100,000 .	Comment noted. Section 3.2.2. amended to reflect this comparison - 49,172 (Herefordshire CCG, October 2014) of the registered population are on Herefordshire's Dispensing Doctors dispensing list. Removing these from the total registered population would indicate for dispensing services provided by pharmacy contractors there is a registered population of 136,928. This equates to 19 pharmacy contractors (for dispensing services) per 100, 000 registered population.	Y	24/04/2015
		Section 3.2.3	a) p77 Internet pharmacies are now having a huge impact on where prescriptions are being dispensed. This is increasing as EPS2 has rolled out. This should be mentioned in the PNA.	No internet pharmacies in Herefordshire. According to ePACT data (Oct 2013 to Sept 2014) 3.2% items dispensed outside Herefordshire which includes DACS, internet pharmacies and non-Herefordshire walk-in pharmacies. This does not demonstrate that internet pharmacies are having an impact on Herefordshire pharmacies. However, the PNA acknowldeges that as EPS2 is further rolled out this may potentially impact on dispensing activity.	Y	24/04/2015
		Section 3.2.2	b) Figure 41 and 42 need dates on from where the data is taken.	Added. Oct 2013 to Sept 2014 as per comment.	Y	24/04/2015
		Section 3.2	ONPOS dressing services for nurses.	Ask steering group to clarify. Steering Group agreed to be added (See new section added in PNA 2.3.20)	Y	24/04/2015
		Section 3.3.3	3.3.3 need to explain what a buffer zone is around a pharmacy and bring in the NHS regulations related to this. Also you need to define 'Rural Areas' of Herefordshire using a map so that patients are aware of where they can obtain there prescriptions from. (see PSNC website on Rural issues)	Explanation of buffer zones, rural in character controlled localities, and the restrictions on the control of entry Regulations added. It is not the remit of the PNA to delineate rural areas. NHS England is responsible for the update of 'Determination of Rurality' review.	Y	24/04/2015
			Pharmacy contractors could be commissioned for a PGD for Ella-one like Gloucester, First dispensing of a contraceptive, Domicillary MUR's, Hep B vaccinations, Hospital discarge MUR's, and/or Healthchecks	Comment noted and included in the PNA. Pharmacy contractors express a willingness to engage in all potential Locally Commissioned and Enhanced services and they need to work with commissioners, through the Local Pharmaceutical Committee, in order to be able to produce business cases or tenders for the provision of those service.	Y	24/04/2015
6	A community pharmacy contractor	Section 4	In line with data obtained and collected	Comment noted	N	
7	CCG representative	Executive summary	Many bullet points needs to be numbered for now and future use of key reference document	All bullet points numbered for referencing	Y	24/04/2015
		Page 4 and 5	not all pharmacy services included eg palliative care but not OOH, EHC, Smoking cessation	Comment noted and included in Executive summary. Bullet points remain numbered for referencing	Y	24/04/2015
			requires % split between community pharmacy and dispensing practices for context	Figure amended to illustrate percentage of dispensing doctors	Y	24/04/2015
			Add dispensing practices to exec summary as significant part of local patient dispensing service	Comment noted and amended	Y	24/04/2015
		Page 5	Key findings (bullet point 2): qualify Dispensing Doctors sites versus Practices and community pharmacy sites to clarfiy differences in access eg opening hours	Comment noted and changes made in Executive summary.	Y	24/04/2015
		Page 6	Key findings (bullet point 9): *'Ideal'* to have more extended hour pharmacy may relate to perceived need but not essential given OOH service options, 100hr pharmacy and GSL sales	Remove bullet point from Executive summary as this is a needs assessment document and should maintain factual. Removed 'financially viable' as the PNA should not be cost-related. Finance is not a determining factor when approving or refusing applications for new pharmacies.	Y	24/04/2015
		Page 6	Key findings (bullet point 10): SAC Not defined until page 15.	Comment noted and amended.	Y	24/04/2015
		Page 6	Key findings (bullet point 10): require evidence to support claim of AUR defined as significant disadvantage	Bullet point removed as unable conclude	Y	24/04/2015
		Page 6	patient feedback on Pharmacy and dispensing practice premises not relevant to PNA since there are many differences eg funding	Comment noted and amended.	Y	24/04/2015
		Page 6	Access for all pharmaceutical servcies Opening hours should be noted in the PNA ie community pharmacy and dispensing practice to outline patient access	Dispensing practice opening times added and discussed. See Figure 54.	Y	24/04/2015
			It would be helpful to note in the PNA innovative commissioned services locally eg by AHW Area Team services the flu vacs for patients qualitifying under NHS guidance and year 7&8 children which potentially improves NHS and patient outcomes and supporting patient choice	Comment noted included	Y	24/04/2015
		Page 15	P15 there is no DAC in most CCG areas	There were 112 DACs in England in 2012/13 and similar to many other HWB footprints in England, there is no DAC in Herefordshire.	Y	24/04/2015
		Page 19	P19 missed out 2 community hospitals - Ledbury & Kington. 2gether Trust provides mental health care only in Herefordshire	Comment noted and included	Y	24/04/2015
		Page 19	2nd paragraph of 'Hospital pharmacy' - Herefordshire has a joint primary and secondary care medicines formulary with linkages to other providers in and out county eg OOH gloucestershire	Comment noted and amended.	Y	24/04/2015
		Page 20	Figure 5 public health data it may be helpful to note changes are due to NHS reconfiguration changes ie PCT,Community trust, Wye Valley NHS Trust	Comment noted and footnote added to explain NHS reform and Herefordshire PCT no longer exists.	Y	24/04/2015
		Page 50	It would be helpful to state Herefordshire smoking cessation services offer supply of varenicline by PGD and this is exceptional rather than the norm across other pharmacy service in england	Comment noted and included	Y	24/04/2015
		Page 68	2.3.15 - Community Pharmacy Minor Ailments service - this service continues to support patient quick and easy accees to a health professional without appointment, ie the NHS urgent care agenda and wider services and it woud be helpful to note this support in the PNA.	Comment noted and included in Figure 25 and in section 2.3.15.	Y	24/04/2015
		Page 69	2.3.17 - Community Pharmacy advice to Care Homes - data may be misleading quoted in this way and need further explanation of commercial pressures which dictate this for pharmacy businesses unlike dispensing practices	Comment noted and paragraph 3 on page 69 is removed	Y	24/04/2015
		Page 73	Clarify summary of unaided support to those people with a disability eg what does unaided support mean does it include home delivery which is more widespread via pharmacy than dispensing practices. Need to balance survey comments and inherent limitations compared to factual info	Comment noted and amended as per Steering Group discussion.	Y	24/04/2015

Responder Number	Organisation/Member of Public	Section of PNA	Actual Response	Comment from PNA Steering group	Decisional of the steering group to amend the PNA? (Y/N)	Date amendment made
		Page 73	Page 73 from the public survey - it is summarised "the delivery service of medicines is considered as an extremely valuable added-value service to all patient groups" but this does not align to comment "should enable greater access to pharmaceutical services in a predominantly rural environment." delivery is not a commissioned service and may relate to pts in need only	Comment noted and removed.	Y	24/04/2015
		Page 73	Page 73 clarity of wording required due to limitations of information from a survey. Also information on DAC use is limited due to 3rd party involvement.	Comment noted and amended as per Steering Group discussion.	Y	24/04/2015
		Page 78	Page 78 conclusions not fully based on evidence suggest rewording ie information shows dispensing sites may be sufficient	Comment noted and amended in Executive Summary and Conclusion.	Y	24/04/2015
		Page 78	Page 78 please show summary level information across the county urban/ rural on rxs dispensed by both Community pharmacies and dispensing practices. Info shows that pharmacies are financially viable in rural areas but not supported by current regulations.	Comment noted and further explanations on the control of entry for pharmacies and dispensing practices Regulations.		24/04/2015
		Page 79	Page 79 add local range and average for both community pharmacies and dispensing practices since much data is duplicated this would be more useful than data from other areas	Comment noted and amended.	Y	24/04/2015
		Page 79	P79 Herefordshire DAC prescription information is available but diffcult to obtain accurately	Comment noted and amended as per Steering Group discussion.	Y	24/04/2015
		Page 86	P86 pharmacy viability is not correct term since relates to regulations	Comment noted and amended.	Y	24/04/2015
		Page 92	Page 92 where is golden valley not on map, can not see?	All maps checked for accuracy	N	24/04/2015
		all mapped sections	Most maps legend is not readable on electronic format	All maps checked for accuracy	N	24/04/2015
		Page 93	3.3.2 - frightened to go out!! Does not relate to medicines service difference, perhaps housebound may be better wording	Comment noted and amended.	Y	24/04/2015
		Page 93	P93 fact - car ownership is less in urban areas where there are pharmacies	Comment noted and amended.	Y	24/04/2015
		Page 95	3.3.3 "viable" not appropriate term relates to regulations etc There is a numerical imbalance in the patient survey returns between pharmacies and dispensing sites compared to volume of dispensing across all. Please consider numerical summary table of responses to qualify differences. Please note inherent limitations in survey responses.	Remove the word viable. Add note around survey in 3.1.2 e.g. self-completed survey that is open to interpretations dependent on responder. Agree to add caveat and no need to include survey summary.	Y	24/04/2015
		Page 95	P95 Fig 46 47 would be best superimposed	Unclear map. Not changed.	N	24/04/2015
		Page 100	P100 viable rural locations - remove word viable	Removed the word viable as per Steering group discussion	Y	24/04/2015
		Page 100	Page 100 opening hours for all dispensing sites (CP &DD) per locality on key days such as saturdays and sundays and extended hours weekdays would identify gaps in services for all patients. Equity for patients and providers should be considered.	Figure 50 to be amended with opening time of Dispenisng Doctors and Pharmacies.	Y	24/04/2015
		Page 105	Repeat dispensing RD ie batch prescriptions needs defining and writing in full throughout for ease of understanding	Repeat Dispensing - definition fully clarified in Figure 25	N	24/04/2015
		Page 112	needs to add no patient registration needed for community pharmacy and also extended access to medicines across weekdays and weekend	Comment noted and amended.	Y	24/04/2015
		Page 113	Page 113 it would be helpful to note the wider NHS plans to extend patient care 7/7 across primary and secondary care which will escalate the need for more dispensing services and pharmaceutical advice across 7/7 eg to support early patient discharge from secondary care and help support patients remain independant at home avoiding escalation of care due to medicines issues	Comment noted and amended in Executive Summary and Conclusion	Y	24/04/2015
		Page 115	Page 115 note equity of patient access to pharmaceutical advice is gap in rural areas on saturdays, sundays and extended hours.	Comment noted and amended in Executive Summary and Conclusion	Y	24/04/2015
			info on DDs like DRUMS and DSQS assurance scheme for dispensing practice outcomes would be helpful to highlight any gaps in patient access	No data available from NHS England to evaluate.	N	
			MURs and NMS for community pharmacies data would be helpful to highlight any gaps in patient access	Limited and nil data available on MUR and NMS respectively from NHS England. Unable to fully evaluate	Y	24/04/2015
8	A health or social care professional (Fownhope Medical Centre)	Section 3.1, 3.2 & 3.4	Q4b. Need to improve access to evenings and weekends, dispensing Drs need to be supported as a vital rural resource	Some community pharmacies already provide extended opening hours service. A recommendation following the PNA is to increase access to all dispensing services. Comment noted and amended in Executive Summary and Conclusion.	Y	24/04/2015
		Section 3.2	Q6. Ross and Leominster inadequate on weekends	This was not identified in the public survey, although it is recognised that Herefordshire as a whole would benefit from greater access to all dispensing services and alignment to GP services. Comment noted and amended in Executive Summary and Conclusion.	Y	24/04/2015
		Additional information	Q9. We feel the dispensing Drs should be supported by the council & that they should be allowed to dispense to non-dispensing patients and unregistered patients.	Regulation governing the responsibilities and the deliveryof the Dispenisng Doctors service are under NHS England and are nationally agreed. This is not the remit of the PNA.	N	
		Further comments	Q11. Any new services that are proposed to be offered in pharmacies should also be proposed in dispensing surgeries for patient fairness and choice.	Regulation governing the responsibilities and the deliveryof the Dispenisng Doctors service are under NHS England and are nationally agreed. This is not the remit of the PNA.	N	

Appendix 4 – Cross Boundary Pharmacies (Figure 48)

Yellow – Pharmacy opens later on weekdays and open Saturdays and Sundays
Blue – Pharmacy opens weekdays and on Saturdays
Orange – Pharmacy opens weekdays only

Town	ID	Pharmacy Trading Name	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Malvern	28	Boots the Chemist	WR14 2AA	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	Closed
Malvern	29	Malvern Pharmacy	WR14 2AE	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	Closed
Hay-On-Wye	30	R M Jones	HR3 5AE	09:00 – 13:00; 14:00 – 18:00	09:00 – 13:00; 14:00 – 17:30	09:00 – 13:00; 14:00 – 18:00	09:00 – 13:00; 14:00 – 17:30	09:00 – 13:00; 14:00 – 18:00	09:00 – 13:00; 14:00 – 15:30	Closed
Drybrook	31	Drybrook Pharmacy	GL17 9JA	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 17:30	09:00 – 13:00	Closed
Mitcheldean	32	Mitcheldean Pharmacy	GL17 0AZ	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 18:30	09:00 – 17:30	Closed	Closed

Herefordshire Pharmaceutical Needs Assessment 2014
Pharmacy survey for community pharmacies

As part of the development of the Pharmaceutical Needs Assessment (PNA), all pharmacies and dispensing GP surgeries need to complete a pharmaceutical questionnaire to ensure that all information about the pharmacy (or dispensing GP surgeries) and the services provided are correct and adequate for the local population. This information will be included in the PNA when it is published, and will help to identify gaps in service provision as part of the PNA process.

A survey was created and ran from the 17th October 2014 until the 15th December 2014 to gather information from pharmacies with regards to the services they provide to the public. The survey received responses from all community pharmacies in Herefordshire.

Where analysis does not meet 27 responses, this is due to pharmacies omitting to answer certain questions. The response to questions 1, 2 and 3 with regards to the pharmacy's contact details and opening hours have been incorporated in **Appendix 9.**

Q3. Does your pharmacy dispense appliances i.e. Ostomy and Urology Products?	Number of Responses	Percentage of Responses
Yes - all types	18	69%
Yes - excluding 'specified appliances'	6	23%
No	2	8%
Grand Total	**26**	**100%**

Q4. If yes, does your pharmacy currently provide Appliance Use Reviews (AUR)?	Number of Responses	Percentage of Responses
Yes	0	0%
No	25	100%
Grand Total	**25**	**100%**

Q5. If yes, does your pharmacy currently provide Stoma Customisation?	Number of Responses	Percentage of Responses
Yes	3	14%
No	18	86%
Grand Total	**21**	**100%**

Q6. Are there any other services provided from your pharmacy that you would like to be considered in the PNA?

- Blood pressure monitoring, diabetes screening service, Flu jab service, and travel health service.
- Collection and delivery service. Repeat dispensing. MDS.
- Flu jab service, erective dysfunction service, blood pressure testing service, travel health service, blood glucose testing service.
- Flu vaccination, Supervised consumption, EHC, no smoking
- NMs, MUR, Flu Vaccination, EHC
- Smoking cessation and needle exchange

- Smoking cessation, needle exchange, supervised consumption, weight management, blood glucose monitoring, blood pressure monitoring, NMS, MUR, DOA assessment for reasonable adjustments.

Q7. Can customers legally park within 50 metres of your premises?	Number of Responses	Percentage of Responses
Yes	23	85%
No	4	15%
Grand Total	**27**	**100%**

Q8. Is there a bus stop within walking distance of your premises?	Number of Responses	Percentage of Responses
Yes	26	100%
No	0	0%
Grand Total	**26**	**100%**

Q9. If yes, how long does the walk take?	Number of Responses	Percentage of Responses
Less than 2 minutes	17	63%
2 to 5 minutes	9	33%
More than 5 minutes	1	4%
Grand Total	**27**	**100%**

Q10. Can disabled customers park within 10 metres of your premises (with a 'blue badge')?	Number of Responses	Percentage of Responses
Yes	22	81%
No	5	19%
Grand Total	**27**	**100%**

Q11. Is the entrance to the premises suitable for unaided wheelchair access?	Number of Responses	Percentage of Responses
Yes	21	84%
No	4	16%
Grand Total	**25**	**100%**

Q12. Are all areas of the premises floor accessible by wheelchair?	Number of Responses	Percentage of Responses
Yes	25	93%
No	2	7%
Grand Total	**27**	**100%**

Q13. Do you have any other facilities in the premise aimed at helping disabled people access your services? If yes, tick as many as appropriate.	Number of Responses	Percentage of Responses
Automatic door assistance	13	50%
Bell at front door	2	8%
Disabled toilet facility	8	31%
Hearing loop	16	62%
Large print labels/leaflets	15	58%
Wheelchair ramp access	10	38%
Grand Total	**26**	

Q14. Are the premises subject to any of the following development constraints?	Number of Responses	Percentage of Responses
Limited or no room for expansion	6	43%
Listed building status	5	36%
Within a conservation area	3	21%
Grand Total	**14**	**100%**

Q15. Prescription delivery and collection	Yes	No	Grand Total
Do you offer delivery of dispensed medicines free of charge on request?	21/78%	6/22%	27
Do you offer delivery of dispensed medicines to selected patient groups only e.g. unable to visit surgery, collection points?	8/31%	18/69%	26
Do you offer delivery of dispensed medicines to selected areas only?	12/44%	15/56%	27
Do you offer delivery of dispensed medicines for a fee/charge?	3/12%	23/88%	26
Do you supply medicines to care homes?	13/48%	14/52%	27

Q16. Consultation areas	Yes	No	Grand Total
Do you have a consultation point/area for private discussions?	26/96%	1/4%	27
If you have a consultation area, is this accessible by wheelchair?	24/92%	2/8%	26
Is there seating for 3 people?	18/67%	9/33%	27
Is there a bench of table suitable for writing or examining medicines/products?	25/100%	0	25
Is there a computer terminal within the area to access patient's records or complete audit data?	18/69%	8/31%	26
Is there a sink within this area?	18/69%	8/31%	26

Q17. Information technology	Yes	No	Grand Total
Do all your computers within dispensary access your	25/96%	1/4%	26

dispensary software?			
Do you have a computer that can access the internet?	26/96%	1/4%	27
Can the internet be accessed whilst the PMR system is running?	26/100%	0	26
Have you completed an up to date Information Governance assessment?	23/96%	1/4%	24
Can you provide an email address that can be used for official communication?	25/100%	0	25
Do you have a printer that will print A4 size of paper?	27/100%	0	27
Does your dispensary have a website?	11/46%	13/54%	24
Do you provide the electronic prescription service (EPS)?	27/100%	0	27
Do you provide the electronic prescription service 2 (EPS2)?	27/100%	0	27

Q18. Does the pharmacy normally have two pharmacists on duty at any time during the week?	Number of Responses	Percentage of Responses
Yes	10	38%
No	16	62%
Grand Total	**26**	**100%**

Q19. If yes, then for how many hours per week are two pharmacists working?	Number of Responses	Percentage of Responses
0 - 4 hrs	4	31%
5 - 9 hrs	3	23%
10 - 14 hrs	3	23%
15 - 19 hrs	0	0%
20 - 24 hrs	1	8%
25 - 29 hrs	0	0%
30 hrs +	2	15%
Grand Total	**13**	**100%**

Q20. If yes, is there a specific reason?	Number of Responses	Percentage of Responses
To give additional support in to dispensary in busy periods	6	67%
To provide cover for administration work	5	56%
To provide support for additional services such as medication review	8	89%
For handover during shifts	5	56%
Other	1	11%
Grand Total	**9**	

Other - Care home visits

Q21. Do any of your regular pharmacy staff speak a foreign language?	Number of Responses	Percentage of Responses
Yes	15	58%
No	11	42%
Grand Total	**26**	**100%**

Q22. If yes, which languages are spoken?	Number of Responses	Percentage of Responses
Arabic	0	0%
Bengali	0	0%
Cantonese	0	0%
Czech	0	0%
Farsi	1	8%
French	1	8%
Georgian	0	0%
Gujarati	0	0%
Hindi	2	15%
Japanese	0	0%
Kurdish	0	0%
Mandarin	1	8%
Polish	7	54%
Punjabi	1	8%
Romanian	1	8%
Russian	4	31%
Somali	0	0%
Spanish	0	0%
Urdu	0	0%
Welsh	1	8%
Other	4	31%
Grand Total	**13**	

Other

- Malayalam
- Tamil
- Persian
- Lithuanian
- Slovakian
- Finish
- Can understand French and Spanish

Q23. Do you feel there is a need for more pharmaceutical providers in your locality?	Number of Responses	Percentage of Responses
Yes	1	4%
No	25	96%
Grand Total	**26**	**100%**

Q24. Which of these advanced services do you currently provide?	Number of Responses	Percentage of Responses
Medicines Use Review	24	100%
New Medicines Service	23	96%
Appliance Use Review	0	0%
Stoma Customisation	2	8%
Grand Total	**24**	

Q25. Which of these locally commissioned services do you CURRENTLY provide?	Number of Responses	Percentage of Responses
Chlamydia screening	0	0%
Chlamydia treatment	0	0%
Minor Ailment Scheme	11	44%
Head lice eradication	0	0%
Body weight assessment	6	24%
Vascular screening assessment	1	4%
Emergency hormonal contraception	18	72%
Out of hours services	8	32%
Supply of palliative care medicines	14	56%
Sexual health service including supply of contraception under patient group direction	5	20%
Supply of pharmaceutical services to care homes	5	20%
Needle exchange	4	16%
Stop smoking service	19	76%
Supervised administration of methadone	19	76%
Supervised administration of subutex	15	60%
Other	7	28%
Grand Total	**25**	

Other

- Post M.I. talks
- Unwanted medicines disposal, providing of varenicline (champix) and flu vaccinations.
- Flu jab service
- Seasonal Flu Vaccination. Flu Nasal Spray for pilot GPs (Y7&Y8).
- NHS Flu Vaccination
- Blood pressure monitoring
- Flu vaccination for NHS

Q26. Which services would you want to provide if commissioned to do so?	Yes	No	Grand Total
Alcohol screening and brief intervention	15/94%	1/6%	16
Anticoagulant management	12/71%	5/29%	17
Anticoagulant monitoring service	12/71%	5/29%	17
Disease specific medicines management	15/88%	2/12%	17
Emergency contraception service	13/93%	1/7%	14
Gluten free food supply service	18/100%	0/0%	18
Independent prescribing service	12/71%	5/29%	17
Medication review service	15/94%	1/6%	16
Medicines assessment and compliance support	15/88%	2/12%	17
Oral contraception service	12/80%	3/20%	15
Patient group directions	16/89%	2/11%	18
Phlebotomy service	8/57%	6/43%	14
Services to schools	12/75%	4/25%	16
Sharps disposal	12/75%	4/25%	16
Stop smoking service	15/100%	0/0%	15
Supervised administration service	12/86%	2/14%	14
Supplementary prescribing service	11/69%	5/31%	16
Vascular risk assessment service	12/75%	4/25%	16
Weight management	19/100%	0/0%	19
Other	5/100%	0/0%	5

Other

- Minor ailments
- Minor ailments service, emergency supply of medication on PGD
- Blood Pressure Monitoring
- Difficult to provide additional services from the current premises as we have no consultation room.
- Needle exchange.

