Herefordshire Council

Agenda

Health and wellbeing board

Date:	**Tuesday 15 May 2018**
Time:	**2.00 pm**
Place:	**Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX**
Notes:	Please note the time, date and venue of the meeting. For any further information please contact: **Ruth Goldwater, Governance Services** Tel: 01432 260635 Email: councillorservices@herefordshire.gov.uk

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Agenda for the Meeting of the Health and wellbeing board

Membership

Chairman **Vice-Chairman**	Dr Dominic Horne	NHS Herefordshire Clinical Commissioning Group
	Chris Baird	Director for children's wellbeing
	Simon Hairsnape	NHS Herefordshire Clinical Commissioning Group
	Diane Jones MBE	Lay Board Member, NHS Herefordshire Clinical Commissioning Group
	Jo Melling	NHS England
	Councillor P Rone	Herefordshire Council
	Ian Stead	Healthwatch Herefordshire
	Councillor EJ Swinglehurst	Herefordshire Council
	Stephen Vickers	Interim director for adults and wellbeing
	Karen Wright	Director of public health

Agenda

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1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive any details of members nominated to attend the meeting in place of a member of the board.

3. DECLARATIONS OF INTEREST

To receive any declarations of interests of interest by members in respect of items on the agenda.

4. MINUTES 7 - 12

To approve and sign the minutes of the meeting held on 13 February 2018.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

To receive questions from members of the public.

Questions must be submitted by 5pm two clear working days before the day of the meeting, in this case by 5pm on Thursday 10 May 2018.

Please submit questions to: councillorservices@herefordshire.gov.uk

Guidance on submitting public questions can be seen here: https://www.herefordshire.gov.uk/info/200148/your_council/61/get_involved/3

Accepted questions will be published as a supplement prior to the meeting.

6. QUESTIONS FROM COUNCILLORS

To receive questions from councillors.

Questions must be submitted by 5pm two clear working days before the day of the meeting, in this case by 5pm Thursday 10 May 2018.

Please submit questions to: councillorservices@herefordshire.gov.uk

Accepted questions will be published as a supplement prior to the meeting.

7. JOINT STRATEGIC NEEDS ASSESSMENT 2018 13 - 98

To approve Understanding Herefordshire 2018, the annual summary of Herefordshire's Joint Strategic Needs Assessment (JSNA).

8. PHARMACEUTICAL NEEDS ASSESSMENT 2018-21 99 - 264

To approve the Pharmaceutical Needs Assessment (PNA) 2018-2021.

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HEREFORDSHIRE COUNCIL

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

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Herefordshire Council

Minutes of the meeting of Health and wellbeing board held in Committee Room 1, The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Tuesday 13 February 2018 at 2.00 pm

Present: **JG Lester (Chairman)**
D Horne (Vice-Chairman)

C Baird, Director for Children's Wellbeing
S Hairsnape, NHS Herefordshire Clinical Commissioning Group
D Jones MBE, NHS Herefordshire Clinical Commissioning Group
P Rone, Cabinet Member Health and Wellbeing
M Samuels, Director for Adults and Wellbeing
I Stead, Healthwatch Herefordshire

In attendance: **I Barker, 2gether NHS Foundation Trust**
C Hargraves, Wye Valley NHS Trust
I Tait, NHS Herefordshire Clinical Commissioning Group

Officers: **J Ives, Wye Valley NHS Foundation Trust**
A Lee, 2gether NHS Foundation Trust
F Martin, 2gether NHS Foundation Trust
A Talbot-Smith, NHS Herefordshire Clinical Commissioning Group

143. APOLOGIES FOR ABSENCE

There were no apologies received.

144. NAMED SUBSTITUTES (IF ANY)

There were no substitutes.

145. DECLARATIONS OF INTEREST

There were no declarations of interest.

146. MINUTES

RESOLVED
That the minutes of the meeting held on 7 September 2017 be agreed as a correct record and signed by the chairman.

147. QUESTIONS FROM MEMBERS OF THE PUBLIC

There were no questions from members of the public.

148. QUESTIONS FROM COUNCILLORS

There were no questions from councillors.

149. BETTER CARE FUND QUARTER 2 AND QUARTER 3 REPORT 2017/18

The director for adults and wellbeing presented the report. He explained that the council and the clinical commissioning group (CCG) received funding through the Better Care Fund (BCF) via NHS England, and that further funding was channelled through the improved Better Care Fund (iBCF) to the council from the Ministry of Housing Communities and Local Government. Together, both allocations were intended to support integration of health and social care provision.

There was a requirement to provide quarterly update reports to NHS England. These were expected to be signed off by the health and wellbeing board before submission. However, the submission dates tended to be released at short notice which meant they were not aligned to health and wellbeing board meetings. The update reports for quarters 2 and 3 had therefore already been submitted to NHS England through an agreement for delegated approval from the board to the director for adults and wellbeing and the CCG accountable officer.

In presenting the headlines of the submissions for quarters 2 and 3, the following points were highlighted:

- There were significant achievements in reducing the number of people going into residential care either by avoiding or postponing need
- Targets for reducing non-elective admissions and delayed transfers of care (DToC) had been largely achieved, noting that Herefordshire had been given the largest percentage reduction target for any county in the country, being expected to reduce DToC attributable to adult social care by 69% from February 2017.
- This had been achieved although it had been a challenge and presented pressures across the system, but meant that an expanded range of care and service developments were implemented based on clinical evidence that people did better at home.
- Members were reminded of recent debate around the future of the facilities provided at the Hillside Centre, and that service developments were connected to investment in community services to enable people to benefit from being at home sooner, and which was reflected in the reduction of DToC.
- There was good performance across the system and the submissions were commended to the board.

The CCG accountable officer reinforced that this performance was positive and reflected the open relationship between the CCG and partners with meaningful outcomes for people in Herefordshire.

A board member noted that there were people included in the figures who were not Herefordshire residents, and asked what progress was being made in managing discharges across borders for those people.

The CCG accountable officer explained that there had been some difficulties for Powys residents which had been escalated to regional level to address. The Welsh Assembly Government had been involved and there was now a range of measures to get people home more quickly, and some progress had been made between English and Welsh services to support this.

The chairman asked, in view of the report's recommendations, what the board sought from this update. A member suggested that it was important to ensure that work was in progress and that the overall plan remained on target.

RESOLVED
That

a) **Performance of the Better Care Fund in quarters 2 and 3 be noted; and**
b) **the submissions for quarters 2 and 3 be accepted.**

150. IMPROVING HEALTH AND WELLBEING – A SYSTEM LEADERSHIP APPROACH TO TRANSFORMATION

The One Herefordshire director of transformation presented the paper, making the following key points:

- The Herefordshire and Worcestershire sustainability and transformation partnership (STP) was part of the national NHS programme, and Herefordshire was represented on the regional board by the director for adults and wellbeing.
- The purpose was to deliver the 'triple aim' of improved population health and wellbeing, high quality services, and financial sustainability and efficiency.
- STPs were being encouraged to progress towards becoming integrated care systems. These were intended to be place based and to focus on providing a wellbeing service to keep people well but being available to support when unwell.
- The developments presented significant cultural changes with closer working with partners.
- One Herefordshire was the delivery mechanism for Herefordshire, and started with the health and social care elements and working closely across the public sector, initially focused on adults and looking holistically at the individual in their own surroundings.

Responding to a question from the vice-chair about the functioning of the system, it was explained that this was about the wider approach across the system where wellbeing was everyone's business. The principle of 'making every contact count' was essential to the prevention agenda and to prioritising resources. An example to illustrate the approach was around smoking cessation, which should be picked up by any professional in contact with an individual, captured in public messages and extended to employers in promoting healthy workplaces. These were the areas to establish the best approach to target in a co-ordinated way.

The director for adults and wellbeing pointed out that public health grant was set to reduce to £8million over the next few years and would eventually be phased out completely, as it would be subsumed into the council's wider revenue. It was therefore less helpful for it to be a ring fenced grant because it did not represent the reality of what was spent by the overall system on public health, so it was imperative that all expenditure made by the council, and indeed wider partners, had positive impact.
The incoming director of public health added that the public health grant was a small concern and the key message was about the whole picture and where influence was needed.

The CCG accountable officer commented that gradual reorganisation within the system was an opportunity to reconsider the relationship with neighbours, especially with Worcestershire, moving from a transactional relationship to a consensus. It was hoped that a new culture would help to bring about the changes. There were risks but also some opportunities so it was important to take the opportunity to deliver the changes that were needed. Although it was not an easy concept to explain, the key was to bring providers into the way of working to move to a partnership based approach, where all took responsibility for the system as a whole achieving the triple aim, rather than one of commissioner and provider.

The chairman noted that the key objective was how to move forward, to use resources wisely and look at the service for the individual.

The director for adults and wellbeing commented that it was a complex environment in the context of national activity and the Herefordshire and Worcestershire footprint and the recommendations were concerned with ensuring that the health and wellbeing board was the statutory forum to set the direction for the system through the joint strategic needs assessment and the health and wellbeing strategy. Herefordshire controlled its own destiny so this forum should be at the top of the arrangement. Within this, the board needed to consider its membership and, as a function governed by the council, set this formally within the council's constitution. The board's focus was the key priorities that it had identified and it should be clear that these areas have significant impact on the level of wellbeing experienced by people, but also recognise that they are the drivers for demand on health and social care services.
Getting this right would set the system on course to provide high quality care as a direct relationship.

The chair of the CCG spoke in support of this. Herefordshire was part of the wider system and these were the issues that were important and relevant here and were what the health and wellbeing board needed to focus on as they remained relevant.

In response to a question about membership of a refreshed health and wellbeing board, the director for adults and wellbeing draw attention to the minimum membership that was set out in statute. In additional, it was appropriate for membership to represent the statutory providers so it was proposed to extend the membership to the two main NHS trusts, Wye Valley NHS Trust and 2gether NHS Foundation Trust, represented by their chairs. In terms of making this a formal arrangement, the proposal would need to be put to full council as a recommendation for a change to the council's constitution.

In response to a question from the vice-chair about whether to include Taurus Healthcare in representing GP providers, it was explained that this had been considered but that it was recommended to contain membership of the health and wellbeing board to statutory organisations. Taurus continued to be represented on the One Herefordshire group which would feed into the health and wellbeing board.

A member sought assurance that the health and wellbeing being board workshops would be arranged to enable partners' contributions to feed into the decisions taken by the health and wellbeing board. It was clarified that output from workshops would be presented to formal meetings of the board in order to maintain and deliver the board's business around its priorities.

Discussion took place regarding the appointment of the vice-chair due to concern that there was potential for one organisation to be over-represented in chairmanship of the board, which could reduce the board's effectiveness. This was not considered to be desirable so the board would need to ensure this was avoided, either through mandate or co-operation. Board members were broadly supportive of a council chair and CCG vice-chair arrangement, although it was noted that the personal attributes the individual brought to the vice-chair role were just as important as the organisation they represented.

It was also noted that the membership proposals meant that the CCG board's lay member would no longer be a member of the health and wellbeing board but assurance was provided that the member would participate in the workshops and so would continue to contribute.

RESOLVED
That:

a) **The health and wellbeing board's strategic priorities for 2018/19 be agreed as**
    - **Dementia (including end of life)**
    - **Childhood obesity (including impact on dental health)**
    - **Fuel poverty**
    - **Supporting local communities to help their residents remain healthy and independent; and**

b) **That the health and wellbeing board membership and structure proposals be approved for submission to the council's audit and governance committee for progression as a recommendation to full council to amend the council's constitution. The proposals, in summary, being**
    - **to include as formal members, the chairs of the Clinical Commissioning Group, Wye Valley NHS Trust and 2gether NHS Foundation Trust**
    - **to change the number of members for Healthwatch and the Clinical Commissioning Group to one member each, represented by the chairs of those organisations**
    - **that the chair of the Clinical Commissioning Group (or their substitute) be appointed vice-chair of the Health and Wellbeing Board**
    - **to provide a governance structure that will provide the system leadership to deliver the transformation programme.**

The meeting ended at 3.00 pm **Chairman**

Herefordshire Council

Meeting:	**Health and wellbeing board**
Meeting date:	**15 May 2018**
Title of report:	**Joint Strategic Needs Assessment 2018**
Report by:	**Director of public health**

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To approve Understanding Herefordshire 2018, the annual summary of Herefordshire's Joint Strategic Needs Assessment (JSNA).

One of the statutory functions of the Health and Wellbeing Board (HWB) is to produce an annual JSNA. This work is undertaken through the JSNA steering group.

This report aims at ensuring the JSNA is used to inform the strategic planning and commissioning of relevant services to address health and wellbeing by the council, Clinical Commissioning Group (CCG) and other stakeholders.

Recommendation(s)

That:

(a) the 2018 Joint Strategic Needs Assessment summary (at appendix 1) be approved;

(b) the board determines whether the existing Health and Wellbeing Strategy should be reviewed in light of the priorities identified in the assessment;

(c) the board agrees how it will ensure that stakeholders develop their commissioning plans around the final list of priorities.

Further information on the subject of this report is available from Dr Arif Mahmood, 01432 383742, email arif.mahmood@herefordshire.gov.uk or Charlotte Worthy, 01432 260498, email: charlotte.worthy@herefordshire.gov.uk

Alternative options

1. There are no alternative options. Herefordshire Council and the Clinical Commissioning Group (CCG) have a joint statutory responsibility to produce the JSNA annually.

Key considerations

2. The JSNA is a broad statement of health and wellbeing needs of the population of the county, with a focus on the wider determinants of health. It aims to inform the strategic planning and commissioning of services concerning the health and wellbeing of the local population by stakeholders.

3. The JSNA 2018 refresh process commenced in November 2017 and completed in April 2018. Subsequently, it has been through an extensive process of review and consideration by partner organisations, via the JSNA Steering Group, to ensure that it is of the required quality and addresses key issues appropriately. Contributors to its development include Herefordshire CCG, 2gether NHS Foundation Trust, Wye Valley NHS Trust, Healthwatch Herefordshire, Herefordshire Carers Support and West Mercia Police. Appendix 1 provides the JSNA 2018 refresh report.

4. The JSNA 2017 highlighted a number of key priorities for HWB consideration. Subsequently, the board agreed to focus on four key priorities. These were childhood obesity and poor dental health, fuel poverty, dementia and end of life care.

5. There has not been time for the impact of any interventions in the last year to be reflected in the data, but the JSNA 2018 provides the latest information on these priority areas. It also identifies a number of other areas to be considered in strategic planning and commissioning in 2018/19.

6. The key findings with regard to the priority areas are:

    i) 13,300 Herefordshire households were in fuel poverty in 2015 (17%) - a higher proportion than both nationally (11%) and regionally (14%). 60% of Herefordshire's older people (65+) live in rural areas, where lack of access to mains gas and properties with poor thermal efficiency increase the risk of fuel poverty. Older people are more susceptible to ill-health (including the risk of death in the winter) as a result of living in cold homes. Fuel poverty poses a considerable threat to the health and wellbeing of older people living in Herefordshire.

    ii) Significantly fewer five year olds were free from dental decay locally in 2014/15 (59%) than nationally (75%) and regionally (77%), and no better than in 2007/08 (61%). The average five year old has 1.43 decayed, missing or filled teeth, almost double the 0.72 figure regionally.

    iii) 23% of reception year children in county schools were overweight or obese in 2015/16, more than two fifths of whom were obese (10% of children), with obesity rates doubling by year 6. The concentration of fast food outlets in more deprived areas is also an area of concern.

    iv) At the beginning of 2017, only 59% of people aged 65+ with dementia had a formal diagnosis, which is lower than nationally (68%) and regionally (66%) and yet to reach the NHS England target of 67%.

v) End of life care services are generally good, and a significantly higher proportion of people die in their usual place of residence than elsewhere (51% in 2015). However, there is scope to proactively raise the profile of issues relating to death and dying with the wider community, provide training and support for non-clinical staff working with terminally ill people, and better recognise the specific needs of minority groups.

