

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)

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## 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 1<sup>st</sup> 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 1<sup>st</sup> 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<sup>1</sup>).
- 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.

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<sup>1</sup> 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](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<sup>2</sup>. The commissioners who would find the PNA most useful are CCGs, Local Authorities (Public Health) and NHS England Area Team.

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<sup>2</sup> 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)<sup>3</sup>

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).

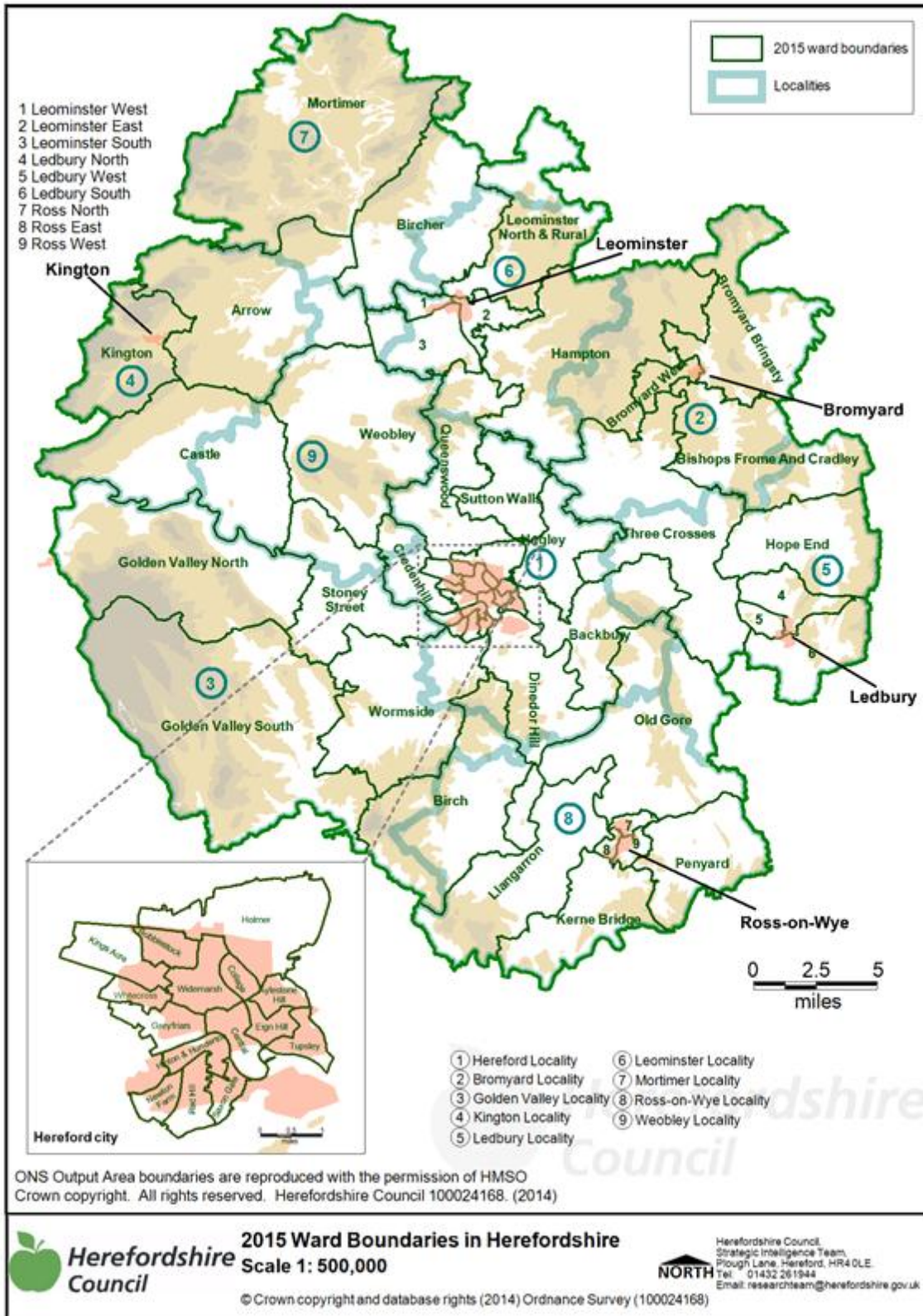
**Figure 1: Methodology**

	<i>Activity</i>
<b>Stage 1: Governance and Project Management</b>	<p>Project management approach in the development of the PNA.</p> <p>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).</p> <p>This steering group approved the template for the PNA, along with all public facing documentation.</p> <p>Group is responsible for the completion of the PNA and that the PNA meets at least the minimum requirements.</p>
<b>Stage 2: Gather and</b>	<p>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</p>

<sup>3</sup> 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf)

<b>validate data</b>	<p>baseline information.</p> <p>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).</p> <p>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.</p>
<b>Stage 3: Health Needs and Strategic Priorities</b>	<p>A desktop review of the local strategic needs assessment and other relevant strategies was undertaken to ensure the priorities were identified correctly.</p> <p>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.</p>
<b>Stage 4: Pharmacy Profile</b>	<p>Current profile of pharmaceutical services was documented on a service by service basis.</p> <p>Benchmarking exercise using ONS comparators (where data was available) was used to supplement the pharmacy profile information.</p>
<b>Stage 5: Synthesis and Assessment</b>	<p>NWCSU developed and drew together the content of the draft PNA following emerging themes and pre-consultation responses.</p> <p>Pre-determined principles were used to underpin the decision making process.</p> <p>The draft PNA is approved by the HWB to go to formal consultation.</p>
<b>Stage 6: Formal Statutory Consultation</b>	<p>The consultation took place from 30th January 2015 to 1<sup>st</sup> April 2015 for a period of 60 days, in accordance with the Regulations (see Appendix 2).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The PNA was then published on the website on <b>XX June 2015</b>.</p>

**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 (31<sup>st</sup> 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.

**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

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

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<sup>4</sup> 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:

<sup>4</sup> 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](http://www.taurushealthcare.co.uk))
- Community Drug and Alcohol Services Herefordshire (DASH)

### 1.3.2 Pharmaceutical Services Contractual arrangements<sup>5</sup>

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](#)

<sup>5</sup> 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<sup>6</sup>** - 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<sup>7</sup>***

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

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

<sup>7</sup> 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 1<sup>st</sup> 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<sup>8</sup>

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**

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

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.

<sup>8</sup> 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%
<b>Total</b>	<b>148,528</b>	<b>152,812</b>		

\*Note: Available rolling data prior the NHS reform (1<sup>st</sup> 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 16<sup>th</sup> July 2012 revealing a population increase in Herefordshire<sup>9</sup>. 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.

<b>Herefordshire</b>	<b>2001</b>	<b>2013</b>	<b>Change (%)</b>
<b>All Persons</b>	174,900	186,100	6.4
<b>Males</b>	85,400	91,800	7.5
<b>Females</b>	89,500	94,300	5.4
<b>Young people (0-19)</b>	41,500	40,000	-3.6%
<b>Older people (65+)</b>	33,700	42,000	24.6
<b>90+</b>	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<sup>10</sup>. 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

<sup>9</sup> Office National Statistics (ONS). Accessed 10 October 2014.

<sup>10</sup> "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.

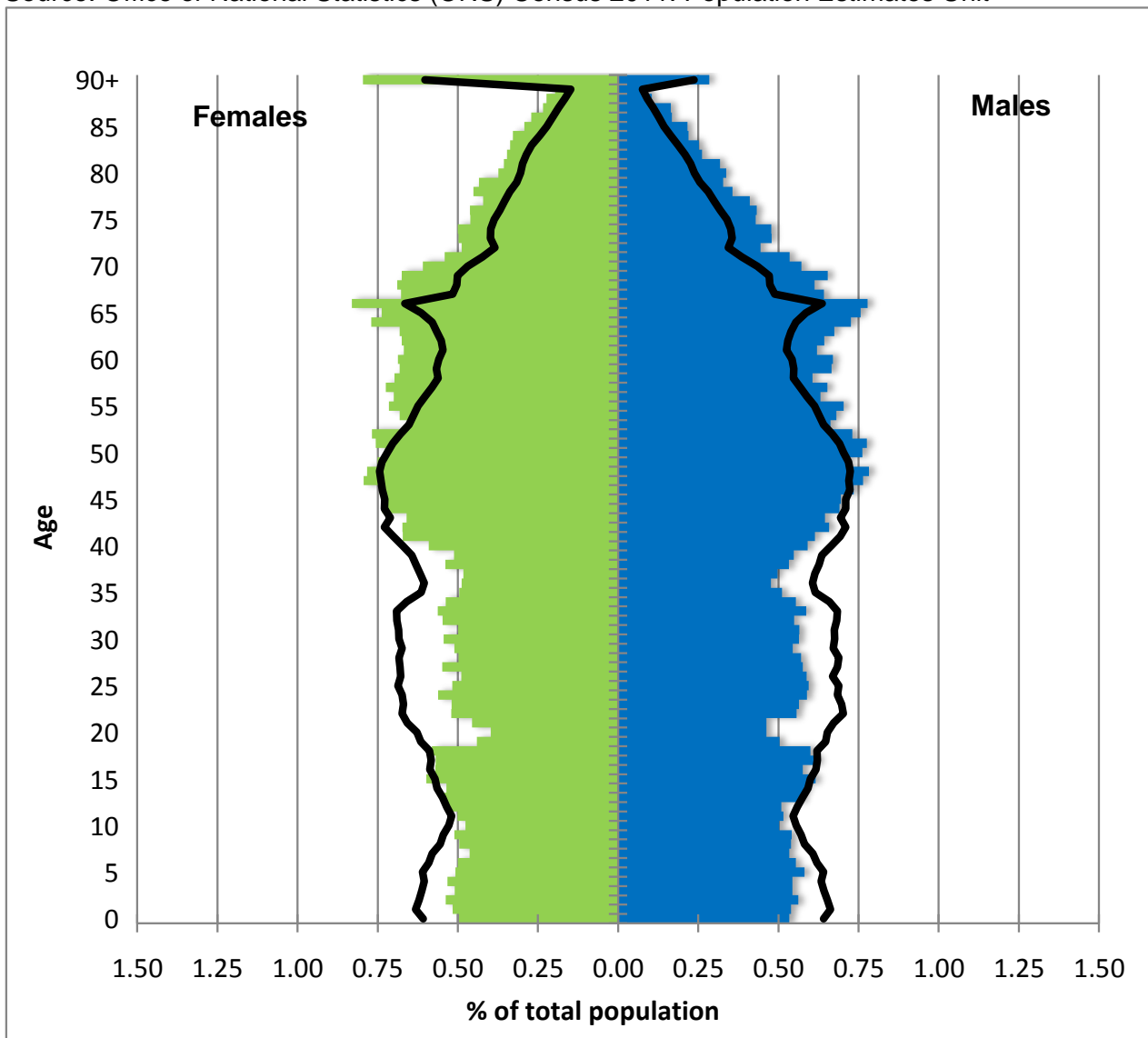
### **Figure 7: Mid-Year 2013 Population Estimates of Herefordshire**

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%
<b>All ages</b>	<b>186,100</b>	<b>91,800</b>	<b>94,300</b>	<b>100.0%</b>	<b>49.3%</b>	<b>50.7%</b>

**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 characteristics 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<sup>11</sup> 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.”*

<sup>11</sup> Prescriptions dispensed in the community, Stats for England 2002 – 2012. Accessed 10 October 2014. 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.

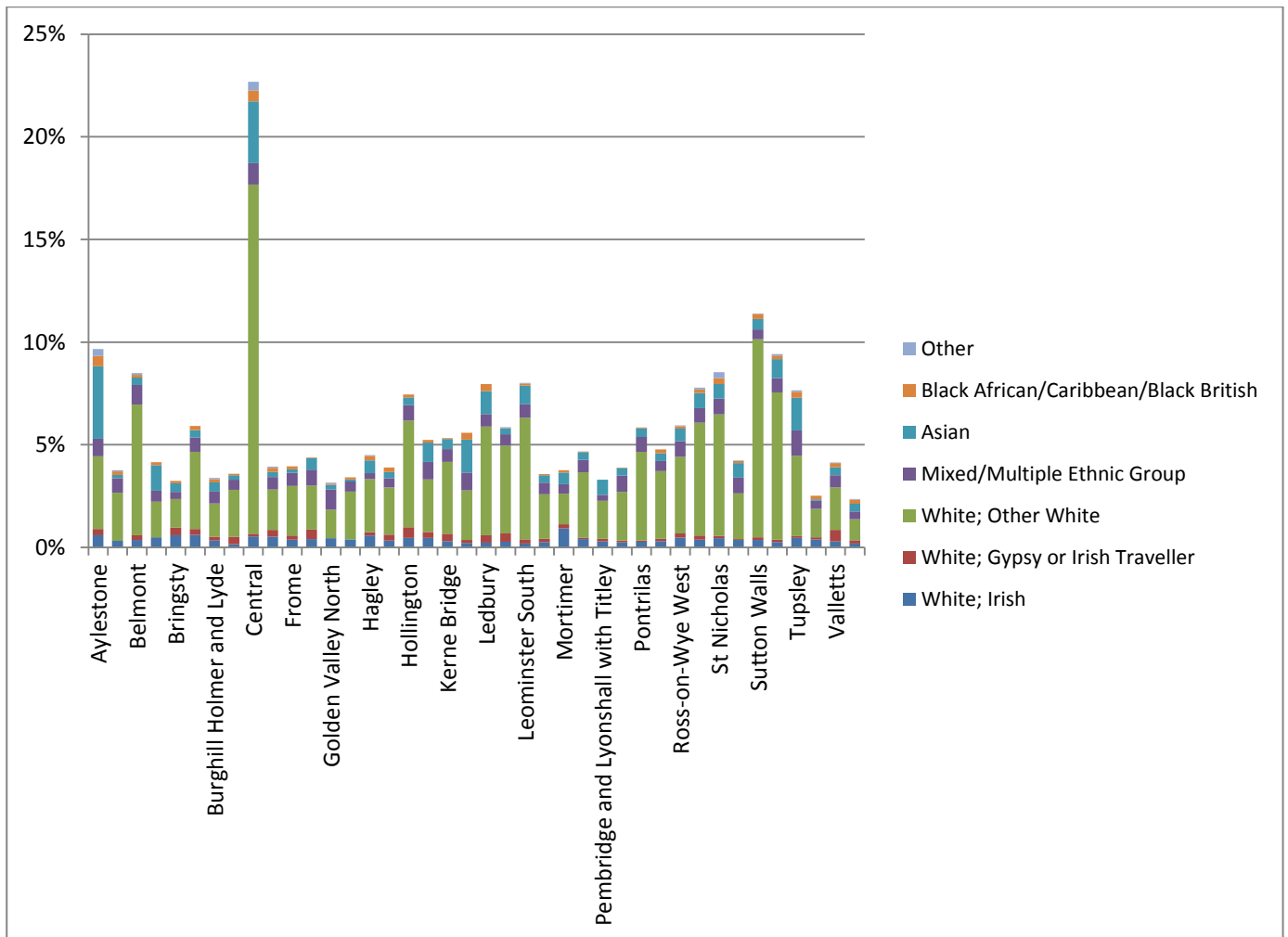
Community pharmacies and other healthcare providers are appreciative that some ethnic populations often experiences a spectrum of health challenges from low birth weight babies and infant mortality through to higher incidences of long term conditions such as diabetes<sup>12</sup>.

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.

<sup>12</sup> "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.

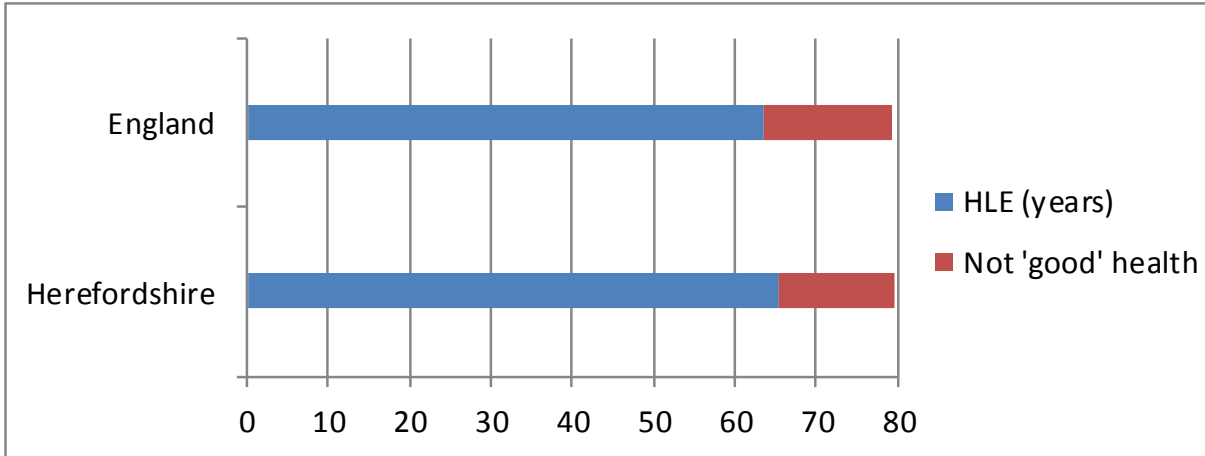
### Healthy Life Expectancy

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).