Q27. All pharmacies are required to conduct an annual community pharmacy patient questionnaire (CPPQ, formerly referred to as the Patient Satisfaction Questionnaire). Using the results from your most recent CPPQ please identify the most frequent requests from patients as either improvements or additions to services.

- 1) More seating 2) Area for confidential discussion at prescription collection point
- 1) Patients don't like the fact that dispensary is closed for an hour at lunchtime. 2) Minor ailments would be a very good service to be able to provide.
- 1) The comfort and convenience of waiting areas. 2) How we deal with your confidential information 3) having somewhere available where you could speak without being heard. 4) Providing advice on health services or information available elsewhere.
- All pharmacies are required to conduct an annual communit...
- Better signposting of consulting/private area.
- Better seating.
- Comfort and convenience of waiting area.
- Improvement could be made in providing healthy living advice into general conversation with the patients in order to get the message across.
- Minimising queues, Product/appliances stock issues and availability.
- None highlighted.
- Not closing at lunchtime - no longer the case.
- Providing advice on physical exercise.
- Providing general advice on healthy lifestyle.
- Requests for larger premises, larger waiting area, and facilities to have a confidential conversation. Improvement in patient waiting time.
- Requests for needle exchange scheme.
- Services that are wanted: 1) Emergency contraception 2) Sharps disposal 3) Needle Exchange.
- The comfort and convenience of the waiting area. - Providing advice on health services or information available elsewhere. Providing general advice on leading a healthier lifestyle.
- To be open on Saturday and after office hours.
- Waiting area requires more comfortable seating. Consultation/quiet area (we have a consultation room but customers were unsure of its purpose)
- We normally book a consultation room to conduct any services. But customer prefer to have a room nearby rather than booking service.

Herefordshire Pharmaceutical Needs Assessment 2014
Pharmacy survey for dispensing practices

As part of the development of the Pharmaceutical Needs Assessment (PNA), all pharmacies and dispensing GP surgeries need to complete a pharmaceutical questionnaire to ensure that all information about the pharmacy or dispensing GP surgeries and the services provided are correct and adequate for the local population. This information will be included in the PNA when it is published, and will help to identify gaps in service provision as part of the PNA process.

A survey was created and ran from the 17th October 2014 until the 15th December 2014 to gather information from dispensing practices with regards to the services they provide to the public.

12 dispensing practice sites responded. Where analysis does not meet 12 responses, this is due to practices omitting to answer certain questions.

Q3. Does your dispensing practice dispense appliances i.e. Ostomy and Urology Products?	Number of Responses	Percentage of Responses
Yes - all types	12	100%
Yes - excluding 'specified appliances'	0	0%
No	0	0%
Grand Total	**12**	**100%**

Q4. If yes, does your dispensing practice currently provide Appliance Use Reviews (AUR)?	Number of Responses	Percentage of Responses
Yes	4	33%
No	8	67%
Grand Total	**12**	**100%**

Q5. If yes, does your dispensing practice currently provide Stoma Customisation?	Number of Responses	Percentage of Responses
Yes	3	25%
No	9	75%
Grand Total	**12**	**100%**

Q6. Are there any other services provided from your dispensing practice that you would like to be considered in the PNA?

- Delivery service
- We advise and refer to Stoma Nurse, Urostomy etc when needed for reviews.

Q7. Can customers legally park within 50 metres of your premises?	Number of Responses	Percentage of Responses
Yes	12	100%
No	0	0%
Grand Total	**12**	**100%**

Q8. Is there a bus stop within walking distance of your premises?	Number of Responses	Percentage of Responses
Yes	12	100%
No	0	0%
Grand Total	**12**	**100%**

Q9. If yes, how long does the walk take?	Number of Responses	Percentage of Responses
Less than 2 minutes	9	75%
2 to 5 minutes	2	17%
More than 5 minutes	1	8%
Grand Total	**12**	**100%**

Q10. Can disabled customers park within 10 metres of your premises (with a 'blue badge')?	Number of Responses	Percentage of Responses
Yes	12	100%
No	0	0%
Grand Total	**12**	**100%**

Q11. Is the entrance to the premises suitable for unaided wheelchair access?	Number of Responses	Percentage of Responses
Yes	12	100%
No	0	0%
Grand Total	**12**	**100%**

Q12. Are all areas of the premises floor accessible by wheelchair?	Number of Responses	Percentage of Responses
Yes	12	100%
No	0	0%
Grand Total	**12**	**100%**

Q13. Do you have any other facilities in the premise aimed at helping disabled people access your services? If yes, tick as many as appropriate.	Number of Responses	Percentage of Responses
Automatic door assistance	6	50%
Bell at front door	4	33%
Disabled toilet facility	12	100%
Hearing loop	6	50%
Large print labels/leaflets	9	75%
Wheelchair ramp access	10	83%
Grand Total	**12**	

Q14. Are the premises subject to any of the following development constraints?	Number of Responses	Percentage of Responses
Limited or no room for expansion	4	100%
Listed building status	0	0%
Within a conservation area	0	0%
Grand Total	**4**	**100%**

Q15. Prescription delivery and collection	Yes	No	Grand Total
Do you offer delivery of dispensed medicines free of charge on request?	2/17%	10/83%	12
Do you offer delivery of dispensed medicines to selected patient groups only e.g. unable to visit surgery, collection points?	3/27%	8/73%	11
Do you offer delivery of dispensed medicines to selected areas only?	2/17%	10/83%	12
Do you offer delivery of dispensed medicines for a fee/charge?	0/0%	11/100%	11
Do you supply medicines to care homes?	8/73%	3/27%	11

Q16. Consultation areas	Yes	No	Grand Total
Do you have a consultation point/area for private discussions?	12/100%	0/0%	12
If you have a consultation area, is this accessible by wheelchair?	12/100%	0/0%	12
Is there seating for 3 people?	12/100%	0/0%	12
Is there a bench of table suitable for writing or examining medicines/products?	12/100%	0/0%	12
Is there a computer terminal within the area to access patient's records or complete audit data?	12/100%	0/0%	12
Is there a sink within this area?	10/100%	0/0%	10

Q17. Information technology	Yes	No	Grand Total
Do all your computers within dispensary access your dispensary software?	12/100%	0/0%	12
Do you have a computer that can access the internet?	12/100%	0/0%	12
Can the internet be accessed whilst the PMR system is running?	12/100%	0/0%	12
Have you completed an up to date Information Governance assessment?	11/100%	0/0%	11
Can you provide an email address that can be used for official communication?	12/100%	0/0%	12
Do you have a printer that will print A4 size of paper?	12/100%	0/0%	12
Does your dispensary have a website?	11/100%	0/0%	11
Do you provide the electronic prescription service (EPS)?	0/0%	12/100%	12
Do you provide the electronic prescription service 2 (EPS2)?	0/0%	12/100%	12

Q18. Does the dispensing practice have a pharmacist on duty at any time during the week?	Number of Responses	Percentage of Responses
Yes	0	0%
No	12	100%
Grand Total	**12**	**100%**

Q19. Do you have a second pharmacist working at the same time?	Number of Responses	Percentage of Responses
Yes	0	0%
No	11	100%
Grand Total	**11**	**100%**

Q20. If yes, then for how many hours per week are two pharmacists working?	Number of Responses	Percentage of Responses
0 - 4 hrs	3	100%
5 - 9 hrs	0	0%
10 - 14 hrs	0	0%
15 - 19 hrs	0	0%
20 - 24 hrs	0	0%
25 - 29 hrs	0	0%
30 hrs +	0	0%
Grand Total	**3**	

Q21. If yes, is there a specific reason?	Number of Responses	Percentage of Responses
To give additional support in to dispensary in busy periods	0	0%
To provide cover for administration work	0	0%
To provide support for additional services such as medication review	0	0%
For handover during shifts	0	0%
Other	0	0%
Grand Total	**0**	

Q22. Do any of your regular dispensing practice staff speak a foreign language?	Number of Responses	Percentage of Responses
Yes	7	58%
No	5	42%
Grand Total	**12**	**100%**

Q23. If yes, which languages are spoken?	Number of Responses	Percentage of Responses
Arabic	0	0%
Bengali	0	0%
Cantonese	0	0%
Czech	0	0%
Farsi	0	0%
French	1	14%
Georgian	0	0%
Gujarati	0	0%
Hindi	0	0%
Japanese	0	0%
Kurdish	0	0%
Mandarin	0	0%
Polish	5	71%
Punjabi	0	0%
Romanian	0	0%
Russian	0	0%
Somali	0	0%
Spanish	1	14%
Urdu	0	0%
Welsh	1	14%
Other	1	14%
Grand Total	**7**	

Other

- Sign language

Q24. Do you feel there is a need for more pharmaceutical providers in your locality?	Number of Responses	Percentage of Responses
Yes	1	8%
No	11	92%
Grand Total	**12**	**100%**

Q25. Which of these advanced services do you currently provide?
This question does not apply to dispensing practices

Q26. Which of these locally commissioned services do you CURRENTLY provide?
This question does not apply to dispensing practices

Q27. Which services would you want to provide if commissioned to do so?
This question does not apply to dispensing practices

Q28. All pharmacies are required to conduct an annual community pharmacy patient questionnaire (CPPQ, formerly referred to as the Patient Satisfaction Questionnaire). Using the results from your most recent CPPQ please identify the most frequent requests from patients as either improvements or additions to services.
This question does not apply to dispensing practices

Herefordshire Pharmaceutical Needs Assessment 2014 - Public survey

Herefordshire Council's public health team is conducting a public survey as part of the Pharmaceutical Needs Assessment to better understand the views of local people on pharmacy services. This survey will assess whether the current services are meeting the needs of local people. Your views will help us to improve the health services that pharmacies have to offer and plan future services. Please take few minutes to complete this questionnaire.

Please note that any information you provide will be treated as strictly confidential and will only be used for the purposes described above. It will not be shared with any other parties. Any comments provided may be included in anonymous form in any published results.

Your personal information will be held and used in accordance with the Data Protection Act 1998. The council will not disclose such information to any unauthorised person or body but where appropriate, will use such information when improving its various functions and services.

If you have any queries, require help to complete this form or would like it in another format or language, please call the strategic intelligence team on 01432 261944 or email researchteam@herefordshire.gov.uk.

1. What is the first part of your postcode? (we will not be able to identify you from this limited information)

100%

2. Are you responding as an individual or representing a group? (If as a group/organisation please describe below)

100% *Individual*

0% *Group/organisation*

100%

3. Where would you normally obtain any prescribed medicines?

70% *Community pharmacy*

30% *Dispensing GP practice*

4. Do you use a medical appliance supplier? (e.g. for incontinence products or wound dressings)

4% *Yes*

96% *No*

5. Do you use an internet/distant selling pharmacy? (who do not have walk-in premises)

1% *Yes, as a regular pharmacy*

7% *Yes, but only occasionally*

92% *No*

6. How often do you use a community pharmacy/dispensing practice?

4% *Once a week*

18% *Once every couple of weeks*

36% *Once a month*

23% *Every couple of months*

19% *Less often*

7. Who would you normally visit a community pharmacy/dispensing practice for? (please tick all that apply)

91% *Yourself*

52% *A family member*

2% *Someone who is not a family member for whom you are a carer*

2% *Other, please specify*

100%

8. If you visit a community pharmacy/dispensing practice on behalf of someone else, please give a reason why: (please tick all that apply)

38% *Access issues e.g. disability, lack of transport*

29% *Age of patient e.g. child under 16*

16% *Opening hours are not suitable for the patient*

29% *Other, please specify*

100%

9. Do you have a regular community pharmacy/dispensing practice?

86% *Yes*

14% *No*

10. In terms of staff and services, why do you use this pharmacy/dispensing practice regularly? (please tick all that apply)

80% *The staff are friendly*

68% *The staff are knowledgeable*

28% *The staff speak my first language (please specify your first language below)*

44% *They offer a collection service*

31% *They offer a delivery service*

9% *They offer another service which I use*

Please specify your first language

100%

11. In terms of location, why do you use this pharmacy/dispensing practice regularly? (please tick all that apply)

13% *In the supermarket*

44% *Near to home*

9% *Near to work*

22% *In town/shopping area*

65% *Near to my doctors/It is my doctors*

1% *Not applicable as I use an internet/distant selling pharmacy only*

12. How do you usually travel to your pharmacy/dispensing practice? (please tick all that apply)

59% *Car (driver)*

6% *Public transport*

3% *Cycle*

0% *Not applicable as I use an internet/distant selling pharmacy only*

13% *Car (passenger)*

40% *Walk*

1% *Other*

13. On average, how long does it take you to travel to your pharmacy/dispensing practice?

53% *Less than 10 minutes*

28% *10 to 19 minutes*

16% *20 to 30 minutes*

1% *More than 30 minutes*

1% *Not applicable as I use an internet pharmacy only*

14. Do you have any difficulties when travelling to your pharmacy or dispensing practice?

2% *Location of pharmacy/dispensing practice*

7% *Availability of public transport*

1% *Cost of public transport*

18% *Parking difficulties*

71% *No difficulties*

1% *Not applicable as I use an internet pharmacy only*

15. Did you know that there are community pharmacies in Herefordshire that are open extended hours (e.g. early mornings, late nights and weekends)

60% *Yes*

40% *No*

16. Do you know where these community pharmacies are located?

34% *Yes*

66% *No*

17. Have you used these community pharmacies early in the morning, later at night or at weekends?

21% *Yes*

79% *No*

18. At what times would you, or do you, find extended hours community pharmacies most useful? (please tick all that apply)

55% *Saturdays*

46% *Sundays*

19% *Before 9am*

32% *After 8pm*

24% *None of these*

19. How do you rate the ease of obtaining medication e.g. waiting times or availability of medicines?

42% *Excellent*

36% *Good*

16% *Average*

3% *Poor*

3% *Very poor*

20. Do you feel that you are provided with sufficient information about your medication e.g. dosage, possible side effects?

79% *Yes*

11% *No*

10% *No opinion*

If no, how could this be improved?

100%

21. How would you rate your overall satisfaction with you pharmacy/dispensing practice?

52% *Excellent*
32% *Good*
12% *Average*
3% *Poor*
1% *Very Poor*

22. Are there any extra services you would like to see being provided by your community pharmacy/dispensing practice, or do you have other comments you would like to make?

100%

If you use a community pharmacy or internet/distant selling pharmacy please also complete the following:

23. How important are the following aspects of the pharmacy services?

	Very Important	*Important*	*Unimportant*	*Very unimportant*
Opening hours	64%	32%	2%	1%
Friendly staff	58%	38%	3%	1%
Knowledgeable staff	80%	18%	2%	0%
Location of pharmacy	64%	33%	2%	1%
Waiting/delivery times	52%	45%	3%	0%
Private consultation areas	31%	43%	24%	3%
The pharmacist taking time to listen and talk to you	54%	37%	8%	1%
The pharmacy having the things you need	74%	26%	0%	0%
Prescription collection service from your surgery	47%	30%	20%	3%
Home delivery of your medication	22%	23%	47%	8%

24. How satisfied were you with the following aspects of services at your community pharmacy or internet/distant selling pharmacy?

	Very satisfied	*Satisfied*	*Unsatisfied*	*Very unsatisfied*
Opening hours	40%	48%	12%	0%
Staff attitude	60%	34%	6%	1%
Knowledgeable staff	58%	37%	5%	1%
Location	53%	41%	5%	1%
Waiting/delivery times	36%	54%	7%	3%
Private consultation areas	32%	57%	9%	2%
The pharmacist taking time to listen and talk to you	43%	49%	5%	3%
Prescription collection service from your surgery	45%	46%	6%	3%
Home delivery of your medication	35%	55%	5%	5%

25. Which of the following products/services would you use at a community or internet/distant selling pharmacy if available (make each option mandatory before moving onto next question)?

	No-I have not used this service at my pharmacy and am not interested in it	*No-but I would like to use this service at the local pharmacy*	*Yes-and this service met my needs*	*Yes-and this service met some of my needs*	*Yes-although this service did not address my needs at all*	*I don't know what this is*
Alcohol support services	92%	2%	1%	0%	0%	6%
Blood pressure check	49%	38%	10%	1%	1%	2%
Cancer treatment support services	58%	27%	5%	1%	2%	7%
Collection of prescription from my surgery	23%	13%	57%	5%	2%	1%
Delivery of medicines to my home	57%	24%	16%	1%	1%	1%
Diabetes screening	55%	34%	7%	0%	2%	2%
Early morning opening (before 9am)	58%	27%	9%	3%	2%	1%
Electronic prescription service	30%	25%	34%	4%	1%	7%
Emergency hormonal contraception (morning after pill)	86%	5%	5%	0%	1%	2%
Flu vaccination service	53%	25%	17%	2%	1%	1%
Health tests, e.g. cholesterol, blood pressure	45%	37%	13%	2%	1%	2%
Healthy weight advice	55%	32%	8%	2%	1%	2%
Late night opening (after 7pm)	46%	40%	9%	1%	3%	1%
Long term condition advice	48%	34%	10%	3%	1%	4%
Medicine use reviews	42%	36%	15%	3%	1%	3%
Minor ailment scheme (Access to certain subsidised over the counter medicines to avoid a GP visit)	27%	53%	16%	1%	1%	3%
Prescription dispensing	15%	21%	56%	5%	1%	2%
Private consultation room	37%	28%	30%	1%	1%	3%
Purchased anti-malarials	69%	16%	9%	2%	1%	4%
Purchased over the counter medicines	15%	18%	59%	6%	1%	1%
Respiratory Services e.g. inhaler technique	64%	21%	8%	1%	1%	4%
Stop smoking service	82%	9%	5%	0%	1%	3%
Substance misuse service	90%	4%	2%	0%	1%	4%
Sunday opening	48%	37%	10%	1%	2%	2%

ABOUT YOU: This information helps us to ensure that our services are accessible to all. It will only be used for the purpose of statistical monitoring, treated as confidential and not used to identify you.

26. What is your gender?

37% *Male*

63% *Female*

27. What is your age band?

0% *0-15 years*

2% *16-24 years*

19% *25-44 years*

37% *45-64 years*

25% *65-74 years*

17% *75+ years*

28. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

15% *Yes - limited a little*

17% *Yes - limited a lot*

67% *No*

If yes, please specify any particular requirements when using this service:

100%

29. How would you describe your national identity? (Tick as many as apply)

70% *English*

4% *Welsh*

4% *Other, please specify*

1% *Scottish*

1% *Northern Irish*

22% *British*

1% *Irish*

100%

30. How would you describe your ethnic group? (Please tick one box only)

96% *White British/English/Welsh/Scottish/Northern Irish*

1% *Other White (please specify)*

3% *Any other ethnic group (please specify)*

Other White (please specify)

100%

Any other ethnic group (please specify)

0%

31. Do you feel that you were treated differently (positively or negatively) because of who you are? (e.g. your age, gender, disability or ethnicity)

5% *Yes*

95% *No*

If yes, please specify:

100%

Thank you for your time in completing this questionnaire

APPENDIX 8 – Herefordshire Locally Commissioned Services

Services commissioned by the Local Authority (LA)	**Services commissioned by the Clinical Commissioning Group (CCG)**
EC – Emergency Hormonal Contraception	**SC:P** – Smoking Cessation: Pharmacotherapy
SC:S – Smoking Cessation 1: 1 Support	**MA** – Minor Ailments
SM – Supervised Methadone/Buprenorphine	
NE – Needle Exchange	

Locality	**ID**	**Pharmacy Name**	**LA**				**CCG**	
			EC	**SC:S**	**SM**	**NE**	**SC:P**	**MA** *see note below
Bromyard	1	Rowland Pharmacy	**Y**	**Y**	**Y**		**Y**	-
Hereford	3	Asda	**Y**	**Y**	**Y**		**Y**	-
	4	Boots the Chemist	**Y**	**Y**	**Y**	**Y**	**Y**	-
	5	Chandos Pharmacy	**Y**	**Y**	**Y**			-
	6	Chave and Jackson,	**Y**	**Y**	**Y**		**Y**	-
	7	Hereford Pharmacy	**Y**	**Y**	**Y**		**Y**	-
	8	Taylors Chemist	**Y**	**Y**			**Y**	-
	13	Lloyds Pharmacy Ltd	**Y**	**Y**	**Y**		**Y**	-
	17	Morrison Pharmacy	**Y**	**Y**	**Y**			-
	10	Rowland Pharmacy (Hampton Dene)	**Y**	**Y**	**Y**		**Y**	-
	9	Rowland Pharmacy (Belmont)	**Y**	**Y**	**Y**		**Y**	-
	11	Rowland Pharmacy (Westfaling)	**Y**	**Y**	**Y**		**Y**	-
	14	Sainsburys Ltd Pharmacy	**Y**					-
	15	Tesco Instore Pharmacy (City)	**Y**	**Y**	**Y**		**Y**	-
	16	Tesco Instore Pharmacy (Belmont)	**Y**	**Y**			**Y**	-
	12	Wye Valley Pharmacy						-
Kington	18	Rowland Pharmacy	**Y**	**Y**	**Y**	**Y**	**Y**	-
Ledbury	19	Boots the Chemist	**Y**	**Y**	**Y**		**Y**	-
	2	Colwall Pharmacy	**Y**	**Y**			**Y**	-
	20	Day Lewis Pharmacy	**Y**	**Y**	**Y**	**Y**	**Y**	-
Leominster	21	Boots the Chemist	**Y**	**Y**	**Y**		**Y**	-
	22	Westfield Walk Pharmacy	**Y**	**Y**	**Y**	**Y**	**Y**	-
	23	Leominster Pharmacy	**Y**	**Y**	**Y**		**Y**	-
	24	W S & B Rees Chemists	**Y**	**Y**			**Y**	-
Ross-on-Wye	25	Benjamins Pharmacy (The Community Hospital)		**Y**	**Y**			-
	26	Boots the Chemist	**Y**	**Y**	**Y**	**Y**	**Y**	-
	27	Lloyds Pharmacy		**Y**				-