7. Other action points that the report identifies include:

i) At around £450 per week in 2017 (£23,400 per year), average **earnings** for employees working in Herefordshire remain significantly lower than nationally and regionally, although the gap does appear to have narrowed slightly since 2013. They are the fourth lowest of all council areas in England.

ii) The county remains the worst within the West Midlands for **housing affordability**, with house prices at the lower end of the housing market 8.6 times higher than lower quartile annual earnings. The provision of more affordable housing is an important component to addressing the disproportionately low proportion of younger working age adults in the county and maintaining sustainable communities.

iii) Herefordshire is rated 'high' for likelihood of **digital exclusion**. 21% of adults have never used the internet, or last used it over three months ago. This is not solely a broadband connectivity issue, and more research is needed to identify digitally excluded households to support those who wish to learn digital skills, and to assess the impact of digital exclusion on access to services.

iv) Although a higher proportion of **adults with learning disabilities receive an annual health check** in Herefordshire (63 per cent) than in similar areas, the rate has fallen since 2014/15 (81 per cent) and is now below that reported nationally (67 per cent). There is also no information available about the results of health checks, or whether subsequent treatment plans have been put in place as per NICE guidelines.

v) The uptake of cancer screening (cervical, breast and colorectal) amongst eligible **adults with learning disabilities** is low, which is reflected in the relatively low cancer prevalence (0.8% compared to 3.2% in the total population), suggesting late or missed diagnosis. As a result, outcomes are likely to be poorer and premature mortality from cancer more likely.

vi) The prevalence of **stroke** (2.3 per cent)**, coronary heart disease (**CHD, 3.5 per cent) **and hypertension** (high blood pressure, 16.1 per cent) in Herefordshire is greater than in England as a whole (1.7 per cent, 3.2 per cent, 13.2 per cent, respectively), suggesting more work is needed on prevention and awareness strategies.

vii) The overall prevalence of **diabetes** (type 1 or 2) remains similar to, and has risen in line with, the national rate (7% of adults aged 17+ registered with Herefordshire GPs in 2016/17). However, diabetes rates amongst older patients (65+) are significantly higher, 24% compared to 17% both nationally and regionally. A significantly lower proportion of all diabetes patients achieved the three treatment targets (HbA1c, cholesterol and blood pressure) locally in 2016/17.

8. The main priority for analysis in 2018/19 has been identified as the production of a children's integrated needs assessment, which will focus on specific topic areas to provide an evidence base on which effective commissioning decisions can be made. These topics will include early help; drivers of trends in child protection plans and looked after children; obesity and dental health; and hospital admission rates.

9. Work for JSNA 2019 will also include a 'deep dive' into cerebrovascular disease (diseases affecting the blood vessels supplying the brain, mainly stroke) in Herefordshire, and improving the understanding of people who self-fund their personal care needs.

10. The annual summary JSNA report is underpinned by an online evidence base, the *Facts and Figures about Herefordshire* website. A priority for 2018/19 is to review the structure and content of the website to ensure that it remains fit for purpose in providing up-to-date intelligence for making effective commissioning decisions.

Community impact

11. The JSNA provides an overview of Herefordshire's population and communities' profiles. It informs the development of the council's Health and Wellbeing Strategy and provides the data which underpins a wide range of council and health strategies, such as the Children and Young People's Plan, to improve outcomes for residents of Herefordshire.

12. The NHS constitution, the Herefordshire Clinical Commissioning Group constitution and the council's constitution all contain commitments to transparency, accountability and principles of good corporate governance. Being clear about the reasons for decisions is a key element of these shared principles and the JSNA provides this underpinning data.

13. Health and council commissioners also share a duty to ensure that public resources are used to best effect; a sound evidence base on which resource allocation can be made is essential.

Equality duty

14. One of the purposes of the JSNA is to inform commissioners of the existing inequalities across various sections of the community and to enable them to commission services that are equitable and accessible for all residents.

    Section 149 of the Equality Act 2010 imposes a duty on the council to have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic (disability being one such characteristic) and persons who do not share it.

    Public health programmes/services aim to identify and support those who suffer from or are at a high risk of developing physical and mental health problems. Continued improvement and development of these programmes/services will support the council in discharging its duty under the Act and will help deliver the three aims of the duty:

    - eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
    - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
    - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Resource implications

15. The recommendations have no direct financial implications, but the JSNA findings are intended to play a significant role in guiding the allocation of resources by all partners in their commissioning plans.

Legal implications

16. Producing a JSNA is a legal requirement of the Public Involvement in Health Act 2007.

17. The Health and Wellbeing Board has a statutory function to prepare a health and social care Joint Strategic Needs Assessment for the county.

18. The constitution at paragraph 3.5.32(a) provides that the Health and Wellbeing Board is to develop a Joint Strategic Needs Assessment.

19. Recommendations in the report ensure that the board complies with its legal duties and acts in accordance with the constitution and Terms of Reference for the board.

Risk management

20. There is a reputational risk to the council if it fails to discharge its public health responsibilities as set out in the Health and Social Care Act 2012.

21. In the absence of a robust JSNA, decisions on the allocation of resources would be based on a weaker evidence foundation, such that these might not be directed towards the areas of highest priority.

Consultees

None

Appendices

Appendix 1. Understanding Herefordshire 2018: JSNA summary

Background papers

None

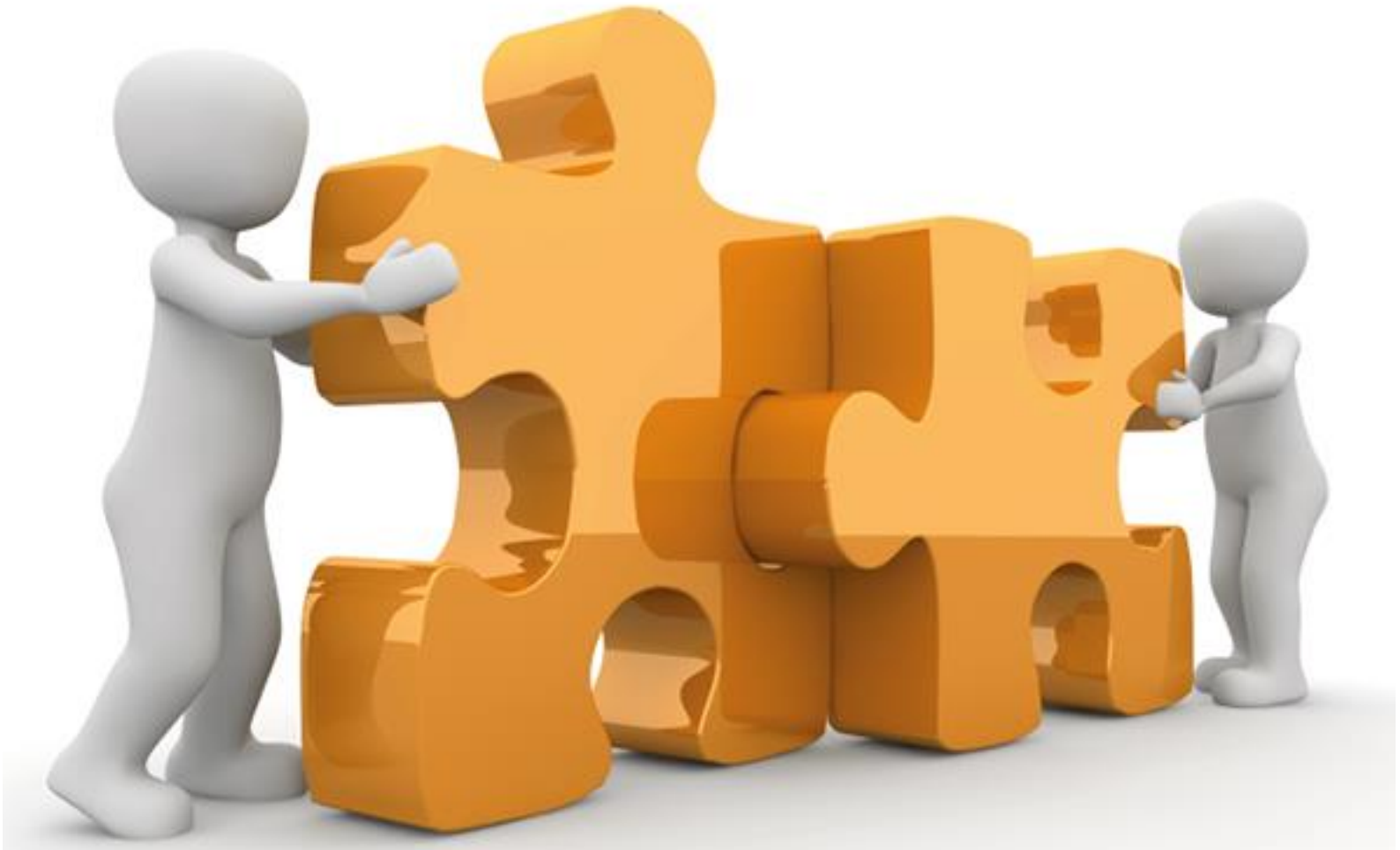
Further information on the subject of this report is available from Dr Arif Mahmood, 01432 383742, email arif.mahmood@herefordshire.gov.uk or Charlotte Worthy, 01432 260498, email: charlotte.worthy@herefordshire.gov.uk

Herefordshire Council

NHS
Herefordshire
Clinical Commissioning Group

UNDERSTANDING HEREFORDSHIRE 2018

A joint strategic needs assessment summary



Version 0.20 (DRAFT)
Herefordshire Council Intelligence Unit

April 2018

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ABOUT THE JSNA

It is the statutory duty of Herefordshire Council and Clinical Commissioning Group, through the Health and Wellbeing Board, to produce a joint strategic needs assessment (JSNA) of the health and social care needs of the local area. The JSNA should provide the basis for service planning and commissioning decisions by the local authority and health organisations.

JSNAs take different forms in different areas, and in Herefordshire the approach has been to produce an annual summary, *Understanding Herefordshire*, that highlights the key findings from all of the intelligence that has been generated over the previous year. This summary is underpinned by an online evidence base, *Facts and Figures about Herefordshire*, which is updated throughout the year. Hyperlinks to the more detailed underlying evidence are provided throughout this document.

Each year, routine analysis of a wide range of open source data about the characteristics of Herefordshire and its population is supplemented by a programme of more detailed analysis and needs assessments. During the last year, the main areas of focus for the integrated evidence base have been:

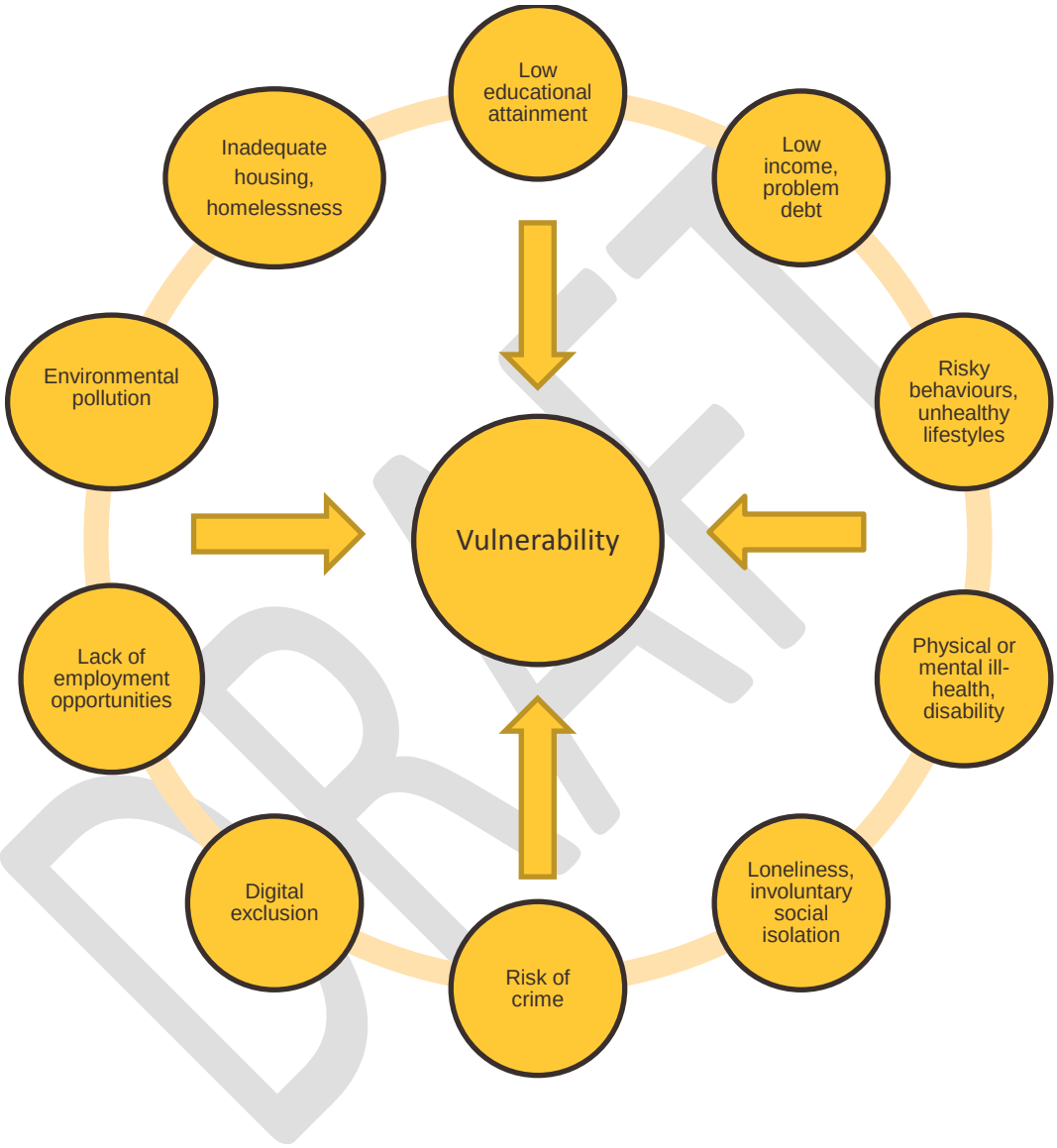
- an integrated older person's needs assessment
- a needs assessment for adults with learning disabilities in Herefordshire
- an improved understanding of trends in users of adult social care services

The JSNA is produced by Herefordshire Council's intelligence unit, with contributions from other areas of the council and partner organisations, including West Mercia Police. Governance is provided by the JSNA steering group – a sub-committee of the Health and Wellbeing Board, with membership from the council, clinical commissioning group, 2Gether NHS Foundation Trust, Wye Valley NHS Trust, Healthwatch Herefordshire, Herefordshire Voluntary Organisation Support Services (HVOSS) and Herefordshire Carers' Support.

Informed by last year's JSNA, the Health and Wellbeing Board have identified four priority areas where improvements will make the biggest difference to health and wellbeing in Herefordshire. Evidence to support these is highlighted where it appears throughout the report.

- Giving our children a good start in life by maintaining a healthy weight and looking after their teeth.
- Supporting people with dementia to remain as independent as possible within their community, ensuring that people are well cared for when nearing the end of life.
- Supporting the development of resilient communities, where people help each other to remain independent and in control of their own lives.
- Keeping people warm so they are less likely to develop enduring health problems and become acutely ill when it is cold.

Herefordshire Council's and Herefordshire Clinical Commissioning Group's focus is on prevention, early intervention and demand management in order to deliver better outcomes, whilst also managing the challenges of scarce public resources. This requires an understanding of the full range of socio-economic and lifestyle factors that affect the health and wellbeing of Herefordshire's people and communities, and an appreciation of the links between the wider determinants of health, the factors that contribute to multiple deprivation, and vulnerability.



ACTION POINTS

This section summarises all of the points that have been highlighted as an area for improvement, either compared to other areas, or because of a changing trend locally. More detail can be found by following the link to the relevant section of the report.

EARNINGS: At around £450 per week in 2017 (£23,400 per year), average earnings for employees working in Herefordshire remain significantly lower than nationally and regionally, although the gap does appear to have narrowed slightly since 2013. They are the fourth lowest of all 113 council areas in England.

HOUSING AFFORDABILITY: Herefordshire is the worst area within the West Midlands region for housing affordability. House prices at the lower end of the housing market are 8.6 times higher than lower quartile annual earnings. Herefordshire's affordability ratio has been consistently worse than in both the West Midlands region and England and Wales since at least the turn of the century.

FUEL POVERTY: 13,300 Herefordshire households were in fuel poverty in 2015 (17 per cent); a higher proportion than nationally and regionally. The majority of households affected by fuel poverty live in rural areas. Sixty per cent of Herefordshire's older people (65+) live in rural areas, where lack of access to mains gas and properties with poor thermal efficiency increase the risk of fuel poverty. Older people are more susceptible to ill health (including the risk of death in the winter) as a result of residing in cold homes. The detrimental effects of fuel poverty pose a considerable threat to the health and wellbeing of older people living in Herefordshire.