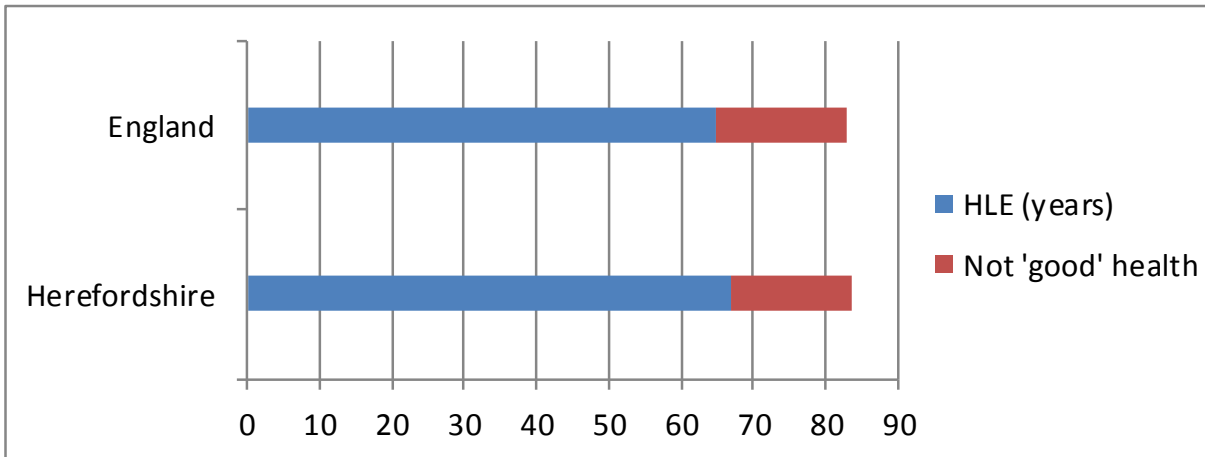
**Figure 13: Herefordshire HLE at Birth, 2010-12**

Source: ONS 2010-12

#### Males



#### Females

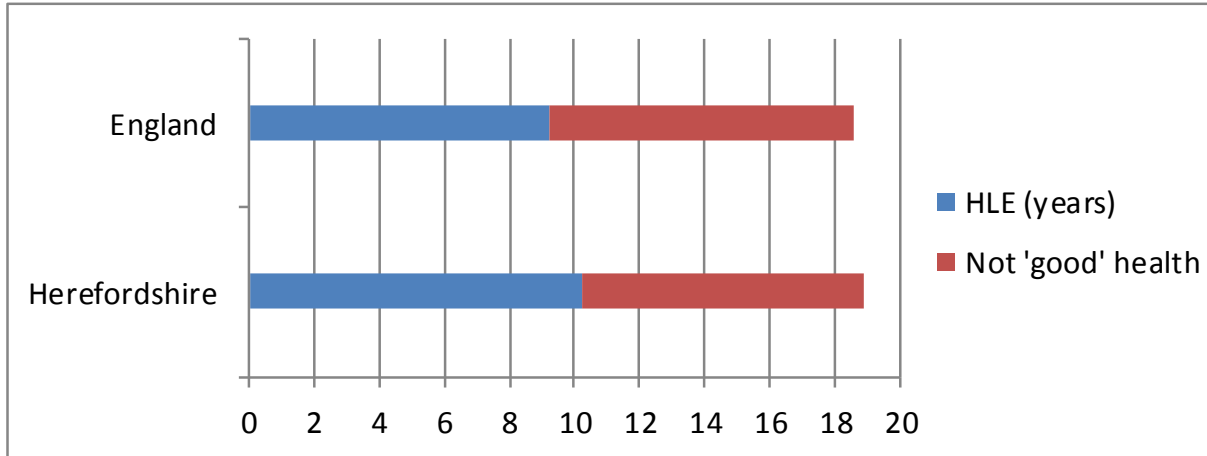


At 65 years HLE in Herefordshire for males is 10.3 years and among females 11.1 years (Figures 14). Again this is significantly higher than the equivalent values for England of 9.2 years for males and 9.7 years for females. Locally males and females respectively can expect to live 54% and 50% of their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

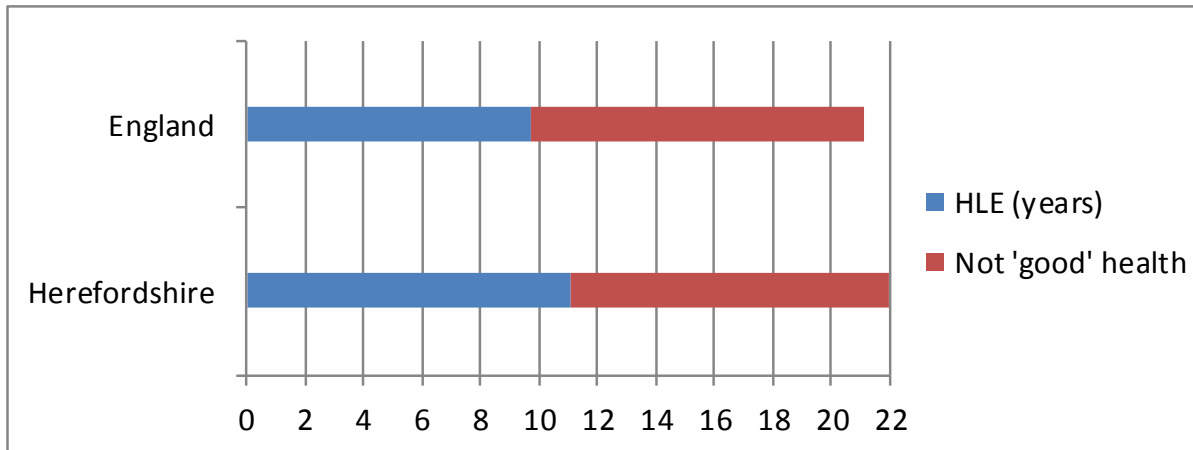
**Figure 14: Herefordshire HLE at Age 65, 2010-12**

Source: ONS 2010-12

*Males*



*Females*



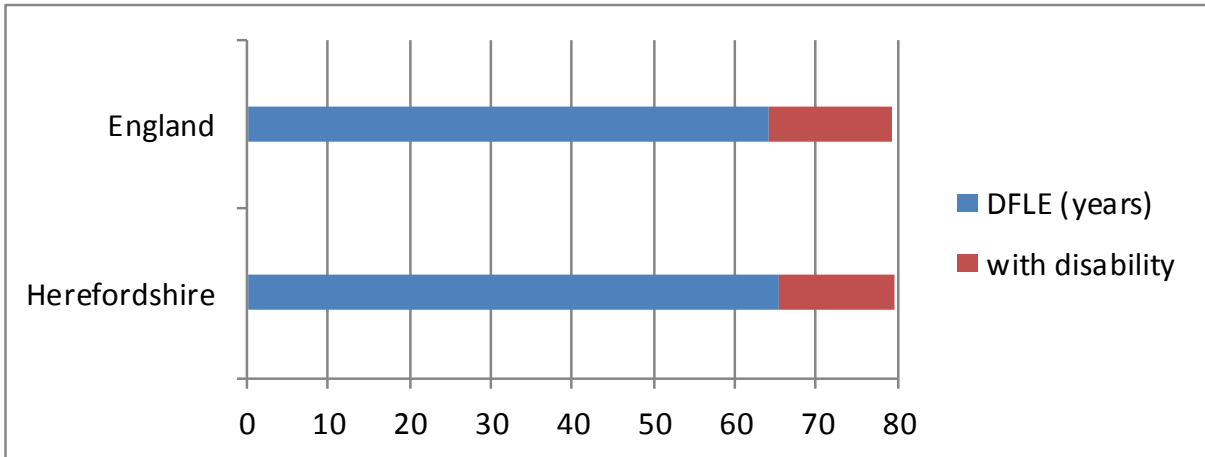
### Disability-free life expectancy

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%.

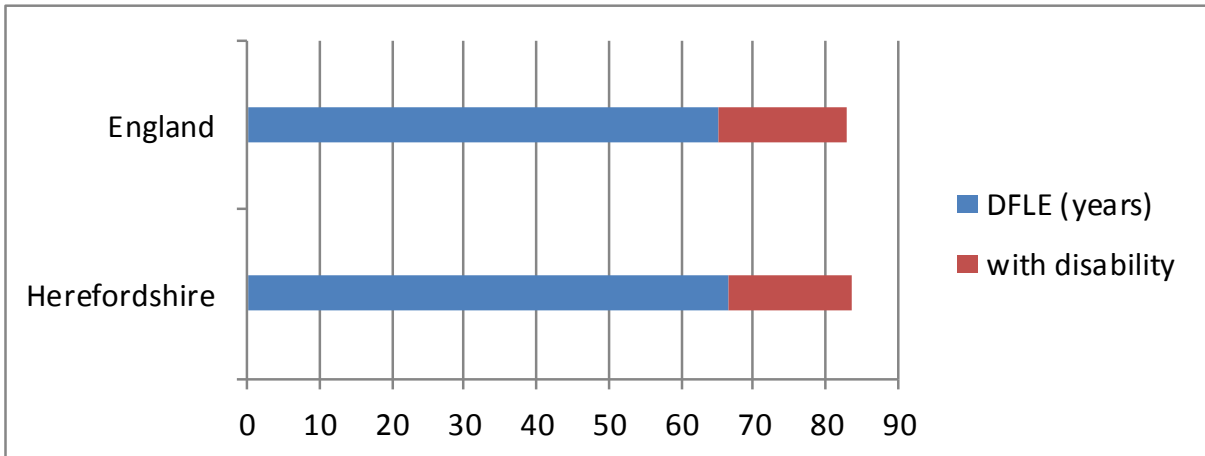
**Figure 15: Herefordshire DFLE at Birth, 2010-12**

Source: ONS 2010-12

#### Males



#### Females

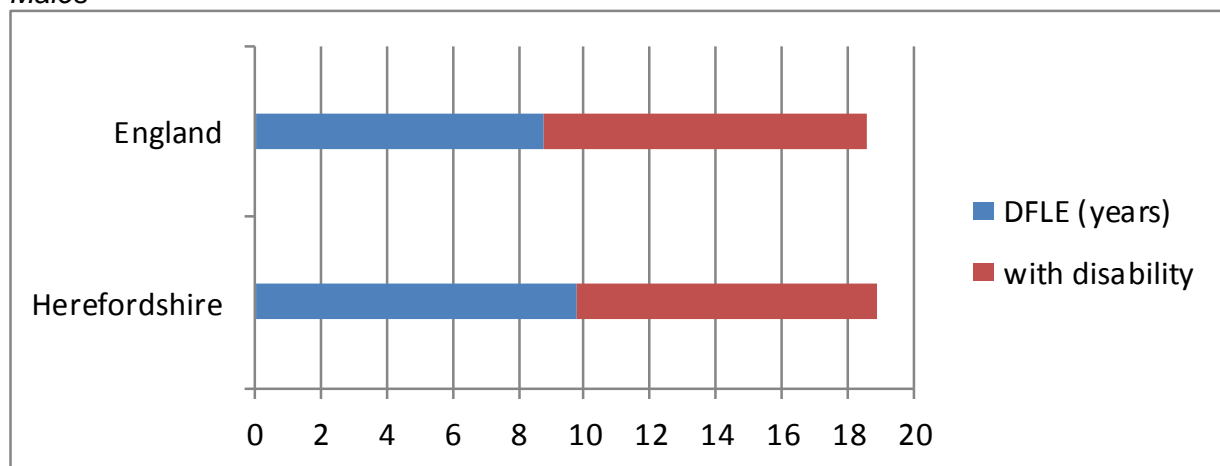


At age 65, across 2010-12 the DFLE in Herefordshire was 9.8 years for males and 10.1 years for females (Figures 16). This was significantly higher than for England (8.8 years for males and 8.9 years for females). Herefordshire males can expect to live 52% of their remaining life without a disability,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

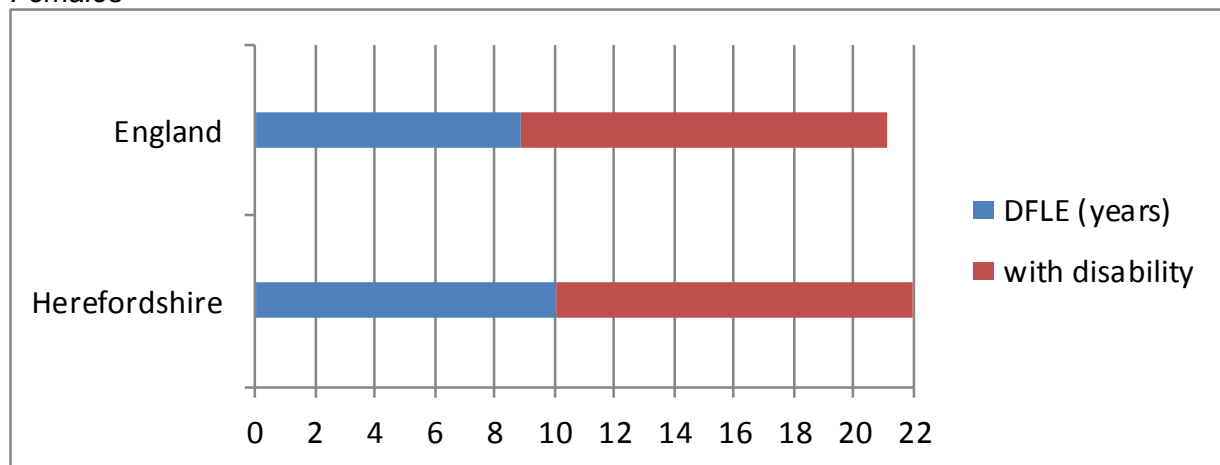
**Figure 16: Herefordshire DFLE at Age 65, 2010-12**

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.

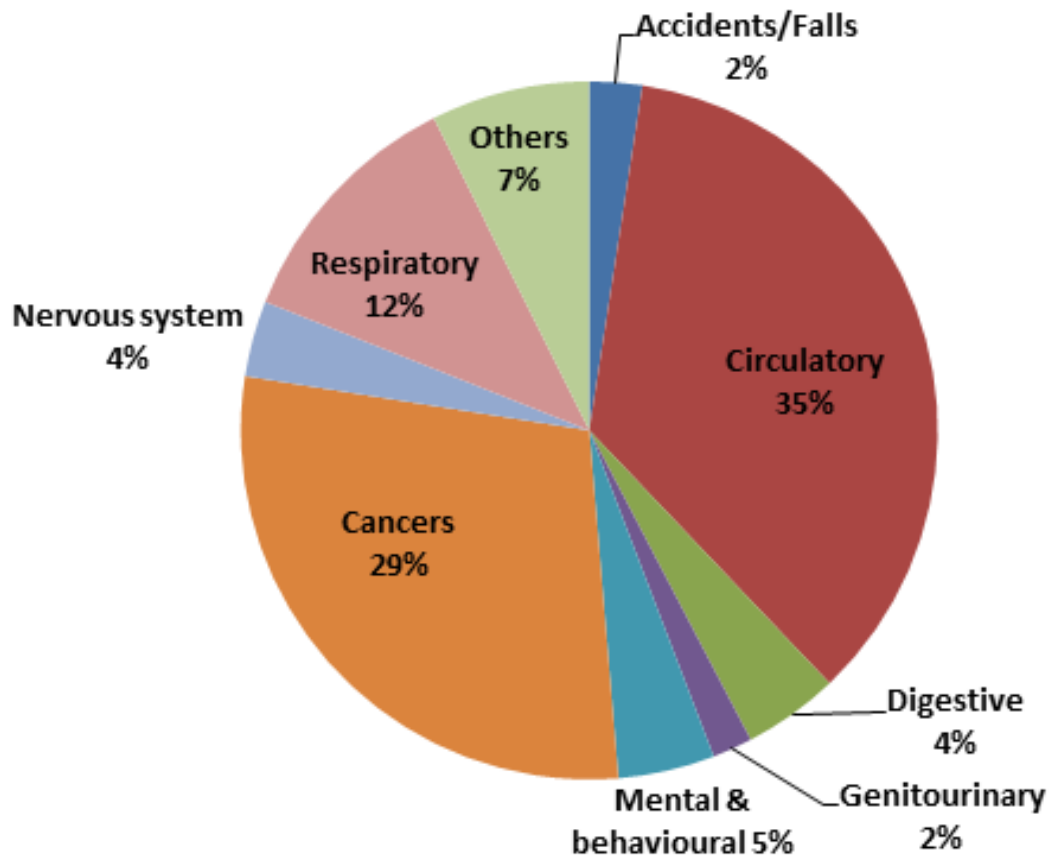
Herefordshire has over 1,900 deaths a year with the 'big killers' (75% of all mortality) being broadly circulatory diseases (such as coronary heart disease and stroke), cancers and respiratory disease<sup>13</sup> (Figure 17). They are the greatest contributors to total mortality rates between wards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

<sup>13</sup> 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



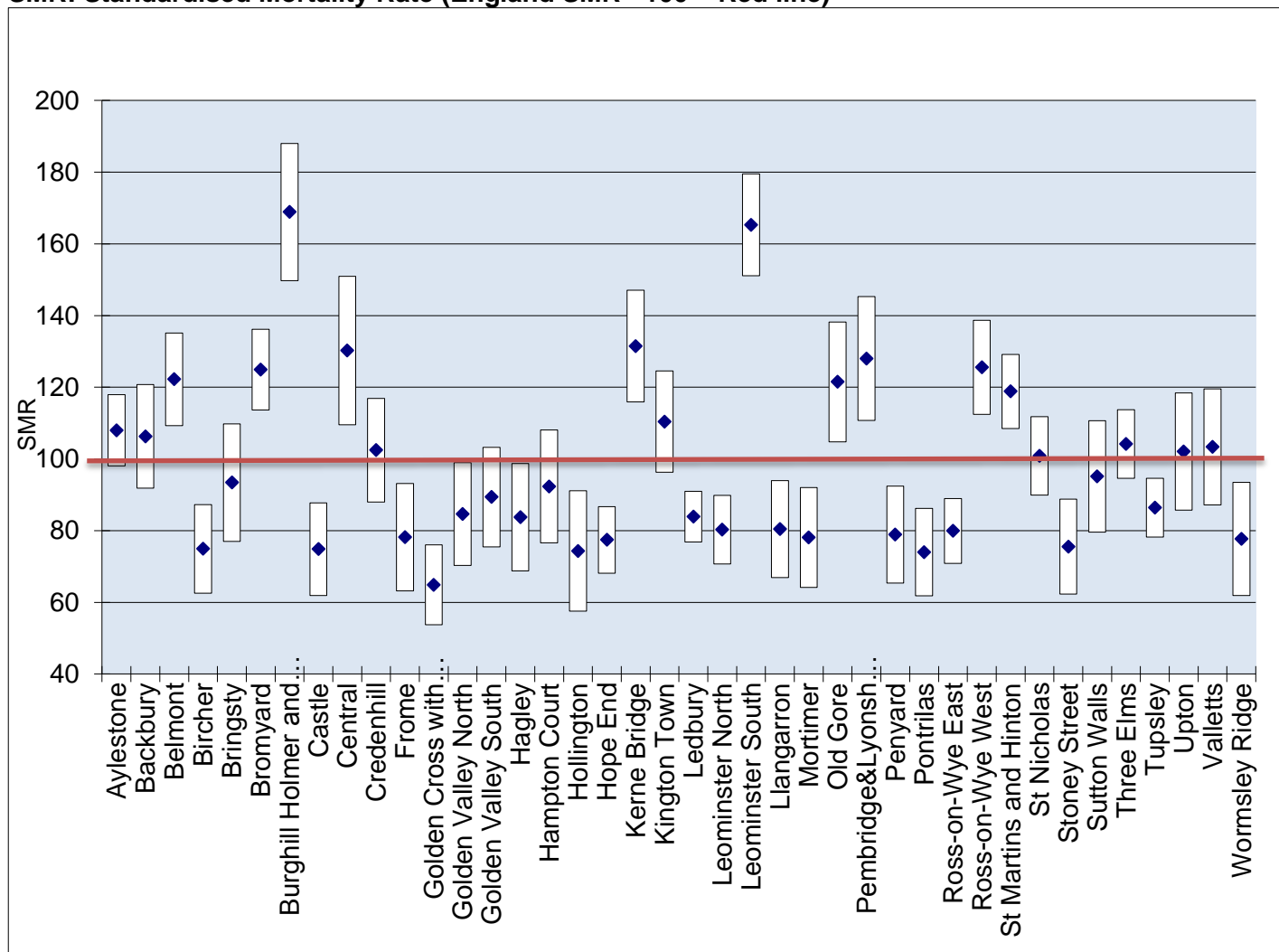
*Note: Digestive diseases include intestinal disorders and alcohol-related conditions such as chronic liver disease and cirrhosis. Prominent among 'other' causes of mortality are deaths before or within a month of birth (peri- and neonatal), intentional self-harm, senility, diabetes and infectious diseases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

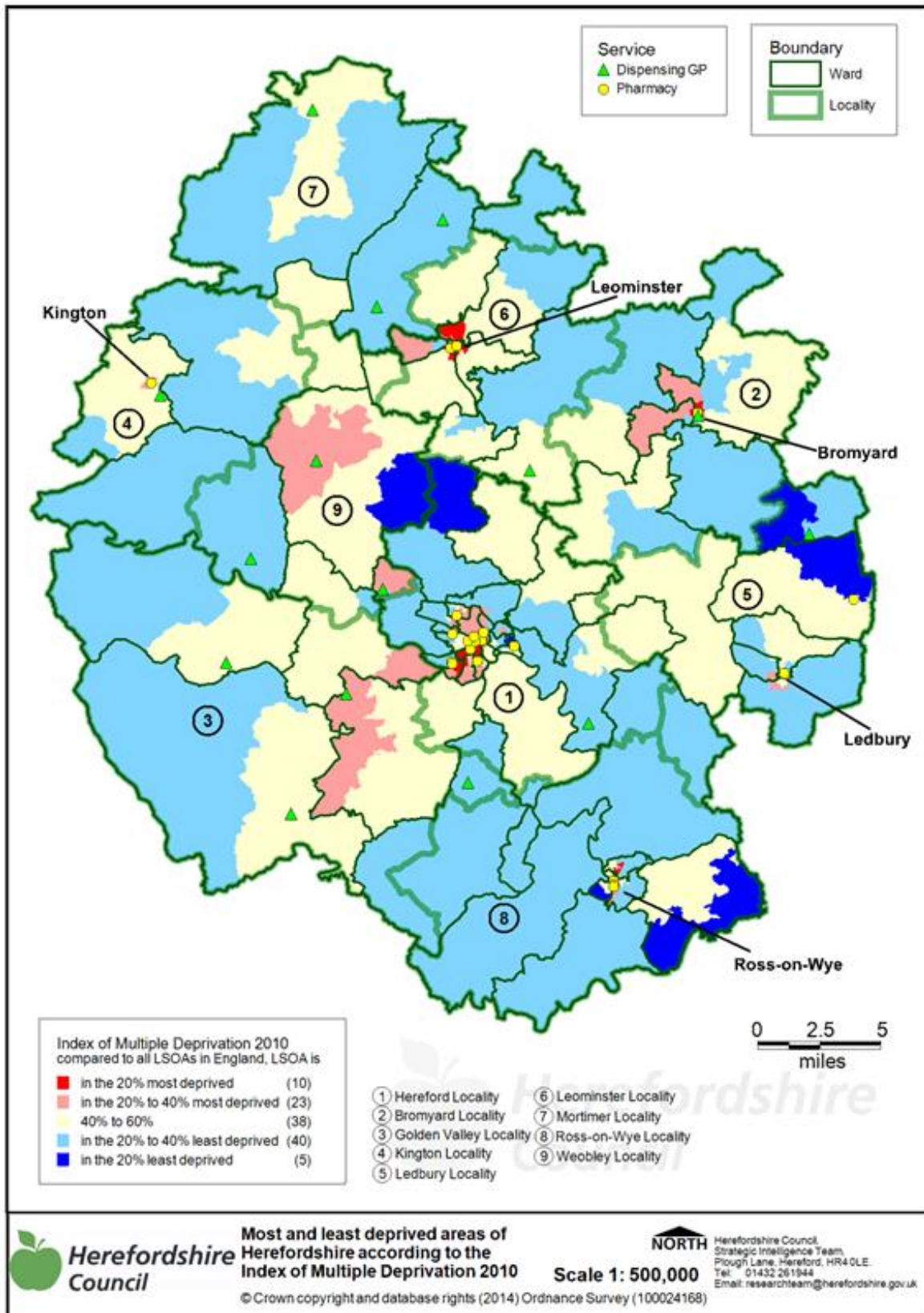
<i>LSOA name</i>	<i>Ward</i>	<i>National percentile 2010 – most deprived nationally</i>
Golden Post - Newton Farm	Belmont	Top 10%
Leominster - Ridgemoor	Leominster North	Top 20%
Redhill-Belmont Road	St Martins and Hinton	Top 20%
Hunderton - Bishop's Meadow	St Martins and Hinton	Top 20%
Hunderton	Belmont	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.