**Note: "-" Currently undergoing service re-design (May 2015) with the intention of all community pharmacies being commissioned to deliver service if appropriate*

Appendix 9 – Pharmacy Contractor Opening Hours

Yellow	Pharmacy opens later on weekdays, and open Saturdays and Sundays
Blue	Pharmacy opens weekdays and open Saturdays
Orange	Pharmacy opens weekdays only

Bromyard Locality

ID	Pharmacy Name	Address	Post code	Telephone No	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	L Rowland & Co (Bromyard)	35 High St	HR7 4AF	01885 483291	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-17.30	Closed

**There are no pharmacies in the Golden Valley Locality*

Hereford Locality

ID	Pharmacy Name	Address	Post code	Telephone No	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3	Asda Stores Ltd	Belmont Rd	HR2 7JE	01432 346310	08.00-23.00	07.00-23.00	07.00-23.00	07.00-23.00	07.00-23.00	07.00-22.00	10.00-16.00
4	Boots The Chemist Ltd	12/13 High St	HR4 9AA	01432 274941	08.30-17.30	08.30-17.30	08.30-17.30	08.30-17.30	08.30-17.30	08.30-17.30	10.00 -16.00
5	Chandos Pharmacy	2/3 Chandos House	HR1 2PR	01432 272065	08.30-18.30	08.30-18.30	08.30-18.30	08.30-18.30	08.30-18.30	Closed	Closed
6	Chave & Jackson Ltd	6/7 Broad St	HR4 9AE	01432 272152	09.00-17.30	09.00-17.30	09.00-17.30	09.00-17.30	09.00-17.30	09.00-17.30	Closed
7	Hereford Pharmacy	96 Grandstand Rd	HR4 9NR	01432 343121	08.45-18.00	08.45-18.00	08.45-18.00	08.45-18.00	08.45-18.00	09.00-12.30	Closed
8	Taylors Chemist	1-2 St Owens Mews	HR1 2JB	01432 264242	09.00-18.00	09.00-18.00	09.00-18.00	09.00-18.00	09.00-18.00	09.00 -13.00	Closed
9	L Rowland & Co (Belmont)	Eastholme Ave	HR2 7XT	01432 356182	08.30-18.30	08.30-18.30	08.30-18.30	08.30-18.30	08.30-18.30	09.00-13.00	Closed

ID	Pharmacy Name	Address	Post code	Telephone No	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10	L Rowland & Co (Hampton Dene Pharmacy)	Gorsty Lane	HR1 1UN	01432 269101	08.30-17.30	08.30-17.30	08.30-17.30	08.30-17.30	08.30-17.30	Closed	Closed
11	L Rowland & Co (Westfaling Pharmacy)	100 Westfaling St	HR4 0JF	01432 271940	08.30-13.00 & 14.00-18.30	08.30-13.00 & 14.00-18.30	08.30-13.00 & 14.00-18.30	08.30-13.00 & 14.00-18.30	08.30-13.00 & 14.00-18.30	Closed	Closed
13	Lloyds Pharmacy Ltd	10 King St	HR4 9BW	01432 371512	09.00-18.00	09.00-18.00	09.00-18.00	09.00-18.00	09.00-18.00	09.00 -13.00	Closed
14	Sainsburys Ltd Pharmacy	Barton Yard	HR4 0AG	01432 274821	08.00 -12.30 & 13.00-21.00	08.00 -12.30 & 13.00-21.00	08.00 -12.30 & 13.00-21.00	08.00 -12.30 & 13.00-21.00	08.00 -12.30 & 13.00-21.00	08.00-12.30 & 13.00-20.00	10.00-16.00
15	Tesco Instore Pharmacy - City	1 Fryzer Court	HR4 0BW	01432 291847	08.00-13.30 & 14.00-19.00	08.00-13.30 & 14.00-19.00	08.00-13.30 & 14.00-19.00	08.00-13.30 & 14.00-19.00	08.00-13.30 & 14.00-19.00	08.00-17.00	Closed
16	Tesco Instore Phamacy - Belmont	Abbotts Mead Rd	HR2 7XS	01432 291647	08.00-13.30 & 14.00-19.00	08.00-13.30 & 14.00-19.00	08.00-13.30 & 14.00-19.00	08.00-13.30 & 14.00-19.00	08.00-13.30 & 14.00-19.00	08.00-19.00	10.00-16.00
17	Morrisons Pharmacy	Station Approach	HR1 1DN	01432 341077	09.00 -19.00	09.00 -19.00	09.00 -19.00	09.00 -19.00	09.00 -19.00	09.00 -19.00	10.00-16.00
12	Wye Valley Pharmacy	42c Holme Lacy Rd	HR2 6BZ	01432 342063	09.00-17:30	09.00-17:30	09.00-17:30	09.00-17:30	09.00-17:30	Closed	Closed

Kington Locality

ID	Pharmacy Name	Address	Post code	Telephone No	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
18	L Rowland & Co (Kington)	42 High St	HR5 3BJ	01544 230348	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-18.30	09.00-13.00 & 13.20-17.00	Closed

Ledbury Locality

ID	Pharmacy Name	Address	Post code	Telephone No	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
19	Boots The Chemist Ltd	9 High St	HR8 1DS	01531 632687	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	Closed
2	Colwall Pharmacy	Fletton House, Walwyn Rd	WR1 3 6QG	01684 540246	09.00-13.30 & 14.00-17.30	09.00-13.30 & 14.00-17.30	09.00-13.30 & 14.00-17.30	09.00-13.30 & 14.00-17.30	09.00-13.30 & 14.00-17.30	09.00 -12.30	Closed
20	Day Lewis Pharmacy	2 Sear House	HR8 2AA	01531 632693	09.00-12.00 & 13.00-18.00	09.00-12.00 & 13.00-18.00	09.00-12.00 & 13.00-18.00	09.00-12.00 & 13.00-18.00	09.00-12.00 & 13.00-18.00	09.00-13.00	Closed

Leominster Locality

ID	Pharmacy Name	Address	Post code	Telephone No	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
21	Boots The Chemist Ltd	18 Corn Square	HR6 8LR	01568 612721	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	Closed
22	Westfield Walk Pharmacy	Westfield Walk	HR6 8HD	01568 610399	09.00-19.00	09.00-19.00	09.00-19.00	09.00-19.00	09.00-19.00	09.00 -12.00	Closed
23	Leominster Pharmacy	21/23 West St	HR6 8EP	01568 615429	09.00-18.00	09.00-18.00	09.00-18.00	09.00-18.00	09.00-18.00	09.00-17.30	Closed
24	W.S. & B Rees Chemists	20 High St	HR6 8LZ	01568 612306	09.00-17.30	09.00-17.30	09.00-17.30	09.00-17.30	09.00-17.30	09.00-17.00	Closed

**There are no pharmacies in the Mortimer Locality*

Ross-on-Wye Locality

ID	Pharmacy Name	Address	Post code	Telephone No	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
25	Benjamins Pharmacy	The Community Hospital	HR9 5AD	01989 562466	09.00-18.30	09.00-18.30	09.00-18.30	09.00-18.30	09.00-18.30	Closed	Closed
26	Boots The Chemist Ltd	5 Market Place	HR9 5NX	01989 562798	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	08.30-13.00 & 14.00-17.30	10am-4pm
27	Lloyds Pharmacy Ltd	Pendeen Surgery	HR9 5AI	01989 562020	8.30-18.00	08.30-18.00	08.30-18.00	08.30-18.00	08.30-18.00	Closed	Closed

**There are no pharmacies in the Weobley Locality*

Appendix 10 – Dispensing Doctors Opening Hours

Bromyard Locality

ID Fig 48	ID Fig 50	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun
11	38	Nunwell Surgery	10 Pump Street	HR7 4BZ	01885 448 785	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed

Golden Valley

ID Fig 48	ID Fig 50	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun
3	30	Golden Valley Practice	Ewyas Harold	HR2 0EU	01981 240 320	09:00-13:00	09:00-13:00	09:00-13:00	09:00-13:00	09:00-13:00	Closed	Closed
4	31	Golden Valley Practice – Peterchurch Surgery	Closure Place	HR2 0RS	01981 550 322	09:00-13:00	09:00-13:00	09:00-13:00	09:00-13:00	09:00-13:00	Closed	Closed
5	32	Kingstone Surgery	Kingstone	HR2 9HN	01981 540 310	08:00-13:30 & 14:00-18:30	08:00-13:30 & 14:00-18:30	08:00-13:30 & 14:00-18:30	08:00-13:30 & 14:00-18:30	08:00-13:30 & 14:00-18:30	Closed	Closed
10	37	Much Birch Surgery		HR2 8HT	01981 250 215	10:00-12:30	10:00-12:30	10:00-12:30	10:00-12:30	10:00-12:30	Closed	Closed

Hereford Locality

ID Fig 48	ID Fig 50	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun
2	29	Fownhope Medical Centre	Lower Island Orchard, Common Hill Lane	HR1 4PZ	01432 860 235	14:00-16:00	14:00-16:00	14:00-16:00	14:00-16:00	14:00-16:00	Closed	Closed
12	39	Quay House Medical Centre	Credenhill Surgery	HR4 7EF	01432 352 600	09:00-11:00	09:00-11:00	09:00-11:00	09:00-11:00	09:00-11:00	Closed	Closed

Kington Locality

ID Fig 48	ID Fig 50	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun
13	40	Kington Medical Practice	Eardisley Road	HR5 3EA	01544 230 302	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed

Ledbury Locality

ID Fig 48	ID Fig 50	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun
1	28	Cradley Surgery	Bosbury Road	WR13 5LT	01886 880 207	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed

Leominster Locality

ID Fig 48	ID Fig 50	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun
6	33	The Marches Surgery	Bodenham Surgery	HR1 3LR	01568 797 000	08:30-12:30	08:30-12:30	02:00-18:00	08:30-12:30	08:30-12:30	Closed	Closed

Mortimer Locality

ID Fig 48	ID Fig 50	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun
7	34	Mortimer Medical Practice	Croase Orchard Surgery, Kingsland	HR6 9QL	01568 702 000	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
8	35	Mortimer Medical Practice	Leintwardine Surgery	SY7 0LG	01547 540 355	08:30-13:00 & 14:00-18:00	08:30-13:00 & 14:00-18:00	08:30-13:00 & 14:00-17:30	08:30-13:00 & 14:00-18:00	08:00-13:00 & 13:30-17:00	Closed	Closed
9	36	Mortimer Medical Practice	Orleton Surgery	SY8 4HW	01584 831 300	08:30-13:00 & 14:00-18:00	08:30-13:00 & 14:00-18:00	08:30-13:00	08:30-13:00 & 15:00-18:00	13:30-17:00	Closed	Closed

There are no dispensing doctors in the Ross Locality.

Weobley Locality

ID Fig 48	ID Fig 50	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun
14	41	Weobley Surgery	Weobley Surgery	HR4 8SN	01544 318 472	08:30-13:00 & 14:45-18:00	08:30-13:00	08:30-13:00	08:30-13:00 & 14:45-18:00	08:30-13:00 & 14:45-18:00	Closed	Closed
15	42	Weobley Surgery	Staunton on Wye Surgery	HR4 7LT	01981 500 227	08:30-13:00	15:00-18:00	08:30-13:00	08:30-13:00	08:30-13:00	Closed	Closed

Appendix 11

Equality Impact Assessment form

An impact needs assessment was carried out in 2013 following the completion of a Pharmaceutical needs assessment (PNA). The present needs assessment (PNA 2015-2018) has not identified any new issues or challenges that are likely to have an impact on the population or services. As per the equality and diversity manager's advice, there is no need for another equality and diversity assessment

*Changes have been made to reflect the consideration

A. Description

Name of service, function, policy (or other) being assessed

Herefordshire PCT[1] Pharmaceutical Needs Assessment (PNA) 2015

Directorate or organisation responsible (and service, if it is a policy)

NHS Herefordshire (Primary Care Trust)

Date of assessment (DD/MM/YY)

20/04/2015*

Date next assessment due

20/04/2018*

Names and/or job titles of people carrying out the assessment

- Jimmy Cheung, North West Commissioning Support Unit*
- Latha Unny Research & Intelligence Lead, Herefordshire Council*
- Alison Rogers, Governance Pharmacist, Clinical Commissioning Group
- Carol Trachonitis- Equality and Diversity Manager, Herefordshire Council

Accountable person (e.g. Head of Service)

Professor Rod Thompson – Interim Director of Public Health *

[1]As of April 2013 PCTs no longer exist, now known as Health and Wellbeing Boards

Date EINA Form approved by accountable person (e.g. Head of Service)

1. **What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?**

The PNA will support commissioning by:

1. Developing the role of community pharmacies in promoting health and wellbeing as outlined in the 2008 White Paper Pharmacy in England: Building on strengths-delivering the future

2. Managing the nationally commissioned elements of the community pharmacy contractual framework particularly ensuring that the framework is fully utilised so that the benefits are available to our population

3. Determining which local enhanced services should be commissioned and where they are most likely to be required based on need

4. Supporting the decisions made by the Herefordshire PCT FHS Contractor panel

a) determine if a new contract is required- either in response to an application to provide services or where NHS Herefordshire believes there is a gap in service

b) determine, in certain types of application, whether the provider should be required to provide certain enhanced services as a condition of granting an application e.g. 100 hour applications

c) determine whether an application for change in the location or type of community pharmacy services should be approved.

The PNA will provide an evidence base for commissioning future pharmaceutical services

2. **Location or any other relevant information**

The Pharmaceutical Needs Assessment sits as a Technical Appendix to the Joint Strategic Needs Assessment for Herefordshire.

3. **List any key policies or procedures to be reviewed as part of this assessment**

N/A

4. **Who is intended to benefit from the service, function or policy?**

The whole of Herefordshire's resident population and others accessing pharmaceutical services in the county especially those with poor health, for whom poor health in future can be minimised and those who are the subject of health

inequalities.

5. Who are the stakeholders? What is their interest?

The pharmaceutical needs assessment is shared with our public, private and third sector partners in Herefordshire. There is a shared interest to:

- Improve health outcomes for local people
- Ensure safe and appropriate medicines management support for patients
- Promote the regular review of medication given to individuals
- Improve patients experience of pharmaceutical services
- Monitor quality and cost effective pharmaceutical services outcomes for patients in Herefordshire.

6. Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Health and Wellbeing Board[2] remains responsible for ensuring that the quality of provision/delivery meets the requirements of the **Equality Act 2010**, that is to:

- Eliminate discrimination, harassment, victimisation
- Advance equality of opportunity
- Foster good relations

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor from the partner/contractor in order to ensure that they meet the requirements of the Act?

Community pharmacies operate under NHS contracts with national requirements in relation to the above points.

7. **Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, and outcomes of a scrutiny review. Please describe**

The INA highlights major health inequalities between different parts of the county. Implementation in reducing these and how community pharmacy based services can assist through national contractual framework or be commissioned to provide locally designed and delivered services is described within the PNA

[2] Formerly known and PCT before April 2013

B. Relevance – Note: if not relevant, do not complete this form

Select all that apply		Scale of Relevance	
8. Service or function that people use.		**low**	Section C applies
9. Discretion is exercised, or potential for people to experience different outcomes or level of satisfaction.		**Medium**	
10. Employment policy – where discretion is not exercised.		**Medium**	Section C and E applies
11. Employment policy – where discretion is exercised (e.g. recruitment or disciplinary process).		**High**	
12. Concerns at a local, regional or national level of discrimination/inequalities.		**High**	
13. Major change such as the closure, removal or transfer of a service/provision		**High**	
14. Community and regeneration strategies, local area agreements and organisational or directorate/partnership strategies/plans.		**High**	

Other
State why it is relevant
How relevant (high, medium, low)
Mark "X" to confirm which strands are relevant to the review

Age	**X**	Disability	**X**
Gender (men and women)	**X**	Race/Ethnicity	**X**
Transgender	**X**	Religion/Belief	**X**
Sexual Orientation	**X**	Other	**X**

Any other (such as Human Rights, people on low incomes and specific sub-strands requiring particular focus such as Travellers and Gypsies, Deaf people):

Homeless people, patients whose first language is not English have been consulted during the production of the PNA (2013).[3]

[3] The current PNA has not consulted on any other groups such as homeless and people whose first language is not English, however no issues have been identified to have an impact on these groups

C. Information

15. What information (monitoring or consultation data) have you got and what is it telling you? Required where relevance is Medium or High.

D) Assessment

16. Describe any NEGATIVE impacts (actual or potential): N/A

17. Describe any POSITIVE impacts:

Strand/community	**Impact (how they may be affected)**
Age	This needs assessment identified access to services as a consideration which is of particular relevance to older people, mothers with young children and secondary school pupils.
Disability	Local needs assessments and regional and national policy and research documents have not identified disabled people as a priority group. There is no data to suggest that the needs of this cohort differ from those of the general populace. It is reasonable to conclude that as long as access issues are addressed the services available to the general populace therefore meet the needs of this cohort.
Gender	Men have been identified as traditionally having poor access to services nationally.
Race	Priority group for action. The policy includes the projected outcome of ensuring that the adult population of Herefordshire has access to the full range of pharmaceutical services, with a particular focus on people from the most vulnerable groups.

18. Provide any information about NEUTRAL impacts that have been identified (there is neither a positive or negative impact):

Strand/community	**Why there is 'no differential impact'**
Religion	Local needs assessments and regional and national policy and research documents have not identified those from particular religious backgrounds as groups who require specific services. There is no data to suggest that the needs of such cohorts differ from those of the general populace. It is reasonable to conclude that as along as cultural issues are addressed the services available to the general populace therefore meet the needs of these cohorts.
Sexual orientation	Local needs assessments, regional and national policy documents have not identified sexual orientation as a group who require specific services. There is no data to suggest that the need relating to sexual orientation differ from those of the general populace. It is reasonable to conclude that the services available to the general populace therefore meet the needs of this cohort.

E) Consultation

19. Did you carry out any consultations? Required where relevance is High.

YES **X** NO

20. Who was consulted? Include your findings in boxes 16, 17 and 18.

Patient Questionnaire – completed Public Involvement Team, 60 day public facing consultation period.

21. Describe other research, studies or information used to assist with the assessment and your findings in boxes 16, 17 and 18.

Demographic data and other statistics, including census findings Recent research findings including studies of deprivation Results of recent consultations and surveys- including annual community pharmacy patient questionnaire findings, Comparisons between similar functions/policies elsewhere Analysis of PALS, complaints and public enquiries information. Specific consultations with stakeholders 60 day formal consultation exercise.

22. Do you use diversity monitoring categories? Yes x No

(if No you should use this as an action as we are required by law to monitor diversity categories)

If yes, which categories? **x Race x Gender x Sexual Orientation x Religion & Belief x Disability** **x Age** ***What do you do with the diversity monitoring data you gather?*** The categories used above are identified within the PNA Formal public consultation exercise and used to inform the PNA. ***Is this information published? And if so, where?*** (I.E. website, service plan) Information in terms of outcomes and conclusions is summarised within the pharmaceutical needs assessment itself.

F) Conclusions

Action/objective/target OR **Justification**	**Resources required**	**Timescale**	**I/R/S/J**
a) A 60 day consultation process followed by revision of the document.	Health and wellbeing Board led[4]	Completed	I/S/J
b) The PNA will be reviewed every 3 years.	Health and wellbeing Board led*	2018*	S

[4] Responsibilities change from the PCT to the Health and Wellbeing Board.

Herefordshire Council

DECISION MAKER:	**HEALTH AND WELLBEING BOARD**
DECISION DATE:	**17 JUNE 2015**
TITLE OF REPORT:	**APPROVAL OF THE HEREFORDSHIRE HEALTH & WELLBEING STRATEGY**
REPORT BY:	**INTERIM CONSULTANT IN PUBLIC HEALTH**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

County-wide

Purpose

1 To approve the Health and Wellbeing Strategy for Herefordshire(Appendix 1) which the Board has a duty to agree and publish setting out ambitious outcomes for improved health and wellbeing across Herefordshire

2 The Health & Wellbeing Strategy sets out the vision and the Five Year approach to providing and commissioning the shared priorities for improving the health and wellbeing and reducing health inequalities in the population. It provides an overarching framework for commissioning and service planning across local health, social care and voluntary bodies.

Recommendation

THAT: The Herefordshire Health & Wellbeing Strategy be approved

Alternative options

3 There are no Alternative Options as the Health & Wellbeing Board has been established under the provisions set out in the Health & Social Care Act 2012 and is a

key strategic leadership forum that drives ongoing improvements in health and wellbeing across Herefordshire. The Board has a duty to agree and publish a joint health and wellbeing strategy setting out ambitious outcomes for improved health and wellbeing across Herefordshire.

Reasons for recommendations

4 The Board has a duty to agree and publish a joint health and wellbeing strategy setting out ambitious outcomes for improved health and wellbeing across Herefordshire.

Key considerations

5 It is important that that Members take an active role in the development of the key themes and priorities of the health and wellbeing strategy

6 The health and wellbeing strategy will enable partners to collectively focus effort where impact will be greatest on the health and wellbeing of local people

7 The priorities have been identified from the data in Understanding Herefordshire (the JSNA) and consultation with key stakeholders and the public consultation has taken place to agree and refine these (Appendix 2)

8 Previously members have received progress update reports on the Health and Wellbeing strategy as it has been refreshed.

9 The Board has a duty to agree and publish a joint health and wellbeing strategy setting out ambitious outcomes for improved health and wellbeing across Herefordshire

10 The Health & Wellbeing Strategy sets out the vision and the Five Year approach to providing and commissioning the shared priorities for improving the health and wellbeing and reducing health inequalities in the population. It provides an overarching framework for commissioning and service planning across local health, social care and voluntary bodies.