DIGITAL INCLUSION: Herefordshire is rated 'high' for likelihood of overall digital exclusion. One fifth of adults have never used the internet, or used it over three months ago. . This is not solely a broadband connectivity issue, and more research is needed to identify digitally excluded households to support those who wish to learn digital skills, and to assess the impact of digital exclusion on access to services.

ADULT SOCIAL CARE: The **recruitment and retention** of care workers in what has traditionally perceived as a low-wage, low-skill sector is a concern, at a time when this workforce needs to increase substantially to meet the demands of an ageing population.

Given Herefordshire's relative levels of wealth and ageing demographic, it is likely that there are a considerable number of people who are **self-funding** their personal care needs. There is only limited support available to self-funders to help them make appropriate care choices, but if they exhaust their own resources they are likely to need local authority funded care. Work is underway to improve the understanding of this cohort.

CARERS: In Herefordshire, less than a quarter (23 per cent) of adult carers reported in 2016/17 having as much social contact as they would like, significantly fewer than in the West Midlands region (37 per cent) and England (36 per cent). In 2014/15, the carer-reported quality of life score in Herefordshire was higher than in 2012/13 and similar to regionally, but lower than nationally.

LEARNING DISABILITIES (LD): Although a higher proportion of adults with LD receive an annual health check in Herefordshire than in comparator areas, the rate is lower than in 2014/15 and is now below that reported nationally. There is also no information available about the results of health checks, or whether subsequent treatment plans have been put in place as per NICE guidelines.

The uptake of cancer screening amongst eligible adults with learning disabilities in Herefordshire is low, which is reflected in the relatively low cancer prevalence, suggesting late or missed diagnosis. As a result, outcomes are likely to be poorer and premature mortality from cancer more likely.

AUTISTIC SPECTRUM DISORDER (ASD): Significantly fewer children at state funded county schools are known to have an ASD (eight per thousand) than nationally or regionally (both 13 per thousand). As there is no reason to assume prevalence is lower in the county, this suggests diagnosis rates need to be improved so appropriate support can be provided.

COMMUNITY SAFETY: Of concern is a spike in the number of sexual orientation focused hate crimes between 2017/18. In addition, Herefordshire continues to experience issues related to "county line" drug supply network activity. The presence of these networks presents significant threat, harm and risk to the most vulnerable within the local community with systematic criminal, physical, mental and sexual exploitation usually occurring in addition to the drug supply aspect. This activity resulted in one murder during the period 2017/18.

DELIVERIES BY CAESAREAN SECTION: In 2015/16, a significantly higher proportion of deliveries in Herefordshire were by caesarean section than nationally or regionally.

HOSPITAL ADMISSIONS OF BABIES AND CHILDREN: The county is experiencing relatively high rates of hospital admission of babies under 14 days old, and of children aged 2-4 for gastroenteritis. Work has been identified for the coming year to better understand the reasons behind this.

HUMAN PAPILLOMA VACCINE (HPV): In September 2014 the routine Human Papilloma Vaccine (HPV) programme was changed from a three to two-dose schedule. In 2015/16 the coverage for two doses in Herefordshire was 81 per cent - lower than both the national (85 per cent) and regional (86 per cent) rates. Action may need to be taken to improve take-up.

ORAL HEALTH: Significantly fewer five year-olds were free from dental decay locally in 2014/15 (59 per cent) than nationally (75 per cent) and regionally (77 per cent), and no better than in 2007/08 (61 per cent). The average five year-old has 1.43 decayed, missing or filled teeth, almost double the 0.72 regionally.

INEQUALITIES IN EDUCATION: As nationally, it remains the case that certain groups of pupils do less well, on average, than their peers. This includes the expected standard in reading writing and maths at key stage 2 and the new 'attainment 8' score at key stage 4 of those in receipt of free school meals, those classed as 'disadvantaged', and those whose first language is not English.

ALCOHOL HARM: Hospital admissions due to alcohol consumption remain significantly lower than the national rate (319 per 100,000 in 2016/17 compared to 563), and the rate amongst under 18s continues to fall locally – narrowing the difference compared to nationally (41 per 100,000 in 2014/15 to 2016/17 compared to 34 per 100,000 in England). However, people from the most deprived areas of the county are still more than three times as likely to be admitted to hospital due to alcohol as those from the least deprived. Success rates for alcohol treatment were lower in Herefordshire than in comparator areas in 2016.

OBESITY: 23 per cent of reception year children in county schools were overweight or obese in 2015/16, more than two-fifths of whom were obese (10 per cent of children). Obesity rates double by Year 6. The concentration of fast food outlets in more deprived areas is also an area of concern.

SMOKING: Although smoking-related hospital admissions remain relatively low overall, certain groups of the local population are still more likely to be smokers. Adults in routine and manual occupations locally are much more likely to smoke than the population overall (24 per cent compared to 14 per cent in 2016). Men are a third more likely to smoke than women, and smoking is more common in the most deprived areas with residents aged 35+ a third more likely to be admitted to hospital as a consequence of their smoking than the rest of the county, and 40 per cent more likely to die of smoking-related conditions. Quit rates are significantly lower than in Herefordshire than in comparator areas and have fallen in recent years.

LIFE EXPECTANCY: People born in Herefordshire can, on average, expect to live longer lives and remain in good health for longer than nationally and regionally, but females born in the most deprived areas of Herefordshire can expect to live 2.6 years less than those living in the least deprived areas; males 3.9 years less. However, this gap is one of the smallest amongst areas with similar levels of deprivation.

LONG-TERM CONDITIONS: The prevalence of stroke, coronary heart disease (CHD) and hypertension (high blood pressure) in Herefordshire is greater than in England as a whole, suggesting more work is needed on prevention and awareness strategies. Currently, those living in the most deprived areas of Herefordshire are 29 per cent more likely to die prematurely (under 75 years of age) likely to die of coronary heart disease and over 71 per cent as likely to die prematurely of cerebrovascular disease.

CANCER: remains one of the biggest causes of premature mortality in Herefordshire, although rates are amongst the lowest in England. Prevalence of cancer has risen locally and is significantly higher than nationally (3.4 per cent in 2016/17 compared to 2.6 per cent), however mortality rates have fallen consistently over the last 20 years. Those living in the most deprived areas of Herefordshire are 22 per cent more likely to die prematurely (under 75 years of age) of cancer.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD): The number of people suffering with COPD in Herefordshire has increased steadily during the last decade to 2.2 per cent in 2016/17. Since 2011/12 the local prevalence has been higher than the national figure whereas prior to 2009/10 the opposite pattern was observed. Respiratory diseases

account for over a third of all excess winter deaths in Herefordshire. Those living in the most deprived areas are over two and half times likely to die prematurely of chronic lower respiratory disease than those in the least deprived areas.

RHEUMATOID ARTHRITIS: In Herefordshire, the prevalence of rheumatoid arthritis in persons aged 16yrs+ in 2015/16 was significantly higher than that recorded nationally and regionally. Since 2013/14 there has been no temporal change in prevalence locally or nationally.

DIABETES: The overall prevalence of diabetes (type 1 or 2) remains similar to, and has risen in line with, the national rate (seven per cent of adults aged 17+ registered with Herefordshire GPs in 2016/17). However, diabetes rates amongst older patients (65+) are significantly higher: 24 per cent compared to 17 per cent both regionally and nationally. A significantly lower proportion of all diabetes patients achieved the three treatment targets (HbA1c, cholesterol and blood pressure) locally in 2016/17.

MENTAL HEALTH: In 2016/17, the hospital admission rate for mental health disorders in children and young people aged 0 to 17 tears significantly higher than in England as a whole and in the West Midlands region. The rate has been increasing since 2012/13 and the gap between Herefordshire and England is widening.

Reflecting the situation nationally, the incidence of **suicide** in men is much higher than in women and residents of the most deprived areas of Herefordshire are approximately 19% more likely to die as a result of suicide than the county population in general.

DEMENTIA: At the beginning of 2017, only 59 per cent of people aged 65+ with dementia had a formal diagnosis, lower than nationally (68 per cent) and regionally (66 per cent) and yet to reach the NHS England target of 67 per cent.

FALLS: Falls are common in residential and nursing home settings. Systematic recording of falls occurring in these settings would be helpful in order to develop more effective prevention strategies.

A considerably smaller proportion of people aged 75 and over presenting with fragility fractures are treated with a bone sparing agent (a treatment for osteoporosis) in Herefordshire compared to other clinical commissioning groups, suggesting that there is an opportunity to improve outcomes for people with osteoporosis by enhancing treatment coverage.

END OF LIFE CARE: End of life care services in Herefordshire are generally good, and a significantly higher proportion of people die in their usual place of residence than elsewhere (51 per cent in 2015). However, there is scope for further work to proactively raise the profile of issues relating to death and dying with the wider community, provide training and support for those non-clinical staff who work with terminally ill people or their families, and to recognise and accommodate the specific needs of minority groups.

HEREFORDSHIRE: THE PLACE AND ITS PEOPLE

Herefordshire is situated in the south-west of the West Midlands region bordering Wales. The city of Hereford lies in the middle of the county and other principal locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington. The county has beautiful unspoilt countryside with remote valleys and rivers and a distinctive heritage. The River Wye divides the county, flowing east from the Welsh border through Hereford city before turning south through the Wye Valley 'Area of Outstanding Natural Beauty'. The Malvern Hills rising to 400m border the east of county, while the south-west is dominated by the western reaches of the Black Mountains with altitudes of more than 600m. Herefordshire covers 2,180 square kilometres (842 square miles). 95 per cent of the land area is 'rural' and 53 per cent of the population live in rural areas. Being a predominantly rural county presents opportunities in, for example, tourism and agriculture, but also presents challenges, for example in geographical barriers to services.

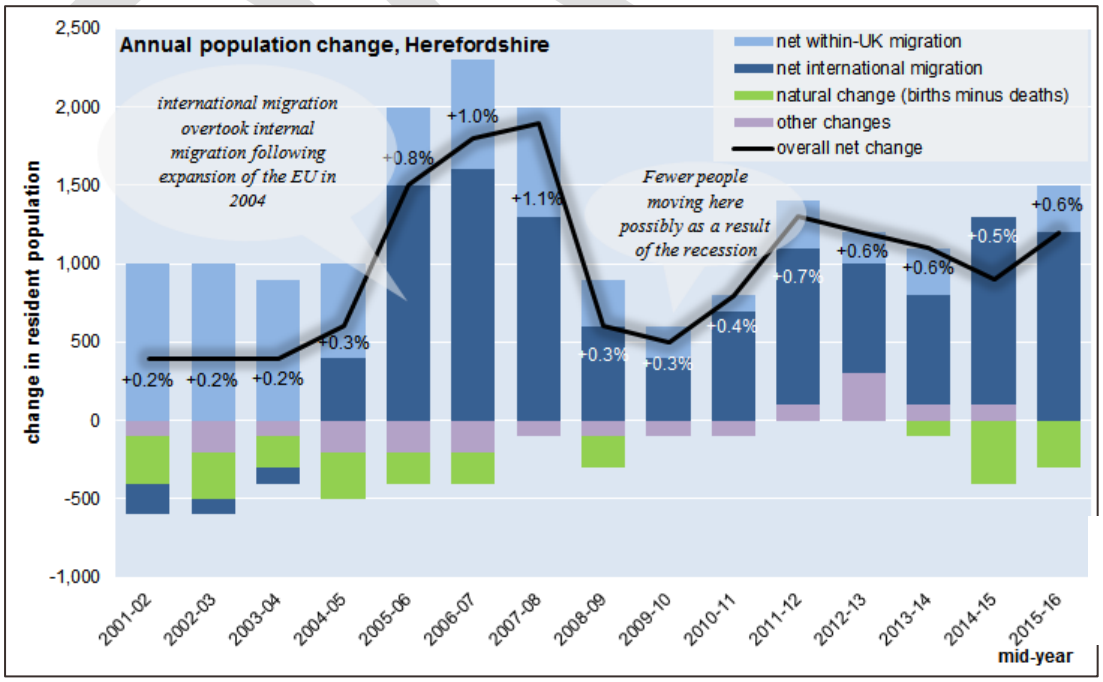
POPULATION

Herefordshire's demographic composition pre-disposes the county to challenges associated with an ageing and dispersed rural population.

In mid-2016, Herefordshire's population was estimated to be 189,300; an increase of 1,200 people (0.6 per cent) since mid-2015. Between 2001 and 2016, the county's population grew by eight per cent – a lower rate than England and Wales (11 per cent) and the West Midlands region (10 per cent).

The number of deaths (around 2,000 a year) in Herefordshire generally outnumbers the numbers of births (currently around 1,600 a year). This means that population growth is entirely driven by migration; since 2005-06 mainly from overseas.

Annual overall and components of population change in Herefordshire



Source: ONS mid-year estimates © Crown Copyright

Two in five Herefordshire residents (40 per cent) live in the most dispersed rural areas and the county has the fourth lowest population density in England; 87 people per km^2. Population density varies from 13 people per km^2 in areas of the north-west and south-west of the county to 8,400 per km^2 in an area of north-east Hereford.

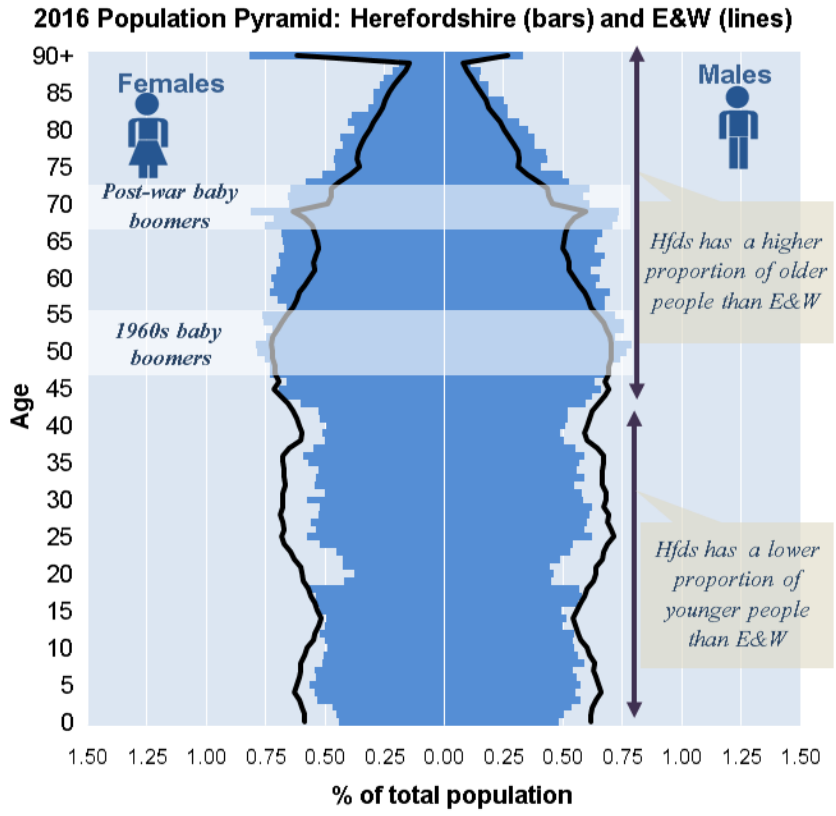
One in three residents live in Hereford (60,800) and one in five in market towns: Leominster (12,000), Ross on Wye (11,200), Ledbury (10,000), Bromyard (4,700) and Kington (3,300).

Herefordshire has an older age structure than England and Wales, with 24 per cent of the population aged 65 years or above (44,800 people), compared to 18 per cent nationally. There are 33 per cent more people aged 65+ than there were in 2001, compared with a 26 per cent increase nationally. The number aged 65-84 is projected to grow at a similar rate as during the last decade, but the number aged 85+ will rise even more rapidly.

There are a similar proportion of under-16s (17 per cent) as nationally (19 per cent). Numbers of children have declined by around seven per cent over the last decade. However, the number of under-fives and births has been rising for the best part of the last decade. The next five years are expected to yield a gradual increase in the numbers of children, to around 33,200 by 2023.

Herefordshire has a relatively small, but growing, Black, Asian and Minority Ethnic (BAME) population; 6.4 per cent in 2011 compared with 19.5 per cent nationally.

Age structure of Herefordshire compared with the equivalent for England and Wales (mid-2016 estimates).