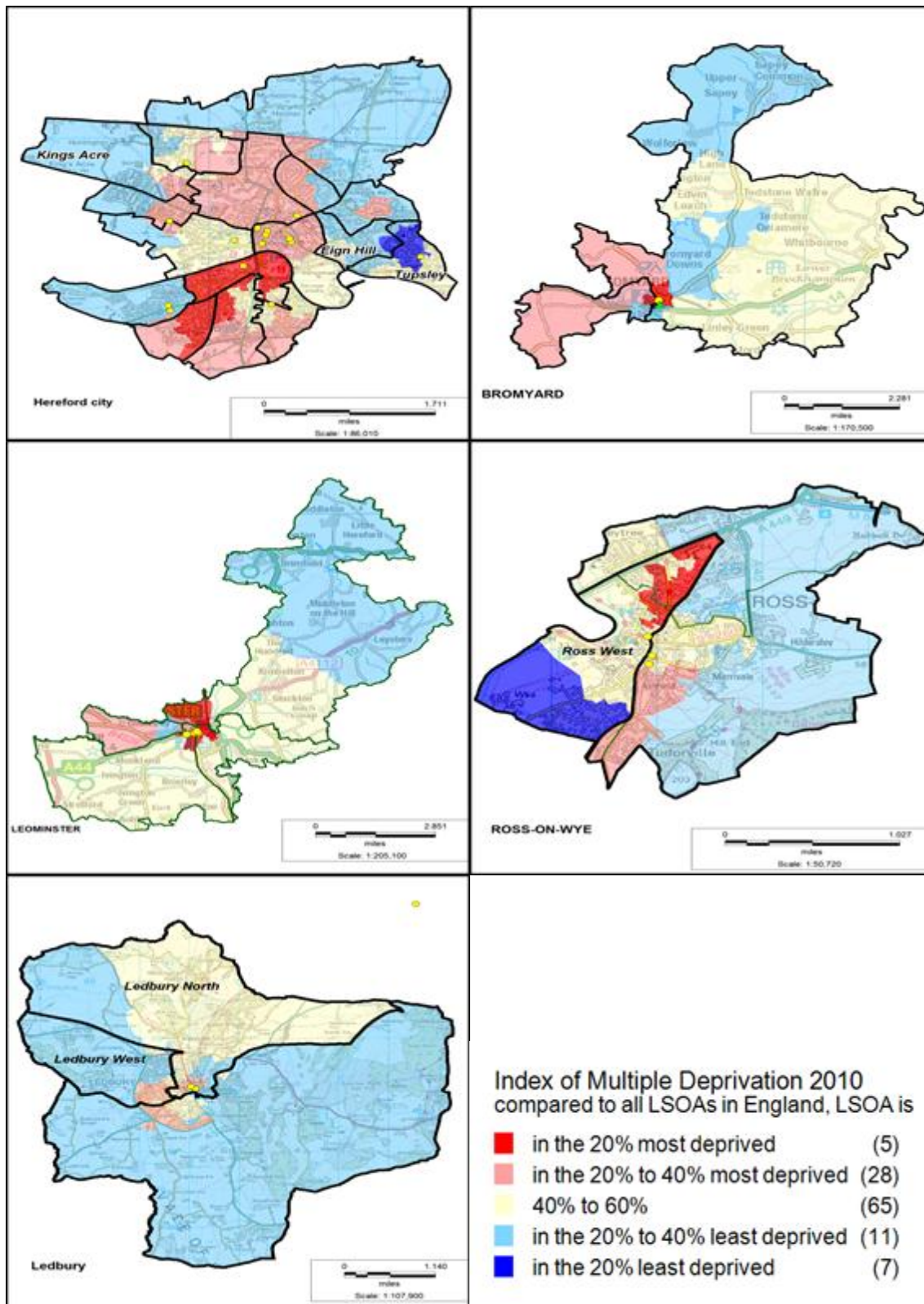
The thematic maps of Figure 20 and 21 illustrate which areas are the most and least deprived in a local context. There is a lower proportion of deprived LSOA in Herefordshire than nationally and most of the LSOA with the greatest deprivation in Herefordshire are in Hereford City. The remainder are in 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*<sup>14</sup>.

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

<b>Principle 1</b>	Sustainable Services
<b>Principle 2</b>	Working Together
<b>Principle 3</b>	Information and Support
<b>Principle 4</b>	Five Ways to Wellbeing
<b>Principle 5</b>	Personal Responsibility
<b>Principle 6</b>	A Life-course Approach
<b>Principle 7</b>	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)*'<sup>15</sup>. 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.

<sup>14</sup> Development of the Herefordshire Health and Wellbeing Strategic Approach 2013/14.

<sup>15</sup> 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	<b>Smoking</b>	<ul style="list-style-type: none"> <li>Opportunistic Brief Advice</li> <li>No smoking campaigns</li> <li>Stop Smoking Service including various options of pharmacotherapy*</li> </ul>
	<ul style="list-style-type: none"> <li>Reduce smoking rates in adults and young people</li> <li>Address inequalities – improving access to services</li> </ul>	
2	<b>Cardiovascular Diseases</b>	<ul style="list-style-type: none"> <li>Promotion of Health Checks</li> <li>Information and advice on healthy lifestyles (smoking, diet, physical activity, alcohol etc.)</li> <li>Campaigns- local or national Secondary prevention/ risk factor monitoring and advice</li> </ul>
	<ul style="list-style-type: none"> <li>Address inequalities – improving access to services</li> <li>Reduce mortality rates from heart disease, stroke and cancer</li> <li>Increase uptake of health checks**</li> </ul>	
3	<b>Alcohol and Substance Misuse</b>	<ul style="list-style-type: none"> <li>Opportunistic Brief Advice</li> <li>Supervised consumption of methadone and other medicines**</li> <li>Needle and syringe exchange schemes plus information and advice**</li> </ul>
	<ul style="list-style-type: none"> <li>Reduce harm caused by alcohol/substance misuse</li> <li>Reduce rates of alcohol related hospital admission</li> </ul>	
4	<b>Sexual Health</b>	<ul style="list-style-type: none"> <li>Chlamydia testing</li> <li>Condoms Distribution</li> <li>Emergency Hormonal Contraception Pill (Prescribing, advice and Information )</li> </ul>
	<ul style="list-style-type: none"> <li>To reduce the rate of new syphilis infections</li> <li>To reduce the proportion of Human Immunodeficiency Virus (HIV) cases diagnosed at late stage of infection</li> <li>To reduce the rate of under 18 conception</li> </ul>	
5	<b>Excess Winter Deaths</b>	<ul style="list-style-type: none"> <li>Vaccination e.g. influenza, Pneumococcal</li> </ul>
	<ul style="list-style-type: none"> <li>To reduce the numbers of excess winter deaths</li> </ul>	

Note: \*applies once the pharmacotherapy services are transferred to public health (1<sup>st</sup> April 2015)

\*\*applies for pharmacies that opt-to be a qualified provider (only in place from 1<sup>st</sup> 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<sup>16</sup> (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**

<b>Principles</b>		<b>Aims and Objectives</b>
1	<i>A strategy owned by the Medicines Optimisation Group</i>	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	<i>Aim to understand patient experience</i>	<p>Patients are more engaged, understand more about their medicines, how to make choices including choices about prevention and healthy living.</p> <p>Patients are fully involved and being proactive in taking their medicines and are able to take/use the medicines as agreed.</p> <p>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.</p> <p>Patients will ask healthcare professionals when they have a query or difficulty with their medicines.</p> <p>Actively support opportunities for self-administration of medicines and on-going support within managed care settings.</p> <p>National and local level structured opportunity for patients to provide feedback through surveys and changes made where appropriate.</p>
3	<i>Evidence based choice of medicines through appropriate commissioning arrangements</i>	<p>Confirmed and auditable compliance with best practice including National Institute for Health and Clinical Excellence (NICE) guidance.</p> <p>Effective adherence to Herefordshire CCG Low Priority Treatment (LPT) policy through close working with and advice provided to local health professionals.</p> <p>Ensure that all prescribers are consistent in their application of where medicines are prescribed and monitored.</p> <p>Timely and accurate information follows patient through their journey.</p> <p>Patient centred medicines optimisation strategy will ensure that</p>

<sup>16</sup> Herefordshire CCG Medicines Optimisation Strategy – Medicines Optimisation Group December 2014.



		<p>medicines are commissioned within a governance framework.</p> <p>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.</p>
4	<i>Ensure medicines use is as safe as possible</i>	<p>Increase the reporting of incidents involving medicines and devices and reducing potential avoidable harm.</p> <p>Ensure all patients know to return unused medicines to the community pharmacy/dispensing practice for safe disposal.</p> <p>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).</p>

## **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<sup>17</sup>. 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)<sup>18</sup>. 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

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<sup>17</sup>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>

<sup>18</sup>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<sup>19</sup>. 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.

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<sup>19</sup> 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/my servicedocs/CommNara.pdf>

**Figure 25: Current Provision of Pharmaceutical Service in Herefordshire**

Community Pharmacy Service	Description and Examples
<b>Essential Services</b>	
<b>Dispensing Medicines or Appliances</b>	<ul style="list-style-type: none"> <li>• Supply of medicines or appliances.</li> <li>• Advice given to the patient about the medicines being dispensed and possible interactions with other medicines.</li> <li>• Recording of all medicines dispensed, advice provided, referrals and interventions made using Patient Medication Records (PMR).</li> <li>• 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.</li> </ul> <p><b>Example:</b> 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&amp;E) departments.</p>
<b>Repeat Dispensing (RD)</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Patients who use a RD service use less GP staff time and appointments whilst ordering their medication.</li> <li>• 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.</li> <li>• The regular checking of how patients use of their prescribed medication can avert incidences arising from inappropriate use.</li> </ul> <p><b>Example:</b> 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.</p> <p>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.</p>
<b>Disposal of</b>	<ul style="list-style-type: none"> <li>• Pharmacies act as a collection points for unwanted medicines.</li> </ul>

<p><b>Unwanted Medicines</b></p>	<ul style="list-style-type: none"> <li>• The pharmacy will, if required by NHS England or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols.</li> <li>• Additional segregation is also required under the Hazardous Waste Regulations.</li> <li>• 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.</li> </ul> <p><b>Example:</b> 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.</p>
<p><b>Public Health (Promotion of Healthy Lifestyles)</b></p>	<ul style="list-style-type: none"> <li>• NHS England sets the health promotion campaigns although HWBs have discretion to run alternative campaigns.</li> <li>• 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.</li> <li>• Typically each pharmacy is provided with posters, leaflets, and key message fact sheets as part of the campaigns.</li> <li>• 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.</li> </ul> <p><b>Example:</b> 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.</p>
<p><b>Signposting</b></p>	<ul style="list-style-type: none"> <li>• NHS England (and other commissioners e.g. Local Authority and CCG) provides pharmacies with lists of sources of care to support in the area.</li> <li>• Pharmacies are expected to be equipped to provide opportunistic advice, information and facilitate signposting of patients to other services.</li> </ul> <p><b>Example:</b> Pharmacists directing patients to the local sexual health service for routine contraception.</p>
<p><b>Support for Self Care</b></p>	<ul style="list-style-type: none"> <li>• Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families</li> <li>• This may include self-limiting conditions as well as LTC</li> </ul> <p><b>Example:</b> 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.</p>

## 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:** When 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

	<ul style="list-style-type: none"> <li>- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted</li> </ul> <p><b>Note:</b> 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.</p>
<p><b>Stoma Appliance Customisation Service (SAC)</b></p>	<ul style="list-style-type: none"> <li>• SAC is the third Advanced service in the NHS community pharmacy contract.</li> <li>• This involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template.</li> <li>• Aims to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.</li> <li>• 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.</li> <li>• The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.</li> </ul> <p><b>Note:</b> 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.</p>
<p><b>Enhanced Service</b></p>	
<p><b>Seasonal Influenza Vaccination</b></p>	<ul style="list-style-type: none"> <li>• AHW AT commissioned the 2014/15 seasonal influenza vaccination plan.</li> <li>• Aims to improve accessibility to the vaccine and addressing the historically low uptake.</li> <li>• 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%.</li> <li>• In 2013/14 the uptake in Herefordshire for under 65 at risk individuals, 65+ and pregnancy are 54%, 71% and 38% respectively.</li> <li>• Community pharmacies are well placed, accessible, often open extended hours to provide the vaccine without the need for an appointment.</li> </ul> <p><b>Note:</b> See section 2.3.5 below for more details.</p>

## 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.



<p><b>Minor Ailment</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Reducing the number of those people who would have otherwise gone to their GP for a prescription, WIC, or the OOH service.</li> <li>• Provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists.</li> <li>• Complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations.</li> </ul> <p><b>Note:</b> See section 2.3.15 below for more details.</p>
<p><b>In-Hours/ Out-of-Hours Palliative Care Service</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The service requires a pharmacist to stock and supply an agreed list of specialist medicines for use in palliative care.</li> <li>• 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.</li> <li>• In Herefordshire, the CCG currently commissions in-hours and out-of hours palliative care service from community pharmacies.</li> </ul> <p><b>Note:</b> See section 2.3.16 below for more details.</p>
<p><b>Pharmaceutical Advice to Care Homes Service</b></p>	<ul style="list-style-type: none"> <li>• Advisory service to care homes.</li> <li>• 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.</li> </ul> <p><b>Note:</b> See section 2.3.17 below for more details.</p>
<p><b>Patient Self-Care Education Talks</b></p>	<ul style="list-style-type: none"> <li>• Pharmacists training and advice to specific groups of patients in a number of education sessions.</li> <li>• Programme service is both responsive to requests but also integrates into health needs of the county.</li> </ul> <p><b>Examples:</b> Cardiac rehabilitation patients, Parkinson's disease patients, Herefordshire carer's support and education sessions on the use of antibiotics in children.</p> <p><b>Note:</b> See section 2.3.18 below for more details.</p>

### 2.3.2 Smoking<sup>20</sup>

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<sup>21</sup>. 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.

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<sup>20</sup> Smoking in Herefordshire – Overview; Health Intelligence, Public Health Department July 2013.

<sup>21</sup> 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**

<b>Public Health Priority: Smoking</b>	
<b>Herefordshire Public Health Priorities</b>	<ul style="list-style-type: none"> <li>• Reduce smoking rates in adults and young people</li> <li>• Address inequalities – improving access to services</li> <li>• Ensure smoking services can build capacity and capability</li> <li>• “Make Every Contact Count” through brief, opportunistic interventions and health promotion<sup>22</sup></li> <li>• Improve LTCs management – Diabetes, Stroke and Respiratory disease</li> <li>• Cancer – tackling lifestyle behaviours</li> <li>• Maternal and Infant health – healthy lifestyle before pregnancy</li> <li>• Treatment for patients should be in line with Joint Medicines Formulary</li> </ul>
<b>Current Herefordshire Community Pharmacy Contribution</b>	<ul style="list-style-type: none"> <li>• Opportunistic brief advice</li> <li>• Health promotion campaigns to No smoking and smoking cessation</li> <li>• Stop Smoking Service including various options of pharmacotherapy, e.g. varenicline via PGD</li> <li>• Promotion of accessibility and services via local websites e.g. CCG Community Pharmacy web pages</li> </ul>
<b>Potential Community Pharmacy Developments</b>	
<b>*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</b>	<ul style="list-style-type: none"> <li>• Widen participation of community pharmacies</li> <li>• Expand scope of pharmacy-based stop smoking services to include ‘quit groups’. These could be:               <ul style="list-style-type: none"> <li>- Pharmacist-led (within the pharmacy or as an outreach service)</li> <li>- Provided by a counsellor on pharmacy premises</li> </ul> </li> </ul>