11 The health and wellbeing strategy will not replace existing strategies and plans but will add value to those already in place

Community impact

Engaging and Consulting on the Priorities – Our Approach

12 To engage and involve the public and local expert stakeholders in the development and ranking of priorities in the strategy, we used four approaches:

13 A token voting system (whereby people were able to choose three out of the seven priorities identified).

14 A public facing website on the council site with the priorities and background.

15 Direct feedback taken from key stakeholder groups about the priorities identified with opportunity for addition of groups/foci.

16 Engagement with community development groups, the voluntary sector and vulnerable groups on how to stay healthy, what helps us maintain our health, what prevents us from being healthy and what more can we do to helps the wider community maintain good health.

17 The analysis of the above has been used to inform the strategy

Equality and human rights

18 One of the key aims of the H&WB Strategy is to reduce health inequalities and commission and provide services and programmes based on need ensuring that key groups are involved in the consultation and formation of the strategy priorities. This has been the bedrock of the approach in developing this strategy.

19 Evidence has shown that higher levels of social capital are associated with better health, higher educational attainment, better employment and lower crime rates.

20 Actively encouraging and guiding people to live healthier lifestyles and to look after themselves, their families and neighbours, will have the double impact of reducing pressures on services whilst creating social networks of support

Financial implications

21 None for the approval of the strategy

Risk management

21 The Board has a duty to agree and publish a joint health and wellbeing strategy setting out ambitious outcomes for improved health and wellbeing across Herefordshire. A process for the monitoring of progress will need to be agreed by the H&WB Board members

Consultees

Parent Carer Forums
Communities are Us-Community Development Forum
Healthwatch Question time
HVOSS Voluntary Sector Leadership
Older People's Luncheon Club –South Wye
Findings from the Urgent Care Review
Small scale focus groups
Parish Council Newsletter
Leaders Briefing
Early Years Forum
Adult Wellbeing Forum
Kemble Housing Trust
West Mercia Housing Trust
Internal council teams
Leominster Council
Plough Lane Council Offices

Adult Well-Being Management
Children's Well-Being Management
Medical Consultants – Wye Valley Trust
Wye Valley Trust Quality Committee
Local Medical Committee
GP Parliament
Safeguarding Board
Senior Managers- 2Gether Mental Health
Health & Social Care Overview & Scrutiny Committee
Herefordshire Council Consultation website:
https://www.herefordshire.gov.uk/health-and-wellbeing-strategy

The comments have been incorporated into the strategy

Appendices

Appendix 1 – Health & Wellbeing Priorities

Appendix 2 – Health and Wellbeing Strategy.

Background papers

None

Purpose of Report

To provide board members with a refreshed health and wellbeing strategy and proposed action plan. To seek approval for the strategy and action plans

Key Aim

To present the Herefordshire Health and Wellbeing Strategy and action plan that reflects the Herefordshire Joint Strategic Needs Assessment (Understanding Herefordshire 2014), in partnership with the public and key stakeholders.

Identifying Initial Priorities and Themes

There are five very strong underpinning themes that are central and specific to achieving the vision of the strategy; a much greater **focus on reducing health inequalities, scaling up of prevention programmes with wellbeing at the centre,** across the entire population but also on an individual basis, a recognition of the role that the **voluntary sector and pastoral support network has** in terms of its reach, diversity and flexibility to deliver and the strong community infrastructure and an emphasis on **self-help, improving access and taking an integrated approach across organisations. These came through strongly in the consultation process.**

Engaging and Consulting on the Priorities – Our Approach

To engage and involve the public and local expert stakeholders in the development and ranking of priorities in the strategy, we used four approaches:

1. A token voting system (whereby people were able to choose three out of the seven priorities identified).

2. A public facing website on the council site with the priorities and background.

3. Direct feedback taken from key stakeholder groups about the priorities identified with opportunity for addition of groups/foci.

4. Engagement with community development groups, the voluntary sector and vulnerable groups on how to stay healthy, what helps us maintain our health, what prevents us from being healthy and what more can we do to helps the wider community maintain good health.

Results of the Consultation

Priorities and themes were refined as a result of the consultation and in order of priority

1. Mental health across the lifecourse
2. Children and young people
3. Older people
4. Housing, fuel poverty, social
5. Adults with long term conditions
6. Special consideration
7. Hidden Issues

The Action Plans – Delivering the Priorities

Priority 1
Mental health and wellbeing and the development of resilience in children, young People and adults

We plan to commission and deliver:

- public awareness campaigns on keeping well and using the Five Ways to Wellbeing
- large scale programmes on emotional health and wellbeing for children, parents and older people
- locality based social networks across Herefordshire that create greater community capacity and support
- across parish councils, pastoral support networks and the community
- a targeted programme for carers and parents during pregnancy and early years
- a school based programme on emotional health and wellbeing supported by the local school nursing
- service
- early identification of those people in greatest need or at risk of developing a mental health condition supported to change that builds self-confidence and behavior change.
- a pathway approach across the life cycle for children's mental health covering prevention and
- treatment
- a workforce trained to support behavior change based on motivation, identifying those people that are ready to and want to change
- new models of integrated care that include prevention and self-help provided more locally at a primary care level
- high quality and accessible hospital care and treatment for those who need it most

Priority 2
For children, starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children.

young person friendly primary care
targeted programmes for the most vulnerable families to ensure children and parents have access to a
minimum core offer of the healthy child programme
a joint action plan for the first 1001 days of a child's life across NHS and the local authority
access to high quality and effective parenting programmes
a multi- agency team approach that combines children's centres, midwifery, health visiting and school
nursing
a core offer on a health and wellbeing programme for all school aged children led by school nurses
a countywide school-based programme on emotional health and wellbeing for children in school

Priority 3
For older people – quality of life, social isolation, fuel poverty

- greater uptake of affordable warmth programmes, especially in those groups that require them most and in areas of greatest need
- additional housing that is appropriate for changing need and demand

- services and care organisations working more proactively together to avoid over reliance on hospital care
- for those receiving healthcare, a much stronger focus on keeping well after discharge in relation to housing and lifestyles
- a new model of community and hospital care
- care plans for every older person in residential and nursing home care
- a wellbeing programme for older people that promotes socialisation and activity
- a countywide network of walking programmes aimed at older people to keep them well and active
- countywide prevention programmes that support lifestyle changes delivered locally through the
- voluntary sector
- pastoral support provided through faith-based organisations linked to health and social care

Priority 4
Impact of Housing – fuel poverty and poverty and the impact of health and wellbeing

There will be:

- greater uptake of energy efficiency grants
- greater uptake of home improvement schemes, especially insulation
- a high profile public awareness campaign to promote Stay Warm Stay Well
- the development of a multi-agency estates strategy across health and social care that identifies new ways of using existing buildings
- a strong focus on the impact of housing on mental health

Priority 5
For adults – long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)

There will be:

- a public awareness campaign on being active;
- Herefordshire residents looking after themselves and taking a lead role in keeping themselves well;
- expanded NHS Health Checks programme to target vulnerable groups such as travellers and the non-English speaking communities and NHS Health Checks incorporated into pre-employment check lists
- a workplace based health improvement programme
- implementation of the 20's Plenty programme.
- a joint approach between the healthy lifestyles team, the active travel team, road safety and the
- teams working in parks, leisure and green outdoor spaces.
- workforces trained to support behavior change based on motivation and self help identifying those people that are ready to and want to change;
- early identification of those people in greatest need or at risk of developing conditions so that they can be supported to change behaviours;
- new models of integrated care that include prevention and self-care at a primary care level;
- high quality and accessible hospital care for those who need it most;
- a stronger focus on keeping well for people once they have been discharged from healthcare;
- an integrated healthy lifestyle system that covers messaging, brief advice and intensive support
- identification of and support for people who are inactive, to achieve 30 minutes of activity a week

Priority 6
Special Consideration – reducing health inequalities, carers, returning veterans and armed forces families, the homeless, non-English speaking communities, women - domestic abuse and sexual violence, families with multiple needs, those living in poverty, travellers, people with learning disabilities

- We will target our work on healthy lifestyles to those living in areas of deprivation.
- We will include promotion of active safer travel to ensure that those who use greenspace and the outdoors least are encouraged to access these areas.
- We will support more carers in Herefordshire by commissioning an innovative, person-centred carers' health and wellbeing service that provides carer-focused support.
- produce a commissioning learning disability strategy

Priority 7
Hidden issues – alcohol abuse in older men and women

- A new alcohol and substance misuse service will be launched across partnerships
- A strategy will be developed to respond to the issues surrounding alcohol and substance misuse: prevention, intervention and re-integration
- Recovering substance misusers will be re-integrated across the county through the development of networks of opportunities with people who use services, voluntary organisations, not-for-profit
- organisations and local businesses
- Community support will be developed that are based the premise that everyone has something to offer to their community and can receive from it in return
- There will be targeted information provided for GPs.

Taking Priority 1 forward

Commission mental health services based on need ensuring prevention, treatment and care packages are in place for children, adults and older people
All organisations will initiate a change programme that promotes Five Ways to Wellbeing
A change programme will be developed across partners on the Health and Wellbeing Board that promotes and encourages physical activity for the wider population
All organisations will initiate a change programme that increases the uptake of physical activity for all service users and patients
The voluntary sector, community based organisations will promote physical activity across all groups
We will create a public awareness campaign that encourages the 184,000 residents of Herefordshire to walk more in their everyday lives
All carers will actively encourage the people they care for to do more and to move more
All dementia services will include physical activity in their care plans
All care plans will include an element of physical activity for the patient and carer.
A falls prevention training programme will be developed across all sectors caring for older people or those discharged from hospital
An emotional health and wellbeing programme will be developed in conjunction with education providers
A parenting programme will be developed for all new mums and dads.

Appendices

Appendix 1

Initial priorities from JSNA – Understanding Herefordshire

1.For children - starting well with pregnancy, maternal health, 0– 5 immunisations, breastfeeding, dental health, good education, children with disabilities, young first time offenders, those young people not in education, employment or training.

2. for adults

- long term conditions
- lifestyles (alcohol, weight, mental health)
-

3. for older people – quality of life, social isolation, fuel poverty

4. Impact of housing, and poverty ***reducing long term health inequalities***

5. Special consideration

- returning veterans and armed forces families
- homeless
- non English speaking communities
- women – domestic abuse and sexual violence
- families with multiple needs
- those living in poverty

6. Mental health and wellbeing and the development of resilience in children, young people and adults

Herefordshire health and wellbeing strategy

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Herefordshire Council

Introduction

Working with our partners, we aim to make Herefordshire a vibrant county where good health and wellbeing is matched with a strong and growing economy. Our health and wellbeing strategy therefore links with the county's economic strategy so that we can secure the long term goals articulated in our vision for the future:

"Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure."

Contents

Foreword

The population of Herefordshire is living longer but we could make even more improvements in health and wellbeing if we promote healthier lifestyles and organise our care differently. Members of the Health and Wellbeing Board understand they need the commitment and contribution of many organisations and groups, including the public, to make these changes in order to create better outcomes for everyone.

The Health and Social Care Act 2012 sets out proposals for significant change to the way health and social care services are organised and delivered in England. The Act calls for local authorities to establish a Health and Wellbeing Board which is required to identify health and wellbeing priorities for the county and ways to address them.

The board is also responsible for developing a joint strategic needs assessment which informs the Health and Wellbeing Strategy.

This strategy will provide direction for decision makers across health, social care and the wider partnerships to determine the commissioning and provision of high quality services to improve the health and wellbeing of Herefordshire's population. Working together will be essential for those who need to commission health and social care and for those organisations responsible for housing, transport, the economy and the environment, as they also have a significant impact on health and wellbeing.

This five year strategy seeks to achieve long term changes in the overall health and wellbeing of the population through an incremental transformational approach. It is supported by an implementation plan linked to the priorities, indicators, and outcomes identified in this strategy.

Safeguarding is everyone's business so we need to ensure that this strategy includes safeguarding as a cross-cutting theme. Our local children's safeguarding board has a key role in scrutinising and challenging the work of agencies individually and collectively to ensure that the welfare of children is central to service delivery. The Care Act 2014 made protection of adults and adult safeguarding boards legal requirements.

The board is made up of representatives from Herefordshire Council, Healthwatch, Herefordshire's Clinical Commissioning Group and the voluntary sector.

Voluntary sector:

"We can engage people on the frontline just like professionals can – with a small amount of support around skill development and knowledge"

Why we need a health and wellbeing strategy

- set the strategic direction for the council and partners to improve the health and wellbeing of the population over the next five years and beyond;
- identify shared priorities, outcomes and commitment for improving health and wellbeing and reducing health inequalities;
- provide an overarching framework for commissioning and service planning across local health, social care organisations and voluntary bodies;
- influence the commissioning of services beyond health and social care to other areas such as housing and education;
- add value to the existing strategies in place across partner organisations;
- provide an overarching framework to support transformational change and innovation given the current economic climate and the changing needs of the local population;
- enable the board members to hold each other to account for delivery of the priorities;
- identify short, medium and long term actions across partner organisations;
- help to measure progress to ensure the population of Herefordshire is healthy, resilient, and caring from cradle to grave.

There are many other local plans and strategies led by organisations represented at the board which are important in their own right. A list of these is found in Appendix A.

Our vision – what we want for the future

"Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure."

To achieve this we need to:

- keep people well (prevention)
- get people better (treatment or secondary prevention)
- help people cope (care or tertiary prevention)

We will know that we have succeeded when we can evidence the following outcomes:

- all children have the best start in life as children, continuing through adolescence and early adulthood;
- all children and adults have active and independent lives for as long as possible;
- all children and adults have improved emotional health and wellbeing throughout their lives;
- all children and adults live in sustainable and supportive communities;
- all children and adults experience a better quality of life for longer no matter where they live.

The impact of this over the next ten years will be that Herefordshire people will:

- be resilient; lead fulfilling lives; be emotionally and physically healthy and feel safe and secure;
- have a better quality of life for longer no matter where they live;
- be well for longer no matter what their age;
- be supported locally through increased community resilience, capacity and local co-ordination;
- have access to integrated, personalised physical and mental health and social care that promotes independence;
- have access to a programme of care that manages, detects and prevents long term conditions and frailty;
- have access to high quality safe and effective urgent and emergency care.

Translating the vision into practice

There are two key elements of the strategy; the strategic framework and the implementation plan.

The **strategic framework** includes our vision, principles and aspirational outcomes for the future. It also outlines the role of board members and how business is conducted in a changing and challenging health and care environment. The board members are committed to the transformation of the entire system across Herefordshire which impacts and influences the health and wellbeing of local people. We recognise this is not easy and requires determination, long term commitment and difficult decision making.

The **implementation plan** specifies priorities identified from information in the join strategic needs assessment, the National Outcomes Frameworks for the NHS, adult social care, public health and children's services, and is endorsed by feedback from consultation with the public and local stakeholders.

The priorities are translated into key headings around population groups, topics and wider determinants and categorised into short, medium and long term actions. This has been developed with consideration to the actions in the emerging Economic Master Plan as we recognise the strong links between health and wellbeing and economic recovery.

The local context

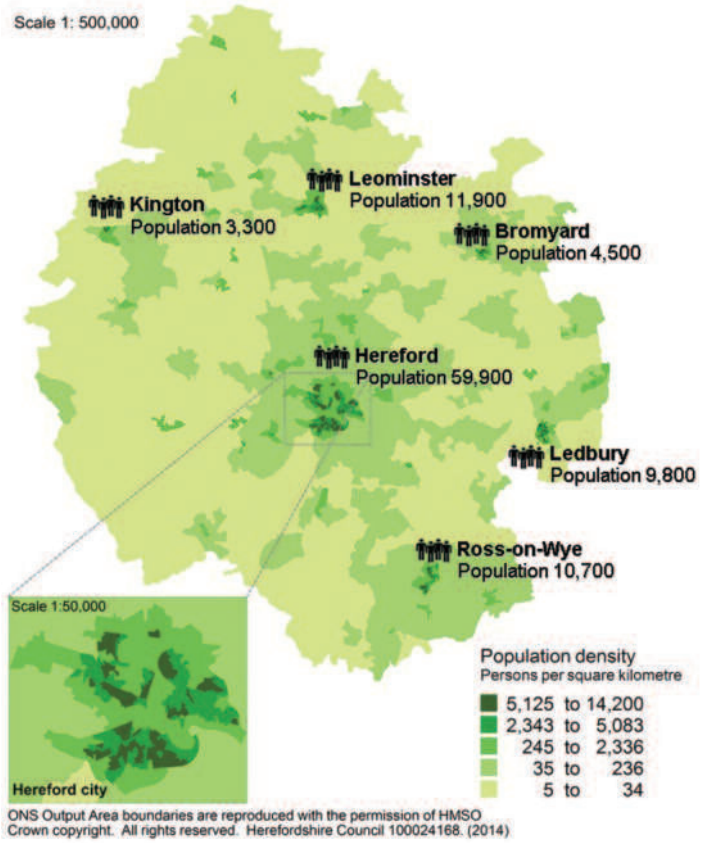
We are not starting from scratch; there is a wealth of information about the local population in key documents such as the Joint Strategic Needs Assessment (JSNA) - Understanding Herefordshire, that provides a high level picture and analysis of the needs of the population.

This includes data about influences on health and wellbeing such as housing, education and lifestyle. The JSNA brings data on these health determinants together into one document acting as a single source of objective intelligence. This information plays a vital role to inform evidence-based commissioning. We have also completed two more indepth needs assessments around mental health and children and young people.

We also use information from the outcomes frameworks for the NHS, adult social care, public health and children and young people which gives us a better understanding about the needs of the population of Herefordshire .

Herefordshire – the place and the people

Herefordshire is a large rural county in the south west of the West Midlands region bordering Wales. The city of Hereford is central to the county and there are five other market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington. It is a great place to live and bring up a family and people are proud of their Herefordshire roots.

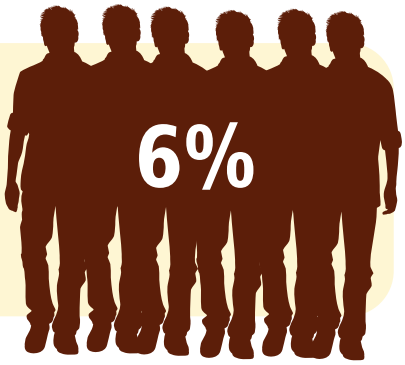


There are some special points to note:-

- Herefordshire is sparsely populated with 82,700 homes and 184,900 residents scattered across 842 square miles.
- It has beautifully unspoilt countryside with remote valleys and rivers.
- Almost all its land area falls in the 25% most deprived in England in relation to geographical barriers to services.
- Self-employment is more common and the average wage is lower than other areas.
- Affordability of housing is an issue so the demand for social housing is high.
- Access to services is a major problem in such a large and sparsely populated area.
- Broadband coverage is 83% however many users find it too slow.

Population health

The population in 2013 was 184,100 and has grown by six per cent since 2001 through migration only.



Children and young people health

Of this, 16% are aged between 10 and 24 years (29,900 young people):

- The prevalence of the misuse of stimulants is 7% versus 24% nationally.
- 15% of hospital admissions for 15-19 year olds are pregnancy related.

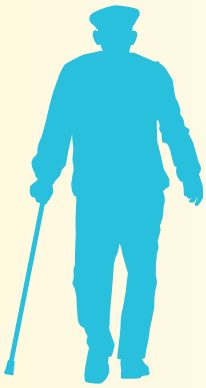
- The rates of chlamydia diagnosis are higher than other West Midlands areas
- There is a mixed picture for educational attainment: primary school attainment has improved but achievement at A level is not increasing.

Adult Health

- The prevalence for drug misuse is 7% compared to 24% nationally.

- Levels of physical activity are declining across all population groups. (An inactive person spends 38% more days in hospital than an active person and uses 5.5% more GP visits, 13% more specialist services).

- Rates of limiting long term illness amongst those aged 65-84 are lower than national average and life expectancy is good.



Older people's health

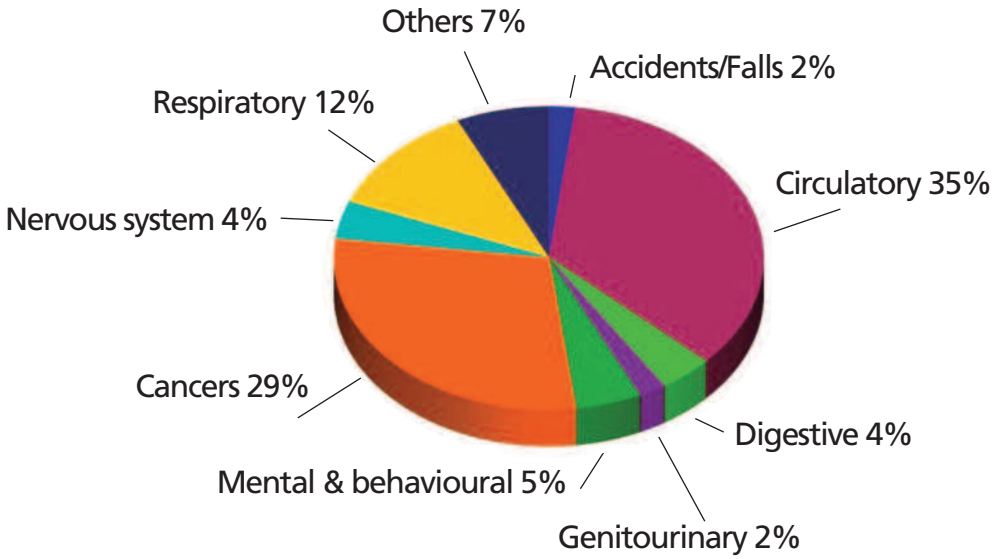
- There are a smaller proportion of older people in social care than the national average with 74% who receive care paying for this themselves, compared to 48% nationally, and 68% paying for residential care compared to 45% nationally.

- The figures for dementia amongst those aged 65 and above are estimated to rise to 5048 by 2030 which is similar to the English average of 7%.

- Public transport is a challenge in a rural county such as Herefordshire on a number of levels. It is estimated that 21% of rural households have to travel at least 2.5 miles or more to visit their GP or other health services.

Common causes of death in Herefordshire

The most common causes of death in Herefordshire are cardiovascular disease and cancers. Approximately 350 deaths per year are from preventable causes.