Source: Annual Mid-Year Population Estimates for the UK, Office for National Statistics (ONS) © Crown Copyright 2017

If recent trends were to continue and nationally determined assumptions about future fertility, mortality and migration were to be realised, the total population of Herefordshire is projected to increase to 192,300 by 2019 (an increase of two per cent); and to 205,600 people by 2034 (an increase of nine per cent), or 0.5 per cent per year over this period. This is a lower annual rate of growth than that projected for England as a whole (0.7 per cent per year).

ECONOMY

Herefordshire's population of working age (16-64) was 112,700 in 2016. It has a lower proportion of younger working age adults (from the age of 16 to mid-forties) and a higher proportion of older working age adults (mid-forties to the age of 64) compared with England and Wales as a whole.

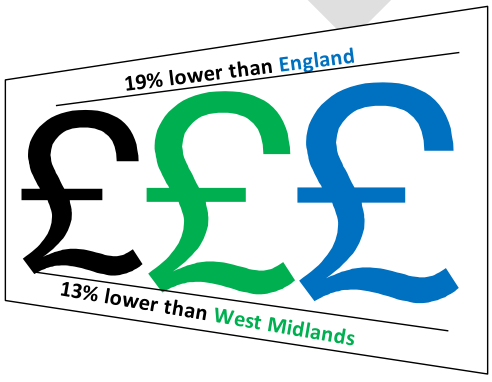
Changes in the working age population are driven by migration and the natural ageing of the population structure (deaths have relatively little effect on numbers). Numbers have fallen by a few hundred since 2009, and if recent trends in migration were to continue, natural ageing would see the population aged 16-64 three per cent by 2031 – with the sharpest decline after 2025 when the second generation of 'baby boomers', those born in the 1960s, begin to move into retirement age.

Earnings

At around £450 per week in 2017 (£23,400 per year), average earnings for employees working in Herefordshire remain significantly lower than nationally and regionally, although the gap does appear to have narrowed slightly since 2013. Among the 113 'upper tier' local authorities (i.e. county councils, unitary authorities and metropolitan boroughs) in England, Herefordshire's median weekly earnings ranked 4th lowest in 2017 – and have been among the bottom seven over the past five years. The equivalent figures for England are £555 per week (£29,000 pa) and the West Midlands are £515 per week (£26,850 pa).

Women earn, on average, ten per cent less than men per hour (excluding overtime) – a similar gender pay gap to that seen in England as a whole, but lower than the twelve per cent for the region.

Gap in Herefordshire earnings in 2017:



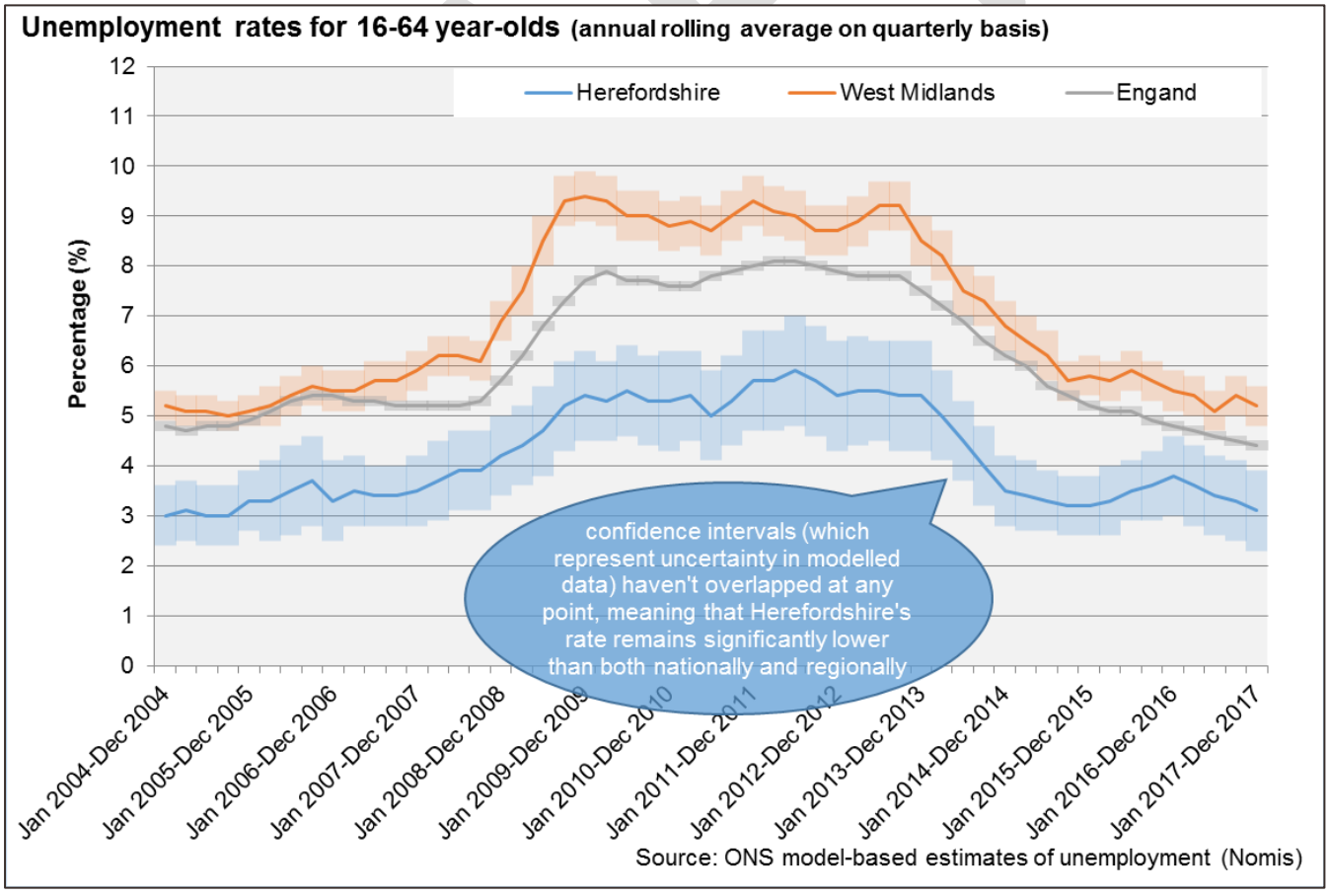
Type of employment

Possible reasons for the persistently low wages in the county include relatively high levels of employment in traditionally low value industries. Employment in the health, manufacturing, retail and accommodations and food services sectors is more common locally than nationally and regionally, and makes up over half (53 per cent) of Herefordshire's 73,000 employee jobs[1]. Furthermore, there is a relatively high rate of part-time working (36 per cent vs. 32 per cent across the whole West Midlands region). Reflecting the picture elsewhere, this is much more common in the public sector than the private (47 per cent compared to 35 per cent).

There is also a relatively high number of people in Herefordshire who are self-employed – 15 per cent of all working age people (16-64) compared to 11 per cent in England.

Unemployment

The estimated unemployment rate amongst 16-64 year-olds in Herefordshire was 3.1 per cent (3,000 people) in the year to December 2017, statistically significantly lower than both regionally (5.4 per cent) and nationally (4.4 per cent). This is the lowest it has been since 2004/2005 and continues the downward trend seen since a local post-recession spike of 3.8 per cent in 2016.



Source: Model-based estimates of unemployment, ONS. Crown copyright

[1] Note that this data source (ONS' Annual Survey of Hours and Earnings) does not cover small businesses or the self-employed – so it doesn't reflect Herefordshire's agricultural sector very well.

In addition, the number and rate of people who are claiming Job Seekers Allowance remains lower in Herefordshire (0.6 per cent of 16-64s compared to 1.0 per cent for England and 1.5 per for the West Midlands region), and continues to fall: in October 2017, 650 Herefordshire residents were claiming JSA – 16 per cent lower than the year before. As nationally, the majority (70 per cent) of claimants are usually employed in 'sales occupations'. The highest number of claimants live in Leominster and south Hereford.

Broadband

Research has shown that poor internet connections and slow speeds have a damaging economic effect and that the gap between rural and urban areas is widening. This is a disincentive to business investment and adds to costs in the rural economy. It is predicted that although the urban-rural gap 'will begin to narrow as superfast reaches more rural areas…better-connected (mostly urban) areas will also increase speeds at a high rate.'[2]

Access to a good broadband service has long been an issue for those living and working in rural Herefordshire, and the Fastershire project has ensured that by 2018 78 per cent of homes and businesses can obtain download speeds of more than 30Mbps[3]. Current contracts should deliver this capability to a total of 98 per cent by 2020. A solution is still to be found for the remaining two per cent of eligible households and businesses (around 4,000 properties).

However, only 41 per cent of those covered by the programme at the end of October 2017 had chosen to take up superfast broadband. Take-up is likely to be affected by the relationship between how much households or businesses feel they need the service, and how much it costs. Little is known about the reasons driving this low take-up rate in Herefordshire, so the topic would benefit from more research. See the digital inclusion section for further discussion.

Fastershire, a partnership between Gloucestershire County Council and Herefordshire Council, is tasked with bringing faster broadband to the two counties. Phase 1 of the project, in partnership with BT, aimed to provide 90 per cent of Gloucestershire and Herefordshire with fibre broadband with a minimum speed of 2Mbps by 2016. Phase 2 of the project, delivered by Gigaclear, will extend fibre coverage further across the county. The ultimate aim is that by the end of 2019/20 there will be access to fast broadband for all who need it. Herefordshire Council is committed to ensuring that each business or resident who can prove the need for a Next Generation Access (NGA) connection of over 24Mbps is able to get one.

[2] Two-speed Britain: Major study reveals impact of gap in Internet access between rural and urban area, University of Aberdeen, 2 September 2015. Available at https://www.abdn.ac.uk/news/8127/
[3] 30Mbps is the minimum download speed for 'superfast' broadband according to Ofcom, the UK regulator

TRANSPORT

Key facts:

- Herefordshire Council is responsible for over 2,000 miles of road, more than 700 road bridges and 11,700 street lights. This does not include trunk routes such as A49 and the M50 motorway, which are the responsibility of Highways England.
- Ninety-five per cent of Herefordshire's land area is classified as 'rural' and over half of the population live in rural areas.
- With only four railway stations in the county, Herefordshire is particularly dependent on road transport.
- The road network comprises mainly rural 'C' or unclassified roads leading off single carriageway 'A' roads.
- The majority of residents who travel to get to work do so by driving themselves in a car or a van (70 per cent).
- Herefordshire has a greater proportion of people travelling to work by car or van or on foot than England and Wales, but smaller proportions using a bus or train.
- Cycling levels are well above the national average.

The *Herefordshire Local Transport Plan* sets out programmes of work for achieving the council's objectives for transport.

Development of the Hereford Transport Package (HTP) is underway, including public consultation. The HTP sets out a suite of transport and infrastructure improvements with the objectives of facilitating economic growth, improving regional connectivity, encouraging sustainable lifestyles, encouraging sustainable development, providing network resilience, improving air quality and reducing noise, reducing severance and improving safety.

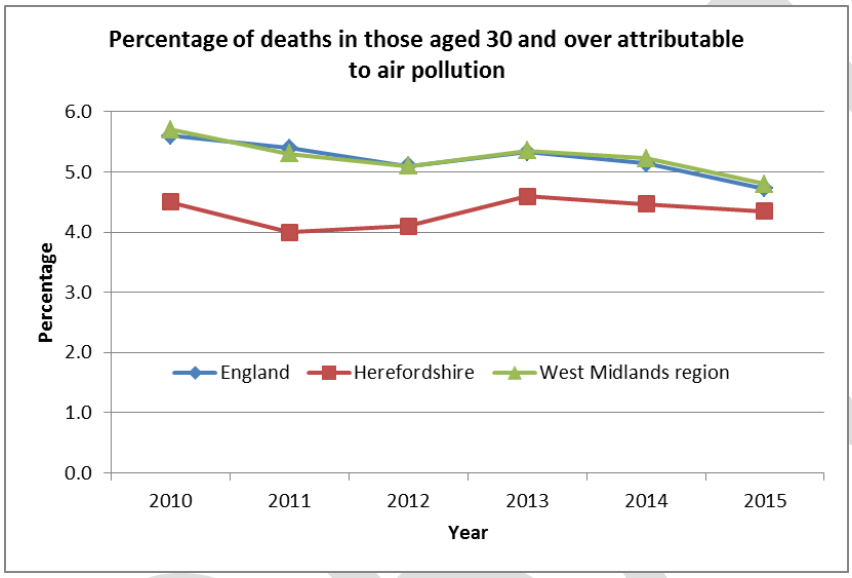
The recently opened City Link Road will unlock brownfield land for new affordable housing and regeneration in the centre of Hereford. A southern link road in the South Wye area will reduce congestion on Belmont Road and provide improved access to the Enterprise Zone at Rotherwas. A planned Hereford Relief Road (HRR) will provide an alternative route for through traffic.

ENVIRONMENT

Access to open space and nature is increasingly being recognised as beneficial to both physical and mental health[4], and Herefordshire's natural and historic environment is important for residents, businesses and tourism.

Generally, Herefordshire has low levels of air pollution - although there are still two air quality management areas where levels of nitrogen oxide are higher than government standards.

Mortality attributable to **particulate air pollution** is a Public Health protection indicator. Figures for Herefordshire have remained relatively stable since 2010 (between four and five per cent of all deaths of those aged 30+) and are consistently below both national and regional figures – although the gap appears to be narrowing.



Source: Public Health England.

Water quality in parts of the rivers Wye and Lugg is such that measures are needed to ensure that there is not a long-term adverse effect on protected species; a nutrient management plan is in place to address the issue.

Reducing **greenhouse gas emissions** is essential to help mitigate the multiple threats posed by climate change. Herefordshire Council's *Carbon Management Plan 2017-2021* sets out a pathway for achieving a 40 per cent reduction in its emissions CO2e from 2008/09 levels by 2020/21.

By 2016/17, the council's total emissions had been reduced by almost one third, to just over 18,600 tonnes of carbon dioxide equivalent (CO2e). The latest Greenhouse Gas Summary Report notes that "innovation, resource and resilience are required" to meet the target.

[4] Connecting with nature offers a new approach to mental health care, Natural England, 9 February 2016. Available at: www.gov.uk/government/news/connecting-with-nature-offers-a-new-approach-to-mental-health-care

COMMUNITIES AND PROTECTING THE VULNERABLE

HOUSING

The links between poverty, inadequate or unsuitable housing and ill-health are well-established. Herefordshire faces a range of challenges associated with housing affordability and the costs associated with maintaining and insulating an aged housing stock with relatively large numbers of properties without mains services.

Key facts:

- The 2011 census recorded 78,300 households in Herefordshire, 25,400 in Hereford city, 17,800 in the market towns and 35,200 in rural areas. By 2015, the total had risen to an estimated 79,800.
- A slightly higher proportion of these households were lone pensioners (14 per cent) compared to the West Midlands (13 per cent) and England and Wales (12 per cent).
- In 2011, Herefordshire had a higher proportion of households who own their home outright and a lower proportion who own their home with a mortgage, compared with England and Wales. It had a slightly lower proportion that privately rent their home from a landlord or letting agency and a lower proportion that were in social rented accommodation, compared with nationally.
- As of May 2018, there were 84,800 residential properties registered for council tax in Herefordshire; of which 39 per cent were in the lowest value bands A and B and 26 per cent were in the highest value bands E to H. This compares with 44 per cent and 19 per cent, respectively, for England. There is great variation in the distribution of banding between urban and rural areas.