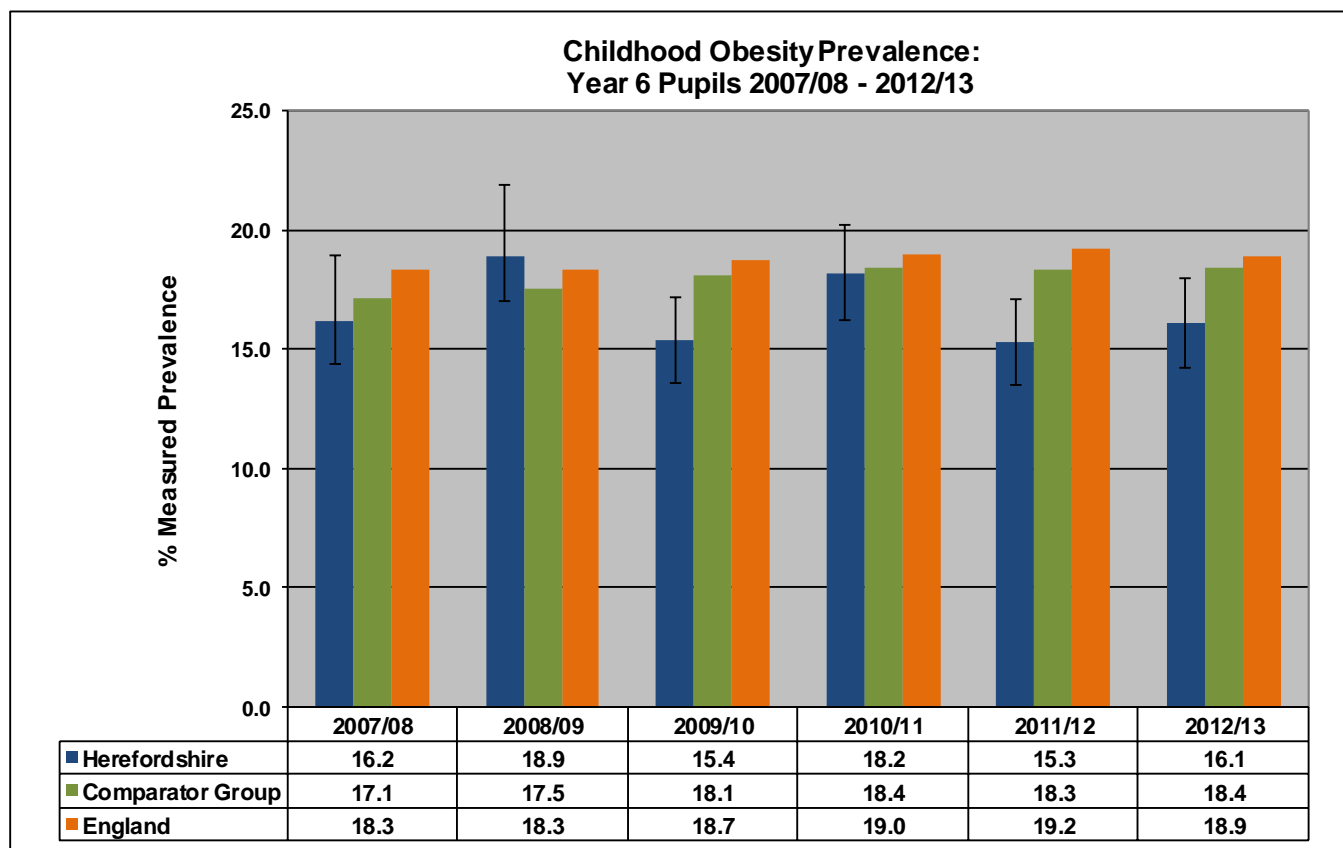
<sup>22</sup> The NHS’s role in the public’s health – a report from the NHS Future Forum” (Date of publication not stated)

### 2.3.3 Healthy weight<sup>23</sup>

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

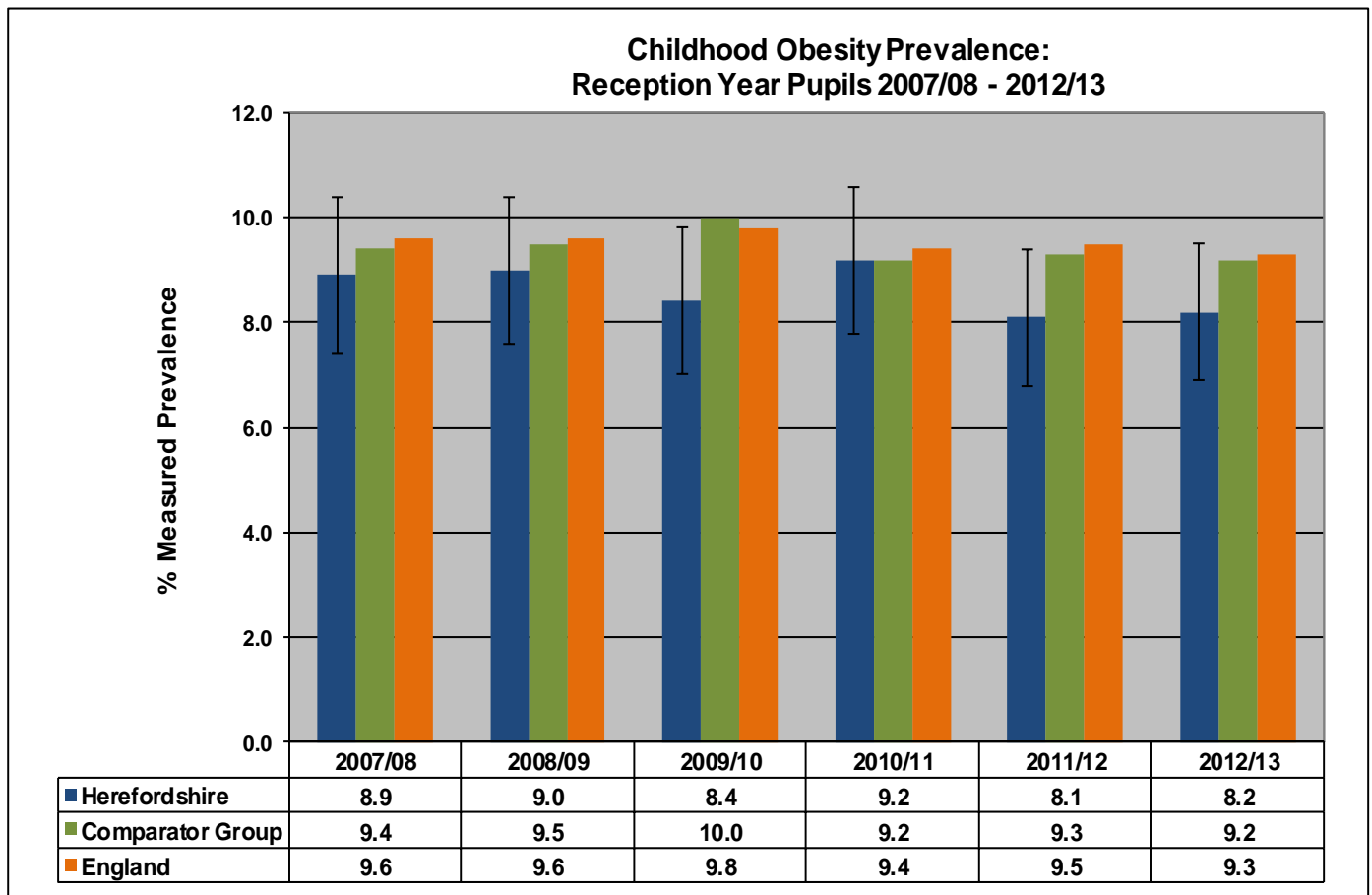


Similarly, rates of obesity are also lower – though not significantly among Reception children (Figure 28) in Herefordshire at 8.2%, compared to 9.3% nationally and 9.2% in the comparator group.

<sup>23</sup> Excess Weight Prevalence in Herefordshire: An Overview. January 2014

**Figure 28: Reception Year Pupil Comparative Obesity Trends**

Source: Herefordshire Strategic Intelligence Team

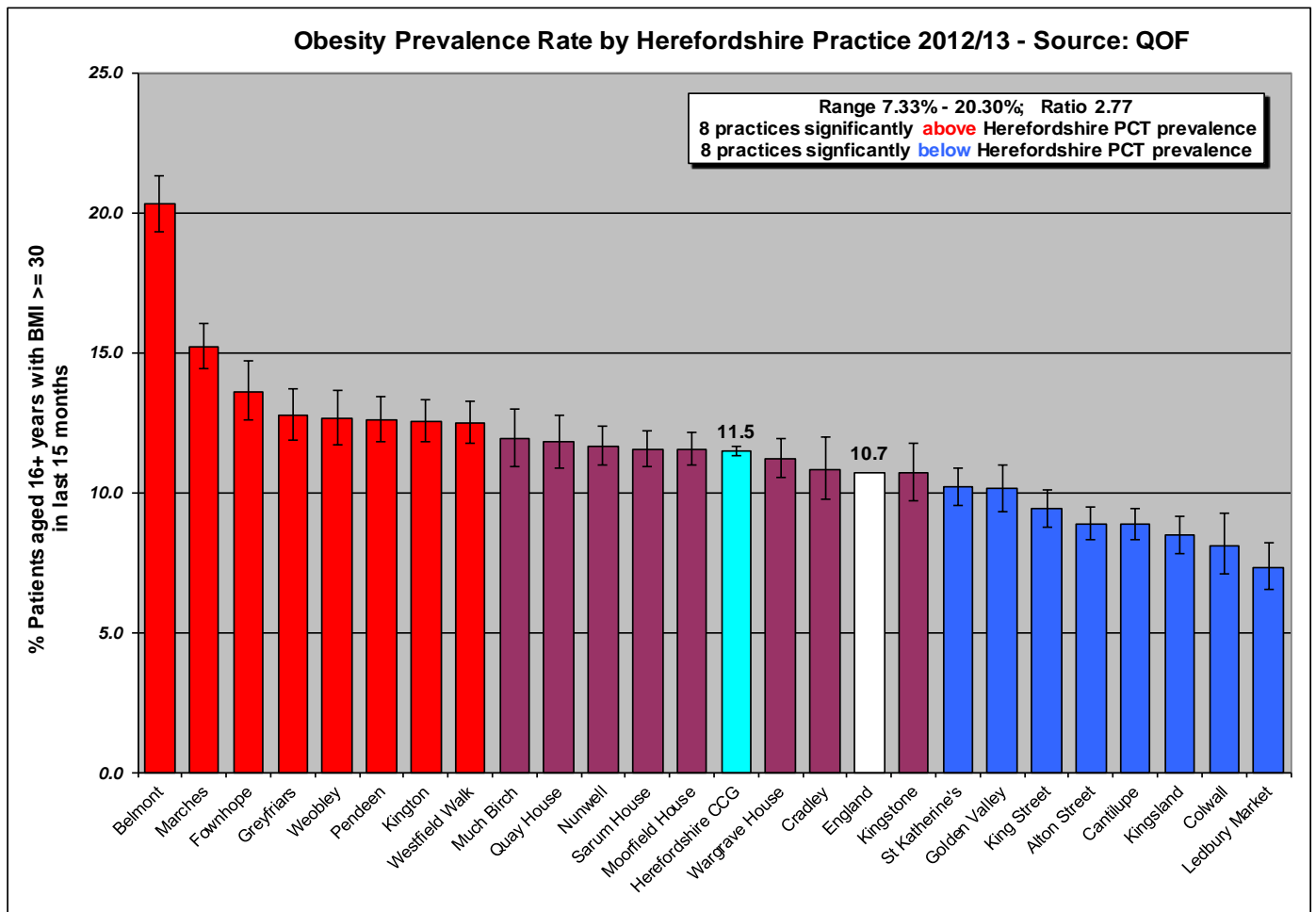


Although, there appears to be lower prevalence of obesity in reception years, this appears to vary across the county with higher levels in areas of South Leominster and Ross-On-Wye.

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.

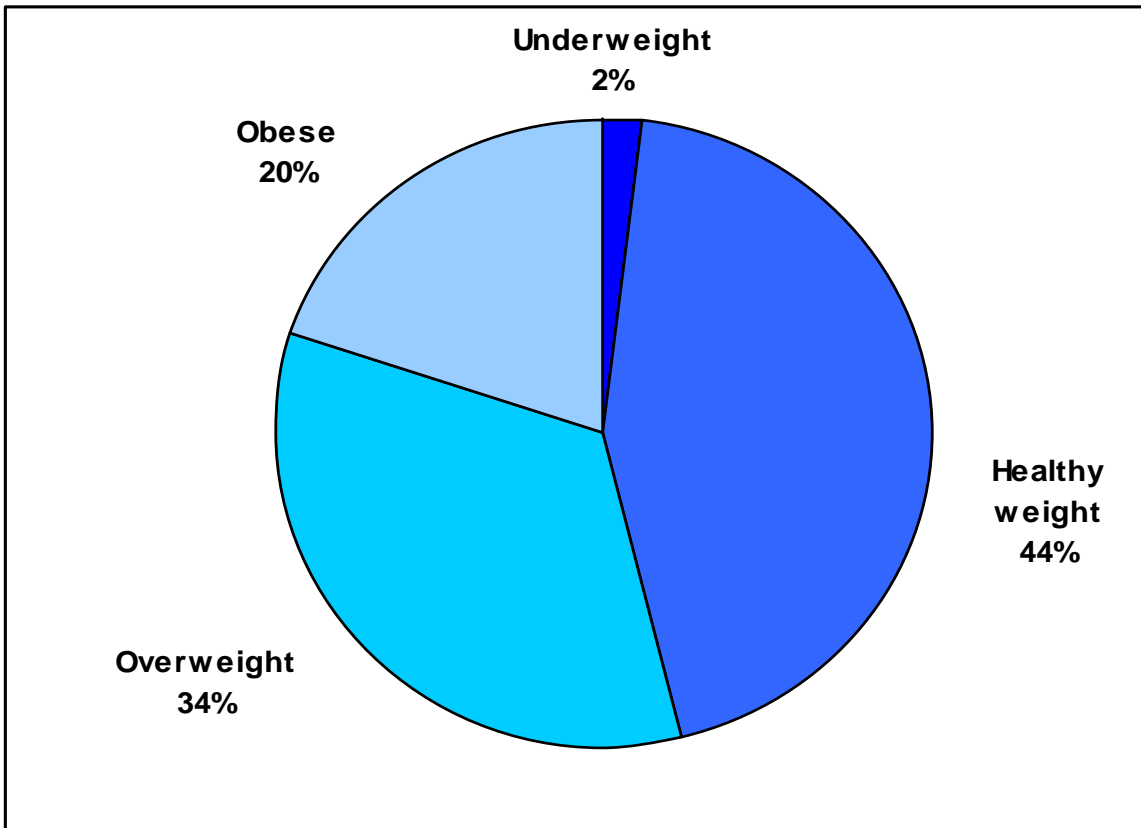
Alternatively, the *Herefordshire Health & Well-being Survey 2011* provided a sample of the general adult population (aged 16 years and over) living in private households and covered attitudes towards some of the lifestyle factors that can affect health in general and weight specifically. The survey 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<sup>24</sup>) 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.

<sup>24</sup> 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<sup>25</sup> 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<sup>26</sup>. 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**

<b>Public Health Priority: Cardiovascular Diseases</b>	
<b>Herefordshire Public Health Priorities</b>	<ul style="list-style-type: none"> <li>• Address inequalities – improving access to services</li> <li>• Improve LTCs management – Diabetes and Stroke</li> <li>• Reduce mortality rates from heart disease, stroke, and cancer</li> <li>• Increase uptake of NHS Health Checks</li> <li>• Support NHS England Medicines Optimisation Dashboard</li> <li>• “Make Every Contact Count” through brief, opportunistic interventions and health promotion</li> <li>• Treatment for patients should be in line with Joint Medicines Formulary</li> </ul>
<b>Current Herefordshire Community Pharmacy Contribution</b>	<ul style="list-style-type: none"> <li>• Promotion of NHS Health Checks</li> <li>• Information and advice on healthy lifestyles (smoking, diet, physical activity, alcohol etc.)</li> <li>• Health campaigns (local or national) - Secondary prevention/ risk factor monitoring and advice</li> <li>• CCG commissioned Pharmaceutical advice to care homes scheme</li> <li>• Targeted CCG patient education sessions</li> <li>• Medicines utilisation reviews (MURs, NMS)</li> <li>• Increasing EPS and RD functionality</li> </ul>

<sup>25</sup> 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.

<sup>26</sup> 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<sup>27</sup> 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**

<b>Public Health Priority: Excess Winter Deaths</b>	
<b>Herefordshire Public Health Priorities</b>	<ul style="list-style-type: none"> <li>• To reduce the numbers of excess and premature deaths</li> <li>• Reduce inappropriate hospital attendance</li> <li>• Support people to manage their health conditions in communities</li> <li>• Support for all vulnerable communities</li> <li>• Address inequalities – improving access to services</li> <li>• “Make Every Contact Count” through brief, opportunistic interventions, immunisation and health promotion</li> <li>• Treatment for patients should be in line with Joint Medicines Formulary</li> </ul>
<b>Current Herefordshire Community Pharmacy Contribution</b>	<ul style="list-style-type: none"> <li>• Health promotion campaigns e.g. winter warmth</li> <li>• Herefordshire Influenza immunisation plan</li> <li>• CCG Minor Ailment scheme</li> <li>• CCG commissioned Pharmaceutical advice to care homes scheme</li> </ul>

<sup>27</sup> 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 considerably 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
<i>Herefordshire</i>	2,360.1	103.3	330.9	16.2	48.7	8.7	109.2	634.8
<i>England</i>	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.

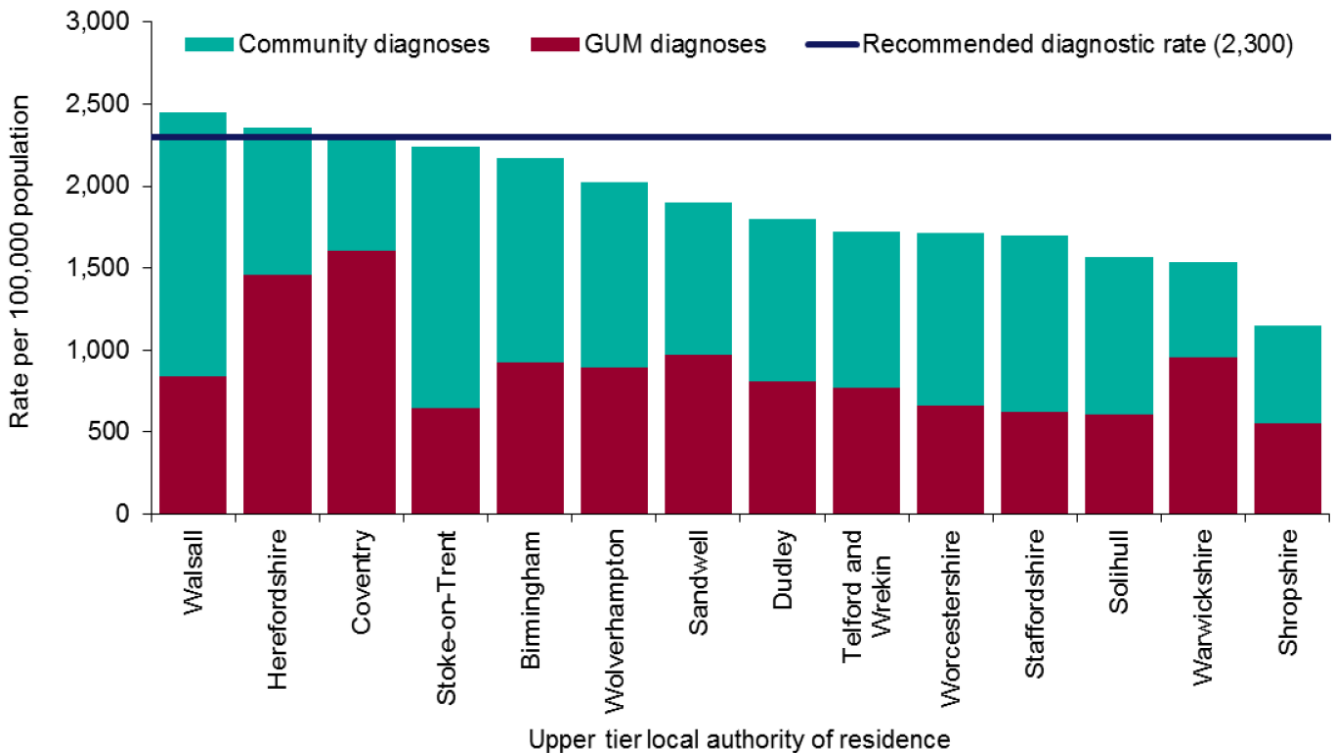
It is difficult to assess changes in local chlamydia occurrence over the last decade due to changes from absolute numbers being diagnosed to diagnostic rates.

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<sup>28</sup>. 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.

<sup>28</sup> 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

	<i>Rates are per 1,000 female population aged 15-17</i>				
	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Herefordshire</b>	29.8	29.8	28.1	26.1	24.7
<b>West Midlands</b>	43.2	42.1	38.5	34.9	32.0
<b>England</b>	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<sup>29</sup>.