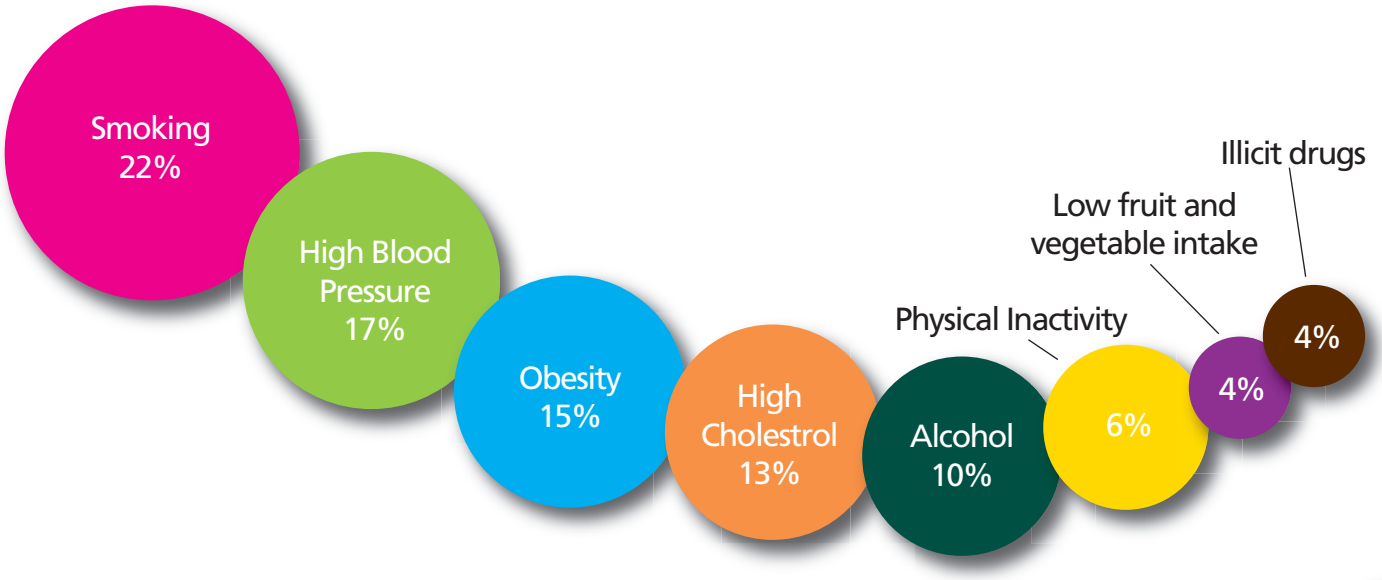


Modifiable risk factors

The main risk factors contributing to early death and the burden of ill health are shown in the caterpillar diagram below.

The leading contributor to the burden of disease in Herefordshire is smoking followed by high blood pressure then overweight and high cholesterol.

Most cardiovascular disease and around 30% of cancers are caused by lifestyle risks such as smoking, poor diet, low levels of physical activity and excessive drinking. Not smoking reduces the risk of respiratory disease by up to 95% and eating recommended levels of fruit and vegetables can reduce the risk of cancer.



Our case for change - the rationale

Over the past few decades the health of the population has generally improved but there are still too many avoidable deaths and preventable conditions. There are also marked differences in the health of some groups and between geographical areas.

The pathway to good health starts before conception and continues throughout life. There are key stages during the life course when health and wellbeing can be enhanced. Our strategy takes a life course approach spanning childhood, adolescence, adulthood and older age. It is widely accepted that investment in the early years of children's lives provides real potential to reduce health inequalities within a generation. The first 1001 days from conception to age two cannot be underestimated in terms of future influence. Throughout the strategy we see the role of family and carers as crucial in providing a holistic and caring approach to health and wellbeing. A whole family approach is important for all children and we are committed to this as a key feature in this strategy.

Working with the public and actively involving individuals and communities will help us plan better services and activities that are usable and effective. We already have examples where patients using health services, and groups using community activities, are making changes to their lives that improve their physical and mental health.

Reducing health inequalities

Herefordshire is a sparsely populated rural county so isolation, loneliness and lack of access to services and support can result in health inequalities. We recognise the need to work together with communities to make sure the most vulnerable are more able to enjoy good health.

Other vulnerable groups include the homeless, carers, people with disabilities, travelling families, returning veterans and forces families, non English speaking communities, women and men experiencing domestic abuse and sexual violence, families with multiple needs, children with disabilities, those living in poverty, young people not in education, training or employment and young offenders.

Locally, as in many places, services are overstretched, resources are scarcer and public demand is becoming greater. These factors together with the increasing ageing population, widening inequalities and increasing number of people with long term conditions are creating an unsustainable future for the entire population but also for the public purse.

Models of care already exist for supporting people with long term conditions and we want to capitalise on this in Herefordshire. We must also take a concerted approach to prevent conditions occurring at all, so that we keep people well. In Herefordshire local people are expressing a desire to take more control of their health and when asked "what keeps you well", they talk about low level activities such as going swimming, reading, daily dog walking and talking to other people.

In Herefordshire we are adopting a new approach which recognises and values the assets of local communities with prevention as a strong theme.

In summary our challenges are:

- Herefordshire is a remote and rural location with a dispersed population resulting in problems around access to resources.
- The overall scale of the county and the population is small – this limits resources and makes it difficult to find capacity for delivering change.
- We are a large rural area with dispersed and hidden inequalities.
- The population is ageing faster than the average for England – creating demand and unsustainable pressures on services and service models.
- Rural inequalities may be hidden but greatly affect population health and wellbeing.
- Current services in primary care, hospital care and social services are overstretched.
- Our service infrastructure is fragile.
- Public transport is a challenge, making access to services more difficult.

We can create something better together…

Investing to save:

- For every £1 spent on health volunteering programmes we can expect a return of between £4 and £10.
- Identification and advice for harmful/hazardous drinkers can save £4.30 for every £1 spent
- For every 100 alcohol dependent people treated with early intervention support, 18 accident and emergency (A&E) and 22 hospital admissions could be prevented.
- One alcohol liaison nurse costing £60,000 could prevent 97 A&E visits, 57 hospital admissions saving £90,000.

Local GP:

"We need to integrate third sector capability into primary care"

Our approach

Our approach involves working together to create a new relationship with Herefordshire citizens so that we:

- help people take care of themselves better, by asking people what they need, then helping them make that happen;
- support communities to grow, so that they can support people better;
- change people's expectations, so that they can be realistic about what is available, who will provide it and how it will be paid for.

We have a long history of joint working in Herefordshire and we now have a much better understanding of how we can work more effectively together. We recognise that for some of our most important issues such as mental health and wellbeing, children's health and older people's health, working on a common purpose with input from the voluntary and community sector, will accelerate improvements.

Patient:

"It's not about curing – it's about educating me"

Agreeing our priorities

To assess our local needs and determine our priorities for the Health and Wellbeing Strategy the board members have used the following:

- data from the Joint Strategic Needs Assessment – Understanding Herefordshire, the Children's Integrated Needs Assessment and the Mental Health Needs Assessment;
- feedback from local expert stakeholders and the public;
- information and indicators from the National Outcomes Frameworks for the NHS, adult social care, public health and children and young people where we are worse than the national average;
- national guidance from the Secretary of State including the NHS Mandate.

Involving people

To engage and involve the public and local expert stakeholders in the development and ranking of priorities in the strategy, we used four approaches:

1. a token voting system (whereby people were able to choose three out of the seven priorities identified);
2. a public facing web page on the council's website with the priorities and background;
3. direct feedback taken from key stakeholder groups about the priorities identified with opportunity for addition of groups/foci;
4. engagement with community development groups, the voluntary sector and vulnerable groups on how to stay healthy, what helps us maintain our health, what prevents us from being healthy and what we can do to help the wider community maintain good health.

These four approaches told us that Herefordshire people are:

- modest but proud communities;
- strong and resilient communities;
- used to managing through difficult times;
- people help each other – those needing care are helped to stay at home;
- used to doing things for themselves;
- highly committed individuals;
- lots of dedicated people giving above and beyond;
- people with a strong sense of identity;
- involved in lots of activity in the communities;
- people want to be a good neighbour;
- partnership working is great – people want to improve things;
- passionate about Herefordshire and feel a real tie to the land.

The findings of the engagement and consultation can be found in full at Appendix D.

A number of common themes emerged from the consultation and these have helped to inform this strategy and influenced the priorities.

Things that people think are important to help them stay healthy and well

The skills and support that people provide to others in the community

How these skills could be used to support others

Our agreed priorities

1 - Mental health and wellbeing
and the development of resilience in children, young people and adults

2 - For children
starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children

3 - For older people
quality of life, social isolation, fuel poverty

4 - Impact of housing
fuel poverty and poverty and the impact of health and wellbeing

5 - For adults
long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)

6 - Special consideration
reducing health inequalities - carers, returning veterans and armed forces families, the homeless, non English speaking communities, women - domestic abuse and sexual violence, families with multiple needs, those living in poverty, travelers, people with learning disabilities

7 - Hidden issues
alcohol abuse in older men and women and young mothers

These priorities are underpinned by five themes:

- prevention – keeping people well
- self help and helping others to stay well
- working with the voluntary sector, pastoral support network, the community and parish councils
- access to high quality secondary care, education, employment
- reducing health inequalities

When commissioning decisions are taken, these underpinning themes will need to be considered.

Priority one

Mental health and wellbeing and the development of resilience in children, young people and adults

It is important because:

- one in four adults will have a diagnosable mental health condition at some point in their lives;
- people with mental health problems or learning disabilities are less likely to be in employment;
- one in ten children (three in in every class) aged between five and sixteen years will have a clinically diagnosable mental health problem;
- 50% of those with lifetime mental illness will experience symptoms by age 14 years.

The evidence tells us there is a strong economic and social case for improving mental health. For every pound invested:

- social and emotional learning programmes result in returns of £84;
- school based interventions to reduce bullying result in returns of £14;
- parenting interventions for families with conduct disorder result in returns of £8;
- early detection of psychosis results in returns of £10 in year two;

  (Source - Knapp et al, 2011)
- social networks have a significant impact on the health and wellbeing of people, and are a powerful predictor of mortality with evidence that adequate social relationships can help improve survival rate;
- a primary social network of three or less is a predictor of mental health disorders.

  (Source - Fisher B (2011) Community Develeopment in Health - A Literature Review)

What are we already doing

CASE STUDY

Supporting healthier lifestyles

A 40 year old British female living with mental ill health for the past 20 years needed help to lose weight, become fitter, quit smoking and cut down on alcohol to support improvements in her mental ill health. A health trainer provided one to one support to help her. She stopped drinking and increased her confidence after losing weight following a conversation on diet. This conversation encouraged her to make small changes like changing fizzy pop for water, cutting out snacks and crisps – these small changes had a big impact on her life. She's now training so that she can start her first paid job for over ten years.

What will be different in the future?

We plan to deliver:

- public awareness campaigns on keeping well and using the Five Ways to Welbeing;
- large scale programmes on emotional health and wellbeing for children, parents and older people;
- locality based social networks across Herefordshire that create greater community capacity and support across parish councils, pastoral support networks and the community;
- a targeted programme for carers and parents during pregnancy and early years;
- a school based programme on emotional health and wellbeing supported by the local school nursing service;
- early identification of those people in greatest need or at risk of developing a mental health condition, who are supported to build self-confidence and change behaviours;
- a pathway approach across the life cycle for children's mental health covering prevention and treatment;
- a workforce trained to support behaviour change based on motivation, identifying those people that are ready to and want to change;
- new models of integrated care that include prevention and self-help provided more locally at a primary care level;
- high quality and accessible hospital care and treatment for those who need it most.

Priority two

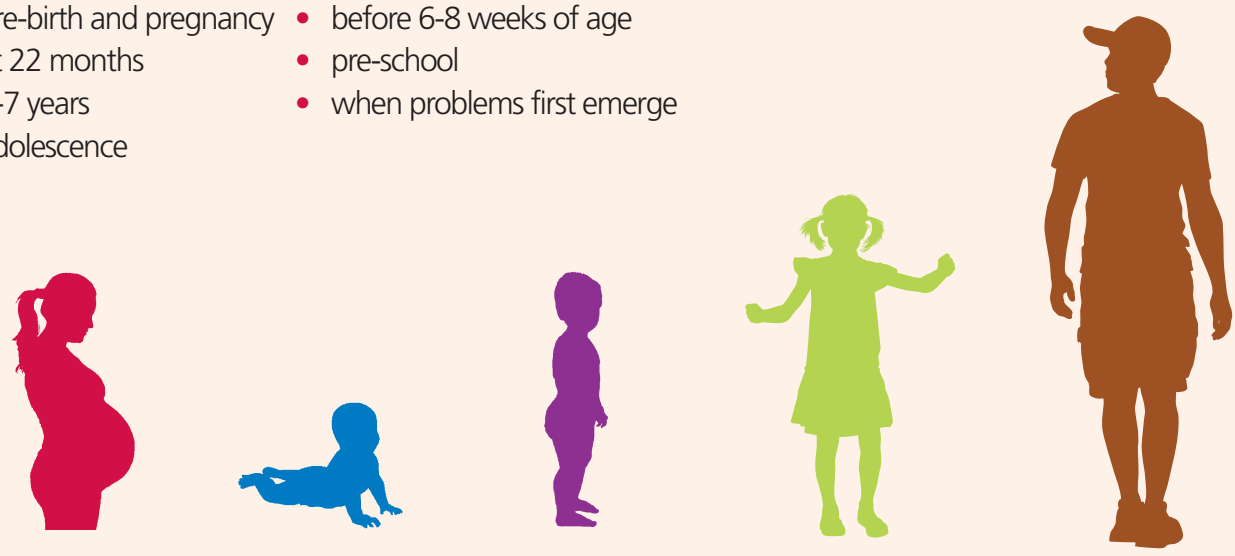
For children, starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children.

It is important because:

- in the UK there are more than 5000 deaths each year in children under 19 years;
- the high rates of children and young people living in poverty in one area of Herefordshire has not changed for five years;
- smoking in pregnancy figures are higher than the national average;
- rates of breastfeeding and immunisations at two and five years for some programmes are lower than the national average;
- the pre-school PHONICS assessment results are lower than the national average;
- there are higher than average rates of tooth decay amongst young people;
- there are higher than average rates of hospital admissions in relation to unintentional injuries in children 0-14 years;
- there are higher than average hospital admissions due to alcohol among 10-24 year olds;
- we need to keep all children safe;
- children's education and their attainment is important to their long term health;
- children's education attainment needs to be improved, particularly for specific groups like those eligible for free school meals.

The evidence tells us that giving children the best start in life will be beneficial to mother and child immediately and in their longer term health and wellbeing.
Experiences in early childhood (pre-birth to eight years) and in early and later education, provide important critical building blocks for the entire life course. There are important stages when real differences can be made in a child's life, these are during:

- pre-birth and pregnancy
- at 22 months
- 5-7 years
- adolescence
- before 6-8 weeks of age
- pre-school
- when problems first emerge



What are we already doing

- Herefordshire's Families First programme provides co-ordinated, targeted, intensive support to help turn around the lives of some of the county's most challenging and disengaged families.
- Transforming and expanding the health visiting service to deliver the healthy child programme for 0-5 year olds.
- Significantly increasing the number of disadvantaged two year olds accessing nursery places.
- Delivering smoking cessation programmes in schools.
- Improving uptake of neonatal hearing screening and MMR immunisation.
- Improving our safeguarding services.
- Improving education outcomes at each key stage.

CASE STUDY

Vennture initiative

Lean-on-Me is a new charitable service that is transforming care for inebriated people who need to recover from a night out safely, allowing the ambulance service, A&E teams and police to focus on those who really need their help and get to them quicker.

The initiative runs Emelia's Place from 10pm-4am or until the last person has been helped home. It is run by 40 carefully selected well trained individuals who work in teams of six per night to provide somewhere people affected by alcohol can recover safely and be given help to get home.

Resident:

"Herefordshire's a great place to bring up children"

What will be different in the future?

- targeted programmes for the most vulnerable families and young parents to ensure children and parents have access to a minimum core offer of the healthy child programme;
- young person friendly primary care;
- a joint action plan for the first 1001 days of a child's life across the NHS and the local authority;
- access to high quality and effective parenting programmes;
- an approach that combines children's centres, midwifery, health visiting and school nursing;
- a core offer on a health and wellbeing programme for all school aged children led by school nurses;
- a countywide school-based programme on emotional health and wellbeing for children in school;
- targeted services, with key workers, to reduce the number of children and families requiring intensive statutory services, including residential placements;
- children, young people, families and carers will access clear, high quality information and advice to enable them to take more control over their lives;
- early years services including children centre services, health visiting and school nursing will be developed to improve the health, wellbeing, developmental and educational outcomes of children;
- increased numbers of children that are ready for school at the end of the Early Years Foundation Stage (EYFS) to make a successful transition to school, with children rated as achieving a good level of development in the top quartile nationally;
- improved availability and quality of information accessible on mental health and wellbeing to children, young people and their families;
- reduced rates of re-offending and repeat anti-social behaviour by children and young people;
- a restorative justice strategy for the county and embedded practice within youth justice and children's homes settings;
- identified, prioritised and supported young people not in education, employment and training (NEET), including those who are young parents;
- a straightforward integrated pathway of provide multi-disciplinary support to disabled children and young people from 0 to 24 years;
- reduce educational attainment gaps for vulnerable groups.

Priority three

For older people – quality of life, social isolation, fuel poverty

It is important because:

- different types of deprivation affect different areas;
- 23% of residents are aged 65 years and over (compared to 17% nationally);
- the number of 85 year olds is set to double (to 11,700) by 2031 which means the social care and health demand will rise;
- this growth will continue, especially amongst the over 65 year olds, with projections predicted of over 30% by 2031;
- rates of dementia are increasing as the population ages and this links to the need for appropriate housing;
- access to services and housing conditions are the biggest issues for the county affecting the towns and the rural areas;
- one in five households live in poverty;
- one in 20 people report feeling isolated;
- social isolation is equivalent to the health effects of smoking 15 cigarettes a day or consuming more than six alcoholic drinks daily. It is more harmful than not exercising and twice as harmful as obesity.

(Source - Holt-Lundstadt J et al (2010) Social Relationships and Mortality Risks)

What are we already doing

The Better Care Fund in Herefordshire brings commissioners and providers together to commonly agree on a model of integration that brings services closer to people who need them. It aims to provide co-ordinated, consistent and high quality services across organisational boundaries.
There are four main elements:

- integrated personal budgets;
- fully mobilised integrated urgent care pathways sitting alongside a redesigned community health service;
- a co-commissioning operating model;
- a prevention and early intervention programme.

This work is being driven through the joint commissioning board and the system transformation programme which is about wider system change across the entire health and social care economy. Primary care is at the heart of this with a drive to develop a model of community based teams across four localities with GP practices providing wraparound care and support for the practice populations.

The virtual ward from a patient's perspective

CASE STUDY

Alan lives with COPD and heart failure. Over a period of18 months he ended up in hospital 15 times, usually via an ambulance at night in the emergency department. A typical stay in hospital would be 6-7 days. The 16th time Alan needed help in an emergency, instead of being rushed to hospital, he was introduced to the virtual ward, where he was treated at home by local doctors and specialist staff. As a result, he was given a care plan, advice and help on managing his illness and medication, plus regular support from specialists and help for his main carer – his wife.

What will be different in the future?

- greater uptake of affordable warmth programmes, especially in those groups that require them most and in areas of greatest need;
- additional housing that is appropriate for changing need and demand;
- services and care organisations working more proactively together to avoid over reliance on hospital care;
- for those receiving healthcare, a much stronger focus on keeping well after discharge in relation to housing and lifestyles;
- a new model of community and hospital care;
- care plans for every older person in residential and nursing home care;
- a wellbeing programme for older people that promotes socialisation and activity;
- a countywide network of walking programmes aimed at older people to keep them well and active;
- countywide prevention programmes that support lifestyle changes delivered locally through the voluntary sector;
- pastoral support provided through faith-based organisations linked to health and social care services.

Priority four

Impact of housing – fuel poverty and poverty and the impact of health and wellbeing

It is important because:

- access to services and housing conditions are the biggest issues for the county, affecting both the towns and the rural areas;
- one in five households lives in poverty;
- people in less affluent areas are likely to spend more of their life living with a disability;
- the homelessness rate is the second highest in the region;
- housing is crucial to good health and will become increasingly important in promoting the health and wellbeing of older people as the population ages;
- good standards of housing, where people can live safely and well, can reduce ill health, increase mobility and support discharge from hospital. This is especially important in the private rented sector where homes may be in worse repair and be less energy efficient;
- for vulnerable groups such as older people, those with mental health problems, disabilities and families with children who have multiple needs, access to decent quality housing will help to reduce health inequalities.

What are we already doing?

- Keep Herefordshire Warm is an energy advice and referral service run by Marches Energy Agency.
- A preventative housing pathway is in place for older people,helping people make their housing decisions in older age, enabling older people to stay at home.
- We are developing a mix of housing that meets the needs of older people.
- Information, advice and self-assessment tools are in place for older people (HOOP tool, My new home and my Future checklists and First STOP Housing advice service).
- First contact alert and signposting service for staff entering older people's homes and spotting risk factors (for example,cold home, slips and trips, no smoke detector).

Resident:

"People who live here are passionate about Herefordshire and feel a real tie to the land"

What will be different in the future?

There will be:

- greater uptake of energy efficiency grants;
- greater uptake of home improvement schemes, especially insulation;
- a high profile public awareness campaign to promote Stay Warm Stay Well;
- the development of a multi agency estates strategy across health and social care that identifies new ways of using existing buildings;
- a strong focus on the impact of housing on mental health.

Priority five

For adults – long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)

It is important because:

- the three main diseases that people die from in Herefordshire are circulatory diseases, cancers and respiratory diseases;
- there are more deaths from strokes in Herefordshire than in other areas;
- poor lifestyle risks around smoking, diet, physical inactivity and excessive alcohol consumption greatly increase the risk of ill health.

Many of the long term health conditions people have such as diabetes, obesity and cardiovascular disease are preventable by making better lifestyle choices, particularly in relation to diet, physical activity, smoking and excessive alcohol use.

We want to ensure people look after themselves and their families: too many people spend too great a proportion of their life with preventable illness. This is even more of a burden for some of the vulnerable groups.

What are we already doing?