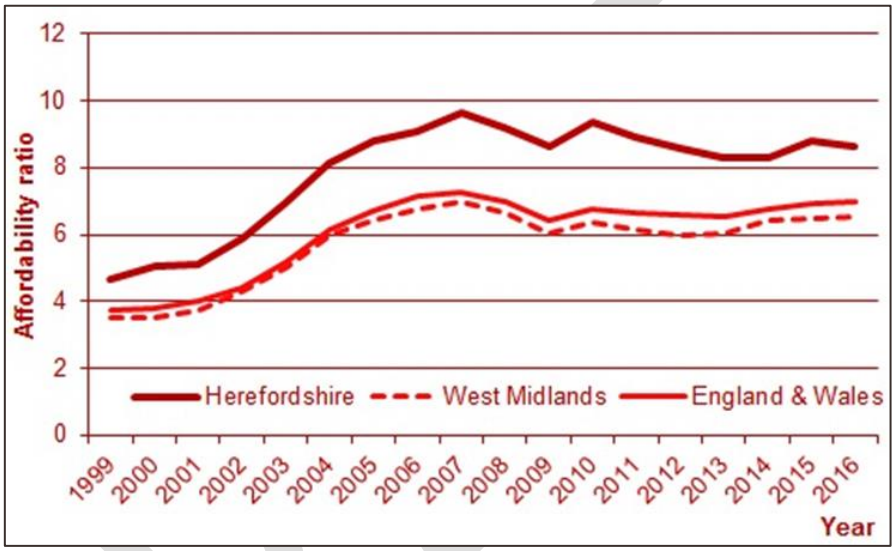
Herefordshire Council's adopted Core Strategy identified a need for 16,500 new dwellings (both open market and affordable) to be built between 2011 and 2031. The allocation is split between Hereford city (6,500), other market towns (4,700) and rural settlements (5,300). A local housing requirements study commissioned in 2014 determined that this level of development would be enough to meet the level of economic and demographic growth predicted at that time.

There are currently no up-to-date forecasts to indicate what effect the anticipated house building will have on the population around the county, but this has been identified as a priority for 2018.

Housing affordability

Herefordshire is the worst area within the West Midlands region for housing affordability. House prices at the lower end of the housing market are 8.6 times higher than lower quartile annual earnings. Herefordshire's affordability ratio has been consistently worse than in both the West Midlands region and England and Wales since at least the turn of the century.

Affordability ratio in Herefordshire compared to the West Midlands region and England and Wales



Source: Ratio of house price to workplace-based earnings (lower quartile and median). Office for National Statistics © Crown Copyright 2017

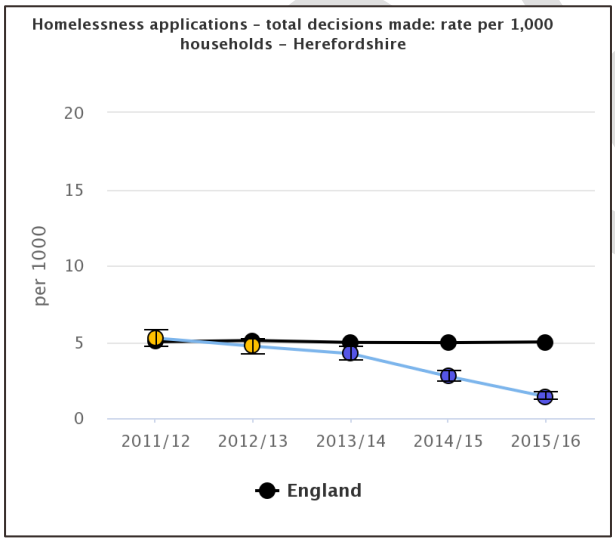
Between 2001 and 2011, there was a shift in housing tenure away from owner occupation towards the private rented sector. Rental levels in Herefordshire in 2016 were just under the median point for all English authorities excluding London. Within the West Midlands region, Herefordshire is ranked as the third most expensive unitary or shire authority when median rents for all dwelling sizes are compared.

The Herefordshire *Interim Housing Strategy 2016 – 2020*, identified ensuring a programme of affordable housing development, consistent with local housing need and national and local targets, as one of the key priorities for the county.

Homelessness

Homelessness can be associated with severe poverty and is a social determinant of mental health. It can also have a severe impact upon an individual's physical health and homeless people are more likely to be victims of crime. The causes of homelessness are often complex so that preventing homelessness is a difficult issue to address. There is a statutory duty for local authorities to provide advice and assistance to households who are homeless, or threatened with homelessness, and in some cases to provide suitable accommodation. In certain circumstances there is also a duty to provide emergency accommodation.

The Homelessness Reduction Act 2017 made far-reaching changes to homelessness legislation and significantly amended the Housing Act 1996. It came into force in April 2018. Under the Act, local housing authorities will be required to intervene at earlier stages in order to prevent homelessness and to take reasonable steps to help those who become homeless to secure accommodation, or to maintain their existing accommodation. Its main purpose is to ensure that everyone who approaches a local authority because they are either facing homelessness or actually homeless should receive some assistance, whether they are in priority need or not, and irrespective of whether they may be considered intentionally homeless.



In Herefordshire the number of homelessness applications has declined in recent years. In 2015-16 there were 114 applications, representing a rate of 1.4 per 1,000 households, well below the rate for England of 5.0 per 1,000. The rate of statutory homelessness was 0.5 per 1,000 households in 2015-16; lower than in both England (2.5) and the West Midlands region (3.5).

Source: Public Health England.

In 2016-17 in Herefordshire, the rate of those considered to be statutory homeless but not in priority need of 0.1 per 1,000 households was lower than in England (0.8) and had fallen from a rate of 0.5 in 2013-14.

Although numbers are difficult to establish with certainty, the number of **rough sleepers** in Herefordshire was estimated at 11 in 2017, down from 21 the previous year. The Hereford Winter Shelter was open between December 2016 and March 2017. In this period a total of 66 individuals (59 men and 7 women) stayed for a total of 861 nights. The approximate average stay per person was 13 nights. This compares to a total of 79 individuals staying for a total of 1,124 nights in 2015-16, which was an approximate average stay per person of 14.2 nights.

The Herefordshire *Homelessness prevention strategy 2016-2020* sets out a series of actions aimed at reducing homelessness and rough sleeping in the county.

Fuel poverty

Fuel poverty is defined as occurring when a household has required fuel costs that are above average, and after spending that amount, they are left with an income that is below the official poverty line.[5] Whether a household is in fuel poverty is determined by the interplay of three key factors:

1. the energy efficiency of the property
2. the household income
3. fuel/energy prices

National analysis of fuel poverty data indicates that households in fuel poverty are more likely to occupy large, older houses, and be owner-occupiers and families.[6]

Herefordshire, like other rural counties, has a considerable number of dwellings without access to the mains gas grid. The Healthy Housing Survey (2011) identified that mains gas was available to only 69 per cent of properties in Herefordshire, compared to 87 per cent nationally.[7] Being off the mains gas grid significantly increases the risk of a household being in fuel poverty, as the fuel options for off-grid homes are often more expensive and less energy efficient than gas. Furthermore, rural households are also more likely to be living in

[5] Annual Fuel Poverty Statistics Report, 2017, Department for Business Energy and Industrial Strategy, 2017. This definition is based on the Low Income, High Cost (LIHC) methodology which became the official fuel poverty indicator in 2013. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/639118/Fuel_Poverty_Statistics_Report_2017_revised_August.pdf. .

[6] Cutting the cost of keeping warm: A fuel poverty strategy for England, Department of Energy and Climate Change, 2015. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/408644/cutting_the_cost_of_keeping_warm.pdf

[7] Healthy Housing, Michael Dyson Associates Ltd on behalf of Herefordshire Council, 2012. Available at:https://factsandfigures.herefordshire.gov.uk/media/12674/healthy_housing_final_report_3rd_oct_2012.pdf

older and less thermally efficient dwellings, and to have a lower than average household income. [8]

Fuel poverty adversely impacts upon health and wellbeing through associated financial hardship as well as increased risk of conditions such as respiratory illness, high blood pressure, and hypothermia.

The physiological effects of exposure to cold room temperatures are well documented and cold homes are known to contribute to excess winter deaths.[9] Older people, children and people with disabilities and long-term illnesses are particularly vulnerable to the adverse effects of fuel poverty. In addition, cold can worsen arthritic pain and/or contribute to a general feeling of illness.[10] Fuel poverty can exacerbate involuntary social isolation, making those affected less able to afford to go out, or fearful of going out knowing they will come in, already feeling cold, to a cold home; or reluctant to invite friends into a cold house.

 In 2015, 16.6 per cent of estimated 79,800 households in Herefordshire were in fuel poverty (13,300); a higher proportion than in the West Midlands region (13.5 per cent) and England (11 per cent). The majority of households affected by fuel poverty live in rural areas.

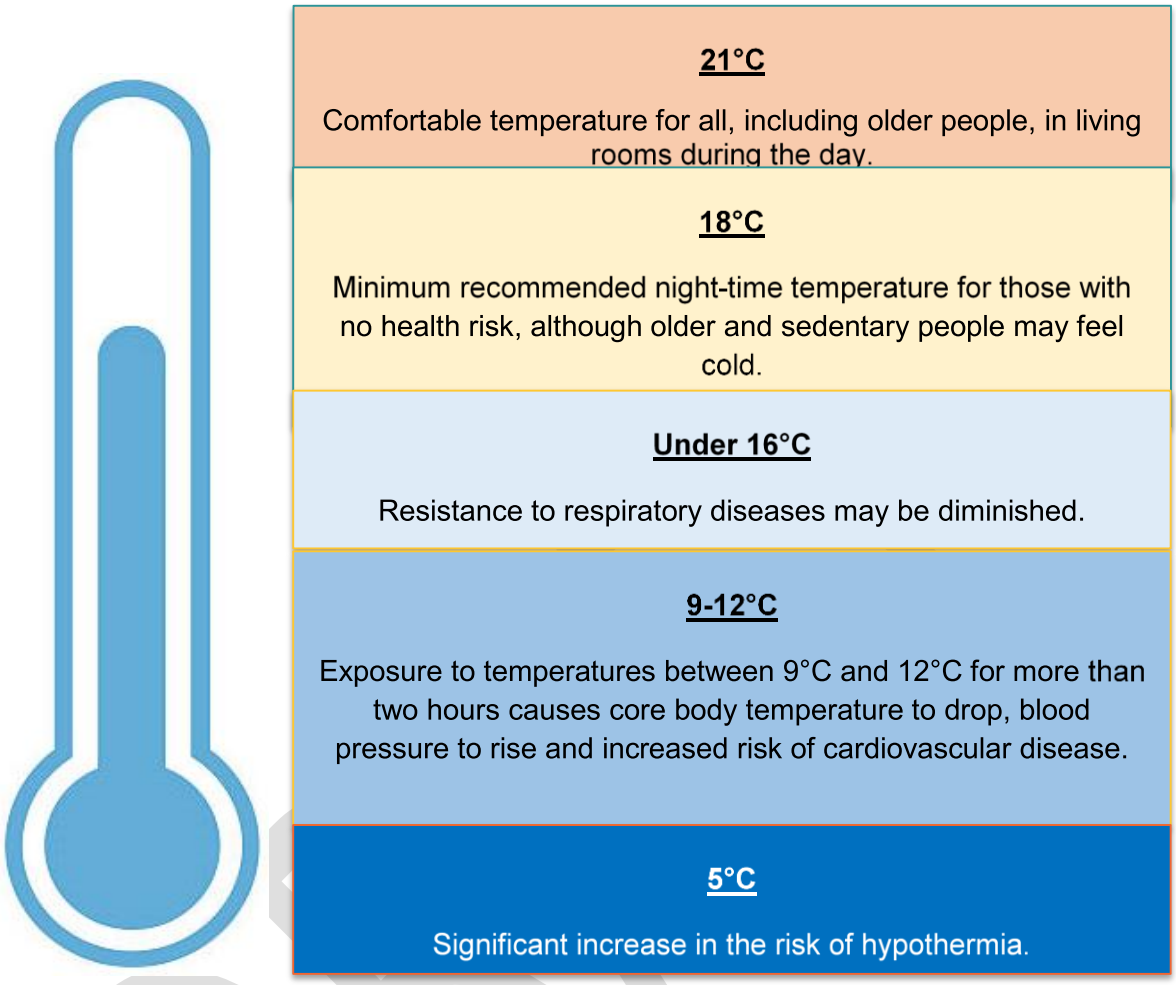
Older people are more susceptible to ill health (including the risk of death in the winter) as a result of residing in cold homes. An estimated 60 per cent of people aged 65 and over live in rural parts of Herefordshire, where access to mains gas may not be possible, and properties with poor thermal efficiency are more common, both of which increase the risk of fuel poverty. The detrimental effects of fuel poverty pose a considerable threat to the health and wellbeing of older people living in Herefordshire.

[8] Energy Advice Pack for Homes Off-Mains Gas: Practical advice on saving energy and reducing fuel costs for homes off the mains gas grid, National Energy Action Cymru. 2017. Available at: www.nea.org.uk/wp-content/uploads/2017/03/calor_off_gas_advice_booklet.pdf

[9] Cold comfort: The social and environmental determinants of excess winter deaths in England, 1986–1996, Wilkinson P, Landon M, Armstrong B, et al., Joseph Roundtree Foundation, 7 November 2001. Available at: www.jrf.org.uk/report/cold-comfort-social-and-environmental-determinants-excess-winter-deaths-england-1986-1996 .

[10] The UK Fuel Poverty Strategy: The causes and effects of fuel poverty, Department of Trade and Industry, 1998. Available at: http://webarchive.nationalarchives.gov.uk/+/http:/www.dti.gov.uk/energy/consumers/fuel_poverty/chp1.pdf

The impact of various room temperatures upon health



Source: Fuel Poverty and Health – A Guide for Primary Care Organisations, and Public Health and Primary Care Professionals, Press, V., National Heart Forum, 2003. Available at: www.fph.org.uk/uploads/toolkit_fuel_poverty.pdf

Recognising that fuel poverty is a particular challenge locally, Herefordshire's Health and Wellbeing Board have made it a priority area. In 2016, Herefordshire Council published the *Herefordshire Affordable Warmth Strategy 2016-19*. The strategy provides further insight into fuel poverty in Herefordshire, and details the actions being taken to tackle the issue.

FOCUS AREA: REFUGEES AND ASYLUM SEEKERS

Herefordshire is providing much-needed safe accommodation in the community for refugees under the Syrian Vulnerable Person's Resettlement Scheme (SVPRS). The SVPRS has worked well to date, with no significant issues or pressures. The first Syrian families were welcomed to Herefordshire in November 2016. Further families arrived in January and March 2017 with the final family arriving in June 2017. Currently 60 Syrian refugees have been resettled in Herefordshire under the scheme, comprising 14 households. Families coming to Herefordshire under the SVPRS have been housed in privately rented accommodation in Hereford city, or within 3 miles of the city centre, and are provided with an orientation and support service from Refugee Action for their first 12 months. For the earliest arrivals this is now coming to an end, but the families continue to receive some support with access to English language classes, managing housing and developing skills for employment through projects such as Building Better Opportunities. Herefordshire has agreed in principle to re-settle a further 35 individuals through the SVPRS and the Vulnerable Children Resettlement Scheme (VCRS). The reason for resettlement of those through the VCRS must be in relation to vulnerability of a child, although the child will be accompanied by a parent or guardian and may be resettled with other family members. Individuals resettled through the VCRS may be from any country in the Middle Eastern and North African (MENA) region. There is no financial risk to the council arising from further commitment to the SVPRS or VCRS as both schemes are funded by the Home Office.

Herefordshire Council has also agreed to the dispersal of up to forty asylum seekers to the county under the General Asylum Dispersal scheme. G4S have been contracted by the Government for the region to secure accommodation and provide transport for this group. No asylum seekers have yet been dispersed to Herefordshire under the scheme and concerns around the shortage of suitable, affordable accommodation and the lack of any registered providers of asylum advice in the county have been highlighted to G4S and Home Office. A small number of Unaccompanied Asylum Seeker Children (UASC) have arrived in the county either through the National Transfer Scheme (which was set up to help alleviate pressure on areas of the country where large clusters of asylum seekers occur), or through 'spontaneous drops' (where asylum seekers finish their journey, or are being deposited by traffickers spontaneously in any location). The council is working towards fulfilling its pledge to provide support for up to 25 young people classed as UASC. Children under the age of 16 are placed with foster carers and those aged 16 and over may be placed in foster care, shared accommodation or supported lodgings. The children cease to be categorised as UASC upon reaching age 18. UASC's are considered as Looked After Children and upon reaching their 18th birthday, as Care Leavers.

Refugees and asylum seekers are particularly vulnerable groups and face multiple challenges. While younger children can rapidly reach a good level of attainment in English, this becomes progressively harder with age. Lack of English can make it difficult for adults to find work and to access services. The three biggest challenges faced by refugees are usually finding employment, the cost of housing (which often exceeds the amount they can claim in housing benefit) and family reunification. Recruitment of foster carers and supported lodging providers for children and young people has been a success and one shared house with support has been established, but to date it has been challenging to work with colleges to meet the educational needs of the young people aged 16+ and to provide them with a range of educational opportunities. Some children placed in Herefordshire through the National Transfer Scheme have felt they 'stand out' and would prefer to be re-settled in more diverse localities. Refugees and asylum seekers are more likely to experience hate crime, have lower educational attainment due to language barriers, and need urgent dentist and optician appointments due to lack of basic healthcare where they have been living, or to suffer from ill health related to, for example, previous poor diet and living conditions, or psychological trauma.