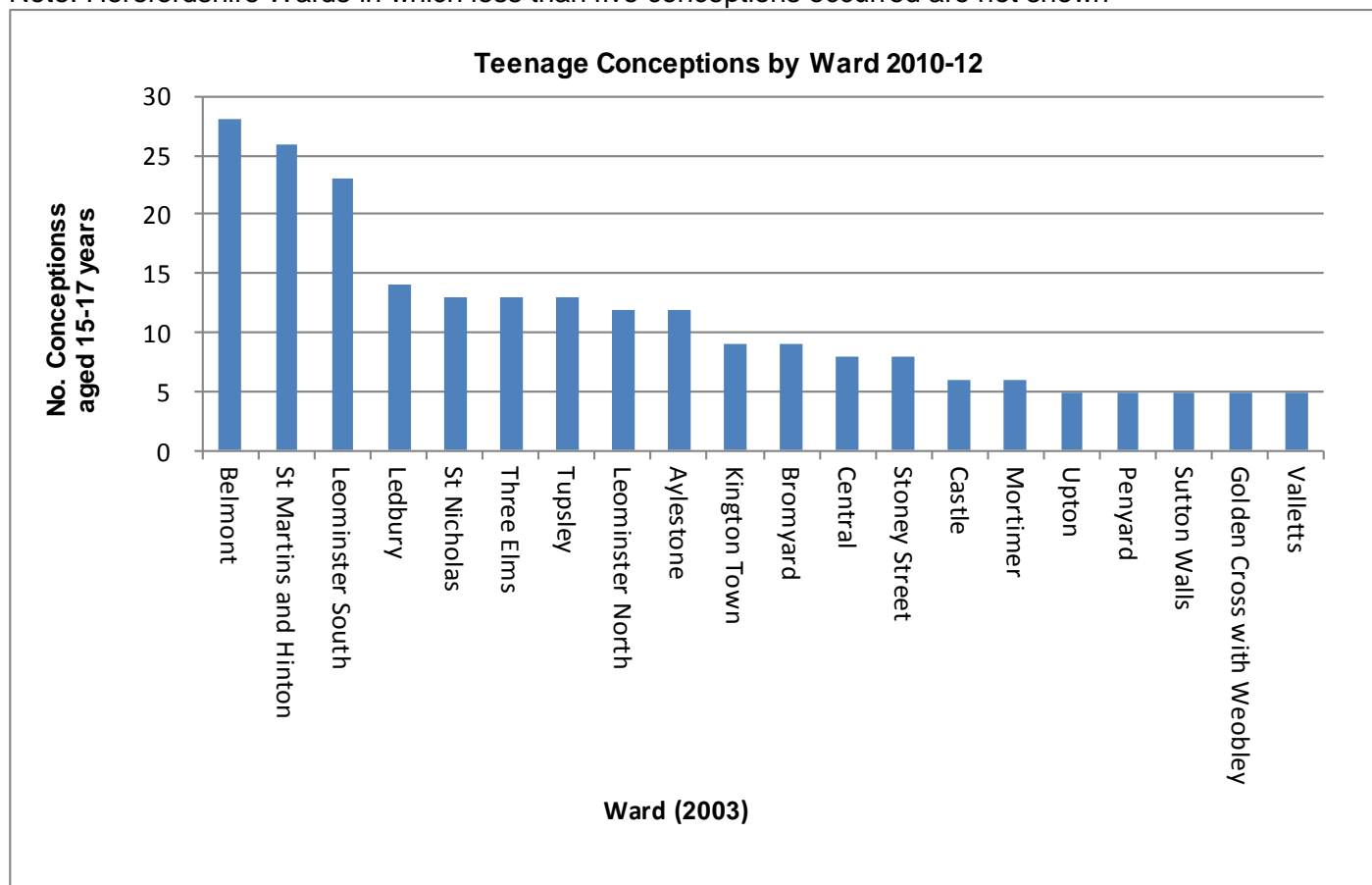
Pharmacies in Herefordshire are offered the opportunity to provide EHC, which is available as a Council Locally Commissioned service in 23 of the 27 pharmacies in the county (see Appendix 8 and Figure 36 below of Herefordshire pharmacies providing EHC). Figure 33 below illustrates the distribution of 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.

<sup>29</sup> 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<sup>30</sup>.***

<sup>30</sup> 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**

<b>Public Health Priority: Sexual Health</b>	
<b>Herefordshire Public Health Priorities</b>	<ul style="list-style-type: none"> <li>• To reduce the rate of new syphilis infections</li> <li>• To reduce the proportion of HIV cases diagnosed at late stage of infection</li> <li>• To reduce the rate of under 18 conception</li> <li>• Redesign and commission open access contraception and STI testing and treatment services</li> <li>• Address inequalities – improving access to services</li> <li>• “Make Every Contact Count” through brief, opportunistic interventions, immunisation and health promotion</li> <li>• Treatment for patients should be in line with Joint Medicines Formulary</li> <li>• Maternal and Infant health – early booking of pregnant women</li> </ul>
<b>Current Herefordshire Community Pharmacy Contribution</b>	<ul style="list-style-type: none"> <li>• Opportunistic Brief Advice</li> <li>• Chlamydia testing</li> <li>• Emergency Hormonal Contraception Pill (Prescribing, advice and Information )</li> <li>• Promotion of accessibility and services via local websites e.g. CCG Community Pharmacy web pages</li> <li>• Medicines utilisation reviews (MURs, NMS)</li> <li>• Increasing EPS and RD functionality</li> </ul>
<b>Potential Community Pharmacy Developments</b>	
<p><i>*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</i></p>	<ul style="list-style-type: none"> <li>• Expansion of provision within the communities focusing on the more deprived, vulnerable and at risk communities</li> <li>• Expand pharmacy service scope to include: <ul style="list-style-type: none"> <li>- Pregnancy testing (with referral into maternity services/ termination services as required)</li> <li>- Contraceptive services</li> <li>- Access to EHC for all women of childbearing age (i.e. lift restrictions on current age)</li> <li>- Free condoms (targeted on a case by case basis according to need)</li> </ul> </li> <li>• Link or integrate with any alcohol and substance misuse services (because of link with risky sexual behaviour)</li> </ul>

## 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<sup>31</sup>.

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

Source: Public Health England

	<i>15-64 Population</i>	<i>Number of Users</i>	<i>Rate per 1,000 of the population</i>
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<sup>32</sup>.

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).

<sup>31</sup> 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>

<sup>32</sup> 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](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 to 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<sup>33</sup> 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<sup>34</sup>.**

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

<sup>34</sup> 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 services.

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**

<b>Public Health Priority: Alcohol and Substance Misuse</b>	
<b>Herefordshire Public Health Priorities</b>	<ul style="list-style-type: none"> <li>• Reduce harm caused by alcohol/substance misuse</li> <li>• Reduce rates of alcohol related hospital admission</li> <li>• Preventing premature deaths –target blood-borne virus interventions and high risk injecting drug users</li> <li>• Address inequalities – improving access to services</li> <li>• “Make Every Contact Count” through brief, opportunistic interventions, immunisation and health promotion</li> <li>• Treatment for patients should be in line with the Joint Medicines Formulary</li> </ul>
<b>Current Herefordshire Community Pharmacy Contribution</b>	<ul style="list-style-type: none"> <li>• Opportunistic Brief Advice</li> <li>• Supervised consumption of methadone and buprenorphine</li> <li>• Needle and syringe exchange schemes plus information and advice</li> <li>• Information and advice on healthy lifestyles (smoking, diet, physical activity, alcohol etc.)</li> <li>• Promotion of accessibility and services via local websites e.g. CCG Community Pharmacy web pages</li> <li>• Medicines utilisation reviews (MURs, NMS)</li> <li>• Increasing EPS and RD functionality</li> </ul>
<b>Potential Community Pharmacy Developments</b>	
<p>*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</p>	<ul style="list-style-type: none"> <li>• Expansion of provision within the communities focusing on the more deprived, vulnerable and at risk communities</li> <li>• Expand pharmacy service scope to include: <ul style="list-style-type: none"> <li>- Alcohol Identification and Brief Advice</li> <li>- Blood-borne virus screening and treatment</li> <li>- Testing for Hepatitis B and Hepatitis C</li> <li>- Hepatitis B vaccination</li> <li>- Naloxone therapy via PGD</li> </ul> </li> </ul> <p>Link or integrate with sexual health services (because of link with risky sexual behaviour)</p>

### **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<sup>35</sup>. 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.

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<sup>35</sup> 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<sup>36</sup>.

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<sup>37</sup>, 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.

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

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

### 2.3.12 Mental Health<sup>38</sup>

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<sup>39</sup>. 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.

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<sup>38</sup> Herefordshire CCG – Mental Health Needs Assessment (December 2014).

<sup>39</sup> 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<sup>40</sup>, 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.

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<sup>40</sup> 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<sup>41</sup> 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.

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<sup>41</sup> 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](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<sup>42</sup>, 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<sup>42</sup>. 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.

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<sup>42</sup> NHS Herefordshire Pharmaceutical Needs Assessment. 1<sup>st</sup> 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](http://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 17<sup>th</sup> October 2014 until the 15<sup>th</sup> 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.

### 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
<b>Total</b>	<b>179,300</b>	<b>26</b>	<b>17*</b>	<b>24</b>	<b>27</b>	<b>15**</b>	<b>24</b>

\* 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<sup>43</sup>

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

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

<sup>43</sup> 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

	<i>Number of items</i>	<i>Percentage (%) of total Herefordshire prescriptions</i>
<i>Items dispensed by Dispensing Practices within Herefordshire</i> <i>Note: there are 11 dispensing practices within Herefordshire boundaries</i>	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

	<i>Number of items dispensed Sept 13-Oct 14</i>	<i>Percentage (%) of total items dispensed</i>
<i>Items dispensed within Herefordshire</i>	3,376,213	96.8
<i>Items dispensed Outside of Herefordshire</i>	111,576	3.2
<i>Total</i>	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

	<i>Number of items</i>	<i>Percentage (%) of total Herefordshire prescriptions</i>
<i>Worcestershire</i>	37,724	1.08
<i>Gloucestershire</i>	855	0.02
<i>Shropshire</i>	1,730	0.05
<i>Rest of England</i>	71,267	2.04
<b>Total</b>	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

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

## **3.3 Access to Pharmaceutical Services**

### **3.3.1 Distribution of Pharmacies and Dispensing Doctors by Locality**

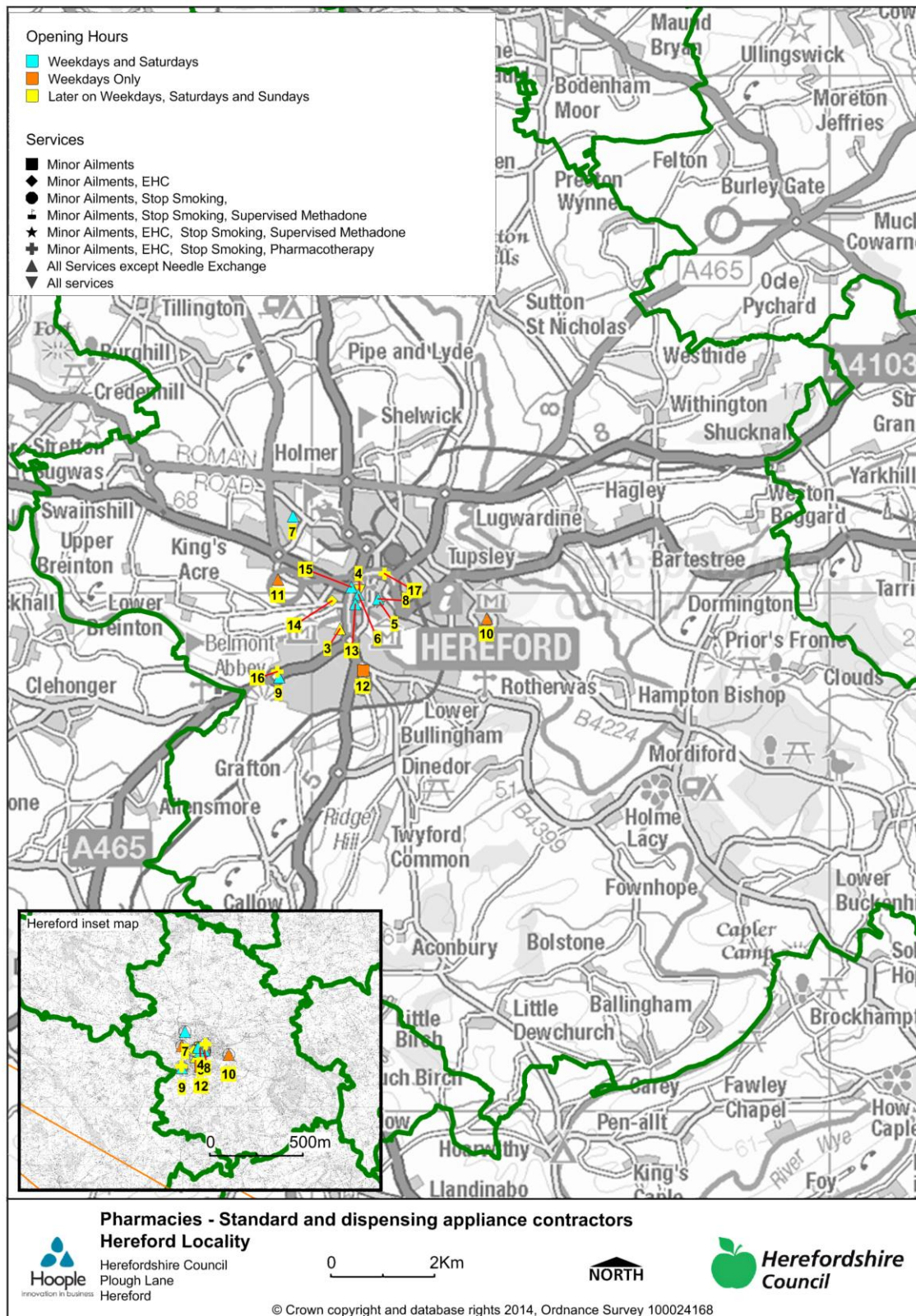
Herefordshire is a predominantly rural county situated in the south-west of the West Midlands region bordering Wales. The city of Hereford, in the middle of the county, is the centre for most facilities; other principal locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard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

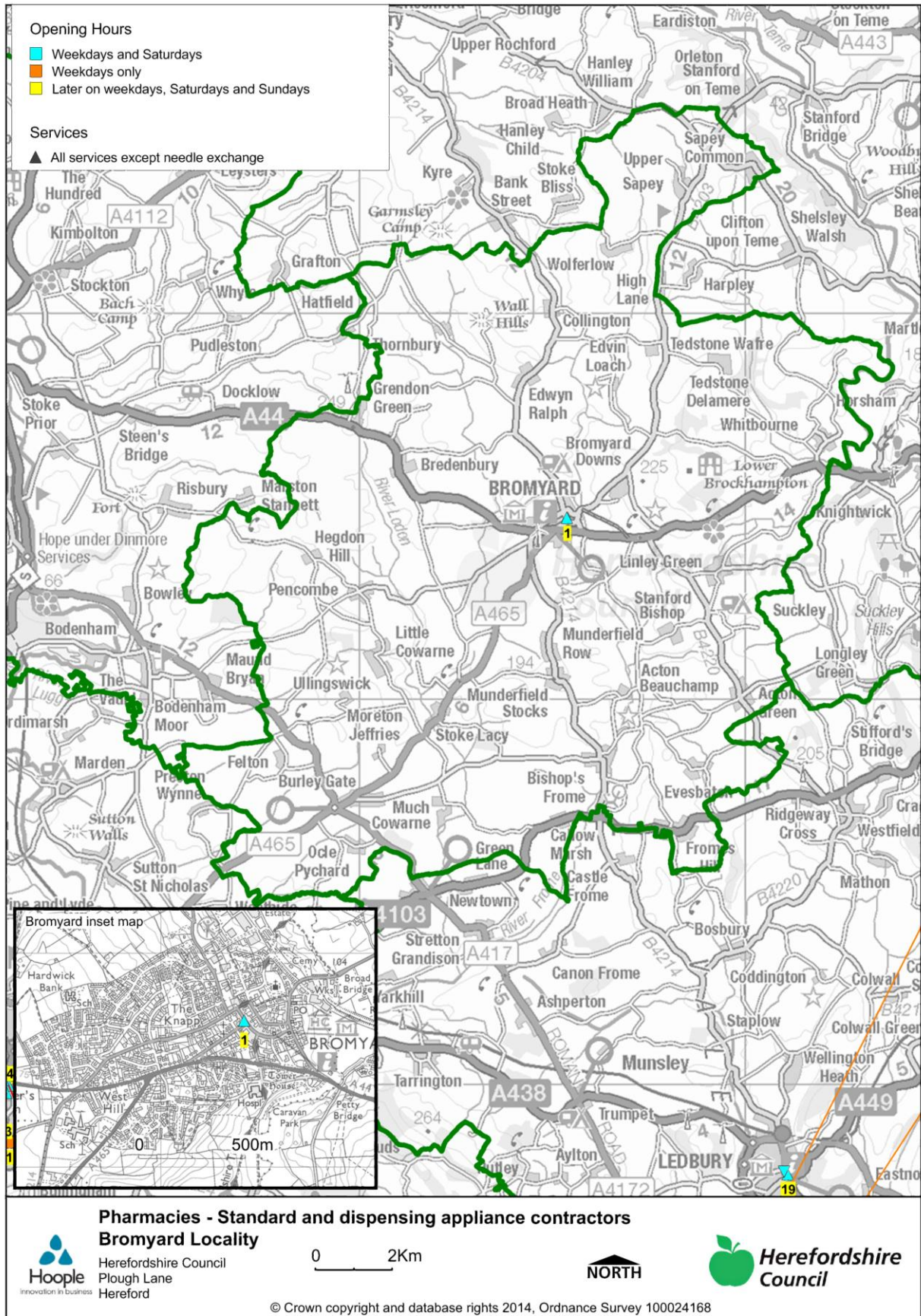
#### ***Community Pharmacies***

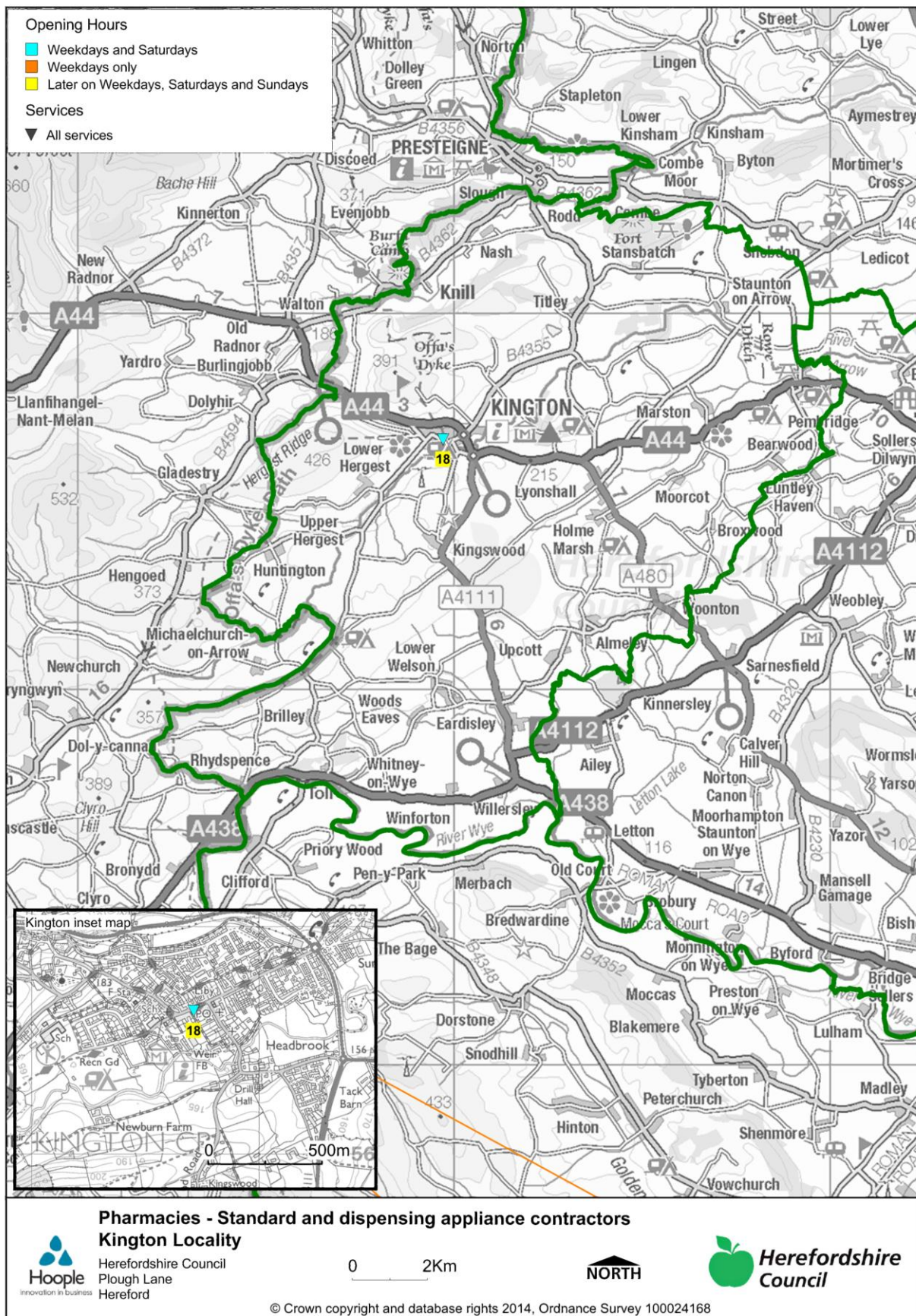
Figure 47 illustrates the location of each community pharmacy service provider at locality level, their opening hours and the Locally Commissioned service provision. Of the 27 pharmacies in the Herefordshire County, one is a 100 hour contracted community pharmacy (*Figure 47 – reference No. 3 of Hereford 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**