- We have a number of innovative projects to encourage more cycling such as Cycling Ambassadors and Shirley's wheels.
- These projects, coupled with Bikeability and adult cycle training, work at the individual level and will, over time, make a difference.
- Herefordshire Council has introduced 20mph zones within high volume traffic areas such as Hereford city centre and in residential areas around schools.
- National demonstrator site for diabetes prevention.
- The Clinical Commissioning Group is a Herefordshire wide lifestyle services programme.
- Helping to build a movement of behaviour change for health through local lifestyle services.
- Promoting messages providing the right information on smoking, healthy eating, physical activity, sexual health, mental wellbeing.

Locally we are bringing together a number of key issues which are interdependent and likely to have a better impact if we tackle them collectively. There is evidence that there are links between road safety, active travel and health. For example, reduced traffic speeds can result in fewer road casualty accidents and less costs to the NHS. Studies also highlight some additional benefits from reduced traffic speeds such as improved walking and cycling environments and health benefits associated with a more active lifestyle.

Herefordshire Council's Destination Hereford project, funded by the Department for Transport's Local Sustainable Transport Fund, was launched in 2011 with the aim of reducing short distance journeys by car in favour of increasing walking, cycling, car sharing and public transport use. The project contains six scheme elements :

1. Travel Awareness
2. Workplace Travel
3. School Travel
4. Personalised Travel Planning
5. Hereford Active Travel Schemes (HATS)
6. Rural Access

What will be different in the future?

There will be:

- a public awareness campaign on being active;
  Herefordshire residents looking after themselves and taking a lead role in keeping themselves well;
- expanded NHS Health Checks programme to target vulnerable groups such as travellers and the non-English speaking communities and NHS Health Checks incorporated into pre-employment check lists;
- a workplace based health improvement programme;
- implementation of the 20's Plenty programme;
- a joint approach between the healthy lifestyles team, the active travel team, road safety and the teams working in parks, leisure and green outdoor spaces;
- workforces trained to support behavior change based on motivation and self help identifying those people that are ready to and want to change;
- early identification of those people in greatest need or at risk of developing conditions so that they can be supported to change behaviours;
- new models of integrated care that include prevention and self-care at a primary care level;
- high quality and accessible hospital care for those who need it most;
- a stronger focus on keeping well for people once they have been discharged from healthcare;
- an integrated healthy lifestyle system that covers messaging, brief advice and intensive support;
- identification of and support for people who are inactive, to achieve 30 minutes of activity a week.

Addressing weight management in a hospital setting

CASE STUDY

Being overweight and obese increases the risk of health problems such as coronary heart disease, type 2 diabetes plus many other health conditions. Pre-operative assessment in Wye Valley NHS Trust is in place to ensure that anyone having an operation receives high quality care. An assessment is carried out by a specialised team beforehand. Obesity can adversely affect patient outcomes and many patients present for surgery with additional problems caused by obesity.

A patient attended the assessment clinic with a body mass index (BMI) of 41 (morbidly obese) and a smoker. The patient was advised and supported at the clinic to change their lifestyle prior to their operation. The following year the patient returned having lost a large amount of weight with a body mass index of 36 and had stopped smoking. The patient's husband also lost weight and stopped smoking.

Priority six

Special consideration – reducing health inequalities, carers, returning veterans and armed forces families, the homeless, non-English speaking communities, women - domestic abuse and sexual violence, families with multiple needs, those living in poverty, travellers, people with learning disabilities

It is important because:

- the life expectancy of the population is generally good but lower in less affluent areas (smoking, alcohol and obesity are key risk factors in causing ill health and early death and tend to cluster together);
- overall, Herefordshire has lower levels of multiple deprivation but there are geographical inequalities in South Hereford, Leominster and Ross-on-Wye which have an impact on health;
- in addition to specific inequalities there are some groups who have poorer health outcomes such as the homeless, children with disabilities, looked after children, and people with learning disabilities;
- there is a lower proportion of adults in the county aged 16 to mid-forties;
- the international migrant population is driving the growth in the county's population;
- research shows that people living in areas with high levels of social deprivation are less likely to use outdoor spaces for recreation.

Health and wellbeing is also adversely affected by a combination of factors such as unemployment, poverty, and low educational achievement: these can prevent people from leading healthy llives and are often present in areas with high levels of deprivation.

What are we already doing?

- Herefordshire has a strong community development approach with an active partnership of local support. Staff working in the council and the voluntary sector have experience in community development, promotion of healthy lifestyles, active travel, the environment, greenspace and recreation management.

Domestic violence support

Herefordshire has commissioned a new domestic and abuse support service with a focus on prevention, including education and awareness. This service will provide support to men as well as women and children.

- There is a new safeguarding children's post co-located in the Multi-Agency Safeguarding Hub (MASH) team to ensure joined up working.
- The Community Safety Partnership has funded domestic violence and abuse training for frontline operational staff.
- A pilot voluntary perpetrator programme has been run by Herefordshire Housing.

Support for carers

Herefordshire has thousands of carers who provide invaluable care and support to vulnerable adults across the whole county. The council is committed to supporting them to fulfil their caring role, and is working with carers and partner agencies to commission preventative services that meet carers' needs and promote their health and wellbeing.

Herefordshire Carers Support is commissioned to provide information, advice and guidance to all carers across Herefordshire and to provide a voice for carers.
The council also commissions a service that provides carers with a break from their caring responsibilities.

What will be different in the future?

- We will target our work on healthy lifestyles to those living in areas of deprivation.
- We will include promotion of active safer travel to ensure that those who use greenspace and the outdoors least are encouraged to access these areas.
- We will support more carers in Herefordshire by commissioning an innovative, person-centred carers' health and wellbeing service that provides carer-focused support.
- We will produce a commissioning learning disabilty strategy.

Priority seven

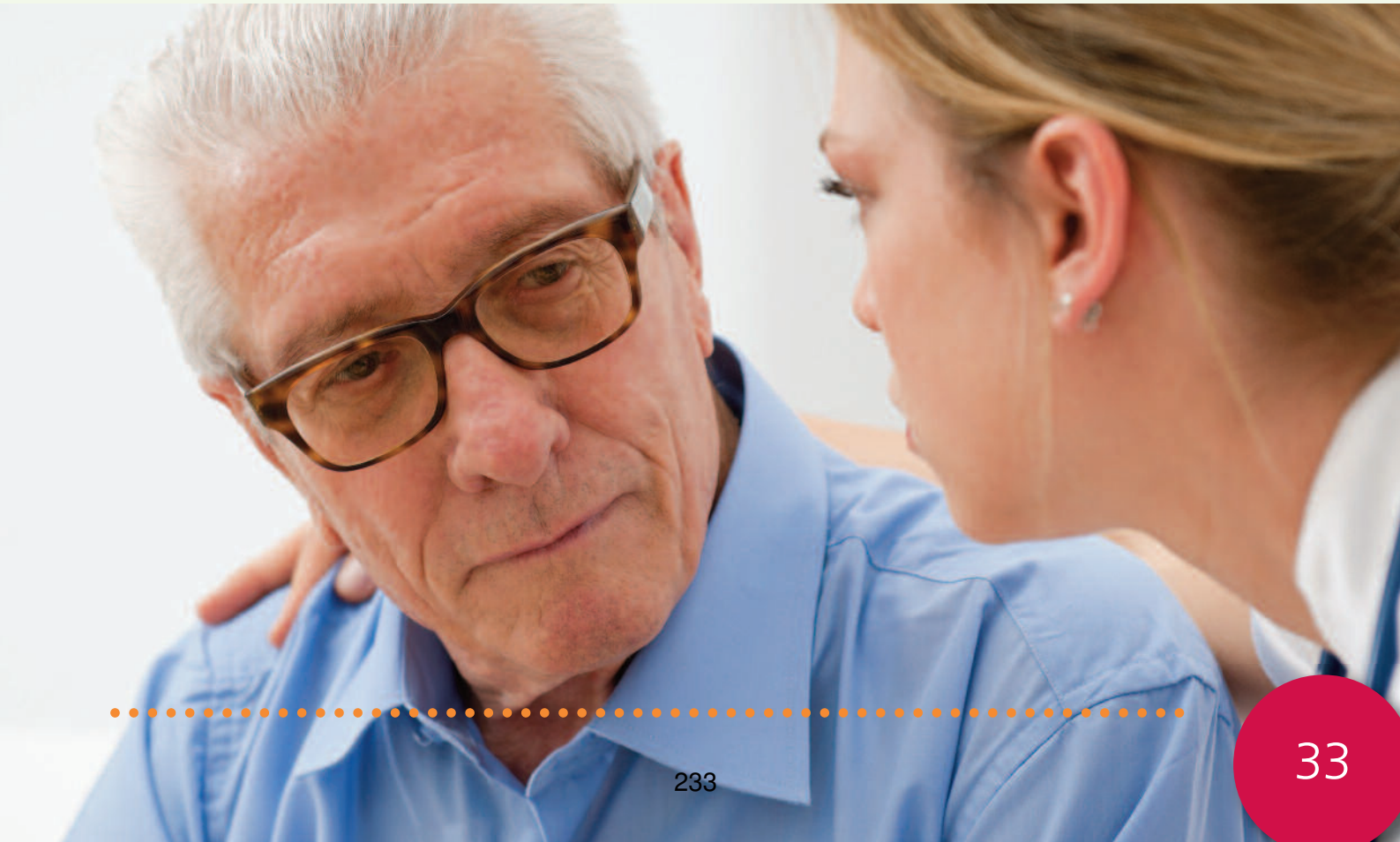
Hidden issues – alcohol abuse in older men and women

It is important because:

- there were over 400 alcohol-specific (caused exclusively by alcohol consumption) admissions in 2013/14 among Herefordshire residents;
- death rates for chronic liver disease in females rose in 2014 which indicates excessive alcohol misuse.

What will be different in the future?

- A new alcohol and substance misuse service will be launched across partnerships.
- A strategy will be developed to respond to the issues surrounding alcohol and substance misuse: prevention, intervention and re-integration.
- Recovering substance misusers will be re-integrated across the county through the development of networks of opportunities with people who use services, voluntary organisations, not-for-profit organisations and local businesses.
- Community support will be developed that is based on the premise that everyone has something to offer to their community and can receive from it in return.
- There will be targeted information provided for GPs.



Prevention and wellbeing

Many of the conditions that are now more prevalent in our population such as cardiovascular disease, diabetes, and obesity are preventable. At every stage of our life a wide range of factors influence our health and wellbeing. We want people of all ages to live a long and healthy life so that we concentrate much more on prevention to keep people well for longer.

We will support people to take an active role in their own health and wellbeing to support positive behaviour change so that people follow lifestyles to prevent such diseases occurring at all. This means encouraging people to participate in lifestyle checks, taking up more activity, reducing alcohol drinking levels, taking care of their emotional health and wellbeing. We will also proactively identify those who have a long term condition such as diabetes, obesity, heart disease, liver disease, and some cancers and work with them to support a healthier way of life supporting them to stay well for as long as possible. The main risk factors contributing to early death and the burden of ill health for Herefordshire are shown in the diagram on page 9.

At the heart of all our priorities is the need to prevent ill health and promote wellbeing. Herefordshire faces an epidemic of inactivity with low fitness levels resulting in more deaths than smoking, diabetes and hypertension combined. In the UK only 39% of men and 29 % of women meet minimum requirements.

If we were able to change this, the NHS would reap significant benefits. There could be 30% to 50% reduction of risk in the development of common chronic conditions and improvements in the successful treatment of the same conditions.

There is a wealth of evidence that shows an active life is essential for physical and mental health and wellbeing. Taking regular physical activity is one simple way for people to take control of their current and future health; being active at any age from birth to death improves quality of life and increases chances of remaining healthy and independent.

Transport is a key issue in Herefordshire and addressing this together with road safety, access to services, physical activity, active travel and healthy lifestyles, is likely to have a greater impact than addressing it in isolation.

There is increasing evidence that there are links between adult obesity levels and travel behaviour. One indicator is that countries with the highest levels of cycling and walking generally have the lowest obesity rates (Bassett, D et al., 2008; Morris, J 1994).

Benefits to mental health, like physical benefits, appear to be significant. For example, increased walking appears to reduce long-term cognitive decline and dementia, a major issue for an ageing population (Erickson, K.I et al., 2010).

Herefordshire has beautiful countryside and an abundance of open green space. This is a real asset on many levels: exercising outdoors is associated with better mental health. However there are some challenges with accessibility.

Moving forward - how will we change things?

We plan to deliver the strategy by building on the network of community based activity that is already delivered by local people on a day to day basis. We will move from traditional approaches around delivery of services to one which utilises the assets of the community such as self-help groups, patient groups, pastoral support networks and parish councils to create a cultural shift to self-help.

We will work collectively across our partnership structures forming a strong alliance, with local communities, with our rich and diverse voluntary sector, and our local church groups, playing to the strengths of Herefordshire. This involves harnessing as much community support as possible, taking every opportunity to promote health, foster feelings of self-worth and wellbeing and reduce health inequalities.

For people to take more control of their own health and wellbeing they need skills, knowledge, reliable information and support to do so. We will work with people who use services, the public and patients to co-develop models of care. More and more people are expressing a desire to take control in the management of their health and healthcare especially those with one or more long term conditions.

This will require a change in working relationships and practice and a cultural shift, with patients as experts in their own rights taking more of a role in decision making. With the ever increasing demand on public services and workforces we need to use the expertise of specialist practitioners and staff wisely encouraging people to self-manage their conditions and to live independently for as long as possible.

Improving the health of the county relies on local assets:

Local people

People in Herefordshire already do a huge amount of community based work providing one to one support, leading social networks and creating community groups. These are part of the rich social fabric that makes Herefordshire a great place to be. There are thousands of people in the county contributing to community life through volunteering, community leadership, and caring, mostly for no financial reward but because they are motivated to do so and are deeply caring. These activities and roles provide additional support for existing services and enable individuals and communities to take more control of their own health and wellbeing.

Volunteering, pastoral support and communities

In many parts of the county there is a strong community spirit and a sense of pride felt by residents. In addition, there is a vibrant, diverse and proactive voluntary sector with approximately 34% (estimated 50,000) of the population engaged in some kind of volunteering role.

This is an invaluable resource with a huge reservoir (army) of people spending time, often unpaid, doing things that either benefit people (individuals, groups, close relatives) or the environment. They play a crucial and important role in promoting and supporting the health and wellbeing of individuals and groups.

The community of adult and young carers have a strong presence in the county (although young carers are often less visible) and are vitally important both to the individual people they care for but also as an essential support structure to health and social care services. Therefore it is crucial that we look after the individual health needs of carers. We need to ensure that support is in place to meet their needs, for example providing access to lifestyle support or through the provision of additional carer friendly support to the person being cared for.

The culture of caring in Herefordshire has long standing historical routes. There is a strong caring ethos in place in many communities, particularly in the rural localities with grassroots projects and volunteering activities that just happen without any formal structures or processes.

The community development partnership plays a leading role in reaching out to communities and is working with the public sector to identify how to grow, support, promote and make best use of the social capital within Herefordshire. All partners recognise the potential and the value of better collaborative working between health and communities at a very local level.

Vicar:

"We have ready made community support in place – they are called vicars"

Parish councils and the Diocese

Parish councillors volunteer their time to help make their community a better place, often serving as a bridge between what happens at a county council level and what happens within their parish. Although they have limited powers, a parish council is often seen as a voice of authority in their area as well as a catalyst for change.

Locally our parish councils reach and work with many of the isolated individuals and communities across Herefordshire providing a valuable network of support. There is opportunity to:

- communicate key messages to the public through existing vehicles such as parish newsletters and websites;
- sponsor local events or activities designed to engage the public in solutions;
- invite representation as the 'voice of the people' when planning services;
- suggest ways in which decisions made by Herefordshire Council can be implemented on a local level, bearing in mind that each parish has unique attributes;
- help find ways to identify issues in the community that can promote early prevention and/or escalation avoidance, e.g. a 'community watch' scheme

There is a strong and diverse and proactive multi faith community that provides support to families and people in need. The Diocese of Herefordshire in particular is playing an active role working alongside isolated people in rural communities, offering a wide range of activities including lunch clubs, IT and computer classes, coffee mornings, voluntary run libraries and pastoral visiting schemes. At the last count they carried out 5700 visits per month offering a listening ear and support. They have a network of community buildings which are at the centre of community activity.

Some of our community assets

- Skills, knowledge, social competence and commitment of individual community members.
- Friendships, intergenerational solidarity, community cohesion, neighbourliness in a community.
- Local groups and community and voluntary associations ranging from formal organisations to informal mutual support networks.
- Local groups and community and voluntary associations (formal and informal).
- Physical, environmental and economic resources in a community.
- Assets from external agencies – public, private and third sector.
- Access to pharmacy, primary care, information points, information hubs, schools community centres, churches.

What are we already doing?

- Developing a Directory of Services in the community and voluntary sector.
- Developing models of community support with a focus on Local Area Co-ordination.
- Developing a scheme of cross-county community support and co-ordination.
- Joint work with the Diocese of Hereford's national 'Combating Loneliness' conference.
- Supporting the good neighbour scheme.
- Successfully bid for the DCLG funded 'Delivering Differently in Neighbourhoods' project in the Golden Valley led by Herefordshire Council, exploring the rural GP practice as central in a model for support to combat social isolation as well as providing low level intervention in communities which reduces pressure on primary care.

What will be different in the future?

- Parish councils will take a leading role in promoting health and wellbeing.
- The ideas of Herefordshire's patients and residents will be constantly reviewed and used to inform our thinking.
- People will be helped to take care of themselves better, communities will be helped to grow so that they can support people; people's expectations will be changed.

Dean of Hereford:

"sometimes we need to stop and reboot"

Multi-agency transformation – making the change

Transforming the way we do things is high on the agenda of all the public and voluntary sector organisations across Herefordshire, both in terms of the care provided but also in the approaches taken to make changes. This is not something unique to Herefordshire but there are some factors that make it more urgent. We believe that working collectively on a common agenda for the future will result in stronger future service delivery and benefit the residents of Herefordshire.

We know that low income, old age, and poor lifestyle choices lead to greater health and care needs. If nothing is done to prepare for the changes ahead, services will struggle to maintain good standards of care for everyone and our communities will feel the consequences.

There is a very strong case for a much more person and community-centred approach to health and wellbeing and healthcare. Giving people a greater say in their lives, enabling them to take control over what happens to them and finding their own solutions is one of the keys to the sustainability of future services. In addition the quality of community life, social support and social networks are major influences in individual and population health at a physical and wellbeing level.

We want people to live independent healthy lives, taking control of their own health and supporting each other.

We need to make significant changes to the way all of our services are commissioned and delivered with the goal of improving the health and wellbeing of the entire population and ensuring those who need care receive the highest quality care possible. We can only achieve this by working collaboratively with partners and the public.

Our multi-agency transformation programme brings together the following areas of work:

- **Supportive communities**
  – builds on the assets that already exist in communities and strengthens them to improve community wellbeing and provide a greater range of resources and support for individuals and families
- **Collaborative communities**
  – develops locality based approaches with multi-disciplinary support around GP practices to provide better care
- **Urgent care**
  – develops an integrated urgent care pathway based on improved patient outcomes and aligns all existing urgent care services in the community and in hospital
- **Acute care**
  – reviews and re-designs secondary care services to ensure patients have access to the most clinically safe and effective healthcare

Through this multi-agency transformation programme we will:

- make better use of our staff, our organisations and our physical assets in our local communities to support local people's health and wellbeing;
- bring services and programmes for adults and children together where there are inefficiencies and duplication so they are more effective;
- develop and deliver proactive, large scale preventative programmes together with targeted care that supports self help, prevention and promotes recovery and resilience;
- place people and communities at the heart of our plans for integration focusing on GP registered populations;
- ensure that we deliver co-ordinated, personalised care using the latest technology to enable care and support outside of hospital.

What will we work on first?

We recognise that all the priorities in the strategy are important, however the top three identified by the public and our stakeholders have been identified as immediate priorities. Working collaboratively across organisations can increase the pace and scale of change required. This model has been demonstrated in recent years in the quit smoking approach. Working across a whole system accelerated the changes in behaviour and led to reductions in smoking and better health outcomes. This approach will be adopted for the top three priorities chosen by Herefordshire people:

1. Mental health and wellbeing
2. For children
3. For older people

The consultation process identified mental health as the number one priority for Herefordshire. Good mental health is essential throughout the life cycle: one in four of us will experience mental health problems at some point in our lives. Although it is relatively common we don't always get the balance right between treatment, care and prevention. Paying attention to all three in a co-ordinated, consistent, and persistent way by working collaboratively, sharing expertise and making the best use of finite resources will result in improved mental health outcomes for children, adults and older people in Herefordshire.

We will adopt a whole child and whole family approach promoting mental health and wellbeing from birth through adulthood and into older age improving access to interventions and support when it is needed. We will make better use of the voluntary, and community based resources as well as the resources in our workforces and through the use of new technology.

Taking a whole system approach will enable us to maximise our resources, skills, and expertise to focus on the promotion of emotional health and wellbeing, prevention of mental ill health, targeted intervention and recovery through co-ordinated care and treatment.

Health and wellbeing board commitments

Actions	When	Who
Commission mental health services based on need ensuring prevention, treatment and care packages are in place for children, adults and older people.		
All organisations will initiate a change programme that promotes Five Ways to Wellbeing.		
A change programme will be developed across partners on the Health and Wellbeing Board that promotes and encourages physical activity for the wider population.		
All organisations will initiate a change programme that increases the uptake of physical activity for all service users and patients.		
The voluntary sector and community based organisations will promote physical activity across all groups.		
We will create a public awareness campaign that encourages the 184,100 residents of Herefordshire to walk more in their everyday lives.		
All carers will actively encourage the people they care for to move more.		
All dementia services will include physical activity in their care plans.		
All care plans will include an element of physical activity for the patient and carer.		
A falls prevention training programme will be developed across all sectors caring for older people or those discharged from hospital.		
An emotional health and wellbeing programme will be developed in conjunction with education providers.		
A parenting programme will be developed for all new mums and dads.		

What will success look like?

We will see:

- a visible increase in the number of people walking across Herefordshire;
- a visible increase in the number of physical activity groups/programmes that start across all sectors of the population – children and young people, adults, older people;
- an increase in the number of people participating in physical activity;
- a high visibility campaign on the Five Ways to Wellbeing;
- physical activity indicators included in contracts and service specifications;
- a wider range of volunteers engaged in physical activity delivery;
- a reduction in the number of falls taking place in the elderly population over a period of time;
- an increase in awareness of children and young people's emotional health and wellbeing in schools;
- an increase in the number of parents participating in parenting programmes;
- an increase in the visibility of mental health awareness in schools;
- mental health awareness increased across the population.