LONELINESS AND INVOLUNTARY SOCIAL ISOLATION

'Loneliness is a subjective, negative feeling experienced where there is a discrepancy between the amount and quality of social contacts one has, and the amount and quality one would like to have. It is related to, but distinct from, social isolation which is an objective state where there is an absence of social contacts and social connectedness'.[11]

Emerging evidence indicates that loneliness is associated with poor health and wellbeing outcomes including hypertension, coronary heart disease, stroke, depression and mortality.

Living alone has been found to be a risk factor associated with loneliness and involuntary social isolation, as well as multiple falls, functional impairment, poor diet, smoking, and three self-reported chronic conditions; arthritis and/or rheumatism, glaucoma, and cataracts. Loneliness is caused by a number of intrinsic and extrinsic factors. While loneliness can occur at any age, it can be exacerbated by major life events that typically correspond with ageing such as bereavement, loss of mobility and declining physical health.

The 2012 Herefordshire Quality of Life Survey found that, while most people (60 per cent) had contact with family, friends or neighbours most days of the week, for one in twenty the contact is once a month or less and a similar proportion (five per cent) felt lonely most or all the time (regardless of age or where they lived in the county). Those who live alone are most likely to experience this kind of isolation; according to the 2011 Census 28 per cent of county households comprise one person – half of whom are over 65. The highest proportions of lone pensioner households are found in Hereford and the market towns.

The English Longitudinal Study of Ageing (ELSA) found that the percentage of people who feel lonely 'some of the time' or 'often' increases among those aged 60 and over. 23 per cent of participants between 60 and 69 years of age said they sometimes felt lonely and six per cent said they often felt lonely. When those over 80 years of age were asked the same question 29 per cent of people reported feeling lonely some of the time and 17 per cent often felt lonely. [12]

Estimates produced by The Institute of Public Care suggest that in 2017 there were 16,600 older people living alone in Herefordshire, with a greater proportion (67 per cent) being female. It is predicted that the number of older people living alone in Herefordshire will increase by 47 per cent to an estimated 24,300 people by 2035.[13]

As well as elderly people living alone, informal carers are more likely to experience loneliness and social isolation than the general population.

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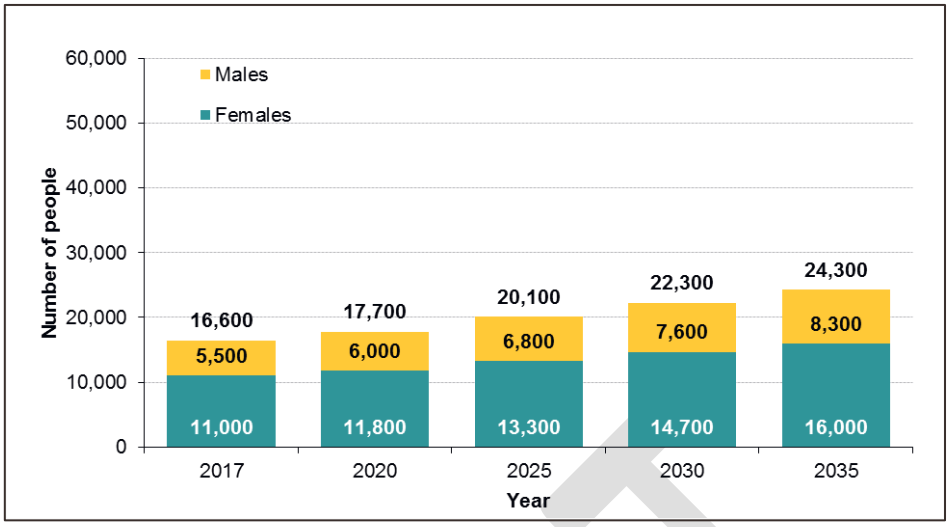
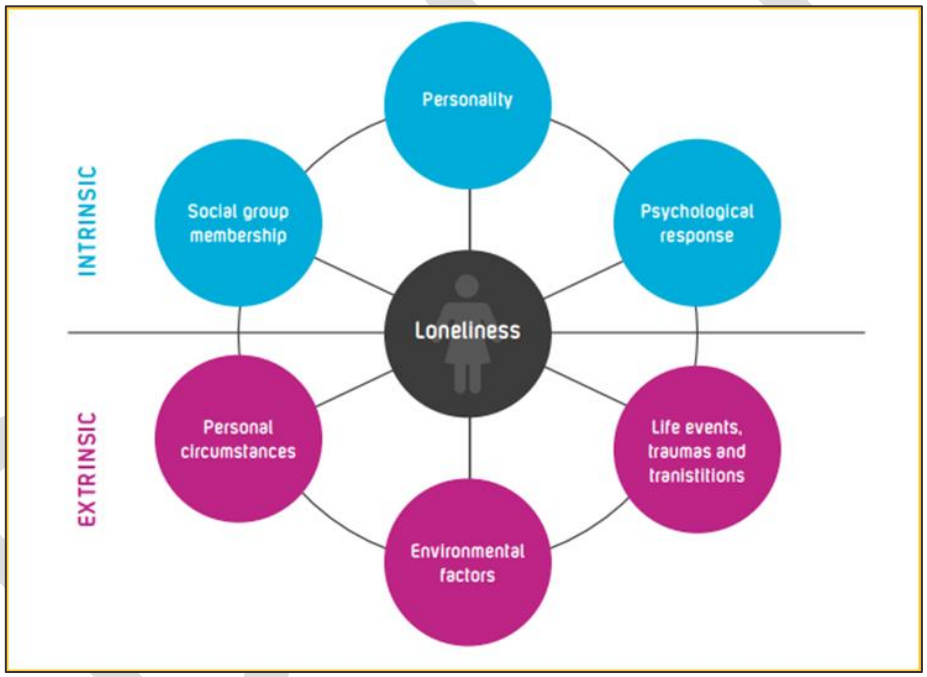
[11] 'Hidden Citizens: how can we identify the most lonely older adults?', Campaign to end loneliness, April 2015. Available at: www.campaigntoendloneliness.org/hidden-citizens/
[12] See www.elsa-project.ac.uk/publicationDetails/id/6367
[13] Projecting Older People Population Information (POPPI) Available at: www.poppi.org.uk/index.php?pageNo=338&PHPSESSID=bom9f45gr9jg57kot94fsfism2&sc=1&loc=8306&np=1

Number of people aged 65+ predicted to live alone in Herefordshire, 2017-2035



Source: The Institute of Public Care, 2017. Numbers may not total due to rounding.

Factors which can precipitate loneliness



Source: Campaign to End Loneliness, April 2015. www.campaigntoendloneliness.org/hidden-citizens/

Early intervention provides an opportunity to reduce health risks associated with loneliness, with some researchers suggesting that doing so may be cost effective, by improving longer-term health outcomes and reducing the number of healthcare interventions.

More See Older People's Integrated Needs Assessment, 2018

FOCUS AREA: ARMED FORCES PERSONNEL AND VETERANS

In April 2017, 1,600 members of the regular UK Armed Forces were stationed (not necessarily living) in Herefordshire, the majority being Army personnel[14]. This number has remained fairly consistent since 2014, but is significantly larger than a decade ago. Including family members, in 2011, the Armed Forces Community *living* in Herefordshire comprised 2,650 people; 48 per cent of family members were children and 42 per cent were women aged 25+.

Schools can apply for additional Service Pupil Premium funding to ensure additional support is available for challenging times and the negative impacts of family mobility or parental deployment. Across Herefordshire, 78 schools were receiving the Service Pupil Premium for 905 pupils in 2017-18; 68 per cent were in primary schools and 32 per cent were in secondary schools.

The 2016 Annual Population Survey (APS) estimated there to be 13,600 veterans living in Herefordshire; one per cent of the UK veteran population (i.e. people who have ever served). National projections have predicted a decline in the veteran population with the ageing of those who served during the period of conscription and national service. The Royal British Legion estimate a 37 per cent decline between 2014 and 2030.

Issues facing the Armed Forces and Veteran Community include:

Health. In 2017, 981 people in Herefordshire were receiving pensions and compensation from the MoD for injuries as a result of serving in the Armed Forces. Although military service is stressful and dangerous the APS 2016 found no difference between the self-reported health of veterans and non-veterans (although this may be skewed by selection criteria that exclude people with some specific long-term health conditions from the sample). The use of improvised explosive devices in recent overseas engagements, coupled with advancements in medical care in the field, have resulted in an increased number of younger service personnel surviving with **multiple amputations** and co-morbidities.

The length of operational deployments correlates with **alcohol misuse.**[15] Various studies have found that excessive alcohol consumption is most common in military personnel who are younger, women, have been deployed, have undertaken a combat role, have problems at home during or after deployment and various other deployment specific conditions. Early leavers (those who served four or less years) are over four times more likely to be heavy drinkers than other veterans.

There is some uncertainty as to the impact of military service and particularly combat operations on **mental health**. However, a significant number of studies have identified an increased incidence of acquired mental health problems in serving personnel and veterans. Increased rates of mental health problems have also been identified in **Reservists** following deployment, although not necessarily related to number of deployments. **Early leavers** have

[14] Quarterly Location Statistics Report, Ministry of Defence, October 2017.
[15] 'Patterns of drinking in the UK Armed Forces', Fear NT, Iversen A, Meltzer H, Workman L, Hull L, Greenberg N, Barker C, Browne T, Earnshaw M, Horn O, Jones M., *Addiction*, Vol.102, No.11, (November 2007), pp.1749-59.

also been highlighted as vulnerable to an increased risk of poor mental health, social issues and heavy drinking.

The stigma around mental health conditions in the Armed Forces which continues in veterans can prevent people seeking help. Studies have found that the main barriers were 'not knowing where to seek help', 'not having adequate transport' and the stigma of 'my bosses would blame me for the problem'. Stigma is reportedly lower when service personnel can consult with someone who has knowledge and expertise of military matters.

Housing. Most service personnel are housed in subsidised living accommodation or service families' accommodation organised by the MoD. Around 300 Herefordshire properties (0.4 per cent of the total) are exempt from Council Tax as Armed Forces accommodation.

The 2016 APS found similar levels of home ownership amongst veterans as in the general population. However, research has highlighted some veterans are disadvantaged when applying for social housing. Veterans are considered to be in 'priority need' if they are vulnerable as a result of having been in the services, but the lack of priority given to single men in the priority rating system appears to be a factor.

The *Veteran's Transition Review*[16] found that Early Service Leavers are more vulnerable to homelessness than those with longer careers, especially those with pre-existing problems such as family/relationship breakdowns and low levels of educational attainment prior to joining. The route into homelessness tends to be similar in the veteran and general homeless population[17].

Education. According to the 2016 APS, veterans across Great Britain are significantly less likely to have a degree but more likely to have a GCSE or A-Level equivalent qualification than the non-veteran population[18]. This is to be expected based on a large proportion of UK Armed Forces personnel being recruited on leaving compulsory education.

Employment. There was no difference between the employment status of working-age veterans (78 per cent employed) and non-veterans (79 per cent) nationally in 2016. The biggest difference between industry of employment was in 'public administration and defence': 12 per cent of veterans work in this industry compared to six per cent of non-veterans. This is thought to relate to the wide range of emergency and security services jobs this industry encompasses, which veterans are likely to possess the required transferable skills to fulfil. Similar numbers work in manufacturing and transport and storage.

Crime. The majority of veterans successfully transition into civilian life and do not offend. In 2010, the Ministry of Justice estimated that 3.5 per cent of prisoners were veterans, the majority (77 per cent) of whom had previously served in the army. Veterans are more likely than the general population to commit violence against the person offences (veteran: 33 per cent, non-veterans: 29 per cent) and sexual offences (veterans: 25 per cent, non-veterans:

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[16] The Veteran's Transition Review, Lord Ashcroft, 2014. Available at: www.veteranstransition.co.uk/
[17] Homelessness within ex-Armed Forces Personnel, Riverside, 2011. Available at www.riverside.org.uk/care-and-support/veterans/veterans-supported-housing/
[18] Annual Population Survey, Office for National Statistics, 2016. Available at: www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/annualpopulationsurveyapsqmi

11 per cent). A 2011 study[19] identified three contributory factors that consistently occur in relation to veterans offending: social isolation and exclusion; alcohol, in particular relating to violent offences; and financial problems – although these are not unique to veterans.

Health: The Defence Medical Services (DMS) provide specialist healthcare to service personnel and reservists (dependent on condition) in the UK. However, veterans' healthcare is primarily the responsibility of the local NHS. A range of nationally-funded NHS services are available for veterans such as Veteran's Mental Health Services and the Veteran's Trauma network (regional hub is in Birmingham) and they receive priority NHS access to secondary care for service-related conditions. Further support is available through charities such as the Royal British Legion's Veterans Hearing Fund who support veterans with acquired hearing loss that have a wellbeing need that cannot be met through statutory services.

Housing: In Herefordshire, there is now a range of short term accommodation units for ex-services personnel, and planning permission for a residential training centre for veterans to learn farm based and commercial skills has been obtained.

Offending: Remember Veterans is a two-year local project running from July 2017 which is designed to support offenders who are veterans, victims of crimes committed by veterans, frontline practitioners, professionals, or volunteers. The project aims to identify veterans within the criminal justice system and improve services and support for them including welfare, work, mental health issues and accommodation. For former members of the UK armed forces who have been discharged from the service because of criminal behaviour and convictions and are resettling in the West Midlands area, Unique Partnerships aims to provide a holistic level of support through case management and peer support focusing on common issues.

Extracted from draft *Armed Forces in Herefordshire* report, 2018. Contact the Intelligence Unit for more information.

[19] Report of the Inquiry into Former Armed Service Personnel in Prison, Nutting, J., The Howard League for Penal Reform, 2011. Available at: https://howardleague.org/wp-content/uploads/2016/05/Military-inquiry-final-report.pdf

DIGITAL INCLUSION

Digital exclusion (the inability to access online products or services or to use simple forms of digital technology (such as smart phones and tablets) can contribute to loneliness and social isolation as well as making it difficult to access information and services and secure employment.[20] In 2014, the government estimated that the number of people who have never been online is decreasing at three per cent a year, but the proportion of people who do not have basic digital capabilities has only been decreasing at about one per cent of the adult population per year.[21]

 One fifth of adults in Herefordshire (20.6 per cent) have never used the internet, or used it over three months ago. Herefordshire has been rated 'High' for likelihood of overall digital exclusion[22]. More research is needed to identify digitally excluded households to support those who wish to learn digital skills, and to assess the impact of digital exclusion on access to services.

The Government's *Digital Inclusion Strategy* (2014) identified that:

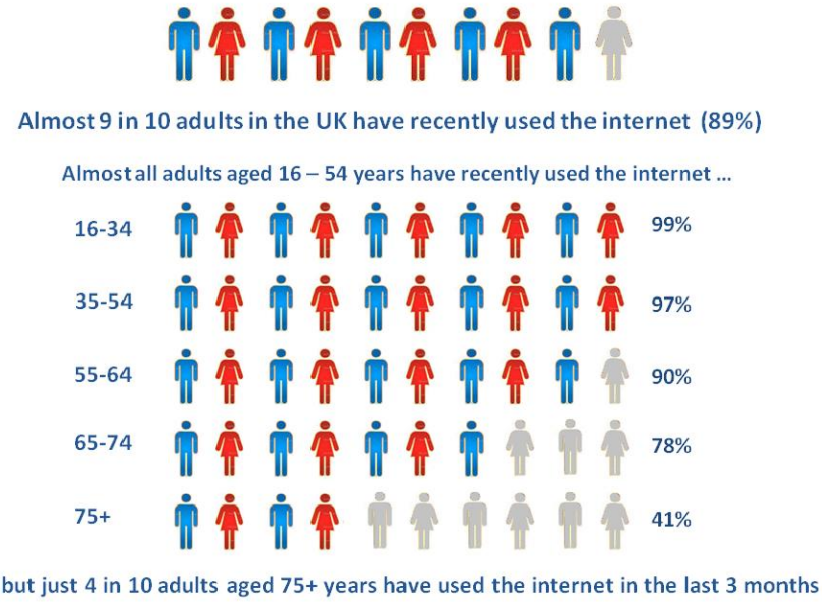
- 37 per cent of those who are digitally excluded are social housing tenants.
- 17 per cent of people earning less than £20,000 never use the internet, as opposed to two per cent of people earning more than £40,000. 44 per cent of people without basic digital skills are on lower wages or are unemployed.
- 33 per cent of people with registered disabilities have never used the internet. This is 54 per cent of the total number of people who have never used the internet.
- Over 53 per cent of people who lack basic digital skills are aged over 65, and 69 per cent are over 55.
- Six per cent of people who lack digital skills are between 15 and 24 years. Only 27 per cent of young people who are offline are in full-time employment.[23]

[20] The role of digital exclusion in social exclusion, Martin, C., Hope, S. and Zubairi, S., Ipsos MORI Scotland, 2016. Available at: www.carnegieuktrust.org.uk/wp/wp-content/uploads/sites/64/2016/09/the-role-of-digital-exclusion.pdf

[21] Government Digital Inclusion Strategy, Cabinet Office, 2014. Available at: www.gov.uk/government/publications/government-digital-inclusion-strategy/government-digital-inclusion-strategy

[22] http://heatmap.thetechpartnership.com

[23] *Ibid.*



Source: Office for National Statistics, Crown Copyright.