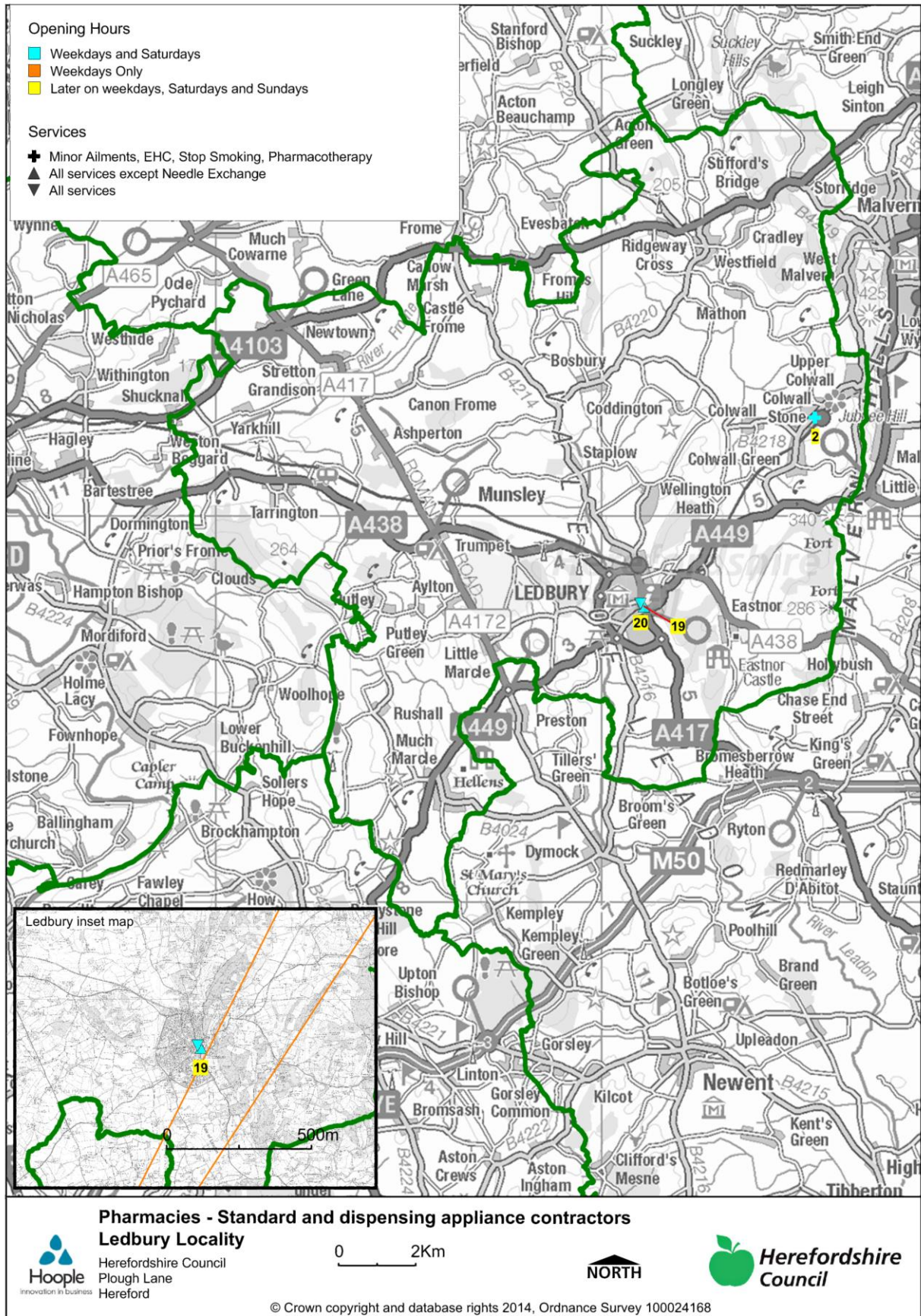
Note: See Appendix 8 and 9 for reference to contractor identification number and corresponding Herefordshire Community Pharmacy

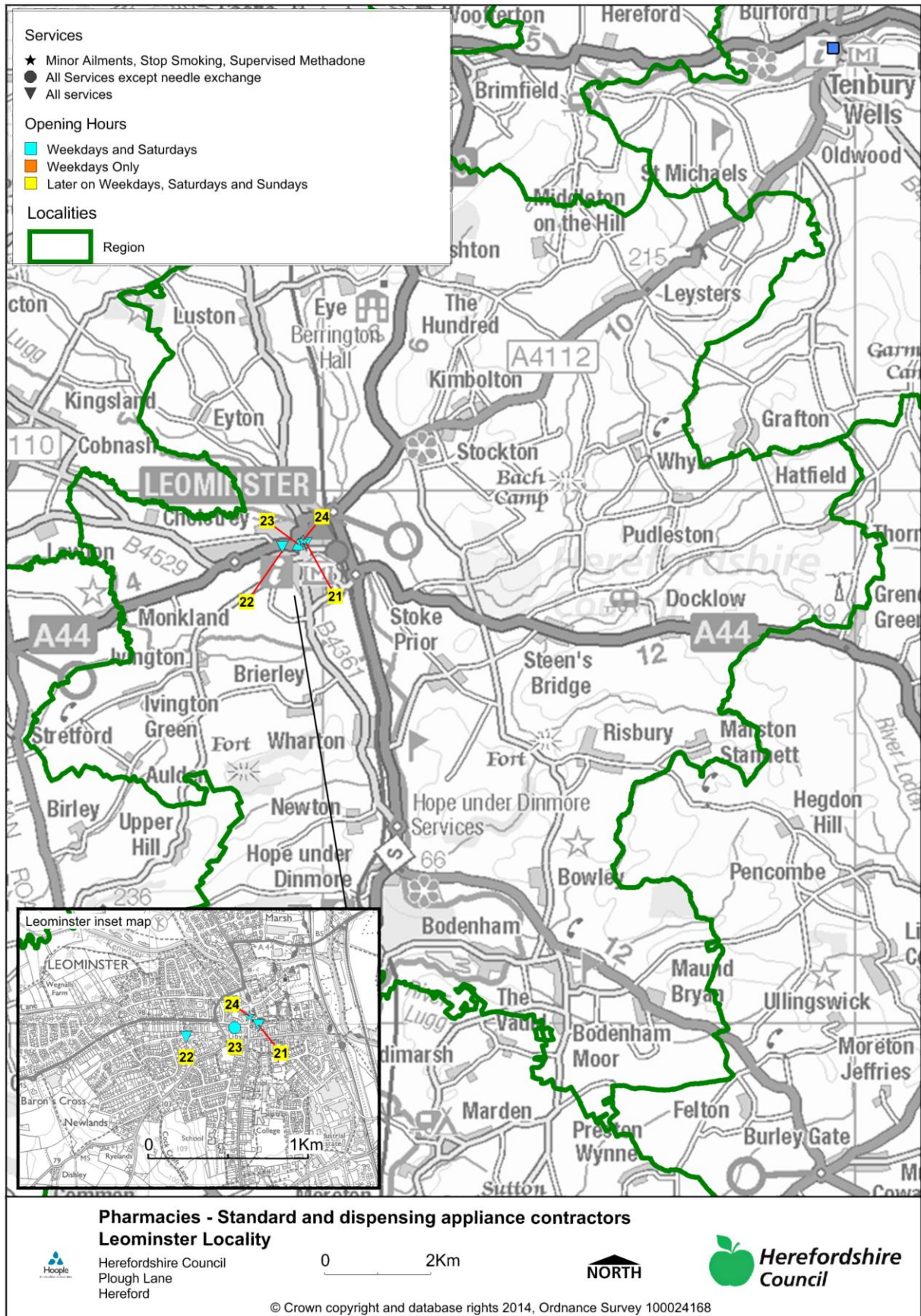


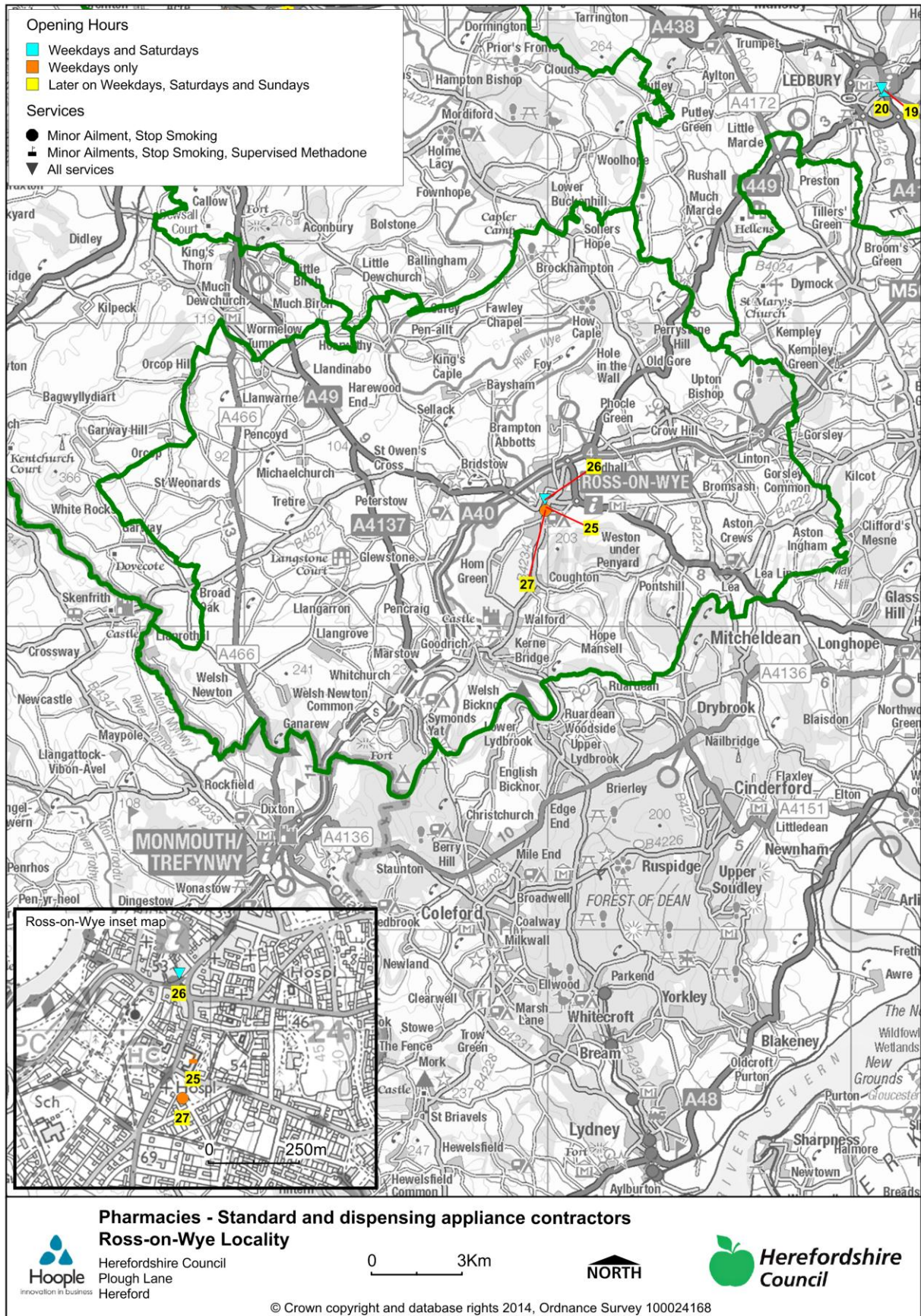












### ***Dispensing Doctors***

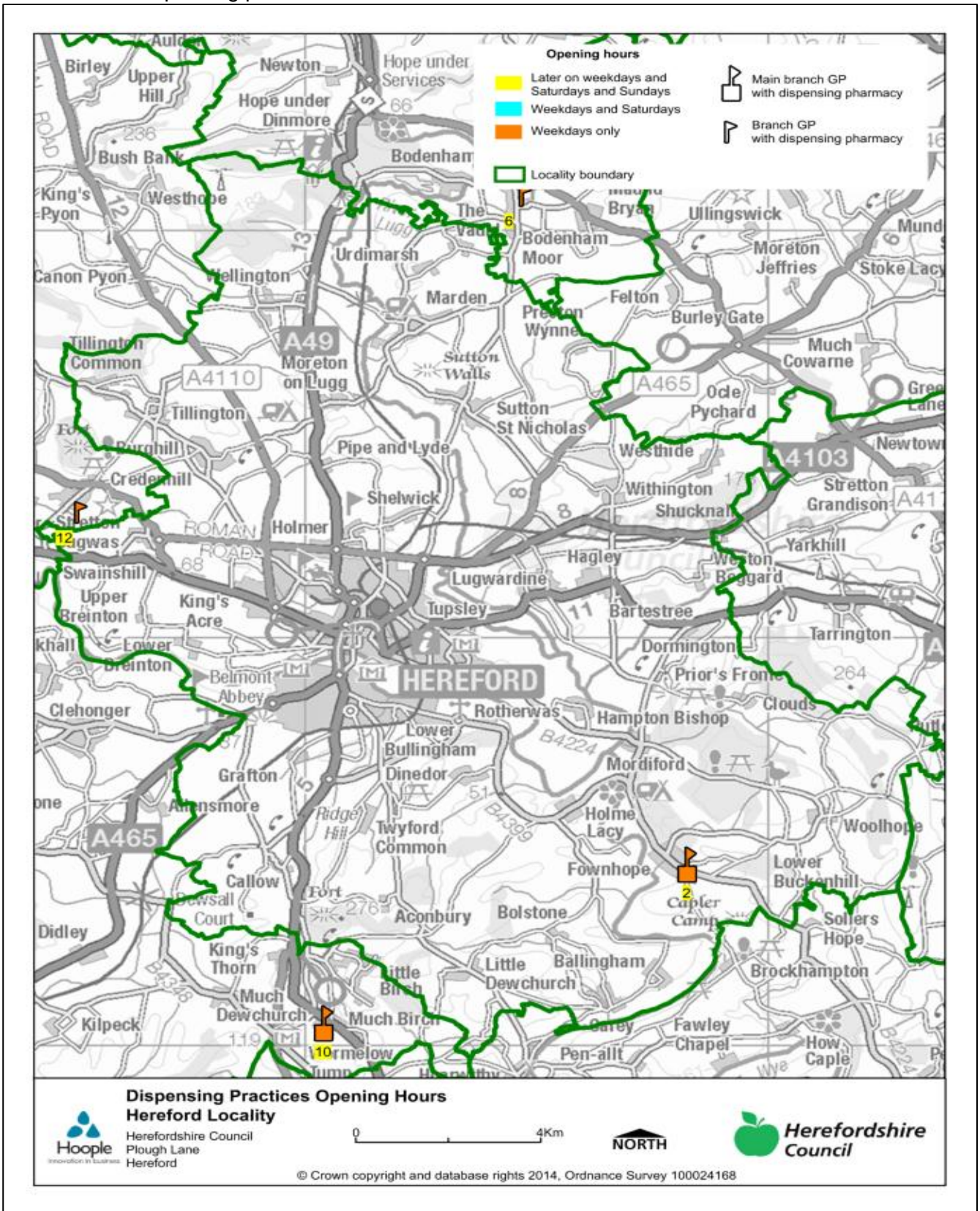
The norm in England is for the separation of prescribing and dispensing functions except for locations, which are considered to be rural under regulation; also known as 'controlled localities'. In this instance, the GP practices dispensing medicines for their registered patients are known as dispensing 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.