Appendix A

Plans and strategies

Herefordshire Joint Strategic Needs Assessment - Understanding Herefordshire 2014

Children Integrated Needs Assessment - 2014

Mental Health Needs Assessment - 2015

Herefordshire Corporate Plan

Herefordshire Children and Young People's Plan - 2015

Herefordshire Five Year Plan - CCG

Long Term Conditions Strategy for Herefordshire 2013-2016

People with Dementia and Their Carers Strategy - 2013

Herefordshire Community Safety Strategy 2014-2017

Appendix B

Outcomes and indicators

Priority	Outcomes	Indicators
1. Mental health and wellbeing and the development of resilience in children, young people and adults	all children and adults will have improved emotional health and wellbeing throughout their lives	• wellbeing reported by children and young people • postnatal depression rates • rates of self-harm • number of domestic abuse incidents • referrals to CaMHS services • social isolation – percentage of adult social care users who have as much social contact as they would like • social isolation – percentage of adult carers who have as much social contact as they would like • self-reported wellbeing – low worthwhile score • self-reported wellbeing – low happiness core • self-reported wellbeing – high anxiety score • reduced levels of unemployment • 16-18 year olds not in education, employment or training

Outcomes and indicators

Priority	Outcomes	Indicators
2. For children starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education employment or training, looked after children	all children will have the best start in life as children, continuing through adolescence and early adulthood all children and adults will have improved emotional health and wellbeing throughout their lives all children and adults will experience a better quality of life for longer no matter where they live	• percentage of children achieving a good level of development at the end of reception • percentage of children achieving the expected level in the national phonics screening check • percentage of children achieving the expected level in the phonics screening check with free school meal status • first time entrants to the youth justice system • 16-18 year olds not in education, employment or training • percentage of offenders who re-offend • breastfeeding initiation • breastfeeding at 6-8 weeks • smoking status at time of delivery • under 18 conceptions • excess weight in 4-5 and 10-11 year olds • hospital admissions caused by unintentional and deliberate injuries in children 0-14 • hospital admissions caused by unintentional and deliberate injuries in children 0-4 • emotional wellbeing of looked after children • number of looked after children • newborn hearing screening • chlamydia detection rate (15-24 year olds) • tooth decay in children aged 5

Outcomes and indicators

Priority	Outcomes	Indicators
3. For older people quality of life, social isolation, fuel poverty	all adults will have active and independent lives for as long as possible all adults will have improved emotional health and wellbeing throughout their lives all adults will live in sustainable and supportive communities all adults will experience a better quality of life for longer no matter where they live	• fuel poverty • social isolation – percentage of adult social care users who have as much social contact as they would like • social isolation – percentage of adult carers who have as much social contact as they would like • self-reported wellbeing - low satisfaction score • self-reported wellbeing – low worthwhile score • self-reported wellbeing – low happiness score • self-reported wellbeing – high anxiety score • injuries due to falls in people aged 65 and over • injuries due to falls in people aged 65 and 80+ • hip fractures to people aged 65 and over • hip fractures to people aged 80+ • estimated diagnosis rate for people with dementia

Outcomes and indicators

Priority	Outcomes	Indicators
4. Impact of housing fuel poverty, and poverty and the impact of health and wellbeing	all children and adults will have active and independent lives for as long as possible all children and adults will live in sustainable and supportive communities all children and adults will experience a better quality of life for longer, no matter where they live	• reduce the percentage of households spending more than 10% of income on fuel • increase the percentage of residents who volunteer once a month

Outcomes and indicators

Priority	Outcomes	Indicators
5. For adults long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)	all adults will have active and independent lives for as long as possible all adults will have improved emotional health and wellbeing throughout their lives all adults will live in sustainable and supportive communities all adults will experience a better quality of life for longer, no matter where they live	• smoking prevalence – general population • smoking prevalence – inequalities • percentage of physically inactive adults • successful completion of drug treatment • recorded diabetes • smoking prevalence • alcohol-related admissions to hospital (male) • alcohol-related admissions to hospital (female) • cumulative percentage of the eligible population aged 40-74 offered and received an NHS health check

Outcomes and indicators

Priority	Outcomes	Indicators
6. Special consideration reducing health inequalities – carers, returning veterans and armed forces families, the homeless, non-English speaking communities, women – domestic abuse and sexual violence, families with multiple needs, those living in poverty, travelers, people with learning disabilities	all children will have the best start in life as children, continuing through adolescence and early adulthood all children and adults will have active and independent lives for as long as possible all children and adults will have improved emotional health and wellbeing throughout their lives all children and adults will live in sustainable and supportive communities all children and adults will experience a better quality of life for longer, no matter where they live	• healthy life expectancy at birth (male) • healthy life expectancy at birth (female) • life expectancy at birth (male) • life expectancy at birth (female) • life expectancy at 65 • percentage of children achieving a good level of development at the end of reception • smoking prevalence – general population • smoking prevalence – inequalities • successful completion of drug treatment (opiate users) • successful completion of drug treatment (non opiate users) • tooth decay in children aged five

Outcomes and indicators

Priority	Outcomes	Indicators
7. Hidden issues Alcohol abuse in older men and women and young mothers	all children and adults will have improved emotional health and wellbeing throughout their lives all children and adults will live in sustainable and supportive communities all children and adults will experience a better quality of life for longer, no matter where they live	• reduce the number of alcohol-related hospital admissions

Appendix C

Principles

Vision
"Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure"

Sustainable services - the board and its partners will work together to provide a unified service for everyone, through consistent good quality shared care and managed networks. Services will be financially viable, safe and sustainable and affordable for everyone.

Working together - publicly funded services will be delivered in conjunction with family, friends and the community to ensure the right service is delivered, at the right place and time needed. The Health and Wellbing Board will facilitate the provision of care as close to home as possible and ensure easy access to acute hospital services when needed. Services will protect people's safety, independence and dignity.

Information and support - people can do many things to help themselves and their families to stay healthy, but there will be times when extra support is required. Information and advice will be available from a wide range of sources, easily and quickly, when and where people need it so that they can make informed decisions about what they need to do to remain healthy.

Five ways to wellbeing - Five ways to wellbeing will be used by the board and its partners to support wellbeing in the county by enriching people's lives through cultural opportunities, altruism and volunteering.

Personal responsibility - people should be responsible for their own health and wellbeing and should try to stay fit, well and independent for as long as possible. The board and its partners recognise, actively promote and support the contribution made by family, friends, the community and other services in helping people to achieve good health and wellbeing, with support from professional services when required.

A lifecourse approach - there are differences in people's health and wellbeing that start before birth and accumulate throughout life. It is important to work with people during their lives to improve their healthy life expectancy. A vital part of this is sustaining a healthy workforce for the county.

The ladder of intervention - health and wellbeing issues will be addressed where possible through the ladder of intervention which is a means of integrating lifestyle choices and enforcement action into a single strategy for improving health and wellbeing for the people of Herefordshire.

www.herefordshire.gov.uk

NHS Herefordshire Clinical Commissioning Group

NHS HEREFORDSHIRE CLINICAL COMMISSIONING GROUP

Briefing for Herefordshire Health and Wellbeing Board

17 June 2015

Integrated Urgent Care Pathway Project

Subject:	**Integrated Urgent Care Pathway Project**

PURPOSE OF THE REPORT

To note the progress of NHS Herefordshire Clinical Commissioning Group plans to commission an integrated urgent care pathway.

RECOMMENDATION TO THE BOARD

The Board is asked to receive the report for information.

Update Briefing for Herefordshire HWBB

Integrated Urgent Care Pathway Project

NHS Herefordshire CCG

Herefordshire CCG (HCCG) presented a briefing report to this Committee on 25th March 2015 outlining the work undertaken to develop and deliver a local integrated urgent health care pathway.

1. The Case for Change

Herefordshire CCG (HCCG) began work on a review of urgent care services in summer 2013 due to recognition of a number of challenges within the current urgent care system. There are summarised below:

- The current urgent care system is inefficient and confusing for local people
- The current system is failing to meet performance targets
- Inequalities in access and outcomes are not being effectively addressed
- The current urgent care pathway is fragmented and is a barrier to demand control and establishing effective alternatives to A&E attendance.
- The development of an integrated urgent care pathway is a significant part of the solution to the challenges faced by WVT
- Existing contracts for elements of the service will expire in 2016/17

The pressures on the system, and operational challenges experienced by Wye Valley NHS Trust (WVT), particularly coinciding with the CQC inspection provided further evidence of the need for change.

HCCG undertook an extensive engagement process from September 2013 to June 2014 to find out the views of local people, clinicians and other stakeholders about the changes that are needed in local urgent care services and what people want to see these services delivering to meet local needs. In total more than 540 patient experiences were captured that involved 372.5 hours of co-design work with the local community. There was a clear mandate for change.

As a result of the engagement programme the following patient experience outcomes were agreed and transformation of the urgent care system must deliver these outcomes for patients:

- I feel informed and clear about available and appropriate Urgent Care Services;
- I feel confident and knowledgeable about managing my condition and prepared to deal with and anticipate future urgent care issues;
- I feel reassured and happy as a result of my urgent care experience and ‘known’ and treated like a person by Urgent Care Services;
- I want to be helped, and when I am in need of care it is safe, effective and efficient;
- I want to live for as long as possible independently and in my home with the best quality of life wherever possible.

2. Moving to an outcomes based approach

Following the review and the feedback from local people, HCCG decided to change how it commissions urgent care services by introducing an outcomes approach to commissioning and contracting. Outcomes Based Commissioning (OBC) aims to shift the emphasis from the services provider offers, to the outcomes they achieve for patients. Ensuring incentives to deliver the outcomes are incorporated and aligned across contracts. This moves the focus from activities to results, and from how a service operates, to the benefits a service realises for patients. By using this approach important factors such as patient experience and the quality and safety of services will be built into future contracts.

Delivery of this programme supports achievement of Herefordshire Health and Wellbeing Strategy. HCCGs ambitions are that through this change programme we can:

- Reduce inconsistencies in the outcomes that patients receive
- Encourage investment in preventive care, to reduce unnecessary and inefficient use of treatment services
- Change the way that patients currently access the urgent care system
- Provide a service that is designed so that patients receive the care that is right for them, at the right place and at the right time
- Encourage behavioural change in provision by aligning incentives and outcomes so patients get the right treatment in the right place
- Encourage behavioural change in patients by ensuring they know how to self- care, access urgent care in the right place (e.g. pharmacy vs A/E) and navigate the system
- Reduce overall system costs and encourage service integration
- Deliver the national vision for urgent care in Herefordshire

The current CCG commissioned functions within scope as part of this new approach are as follows:

- Accident and Emergency and Clinical Assessment Unit services, up to the point of hospital admission
- Primary care out of hours services
- Minor injury functions
- The Walk-in Centre functions
- Mental health activities supporting individual crises and Rapid Assessment, the Accident and Emergency Interface and Discharge service (psychiatric liaison).
- Minor ailments scheme
- NHS 111

HCCG believes that an integrated solution to the provision of urgent care services is the best way to improve the quality and efficiency of these services and address the fragmentation of the urgent care pathway.

HCCG identified Wye Valley NHS Trust (WVT) as being best placed to both develop a potential solution and to take forward the role as potential Accountable Lead Provider. Wye Valley NHS Trust was offered and accepted the opportunity to develop a proposal in November 2014. HCCG issued to WVT a set of documentation describing HCCG's requirements against which WVT must shape the proposals.

3. Current Position

Wye Valley NHS Trust developed proposals in discussion with a range of local service providers between November 2014 and March 2015.

WVT submitted proposals to HCCG at the end of March 2015 for formal evaluation. This was undertaken by a panel of senior executives from HCCG, an Adult Health and Wellbeing nominee and a retired Herefordshire GP. External expertise and scrutiny was provided by 2 GPs from other areas, and a Secondary Care Consultant/Clinical Senate member from another area.

The evaluation panel reviewed the full submission and were impressed by the level of clinical engagement and partnership working evident within the proposal. They were confident the proposed model included elements that would deliver improved urgent care service for Herefordshire residents. Due to the pressures currently being experienced within WVT, the CCG have agreed to take the lead role in refining and delivering the model to deliver the outcomes identified as important by patients and the public.

4. Next Steps

HCCG have agreed to continue the process started by WVT by further developing and refining the model to achieve the outcomes identified by patients and the public. This will involve ongoing clinical and front line staff engagement across all providers.

HCCG will do this by establishing an urgent care network. This will involve formal partnerships between providers, with incentives aligned across providers to ensure optimal partnership working and achievement of the outcomes. We are also linking into the national work being undertaken on urgent care networks by NHS England, to ensure synergy with the national policy direction.

Alongside establishing a formal urgent care network HCCG will be assembling evidence and the business case to support the NHS England service change assurance process. This includes for example undertaking an integrated impact assessment to identify any positive or negative impacts on health outcomes or equalities for the local population. During this period there will be continuation of the communication and engagement process, and, if appropriate, a formal consultation process will be planned.

HCCG will also be seeking external assurance from clinical experts and NHS England that the proposals are in line with best clinical practice and evidence nationally.

Herefordshire Council

MEETING:	**HEALTH & WELLBEING BOARD**
MEETING DATE:	**17 JUNE 2015**
TITLE OF REPORT:	**HEALTH PROTECTION UPDATE**
REPORT BY:	**DIRECTOR OF PUBLIC HEALTH**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

Countywide

Purpose

To provide an update to the Health and Wellbeing Board on health protection services and programmes across Herefordshire.

Recommendation(s)

THAT:

(a) To note the contents of this report

Alternative options

1 Not applicable.

Reasons for recommendations

2 Health and Wellbeing Board needs to have a strategic oversight of the key health protection services and programmes designed to protect the health of the population in Herefordshire.

Further information on the subject of this report is available from
Dr Arif Mahmood on Tel (01432) 383742

Key considerations

3 Childhood Immunisation 2013-14

- Herefordshire achieved the 95% herd immunity target at one year of age at which the likelihood of outbreaks occurring is low. The uptake improved in 2013/14 compared to the 2012-13 figures; DTaP/IPV/Hib by 0.9% and PCV by 0.5%. The uptake in Herefordshire is similar to the West Midlands average whereas Worcestershire, Coventry and Warwickshire have higher uptake than the West Midlands average.

- At two years of age, Herefordshire didn't achieve the 95% target for MMR, Hib/MenC booster and PCV booster and uptake was the lowest in Herefordshire. Though some improvement was observed compared to 2012-13 figures.

- At five years of age, Herefordshire didn't achieve the 95% target for MMR and DTaP/IPV booster and uptake was the lowest in Herefordshire. Though some improvement was observed compared to 2012-13 figures.

- NHS England, Herefordshire CCG and Public Health Herefordshire Council have been working together to develop a joint action plan to improve childhood immunisation across the county.

4 NHS National Screening Programmes

- Cervical Screening Coverage KPI target (>80%) was not achieved during Q2 2014-15; though Herefordshire performance (78%) was higher than the West Midlands average during this period (76.3%)
- Newborn Bloodspot Coverage KPI target (>95%) was achieved during Q2 2014-15; in Herefordshire; the coverage was 98.1%.
- Newborn Hearing Coverage KPI target (>95%) was achieved during Q2 2014-15; in Herefordshire; the coverage was 99.1%.
- Diabetic Eye Screening KPI target (>80%) was achieved during Q1 2014-15; in Herefordshire; the coverage was 81.9%. Q 2 data is not yet available.

5 Flu Immunisation Programme 2014-15

- In Herefordshire flu vaccine uptake in individuals aged 65 and over didn't achieve the national target of 75% and local uptake (71.1%) was lower than the national average (72.8%).
- Flu vaccine uptake in individuals in at-risk groups didn't achieve the national target of 75%, but local uptake (53%) was higher than the national average (50.3%).
- Flu vaccine uptake in pregnant women didn't achieve the national target of 75%, and local uptake (34.9%) was lower than the national average (44.1%). A small improvement (2.2%) in uptake was observed compared to 2013-14 figure.
- Flu vaccine uptake in all aged 2 years (37.2%) was lower than the national

(38.5%) and regional (39.2%) averages. A significant drop (6.2%) in uptake was observed compared to 2013-14 figure; but such drop was also shown in the regional and in the national averages.

- Flu vaccine uptake in all aged 3 years (42.4%) was higher than the national average (41.3%), but lower than the regional (44.4%) average. A small improvement (3.2%) in uptake was observed compared to 2013-14 figure; and such improvement was also shown in the regional and national averages.
- Flu vaccine uptake in all aged 4 years (33.9%) was higher than the national (32.9%) and regional (33.2%) averages.
- Flu vaccine was also offered (through GP practices and community pharmacies) to Year 7 and Year 8 school children in Herefordshire as part of the national pilot programme. The uptake was very low as it was generally across the region.
- The community pharmacies were also contracted by NHS England to provide flu vaccine to individuals aged 65 and over, in at-risk groups and Year 7 and Year 8 school children. Though, only a small number (659) of the eligible population accessed this service, but a couple of them were the ones who never had flu vaccine before. NHS England is intending to commission this service from community pharmacies in 2015-16.
- NHS England, Herefordshire CCG and Public Health Herefordshire Council will be working with and supporting GP practices to improve flu immunisation uptake in 2015-16 in Herefordshire.

6 Sexual Health Service

- No new cases of sexually transmitted syphilis have been reported in 2015 so far and the total number of cases since the start of the outbreak in March 2011 is static at 56. Sexual Health Service continues to monitor the existing cases.

7 Emergency Planning, Resilience and Response

- Strategic Coordination Group (SCG)/Gold Command exercise was held on 25th and 26th March 2015. The key issues emerged during the exercise included robustness of activation arrangements of the key Gold Command partners; participation in SCG meetings in person or via teleconference; Command and Control arrangements in the area(s) affected by a major incident when a conflicting responsibility requires them at the SCG meetings; Resilience for the Gold Command team when coordinating a major incident over an extended period; and media management in particular keeping at pace with social media.
- Heatwave plan 2015 has been published by Public Health England. It is being cascaded to the local health and social care providers; and an assurance is also being sought from them that they have the capacity and capability to implement this plan in the event of heatwave to protect health of the people they care for.
- An emergency planning exercise “Rainy Day” will be held on 31st July 2015. This exercise is aimed at validating the recently updated emergency plans such as Emergency Response Centre Activation Guidance.
- Recently, NHS England East and Midlands sought assurance from the Local Health Resilience Partnerships (LRHP) about outbreak management arrangements in each of the LHRP area employing a standard assurance framework. The Herefordshire Council Public Health, the Worcester Council

Public Health and Public Health England contributed to the assurance process working jointly and expressed their content on the arrangements overall across Herefordshire and Worcester LHRP. However, the following three areas were determined as "Partially Assured"

- Setting up and running a phone helpline and social media service
- Organising and funding of sample testing (including any transport)
- Inclusion of outbreak response (as well as emergency response) in contracts with providers

Further work (through H&W LHRP) is ongoing to get a "Fully Assured" status.

- One area (i.e. NHS England Area Team contracts) was declared as "Not Assured". It was noted that National GP contract does not include this adequately and NHSE Area Teams do not believe they have the power to alter this; and that this needs to be done at a national level.