It is forecast that 90 per cent of all jobs will soon require some form of digital capability and the UK faces a major shortage of digital skills at all levels. Common causes of digital exclusion are:

- Skills and the confidence to use them.
- Access to infrastructure, fast broadband and local amenities.
- Cost including devices, broadband subscription or monthly fees for mobile data.
- Motivation and the personal aspiration that makes gaining digital skills relevant and important.[24]

Consideration: Commissioners and service providers should give consideration to the impact that moving services to online-only platforms will have on accessibility for older people, taking action to mitigate this impact wherever possible.

The Fastershire project is looking to better understand whether its digital inclusion activities, which include grant funding opportunities and beginners' training workshops, can increase digital skills and whether this has an impact on broadband adoption.

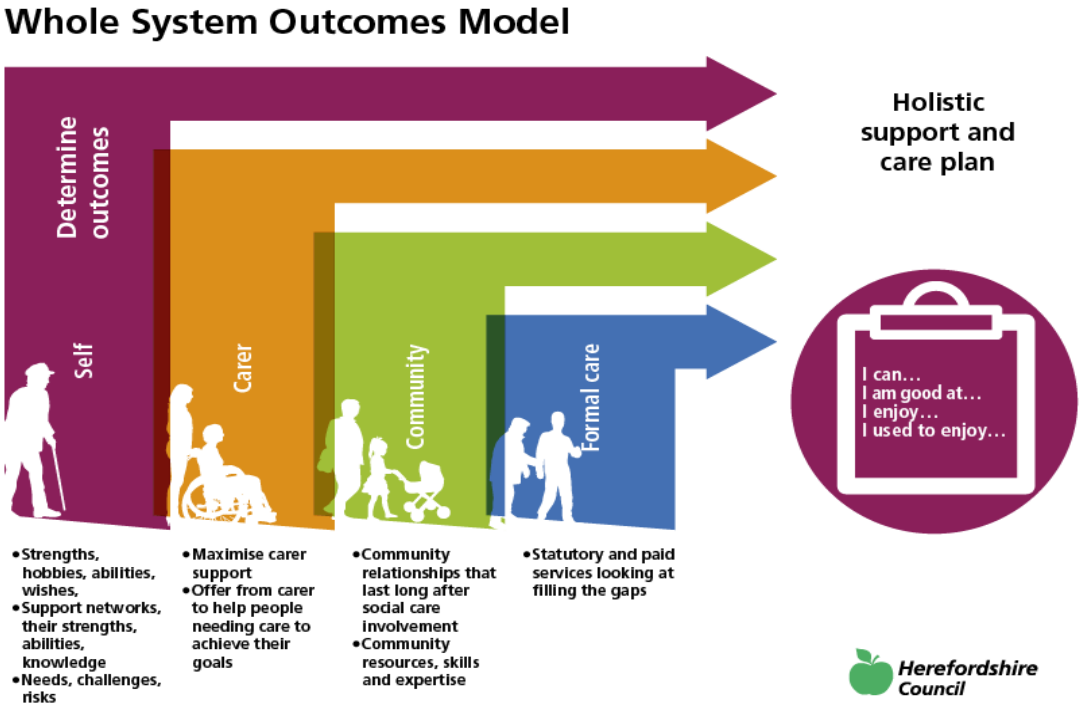
[24] Digital exclusion. The Tech Partnership, Available at: www.thetechpartnership.com/basic-digital-skills/digital-exclusion/

ADULT SOCIAL CARE

In England, local authorities are responsible for co-funding care services for individuals who have social care needs and insufficient financial means to meet the cost themselves. The rising demand and increasing cost of providing adult social care at a time of prolonged fiscal austerity presents a major challenge for public services across the country. The key drivers of demand in Herefordshire are the ageing population structure and the associated increase in age-related disability.

In 2015-16, local authorities spent £16.8 billion (2017-18 prices) on adult social care, with ring fencing of budgets resulting in spending on adult social care increasing from 34 per cent to 39 per cent of total service spending between 2009-10 and 2015-16.[25] Nevertheless, between 2009-10 and 2016-17 spending fell by eight per cent in real terms. According to the Local Government Association (LGA), 'the consequences of underfunding include an ever more fragile provider market, growing unmet need, further strain on informal carers, less investment in prevention, continued pressure on an already overstretched care workforce, and a decreased ability of social care to help mitigate demand pressures on the NHS.'[26]

Herefordshire Council's approach is to focus services upon those in greatest need, recognise personal abilities, fully utilise community assets and networks and preventative strategies to enable people to live independently for as long as possible. Herefordshire's *Adults and Wellbeing plan 2017 to 2020* sets out a 'whole system outcomes' model which draws on the strengths of individuals and the wider community to provide holistic support for clients.



[25] Public spending on adult social care in England. IFS Briefing Note BN200, Simpson, P., Institute for Fiscal Studies, 2017. Available at: www.ifs.org.uk/uploads/publications/bns/BN200.pdf

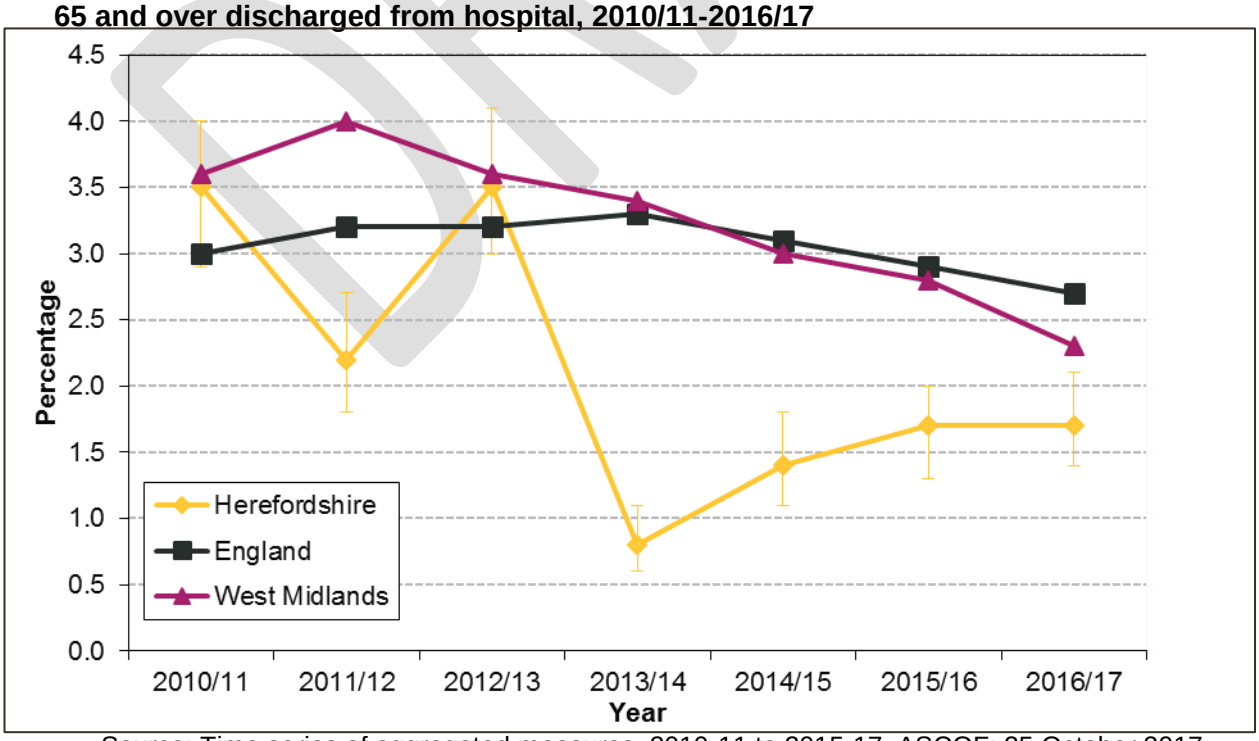
[26] Adult social care funding state of the nation 2017, Local Government Association, 2017. Available at: www.local.gov.uk/sites/default/files/documents/1.69%20Adult%20social%20care%20funding-%202017%20state%20of%20the%20nation_07_WEB.pdf

In order to meet expected demand for social care in England an estimated 350,000 to 700,000 new workers will be needed between 2016 and 2030, representing growth of between 21 and 44 per cent. However, **staff recruitment and retention** in what has traditionally perceived as a low-wage, low-skill sector has been challenging. This was illustrated in a report by Skills for Care in 2017, which estimated that around a third of the workforce were new starters in caring jobs during the previous year (either completely new to, or moving within, the industry). There is also concern nationally about the potential impact of Britain leaving the European Union on staffing in the social care sector; seven per cent of the 1.3 million UK care workers are from other European countries, and there has been a fall in the number of EU nationals taking jobs in the sector since the referendum in 2017.

Herefordshire Council has launched the *Care Heroes* project to support the local adult social care sector in building a resilient workforce fit for the challenges that lie ahead.

Intermediate care services act to prevent unnecessary hospital admission, maximise independence following discharge from hospital and prevent premature hospital admissions. Locally, intermediate care services have been reasonably effective in assisting older people to return home following hospital discharge. However, between 2013/14 and 2016/17 a statistically significantly smaller proportion of older people have had access to intermediate care locally compared to nationally.

People aged 65 and over who were expected to return home and received re-ablement or rehabilitation following discharge from hospital as a proportion of all people aged 65 and over discharged from hospital, 2010/11-2016/17



Source: Time series of aggregated measures, 2010-11 to 2015-17, ASCOF: 25 October 2017.

Delayed transfers of care from hospital are detrimental to the health and wellbeing of older people, disrupt the flow of incoming patients, and are costly. Herefordshire's delayed transfers of care rates have been lower than those for the West Midlands region and England. Locally, the majority of delayed transfers of care are caused by patients awaiting a nursing home placement or availability (25 per cent), awaiting a care package in their home (24 per cent), and awaiting completion of an assessment (17 per cent).

Home First, a new intermediate care service, was launched in November 2017 with the long-term ambition of providing rehabilitation and re-ablement for all people with rehabilitation potential who require ongoing social care following a hospital admission. It is intended to help reduce delayed transfers of care, and prevent decisions about ongoing social care packages being made in hospital, at a crisis point, and before a person's longer term functional dependency levels are apparent.

Residential homes offer 24-hour care and support to ensure an individual's personal needs are met. Nursing homes are similar to residential homes but are able to provide more specialist care for medical conditions by trained nurses. There are (November 2017) 81 residential and nursing homes registered with the Care Quality Commission in Herefordshire with a total of 2,000 beds. Most (89 per cent) had ratings of 'good' or 'outstanding'. In January 2018, Herefordshire Council was funding around 470 people to live in residential homes and 300 in nursing homes. The number of nursing placements has remained fairly stable since 2015, whilst the number of residential placements has fallen slightly.

Domiciliary care comprises additional support to enable people to maintain their independence and quality of life at home. At any time, Herefordshire Council funds some element of domiciliary care for around 800 people. Three-quarters are aged 65+; almost 40 per cent are 85+. The majority (78 per cent) receive care packages of 15 hours or less per week.

Given Herefordshire's relative levels of wealth and ageing demographic, it is likely that there are a considerable number of people who are **self-funding** their personal care needs. There is only limited support available to self-funders to help them make appropriate care choices, but if they exhaust their own resources they are likely to need local authority funded care. Although the council provides advice regarding care choices to all who want it, not all choose to seek such advice and it is currently difficult to establish the size of this cohort, or what proportion of self-funders eventually go on to need local authority funded care. Increasing the availability of data in this area has been highlighted as a priority for Adults' Social Care commissioning.

CARERS

People who provide informal care often do not recognise themselves as “a carer” and can therefore miss out on relevant information, support and advice.

Key facts:

- It is estimated that there are 21,300 informal carers living in Herefordshire.
- Women aged between 55 and 64 are the group most likely to provide informal care. However, from the age of 75 and over, a higher percentage of men provide care.
- It is estimated that just over 14 per cent of people aged 65 and over living in Herefordshire provide some degree of informal care, a figure similar to that observed nationally. The number of older carers is set to increase by more than a quarter (26.5 per cent) between 2017 and 2035, from 6,600 to 9,000 people.

Locally, GP surgeries are being encouraged to identify carers and document carer status on patient medical records in order to ensure that carers receive appropriate support from primary care services. However, evidence suggests that carers are still not being routinely identified and recorded as having caring responsibilities by their GP surgeries.

Carers are time poor, making it difficult for them to access services, find that their quality of life deteriorates, have less time to socialise and pursue activities that they enjoy. Loneliness and involuntary social isolation are more common among carers. In 2015, approximately 8 out of 10 carers nationally reported feeling lonely or being socially isolated. Over half (57 per cent) reported that they had lost touch with friends and family members, and 49 per cent had experienced additional stress in their relationship with their partner as a result of the demands of their caring role.

In Herefordshire, less than a quarter (23.2 per cent) of adult carers reported having as much social contact as they would like in 2016/17, significantly fewer than in the West Midlands region (36.9 per cent) and England (35.5 per cent).

An overarching measure of the quality of life of carers, based on outcomes identified through research by the Personal Social Services Research Unit, combines individual responses to six questions measuring different outcomes related to overall quality of life. In 2014/15, the carer-reported quality of life score in Herefordshire was 7.6; an increase from 7.4 in 2012/13 and similar to the West Midland Region (7.8), but lower than for England (7.9).

Carer self-reported quality of life in Herefordshire is trailing national and regional figures, but this issue is being addressed as part of Herefordshire Council and Herefordshire Clinical Commissioning Group’s *A Joint Carers Strategy for Herefordshire 2017 – 2021* , which sets out six priorities for better supporting carers in the county.

LEARNING DISABILITIES

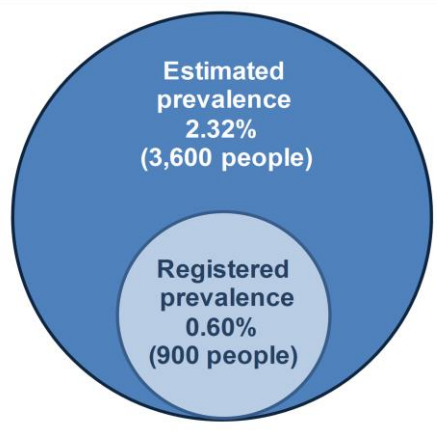
'Learning disabilities' (LD) is a poorly defined term. Its meaning differs depending on the context (such as in education or medical settings) and interpretations also vary between different professionals and lay people. Overall, it can be considered an umbrella term that covers a range of neurological disorders in learning with varying degrees of severity that lead to varying degrees of impairment in social, intellectual and practical skills. It is recognised that people with LD can also have specific health needs. Some people with LD live independently without much support, but others may require 24-hour care and help with performing most daily living tasks.

People with learning disabilities: key points

Just under 900 adults (aged 18+) were registered as having a learning disability at GP practices in Herefordshire in 2015/16. This represents a prevalence of 0.6 per cent of the adult population, which is significantly higher than in England and the West Midlands (both 0.5 per cent). The majority (59 per cent) are men, and are aged 25 to 54 (63 per cent).