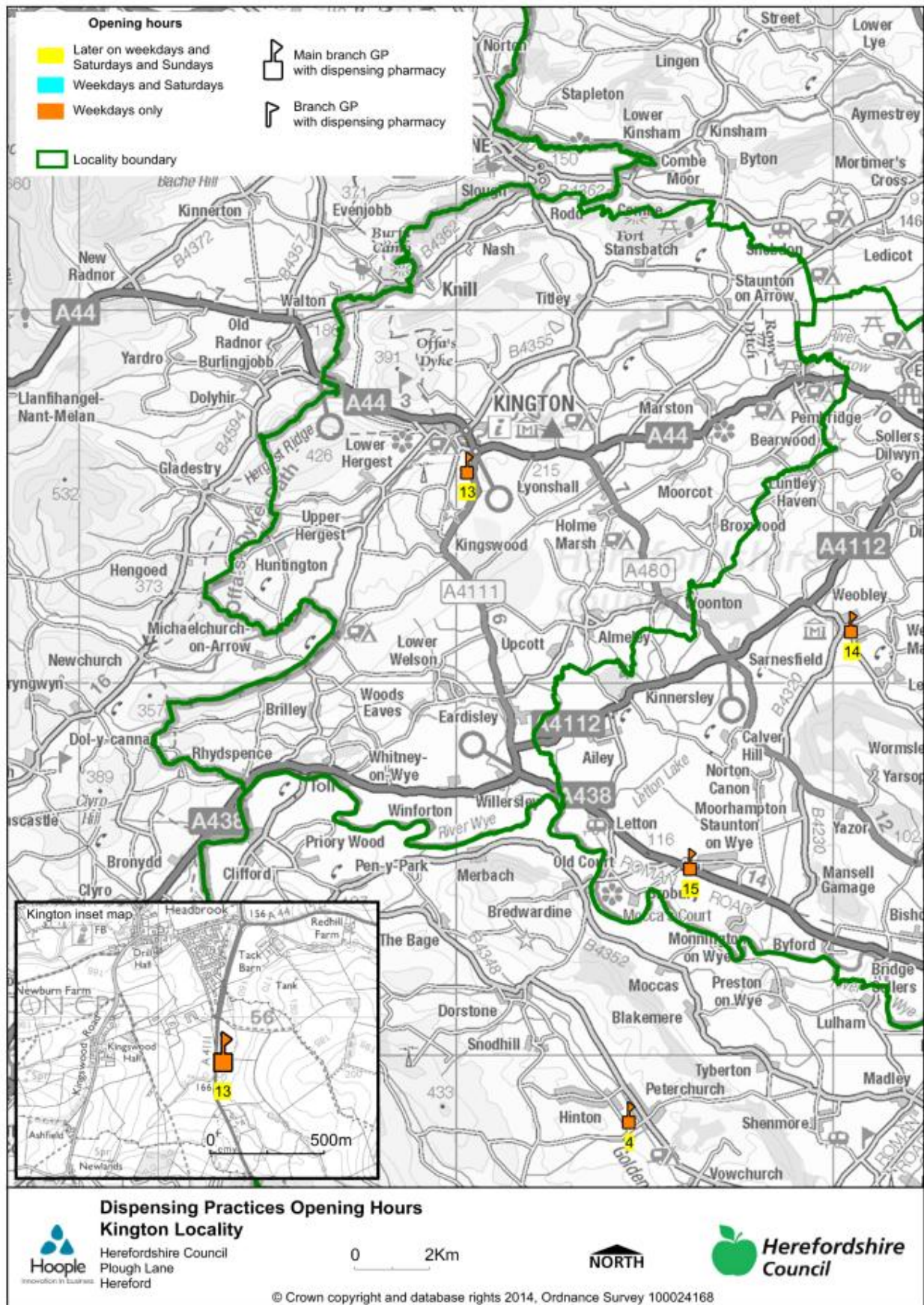
Dispensing doctors mainly provide dispensing services and the Dispensing Review of the Use of Medicines (DRUMs). They do not offer the full range of pharmaceutical services offered at community pharmacies but it is acknowledged in the pre-consultation public survey (section 3.1.1) that dispensing doctor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

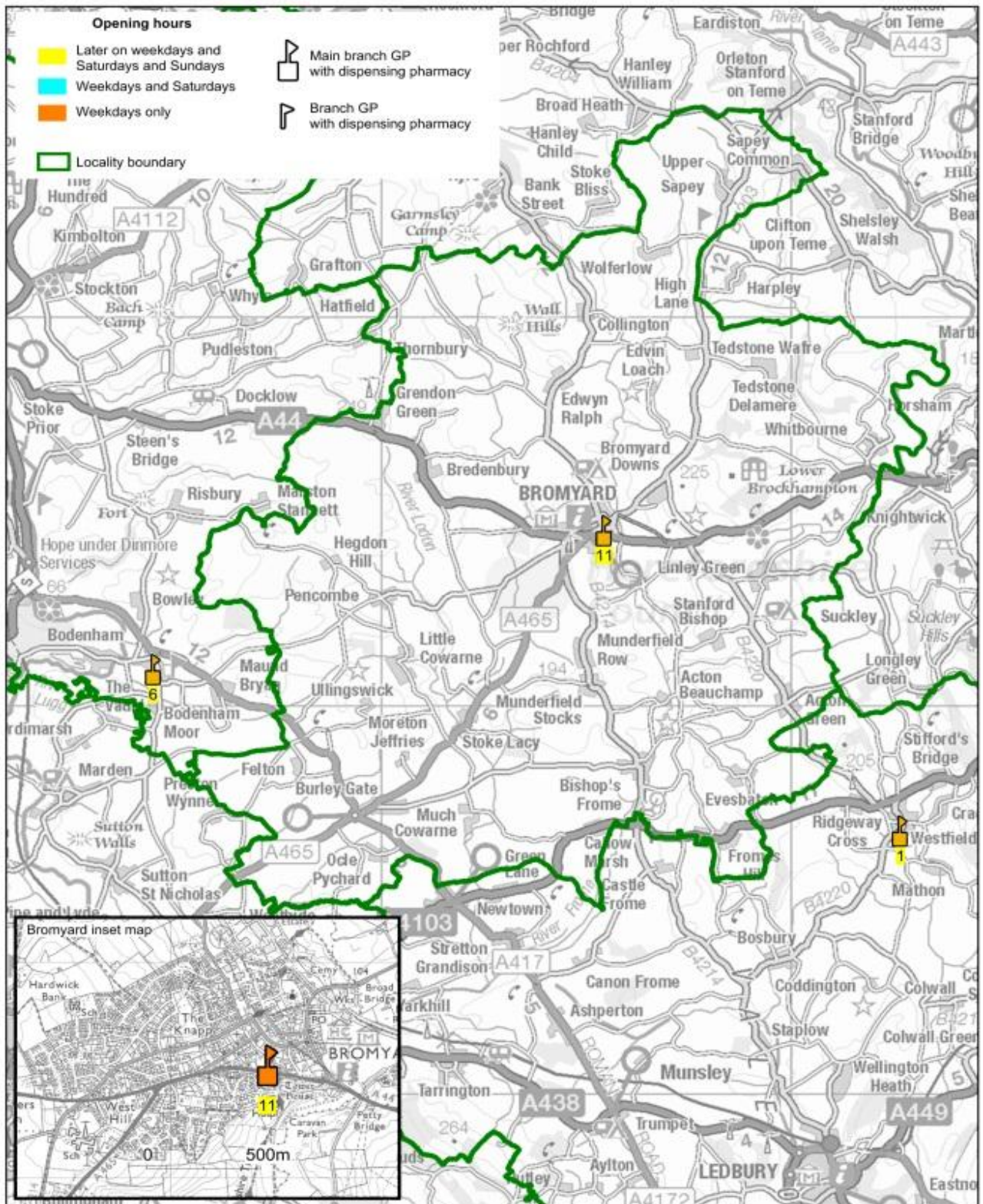
Figure 48 illustrates the Herefordshire main dispensing doctors and branch surgeries by localities. Dispensing doctors only provide a dispensing service from Monday to Friday for their patients on their dispensing list. In addition, several sites only provide restricted access to dispensing services 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







**Dispensing Practices Opening Hours  
Bromyard Locality**

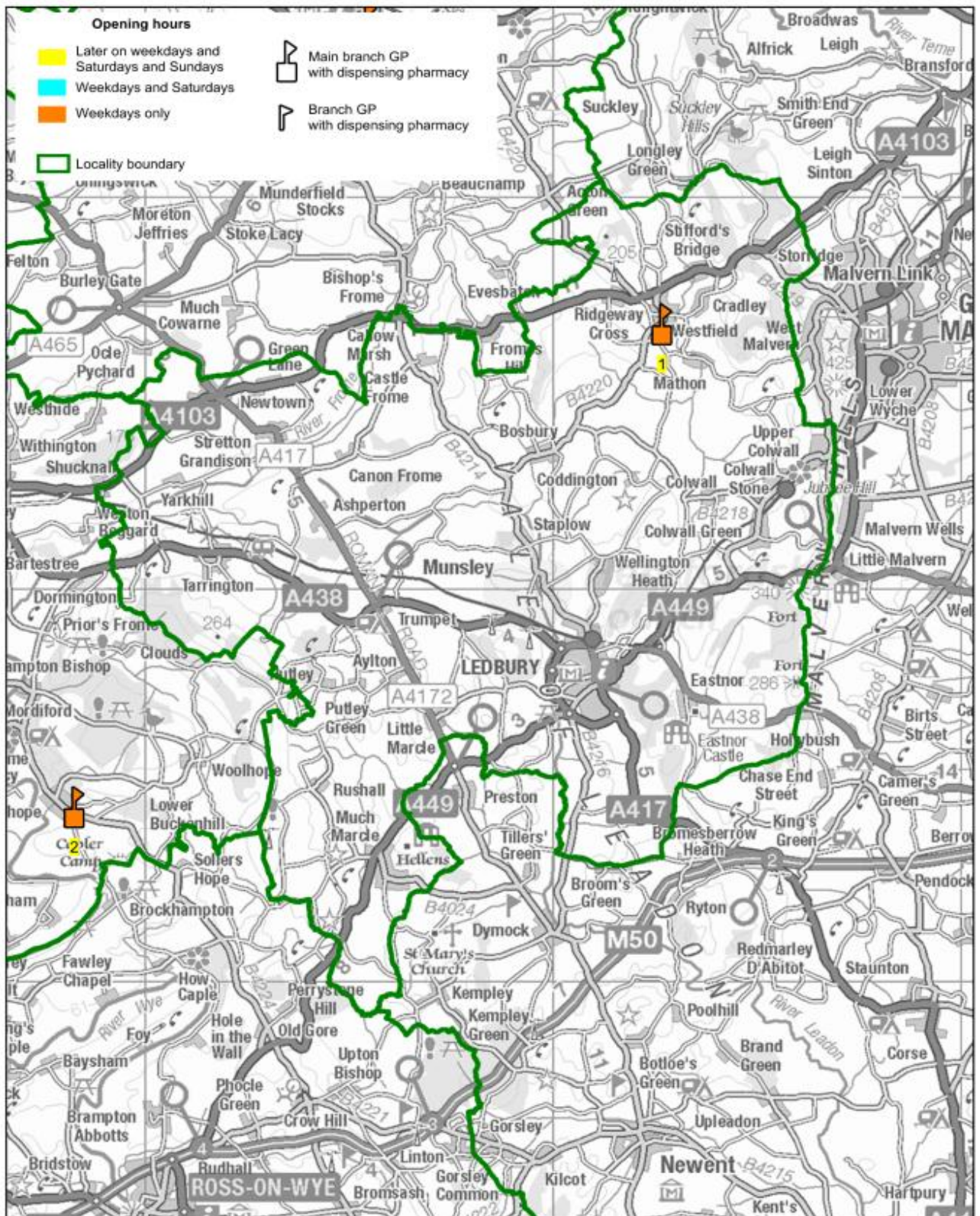
Herefordshire Council  
Plough Lane  
Hereford

0      2Km

**NORTH**

Herefordshire  
Council

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**Dispensing Practices Opening Hours  
Ledbury Locality**



Herefordshire Council  
Plough Lane  
Hereford

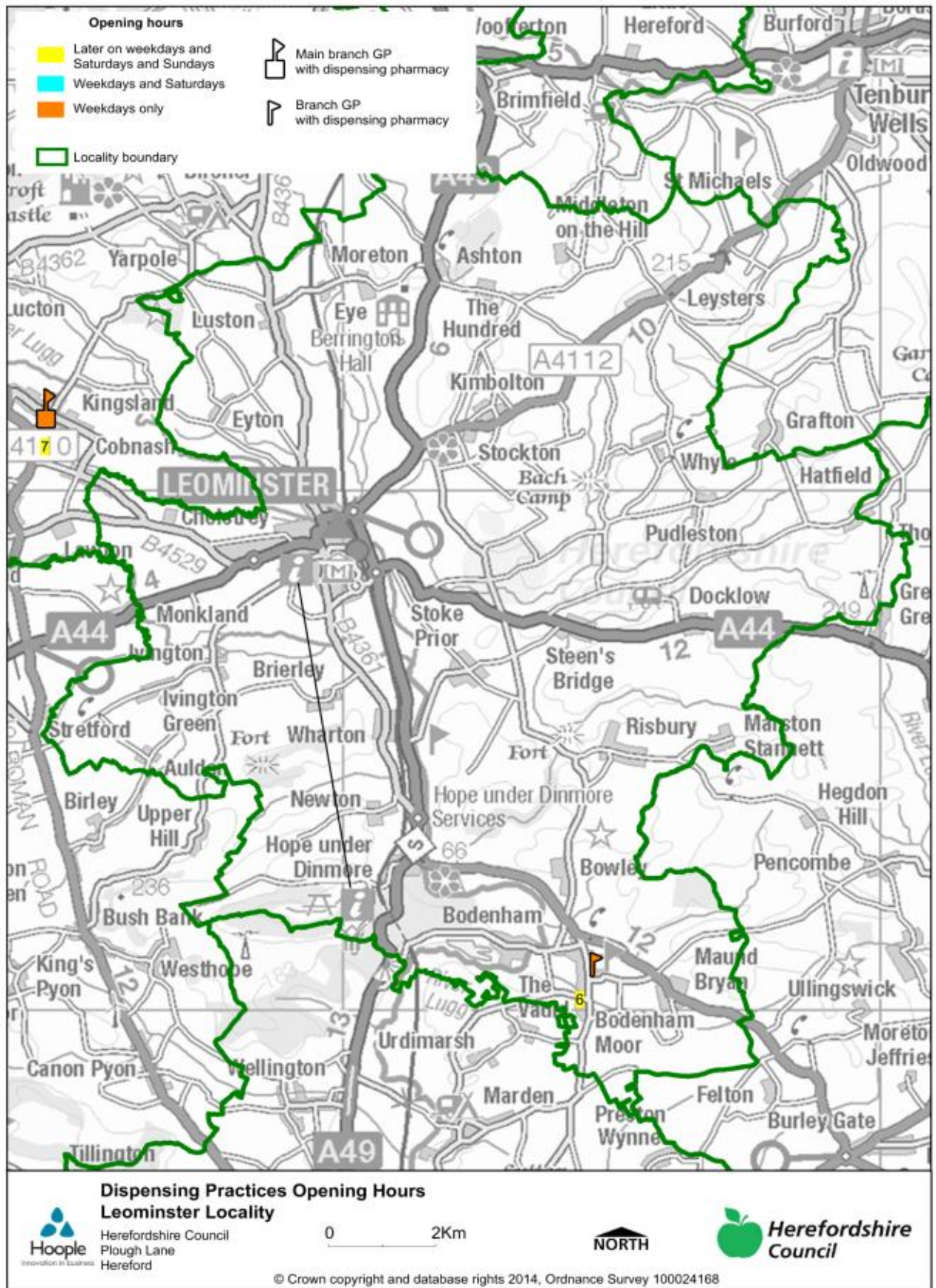
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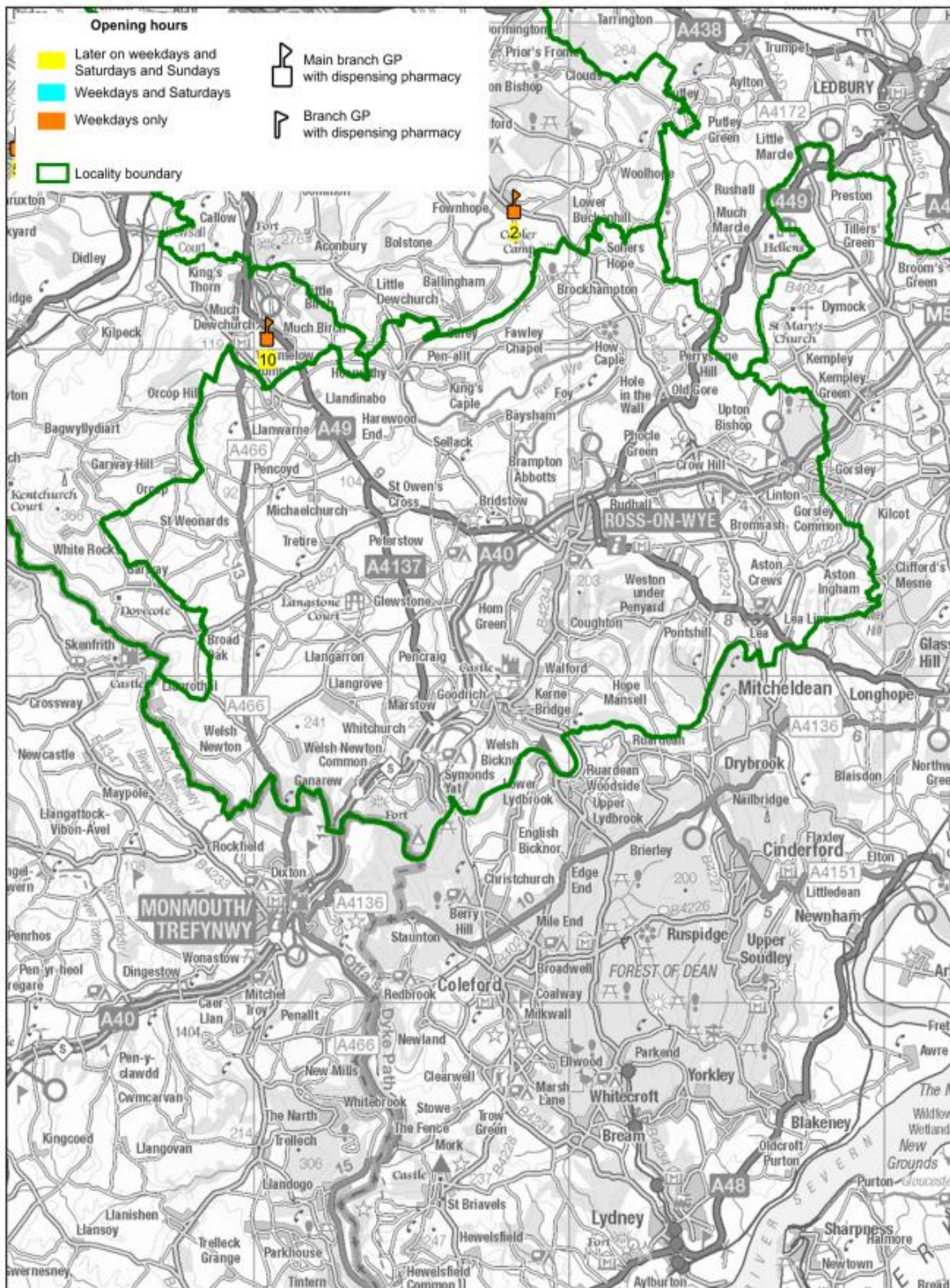


**Herefordshire  
Council**

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**Dispensing Practices Opening Hours  
Ross-on-Wye Locality**



Herefordshire Council  
Plough Lane  
Hereford

0 3Km



Herefordshire Council

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### 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<sup>44</sup>”*.

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>.

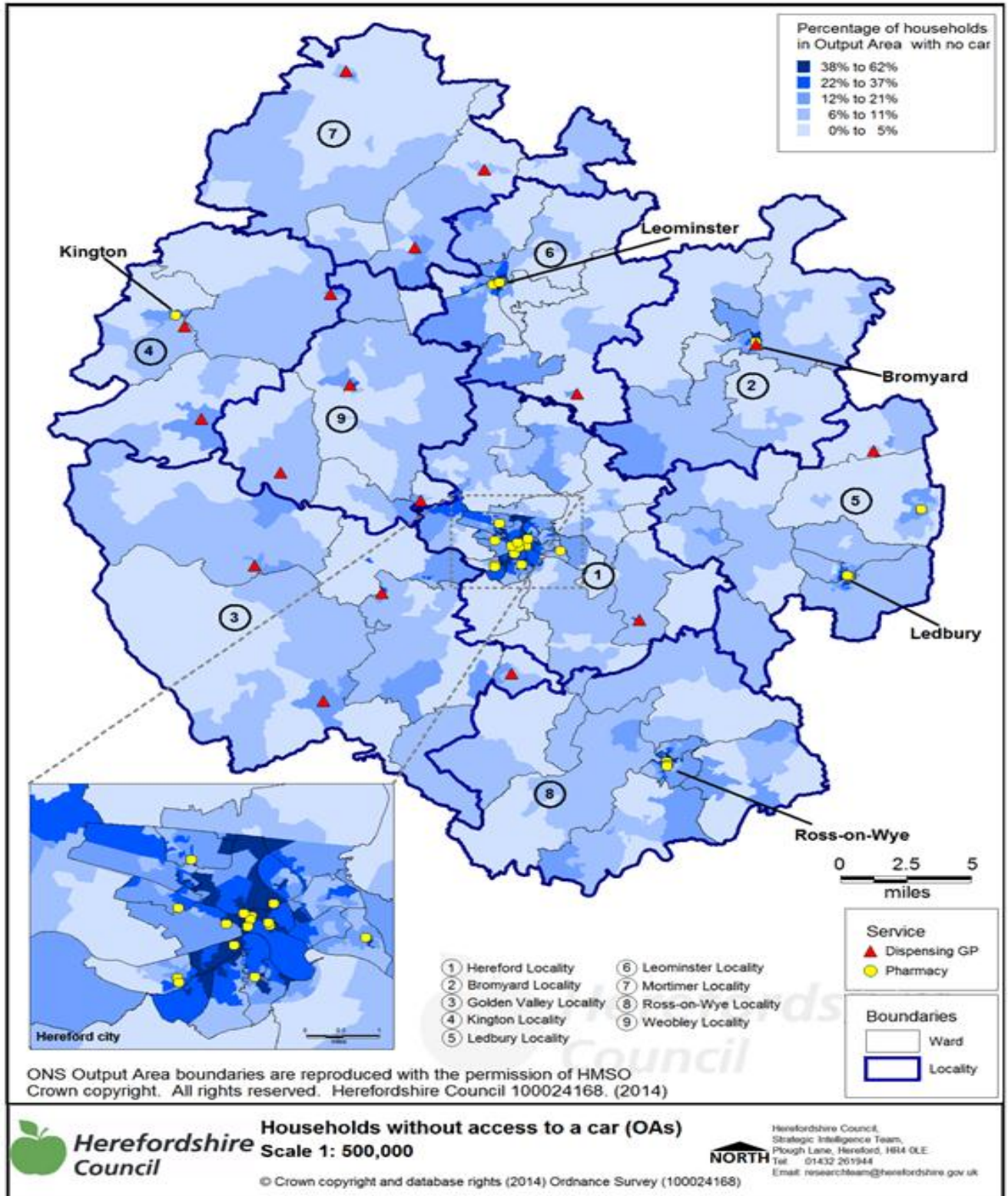
Data is available around number of households with no car ownership at ward level and this is detailed in Figure 49. Although the level of car ownership is lower in the urban areas of Herefordshire such as Hereford City and the market towns; the pharmacies/dispensing practices are located within a one 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

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<sup>44</sup> 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](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<sup>45</sup> 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.