Community impact

8 None Identified

Equality duty

9 No equality issues identified

Financial implications

10 None Identified

Legal implications

11 None Identified

Risk management

12 Not applicable

Consultees

13 Not applicable

Appendices

- Appendix 1. Childhood immunisation uptake report (draft)
- Appendix 2. Flu vaccine uptake data 2014-15

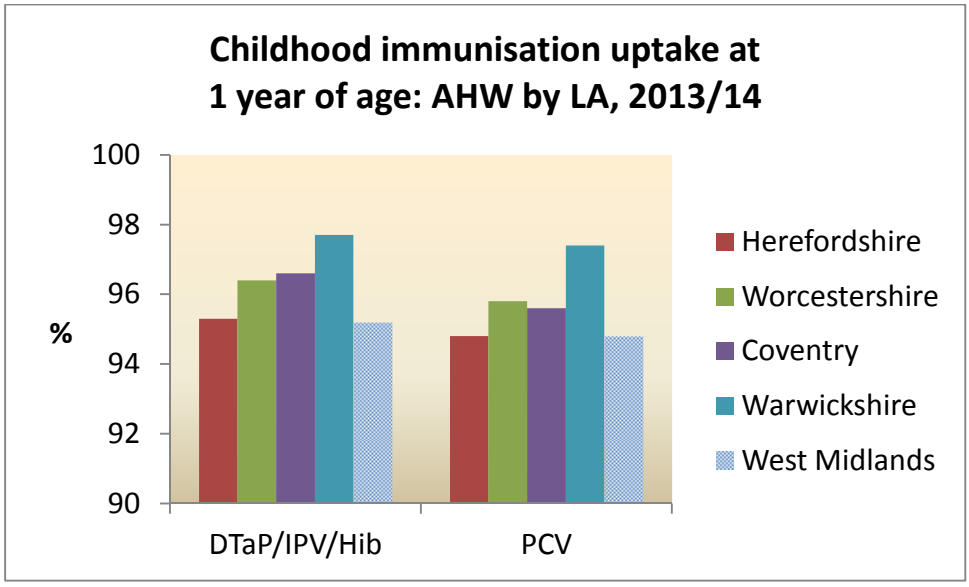
Background papers

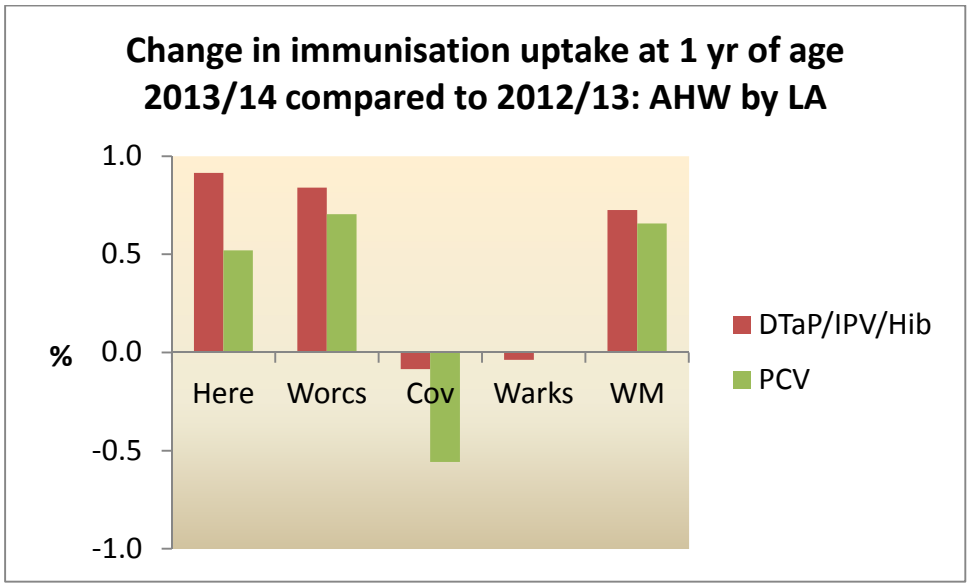
- None identified

Immunisation Uptake report - DRAFT

Uptake at 1 year of age

Area	DTaP/IPV/Hib	PCV
AHW	96.7	96.1
Herefordshire	95.3	94.8
Worcestershire	96.4	95.8
Coventry	96.6	95.6
Warwickshire	97.7	97.4
West Midlands	95.2	94.8
England	94.3	94.1

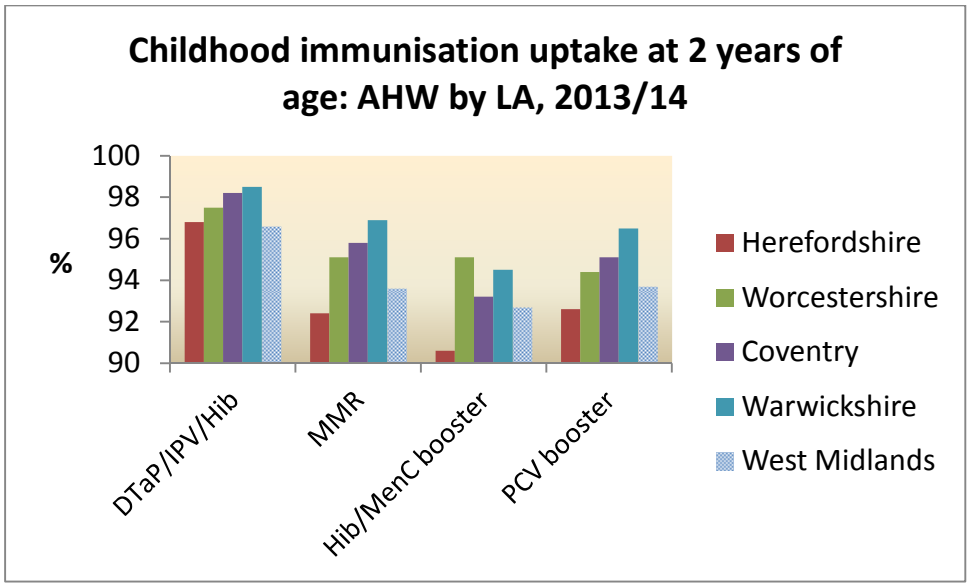


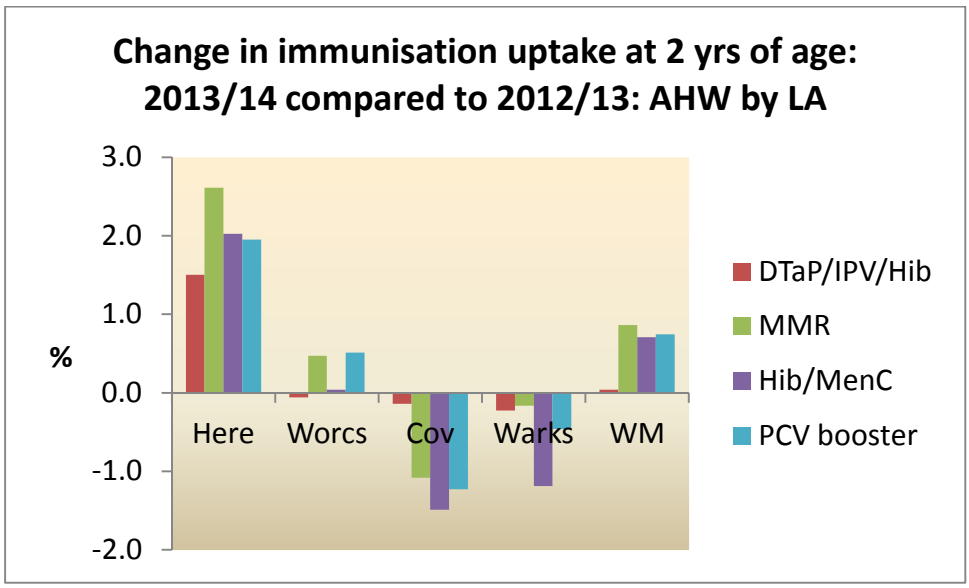


- At 1 year of age, immunisation uptake is lowest in Herefordshire, intermediate in Worcestershire and Coventry and highest in Warwickshire.
- Coverage in Herefordshire is similar to the WM average whereas the results for Worcestershire, Coventry and Warwickshire are higher than the regional figure.
- All LA areas have achieved the 95% herd immunity target at which the likelihood of outbreaks occurring is low
- In Herefordshire and Worcestershire the uptake improved in 2013/14 compared to the previous year's results. There was little change in uptake in Warwickshire and the coverage fell in Coventry.

Immunisation at 2 years of age

Area	DTaP/IPV/Hib	MMR	Hib/MenC booster	PCV booster
AHW	97.9	95.6	94	95
Herefordshire	96.8	92.4	90.6	92.6
Worcestershire	97.5	95.1	95.1	94.4
Coventry	98.2	95.8	93.2	95.1
Warwickshire	98.5	96.9	94.5	96.5
West Midlands	96.6	93.6	92.7	93.7
England	96.1	92.7	92.5	92.4

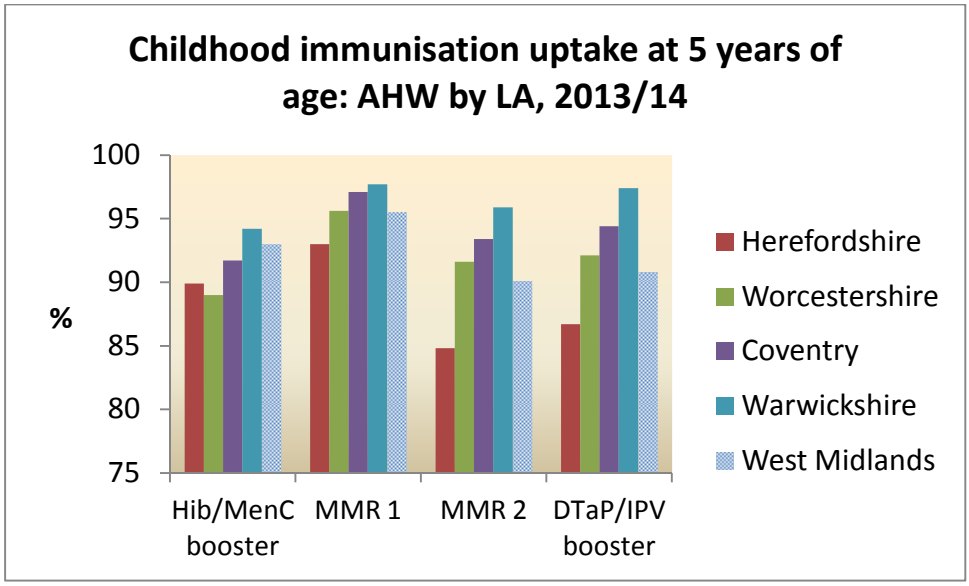


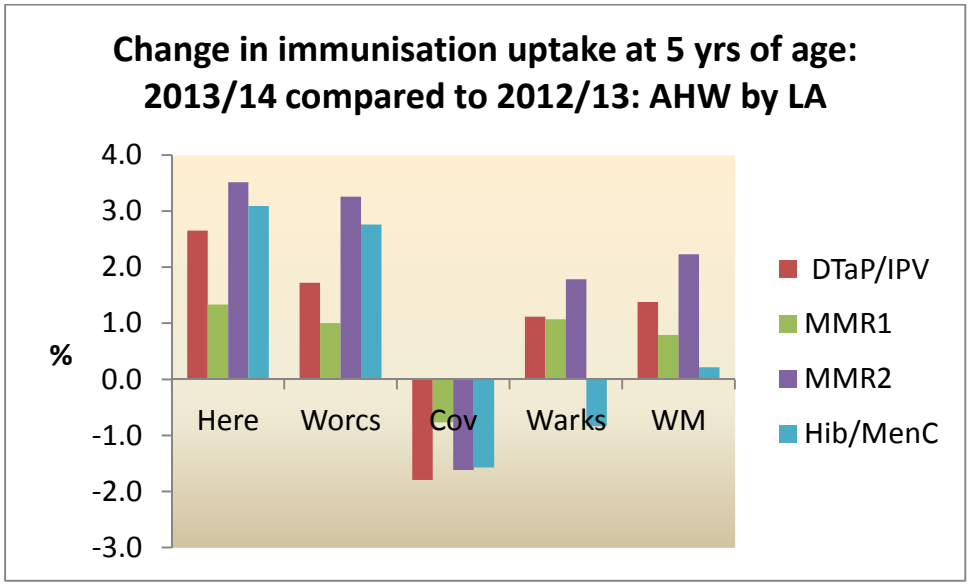


- At 2 years of age, immunisation uptake is lowest in Herefordshire, intermediate in Worcestershire and Coventry and highest in Warwickshire.
- Coverage in Herefordshire is lower than the WM average whereas the results for Worcestershire, Coventry and Warwickshire are higher than the regional figure.
- The 95% herd immunity target was achieved in all LA areas for DTaP/IPV/Hib but the herd immunity achievement for the other vaccinations was variable.
- In Herefordshire the uptake improved in 2013/14 compared to the previous year's results. There was a modest increase in Worcestershire uptake and a fall in Coventry and Warwickshire results.
- In Herefordshire, Coventry and Warwickshire the Hib/MenC booster uptake was markedly lower than the uptake for MMR or PCV booster. This pattern was present but much less marked at regional and national level.

Immunisation at 5 years of age

Area	Hib/MenC booster	MMR 1	MMR 2	DTaP/IPV booster
AHW	91.4	96.3	92.7	93.7
Herefordshire	89.9	93	84.8	86.7
Worcestershire	89	95.6	91.6	92.1
Coventry	91.7	97.1	93.4	94.4
Warwickshire	94.2	97.7	95.9	97.4
West Midlands	93	95.5	90.1	90.8
England	91.9	94.1	88.3	88.8





- At 5 years of age, immunisation uptake is generally lowest in Herefordshire and highest in Warwickshire. Coventry consistently has a slightly higher uptake than Worcestershire.
- MMR2 and DTaP/IPOV booster is markedly low in Herefordshire.
- For all LAs except Herefordshire, uptake is similar to or higher than the regional figure.
- The 95% herd immunity target is not achieved for most diseases in most LAs.
- In Herefordshire, Worcestershire and Warwickshire the uptake improved in 2013/14 compared to the previous year's results whereas the uptake fell in Coventry.

Summary Tables

Flu vaccine uptake (patients) 2014-15 (till 31st January 2015)

Area or CCG	% Uptake							
	65 and over	Under 65 (at-risk only)	All Pregnant Women	All Aged 2	All Aged 3	All Aged 4	Y7 pilot	Y8 pilot
England	72.8	50.3	44.1	38.5	41.3	32.9	N/A	N/A
AHW	73.8	54.6	45.4	39.2	44.4	33.2	20.4	22.1
Warwickshire North	72.2	54.3	45.6	35.0	40.4	27.9	19.6	24.2
South Warwickshire	77.6	58.5	50.4	54.9	58.5	47.7	26.8	31.4
Coventry & Rugby	72.6	54.0	47.5	33.8	42.0	29.0	16.1	17.7
Redditch & Bromsgrove	72.2	51.1	43.2	36.0	37.8	29.5	17.8	16.0
South Worcestershire	74.3	54.8	43.1	44.4	47.3	35.9	21.0	23.5
Wyre Forest	76.6	56.8	48.8	33.1	37.2	28.3	24.3	24.0
Herefordshire	71.1	53.0	34.9	37.2	42.4	33.9	22.6	20.1

Flu vaccine uptake (patients) 2013-14 (till 31st January 2014)

Area or CCG	65 and over	Under 65 (at-risk only)	All Pregnant Women	All Aged 2	All Aged 3
England	73.2	52.3	39.8	42.6	39.5
AHW	73.9	55.9	41.8	43.3	41.3
North Warwickshire	72.0	53.5	42.8	36.4	33.7
South Warwickshire	77.4	59.4	47.7	56.1	50.4
Coventry & Rugby	73.0	57.0	44.2	39.8	39.8
Redditch & Bromsgrove	73.2	52.1	36.4	40.5	39.5
South Worcestershire	73.5	54.3	38.3	44.7	42.7
Wyre Forest	77.4	60.4	47.1	45.4	43.9
Herefordshire	71.2	53.9	32.7	43.4	39.2

Flu uptake Jan 2015 compared to Jan 2014

Area or CCG	65 and over	Under 65 (at-risk only)	All Pregnant Women	All Aged 2	All Aged 3
England	-0.4	-2	4.3	-4.1	1.8
AHW	-0.1	-1.3	3.6	-4.1	3.1
North Warwickshire	0.2	0.8	2.8	-1.4	6.7
South Warwickshire	0.2	-0.9	2.7	-1.2	8.1
Coventry & Rugby	-0.4	-3	3.3	-6	2.2
Redditch & Bromsgrove	-1	-1	6.8	-4.5	-1.7
South Worcestershire	0.8	0.5	4.8	-0.3	4.6
Wyre Forest	-0.8	-3.6	1.7	-12.3	-6.7
Herefordshire	-0.1	-0.9	2.2	-6.2	3.2

Flu vaccine uptake (Healthcare workers) 2014-15

(till 31st January 2015)

Provider	% uptake Jan 2015	%uptake Jan 2014
England (All Providers)	54.6	54.8
AHW (All Providers)	54.4	51.6
AHW GP Practices	59.8	49.0
WHCT	49.7	38.9
SWFT	49.4	51.4
UHCW	52.5	57.9
Wye Valley	59.1	55.9
George Elliot	50.4	56.6
WAHT	63.8	60.4
CWPT	47.0	38.4

Herefordshire Council

Meeting:	**Health and Wellbeing Board**
Meeting date:	**17 June 2015**
Title of report:	**Engagement Gateway**
Report by:	**Chair of Healthwatch Herefordshire**

Classification

Open

Key Decision

This is not a key decision.

Wards Affected

Countywide

Purpose

For the Board to be aware of the Forum now in place to facilitate a more coherent way of communicating messages to the public where there is common purpose in doing so. To approve and support the work of the Gateway as part of the close collaboration of agencies working in and across Health and Social care.

Recommendation(s)

THAT: The Board approve the Terms of Reference for the Engagement Gateway.

Reasons for recommendations

1. To ensure the on–going commitment of the agencies involved.

Key considerations

Community impact

This is one way of reaching consistent messages to be given to the public and to maximise the opportunities afforded through all the communication networks of the organisations involved.

Equality duty

All organisations involved will need to meet the needs of all people in how they are

communicating. The Engagement Gateway will be a place to discuss and learn from the expertise in each service to ensure the best reach.

Financial implications

None.

Legal implications

There are no additional legal risks.

Risk management

That the member organisations continue to have disparate communication methods and either duplicate messages or lose opportunities to maximise on the messages given out.

Consultees

Members of the Engagement Gateway.

Appendices

Terms of Reference

Engagement Gateway Membership

The Good Engagement Charter

Background papers

None

TERMS OF REFERENCE

Engagement Gateway

Membership is not a closed group; initially be made up of the following organisations:

- Healthwatch
- Herefordshire Clinical Commissioning Group
- Herefordshire Council: adult and wellbeing directorate, research team, Community development forum
- Wye Valley NHS Trust
- Herefordshire Carers Support
- HVOSS
- Primecare
- Taurus
- West Midlands Ambulance Service
- 2gether
- Police
- Fire Brigade

What will the Gateway do?

- Work to and promote national standards of engagement and involvement.
- Help colleagues coming to the Gateway to identify exactly what they want to do and the best way to do it and where possible to use existing networks and resources.
- Promote co-production in all service redesign and advise on how to achieve this.
- Signpost to other organisations/support to share information, learn from best practice.
- Advise on involvement and engagement with the public to make sure that it is carried out effectively and to the agreed standards.

Governance

- Healthwatch will facilitate the Gateway, providing an impartial, person centred focus.
- Membership of the Gateway will be made up of people who are responsible for engagement within their organization and expected to link into other relevant personnel.
- The Gateway will be a subgroup of the Health and Wellbeing Board.

The Gateway is not set up to be responsible for an organisations engagement work or consultations. It will provide expertise, advice, signposting and the opportunity to share information and resource if applicable.

How will it work?

- **The Gateway will formally meet every 3 months as a full group however meetings can be had with individual or smaller groups as and when required.**
- **An email group will be used to share information/ projects for peer consideration.**
- **A template will be used to capture work or projects being carried out by organisations which will be shared with the Gateway for their input.**
- **A website will be used to share the outcomes from projects.**

Recommendations

- **This is the only Engagement Gateway used by all parties.**
- **The Engagement Gateway should be a sub-group of the Health and Wellbeing Board.**
- **The Engagement Gateway should be facilitated through Healthwatch.**

Members - March 2015

1	Jacqui Bremner	Healthwatch Herefordshire
2	Alex Fitzpatrick	Herefordshire Council
3	Carla Preston	Herefordshire Council
4	Kerry Thomson	HCCG (CSS)
5	Ruth Boyd	HCCG (CSS)
6	Charlotte Gee	HCCG (CSS)
7	John Burnett	WVT
8	Bev Stevenson	Primecare
9	Christine Price	Healthwatch Herefordshire
10	Val Javens	Healthwatch Herefordshire
11	Richard Dudley	Healthwatch Herefordshire
12	Chris Kowalik	West Midlands Ambulance Service
13	Paul di Lucia	HC, Trading Standards
14	Kate Quilley	West Mercia Police
15	Sophie Young	Public Health
16	Glyn Edwards	Police & Crime Commissioner for West Mercia
17	Graeme Cleland	Taurus Healthcare
18	Angela Higgleton	hvoss
19	Gavin Davies	2gether
20	Dominika Lipska-Roseka	2gether
21	Sean Bailey	Hereford and Worcester Fire Service

Levels of involvement and engagement

	Level	Description	Techniques	
Communication	Information providing	Telling people what is planned	Web Letters/emails Briefings/forums	Engagement
	Information gathering	Asking questions and gathering data	Surveys/questionnaires World Café approach Visit existing groups Focus groups Research	
	Consulting	Offering options and/or inviting feedback to proposals	Publication of proposals (consultation document) with response mechanism	
Coproduction	Deciding together	Inviting ideas and options from others and collaborating	Activity-based forums like world café approach Video conferencing Events Meetings and forums	
	Acting together	Driving things forward together, having decided things together	Meetings and forums Action planning together and joint ownership	
	Supporting	Helping others do what they want, maybe within a framework or facilitating their aims via grants	Networking and providing networking opportunities Helping secure grants/funding Sharing expertise, advising and supporting	

Good Engagement Charter

1. **We will be clear about why there is a need to engage with our community**
   The reasons for involving people must be clear from the start

2. **We will make sure that we work with partners when engaging with our community**
   People do not like being asked about the same thing over and over again. A joined-up approach is efficient and increases the likelihood of people taking part.

3. **We will make sure there is plenty of time for engagement**
   We will give people plenty of time to give their opinions and will arrange events at different times so that more people can take part.

4. **We will use a range of different ways for people to have their say**
   Some people like to talk in groups; others prefer to complete an online survey or to tell one person their ideas. We will be inclusive and tailor our activities to the people we are hoping will take part.

5. **We will be open, honest and transparent when engaging with our community** Agencies carrying out engagement activity should be open and honest about what can and cannot be influenced – including any constraints and boundaries – giving reasons for this.

6. **We will make sure that information is accessible by all**
   Information needs to be accessible, clear, understandable, and relevant. It also needs to be presented in the correct format for the audience.

7. **We will provide people with regular feedback when engaging with them**
   Results of engagement should be easily accessible to people who wish to view it – especially those people affected by the results of the consultation activity.

8. **We will recognise best practice and make sure that it is used to inform future engagement with our community**
   Engagement that has worked well should be celebrated, shared between partners and also be used to develop future engagement activities.

9. **We will evaluate the engagement process and make sure that any lessons learned are used to make engagement better in the future**

Engagement will be reviewed to see how well it worked and if it has achieved what it set out to do. The process will also be assessed against the standards outlined here

Herefordshire Council

MEETING:	**HEALTH AND WELLBEING BOARD**
MEETING DATE:	**17 JUNE 2015**
TITLE OF REPORT:	**Health and Wellbeing Board Work Plan**
REPORT BY:	**Director of Children's Wellbeing**

1. Classification

Open

2. Key Decision

This is not an executive decision

3. Wards Affected

County-wide

4. Purpose

4.1 To seek the views of the Board and finalise the quarterly forward plan

5. Recommendations

THAT: The report be noted

6. Appendices

Appendix 1 - An outline work programme for the Committee.

7. Background Papers

None identified.

HEALTH AND WELLBEING BOARD

WORK PLAN JUNE 2015 TO MAY 2016

TIMELINE OF ACTIVITIES AND DECISIONS UPDATED

June 2015

DATES	BOARD MEETINGS
21 July 2015	• Joint Strategic Needs Assessment • Herefordshire Safeguarding Children and Adults Business Plan 2015-16 • Herefordshire Safeguarding Children Board Annual Report • System Wide Transformation • BCF Submission Update
15 September 2015	• Safeguarding Adults – Progress Report • BCF Submission Update • Public Health Commissioning Progress update • Care Act Implementation • System Wide Transformation
10 November 2015	• BCF Submission Update • Safeguarding Children – Progress Report
20 January 2016	• BCF Submission Update
23 March 2016	• Local Authority Adults and Children's Well Being Commissioning Plans 2016/17 • CCG Commissioning Plans 2016/17 • Public Health Annual Report