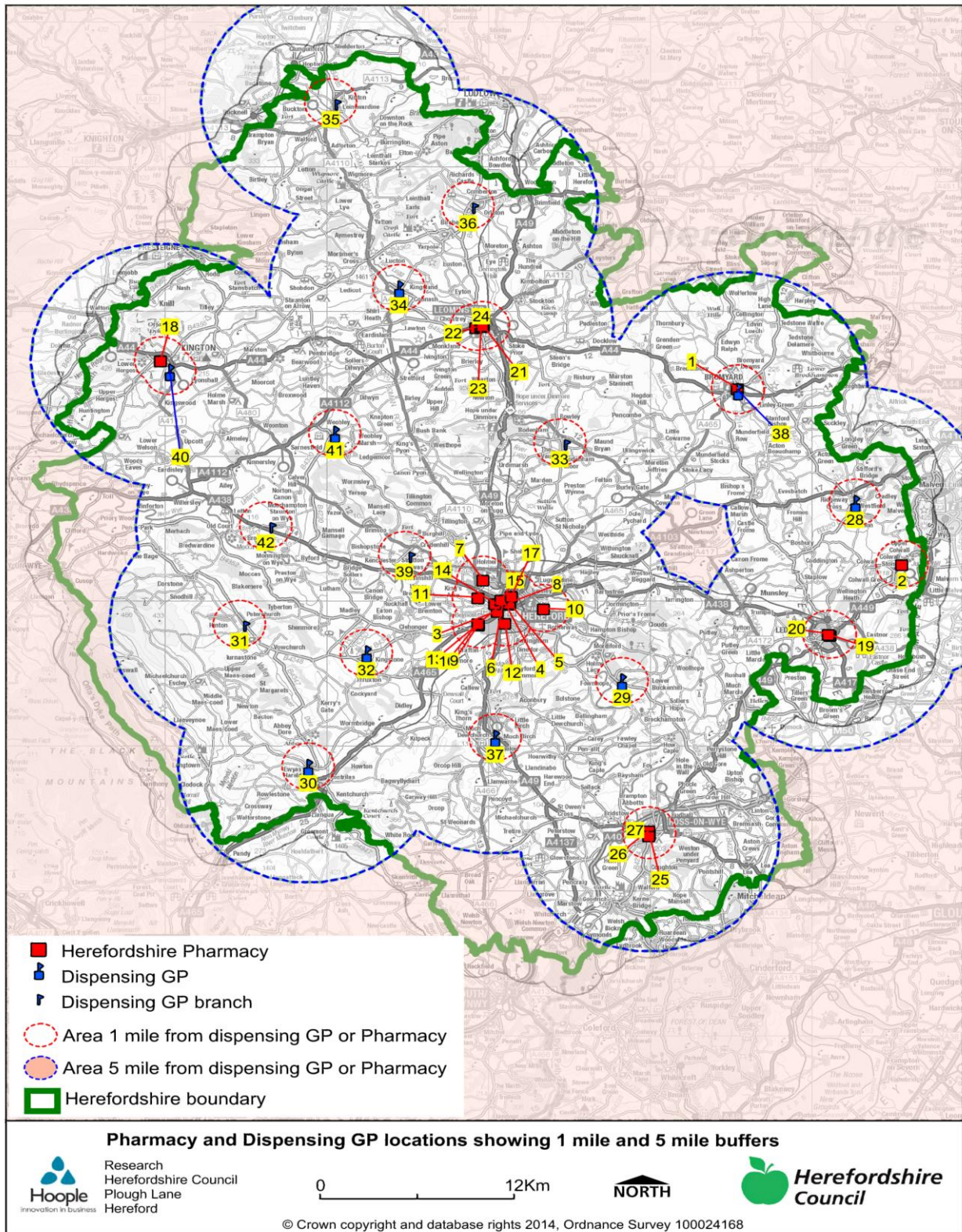
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<sup>45</sup> Department of Health. The White Paper Pharmacy in England – Building on Strengths, Delivering the Future Accessed 16 October 2014. Available at:

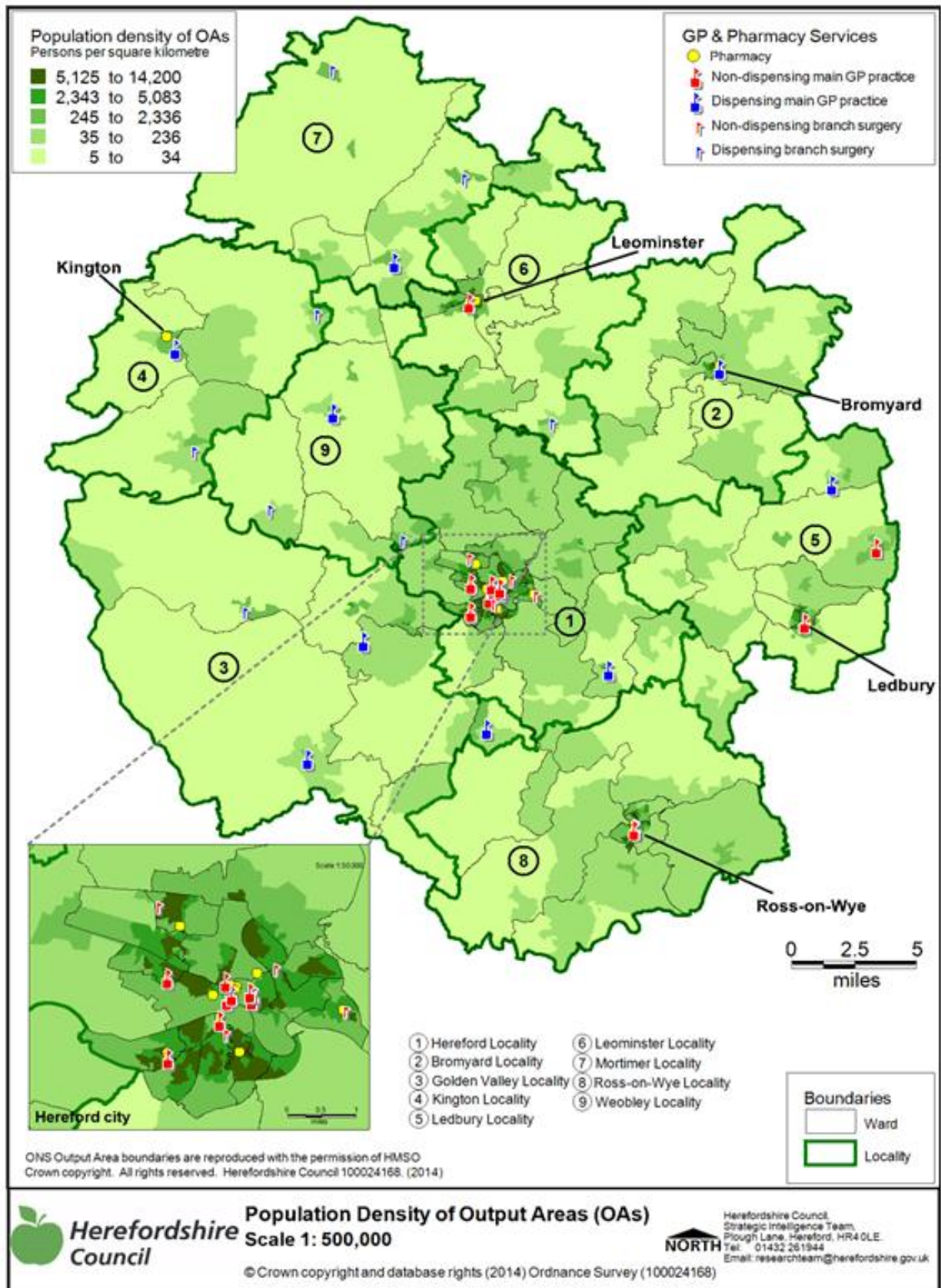
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228858/7341.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf)

**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.

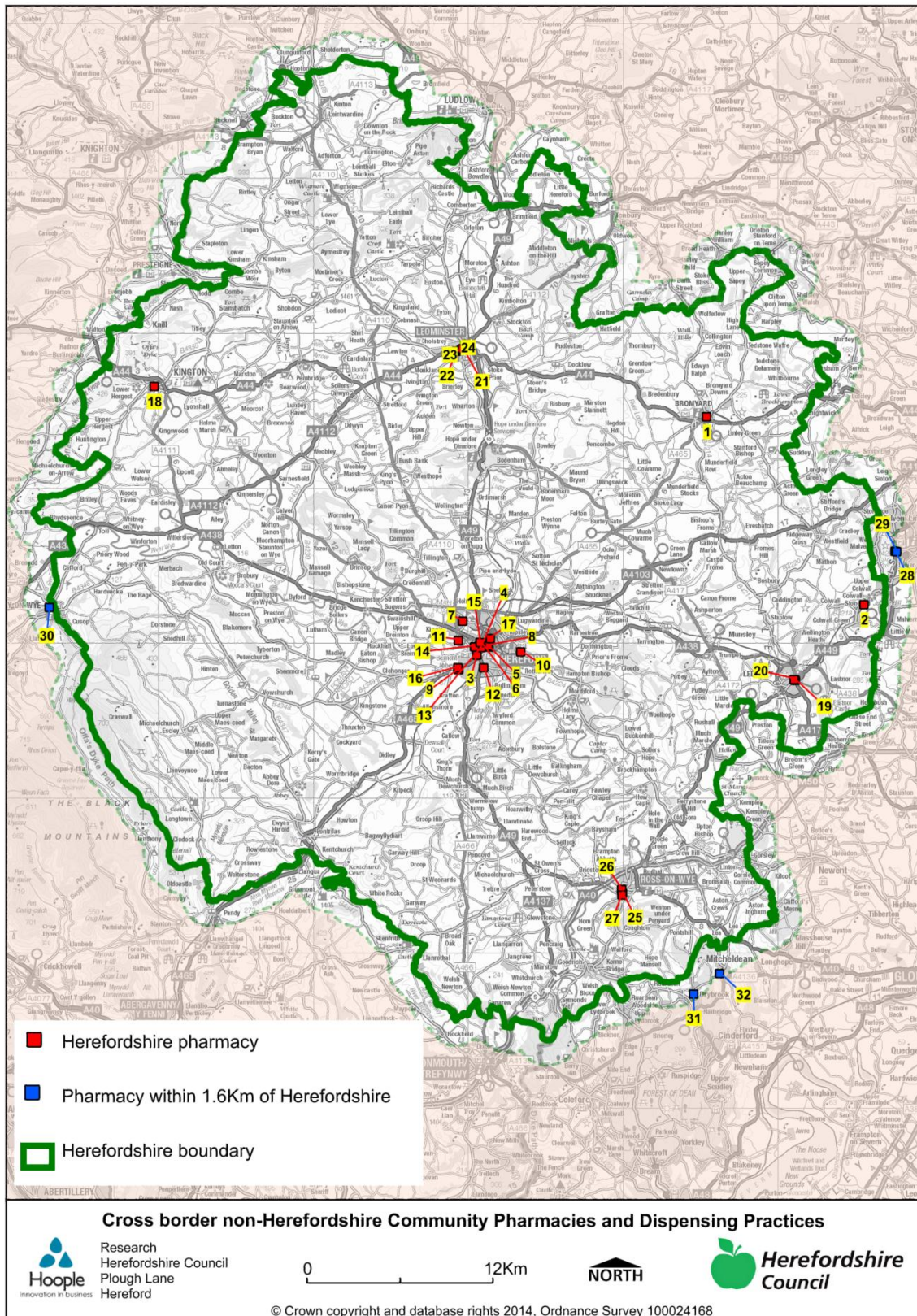
**Figure 52: Postcode boundary across Herefordshire HWB footprint**



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 required 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 & 13:20-18:30)	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)	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)	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)	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)	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 & 13:20-18:30)	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)	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 (08:30-18:00)	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)	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 (08:30-19:00)	4 (08:30-17:30)	-

		Dispensing Practice	1	<b>1</b> (08:30-12:30)	<b>1</b> (08:30-12:30)	<b>1</b> (14:00-18:00)	<b>1</b> (08:30-12:30)	<b>1</b> (08:30-12:30)	-	
<b>Mortimer</b>	8,100	Pharmacies	-	-	-	-	-	-	-	-
		Dispensing Practice	3	<b>3</b> (08:30-18:00)	<b>3</b> (08:30-18:00)	<b>3</b> (08:30-18:00)	<b>3</b> (08:30-18:00)	<b>3</b> (08:30-18:00)	-	
<b>Ross Wye on</b>	23,500	Pharmacies	3	<b>3</b> (08:30-18:30)	<b>3</b> (08:30-18:30)	<b>3</b> (08:30-18:30)	<b>3</b> (08:30-18:30)	<b>3</b> (08:30-18:30)	<b>1</b> (08:30-13:00 & 14:00-17:30)	-
		Dispensing Practice	-	-	-	-	-	-	-	-
<b>Weobley</b>	8,200	Pharmacies	-	-	-	-	-	-	-	-
		Dispensing Practice	2	<b>2</b> (08:30-13:00 & 14:45-18:00)	<b>1</b> (08:30-13:00 & 15:00-18:00)	<b>2</b> (08:30-13:00)	<b>2</b> (08:30-13:00 & 14:45-18:00)	<b>2</b> (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'<sup>46</sup>. 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<sup>47</sup>.

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 where 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.

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<sup>46</sup> '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](https://www.herefordshire.gov.uk/media/7848349/pre-submission_publication.pdf)

<sup>47</sup> 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](https://www.herefordshire.gov.uk/media/7923794/5_year_land_supply_document.pdf)

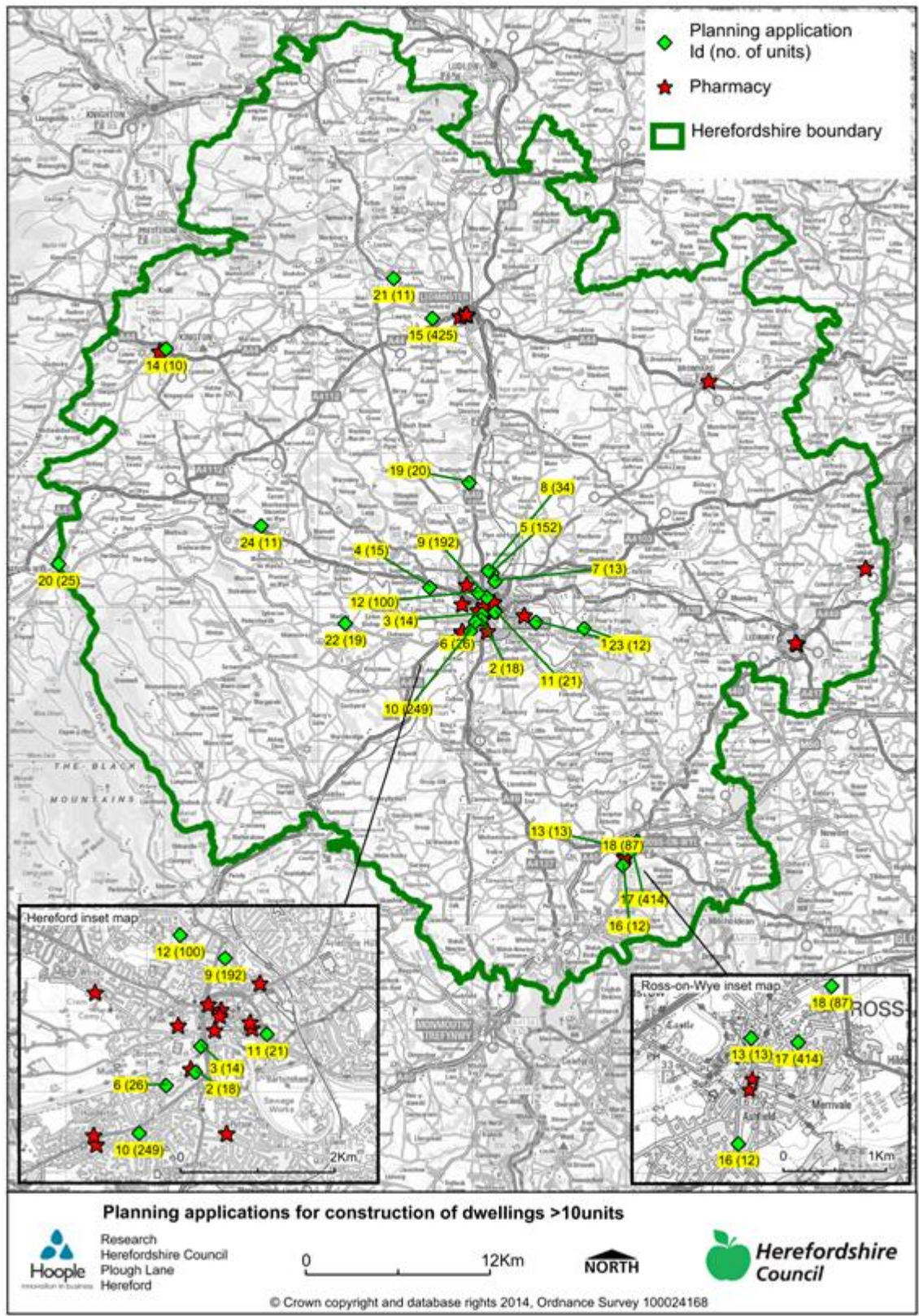
**Figure 55: List of 24 Planning Application for Construction (Dwellings of a size greater than 10 units)**

Source: Herefordshire Strategic Intelligence Team

<i>List of 5 year Approved Planning Applications (Dwellings &gt; 10 units)</i>					
<i>Reference (see Figure 56)</i>	<i>Unique Number</i>	<i>Location</i>	<i>Street/Road</i>	<i>Postcode</i>	<i>Number of Dwellings in application</i>
<b>HEREFORD CITY</b>					
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
<b>MARKET TOWN</b>					
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
<b>RURAL AREAS</b>					
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<sup>48</sup>.
- 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.

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<sup>48</sup> 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](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 addition 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*