The number has increased by 10 per cent since 2009/10 (around 80 people), notably less than nationally (20 per cent) and regionally (18 per cent). There is not expected to be any notable change in the total number of registered adults with an LD by 2035, but those who are will have a much older age profile than currently – and likely more complex needs related to their age.

Modelled estimates suggest that GP registers reflect less than a quarter of all adults with LD, and that the true number in Herefordshire is likely to be around 3,600 people (2.3 per cent of the adult population). This is predicted to increase by around 300 (eight per cent) by 2035 – although again, disproportionately in the number aged 65+.



Herefordshire Council currently provides long-term social care support to around 600 adults because of a learning disability – nine per cent more than in 2009/10.

They are mainly aged 18-64. There are 36 establishments across Herefordshire providing residential accommodation for adults with LD. Currently, around 150 people with LD are provided with day opportunities at seven locations across the county.

Although having a learning 'difficulty' does not always imply a learning 'disability', the likelihood is that for the majority of individuals this will be the case. In Herefordshire, in 2017, 25 per 1,000 pupils in state funded primary, secondary and special schools were known to have moderate learning difficulties; significantly lower than the proportion nationally (30 per 1,000) and regionally (45). As there is no evidence to indicate that actual prevalence is any lower in Herefordshire than elsewhere, this suggests that identification is not as effective. Conversely however, the proportion of children identified as having severe learning difficulties was significantly higher in Herefordshire than nationally or regionally. The proportion of children with learning disabilities known to schools (33 per 1,000) is similar to nationally (35 per 1,000), but significantly lower than regionally (50 per 1,000).

A needs assessment for adults with learning disabilities was undertaken as part of this year's JSNA. Both a full and summary report can be found on the Facts and Figures about Herefordshire website; key observations include:

- Improved recording of people learning disabilities would aid accurate assessment of future need for services, and the identification of those who are not currently known to the local authority would improve the targeting of low-level interventions which could help maintain an individual's continued independence. Improved sharing of relevant information between primary care and the local authority would enable this understanding.

- Some under-recording may be due to a missed childhood diagnosis, or an individual "dropping off the radar" when transitioning from children's to adults' services. This could be improved if throughout an individual's lifetime contact with health professionals any indicators of LD are recorded and acted upon appropriately collaboratively by all relevant practitioners and carers.

Although a higher proportion of adults with LD receive an annual health check in Herefordshire (63 per cent in 2016/17) than in comparator areas, the rate is lower than in 2014/15 (81 per cent) and is now below that reported nationally (67 per cent). There is also no information available about the results of health checks, or whether subsequent treatment plans have been put in place as per NICE guidelines.

Cancer screening rates for eligible individuals with LD in Herefordshire are broadly similar to national and regional levels, but are lower than for the general population. In 2015/16:

- 26 per cent of eligible patients with LD had been screened for cervical cancer, compared to 71 per cent of the county population as a whole
- 51 per cent were screened for breast cancer, compared to 70 per cent
- 84 per cent were screened for colorectal cancer, compared to 86 per cent.

This is an important factor which can lead to late and missed diagnosis as indicated by the local prevalence of cancer amongst individuals with LD, which is approximately one third of that in the population as a whole. As a result outcomes are likely to be poorer and premature mortality from cancer more likely. Currently, the availability of health data relating to adults with LD in Herefordshire is poor. Improved sharing of data concerning all aspects of health care (health check, screening, diagnosis, stage of presentation, outcomes, etc.) would facilitate the assessment of the health of the individual and of the LD community as a whole across the county.

According to CQC reports on care homes and home care providers, Herefordshire is providing some of the best care for adults with LD in the West Midlands. At the same time, expenditure locally is lower than elsewhere – highlighting the good value for money obtained for services supporting adults with LD in the county.

- Currently there is no available data monitoring what is happening to young people with LD when they leave full-time education. Collection of such information could be used to monitor the progress of such individuals which would facilitate the identification of any support requirements and could also be used to monitor the success of current support initiatives.

- Although services provided for adults with LD are generally performing well, as evidenced by the West Midlands Quality Review Service (WMQRS) and Adult Social Care Outcomes Framework (ASCOF) improvements can still be made. It would appear appropriate that all relevant services work closely with adults with LD and their carers/support workers to understand their particular needs and experiences within the health and social care system. This should include:
    - consultation with individuals who currently access services to identify areas that require improvement;
    - as life expectancy increases there should be special emphasis on working with older adults with LD in order to determine requirements of this group and inform the design of service to that which will best meet these needs.

FOCUS AREA: AUTISTIC SPECTRUM DISORDER (ASD)

ASD is a lifelong, developmental disability, involving a spectrum of different needs. It affects how a person communicates with and relates to other people, and how they experience the world around them.[27] It is estimated that more than half a million people in England have autism. This is equivalent to more than one per cent of the population and similar to the number of people that have dementia.[28] Presently, four times as many boys as girls are diagnosed with autism.[29] Data from Herefordshire GP practices indicate that in March 2017 there were 718 patients recorded as having ASD (0.4 per cent of all patients).

ASD is neither a learning disability nor a mental health problem, although mental health problems can be more common among people with autism and it is estimated that one in three adults with a learning disability also have autism.[28] While people with autistic spectrum disorders (ASD) may also receive support through learning disability services their needs may be different to the requirements of those with learning disabilities.

The government's autism strategy *Fulfilling and Rewarding Lives* (2010, updated in 2014) charged public services in England with ensuring people with ASD are able to lead fulfilling and rewarding lives and are treated fairly and equally. This includes providing a range of support that meets individuals' needs and making reasonable adjustments to ensure people with autism are not disadvantaged with regard to access to services, jobs, healthcare, etc.

Children with ASD are more likely to experience bullying, be excluded from school and have lower levels of educational attainment compared to their peers. Fewer than one in four school leavers with autism stay in further or higher education. School children with ASDs can find changes to routine very unsettling. Pupils need to be informed and prepared in advance of any changes. Some get special support in mainstream school, and some attend specialist schools. Only certain levels of ASD are given Statements of Special Needs.[30]

In Herefordshire, the rate of children known to have an ASD attending state funded school primary, secondary and special schools is 8.1 per thousand, significantly lower than the rate in both England (12.5 per thousand) and the West Midlands region (12.8 per thousand). This suggests diagnosis is not as good as elsewhere (rather than Herefordshire having a lower proportion of autistic children in school). Not all of those identified in this category in the statistics will have been formally assessed.

Herefordshire Council is developing a *Joint Autism Strategy for Herefordshire* in partnership with Herefordshire Clinical Commissioning Group, 2Gether Foundation Trust and Wye Valley NHS Trust. It describes the vision, aims and outcomes for people with ASD who live in the county. It also seeks to shape the local approach in implementing the requirements of the National Autism Strategy *Fulfilling and Rewarding Lives* (2010).

See Adults with Learning Disabilities in Herefordshire Needs Assessment, 2018

[27] What is autism?, The National Autistic Society, Available at: www.autism.org.uk/about/what-is.aspx
[28] Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update, Department of Health, 2014. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf
[29] Stats and facts, Ambitious about Autism, Available at: www.ambitiousaboutautism.org.uk/stats-and-facts
[30] Learning disability profile (Public Health England), Herefordshire Council Intelligence Unit

CRIME AND COMMUNITY SAFETY

Herefordshire is generally a low crime rate area and crime per 1,000 population continues to be at or below the average for West Mercia as can be seen below. The most common crime

SECTION AWAITING APPROVAL FROM WEST MERCIA POLICE

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DEVELOPING WELL

STARTING WELL: MOTHERS, BABIES AND CHILDREN

The Marmot Review identified that 'giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood.'[31]

Teenage pregnancy is defined as under-18 conceptions including those leading to live births and terminations. Fewer teenagers are getting pregnant or having babies in Herefordshire. In 2015, there were 45 under-18 conceptions, representing a rate of 14.3 per thousand, lower than for the West Midlands region (23.7) and England (20.8). In particular, the rate amongst the youngest girls almost halved between 2008-10 and 2012-14, from 6.5 to 3.7 per thousand girls; following the declining trend both nationally and regionally from 2009 to 2014.

In 2016, 1.5 per cent of all live births at term in Herefordshire had a **low birth weight**; a significantly lower proportion than nationally (2.8 per cent) and regionally (3.2 per cent).

Caesarean sections are often required for a number of maternal and infant reasons. By their very nature (i.e. they are used when there are complications) they are likely to be associated with an increased risk of problems. In 2015/16, 29.6 per cent of deliveries in Herefordshire were by caesarean section, a significantly higher proportion than nationally (26.3 per cent) and regionally (27.1 per cent).

The **breastfeeding** rate in Herefordshire has shown a continual increase since 2010/11 and compares very well with the national rate. In 2015/16 the proportion of mothers in Herefordshire who breastfed their babies for at least six to eight weeks after birth was 52.3 per cent, a figure significantly higher than that reported for England (43.2 per cent). The health and wellbeing benefits of exclusively breastfeeding infants from birth up to the age of six months are well known, and mothers who are unable to breastfeed for health or other reason are encouraged to provide a good milk supplement for their infants.

[31] *Fair society, healthy lives: Strategic review of health inequalities in England post-2010* (The Marmot Review), Marmot MG, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M, Geddes I., 2010, p.22. Available at: www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf

 High levels of hospital admissions of either mother or babies soon after birth can suggest problems with either the timing or quality of health assessments before the initial transfer or with the postnatal care once the mother is home. In Herefordshire in 2015/16 the crude rate of **hospital admissions of babies under 14 days** was 113.7 per 1,000; much higher than nationally (66.3 per 1,000) and regionally (63.7 per 1,000). In 2015/16, the crude rate of **hospital admissions for gastroenteritis in infants aged 2, 3 and 4 years** was also significantly higher in Herefordshire (93.2 per 10,000) than nationally (53.7 per 10,000) and regionally (66.6 per 10,000).

 **Immunisation** protects children and young people from diseases and infections that can be prevented by vaccines, and Herefordshire is now mostly doing well in terms of local uptake:

- In 2015/16 local **Dtap/IPV/Hib7 immunisation** rates exceeded the 'herd immunity' uptake target of 95 per cent and were higher than national and regional figures.
- Similarly, the local uptake for **Haemophilus Influenza type B/Meningitis (Hib/MenC)** and **Mumps, Measles and Rubella (MMR)** first and second doses have increased since 2010/11 and in 2015/16 all exceeded the target of 95 per cent for the first time and were higher than both the national and regional figures.

 The **Human Papilloma Vaccine (HPV)** vaccine is offered to girls aged between 12 and 18 to protect against cervical cancer. In September 2014, the routine programme was changed from a three to two-dose schedule. Between 2014/15 and 2015/16 the coverage of the initial dose of the HPV vaccine in Herefordshire increased from 81.4 to 83.6 to per cent, while for England the coverage decreased over this time, although the national figure in both years was higher than that for Herefordshire. In 2015/16 the coverage for two doses in Herefordshire was 81.4 per cent which was lower than the national rate of 85.1 and the West Midlands region rate of 86.0. There has not been an HPV vaccination programme in Herefordshire for the past two years.

ORAL HEALTH

Tooth decay is predominantly preventable and is often linked to high levels of consumption of sugar-containing food and drink, which also contribute to obesity. The British Medical Association (BMA) has stated that 'tooth decay [is] continuing to represent a significant public health threat in socially deprived areas'.[32] The oral health of children in Herefordshire is of ongoing concern, with the county performing poorly compared to England and the West Midlands region across a range of indicators. Herefordshire is not currently part of a fluoridation scheme, but a recent report by Public Health England, *Water Fluoridation*, concluded that 'five-year-olds in areas with water fluoridation schemes were much less likely to experience tooth decay, and less likely to experience more severe decay than in areas without schemes' and 'children from both affluent and deprived areas benefitted from fluoridation, but children from relatively deprived areas benefitted the most.'[33] However, fluoridation is a divisive issue and continues to attract vocal opposition from some groups.


In 2014/15, the proportion of Herefordshire five-year-olds free from dental decay (59.0 per cent) was significantly lower than the figures for both England (75.2 per cent) and the West Midlands region (76.6 per cent). The proportion is no better than in 2007/08 (61.3 per cent), and it is significantly worse than all comparator areas.

The average (mean) number of decayed, missing or filled teeth in five-year-olds in Herefordshire was 1.43, much higher than in the West Midlands region (0.72) and in England as a whole (0.84). Herefordshire is also the worst performing authority of its comparator group for this indicator and is performing poorly compared to other areas where the water supply is not fluoridated.[34]

In 2015, the National Dental Epidemiology Programme survey of five-year-olds found that the proportion of children with dental decay was slightly higher in Leominster wards than Hereford, although the level of decay (i.e. the number of decayed, missing or filled teeth) was higher in Hereford.

[32] Fluoridation of water: A briefing from the BMA Board of Science – February 2009, British Medical Association, 2009. Available at: www.bma.org.uk/-/media/files/pdfs/news views analysis/bma_fluoride.pdf
[33] Water fluoridation: health monitoring report for England 2018. Public Health England, 2018. Available at: https://www.gov.uk/government/publications/water-fluoridation-health-monitoring-report-for-england-2018
[34] Using the UK fluoride map – Typical fluoride levels in zones during 2012, Ordnance Survey, 2012. Available at: http://www.dwi.gov.uk/consumers/advice-leaflets/fluoridemap.pdf

Proportion of five year olds free from dental decay – Herefordshire and comparator group

4.02 - Proportion of five year old children free from dental decay 2014/15 Proportion - %

Area	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	84,100	75.2	75.0	75.5
Herefordshire	-	174	58.7	53.1	64.4
Shropshire	1	156	78.5	72.1	84.9
Cheshire East	2	219	79.1	74.2	84.0
Bath and North East Somer...	3	208	85.0	80.5	89.5
Wiltshire	4	169	78.2	72.1	84.3
Rutland	5	149	71.2	65.2	77.3
Cheshire West and Chester	6	168	79.7	73.9	85.4
North Somerset	7	212	81.9	77.1	86.6
East Riding of Yorkshire	8	155	76.9	71.1	82.8
Central Bedfordshire	9	1,072	81.9	79.9	84.0
Cornwall	10	602	78.3*	75.4	81.3
Solihull	11	221	82.9	78.2	87.6
Isle of Wight	12	360	73.6	69.7	77.5
Northumberland	13	216	74.3	69.4	79.2
Stockport	14	191	78.3	73.2	83.5
Poole	15	351	78.7	74.9	82.5

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2015

Source: Oral Health Profile, Public Health England: https://fingertips.phe.org.uk/profile/oral-health

Oral health indicators – Herefordshire compared to England and the West Midlands region

Compared with benchmark Better Similar Worse | Lower Similar Higher Not Compared | Low High | Benchmark Value | Worst/Lowest 25th Percentile 75th Percentile Best/Highest

Indicator	Period	Herefs Count	Herefs Value	Region Value	England Value	England Worst/Lowest	England Range	England Best/Highest
Children with one or more decayed, missing or filled teeth	2014/15	-	41.3%	23.4%	24.8%	56.1%		14.1%
4.02 - Proportion of five year old children free from dental decay	2014/15	174	58.7%	76.6%	75.2%	43.9%		85.9%
Incisor caries prevalence in three year olds	2012/13	11	5.6%	3.0%	3.9%	16.1%		0.0%
Proportion of three year olds free from dental decay	2012/13	137	78.3%	90.0%	88.4%	0.0%		98.7%
dmft in three year olds	2012/13	-	0.71	0.28	0.36	1.17		0.00
Percentage of the population who are five years old	2016	2,165	1.14	1.29	1.27	0.91		1.88
dmft (decayed, missing or filled teeth) in five year olds	2014/15	-	1.43	0.72	0.84	2.46		0.37
Proportion of twelve year olds free from dental decay	2008/09	149	55.9%	67.9%	66.4%	43.4%		87.7%
DMFT in twelve year olds	2008/09	-	1.05	0.69	0.74	1.49		0.22
Percentage of the population who are twelve years old	2016	2,023	1.07	1.16	1.11	0.67		1.39
Elective admissions (rate per 1000 population) aged under 5 years	2015/16	872	88.4	52.3	54.0	96.7		28.6
Elective admissions (rate per 1000 population) aged 5 to 9 years	2015/16	796	78.8	44.2	48.0	95.2		19.6
Elective admissions (rate per 1000 population) age 10-14 years	2015/16	989	102.4	44.2	42.3	102.4		24.5
Elective admissions (rate per 1000 population) age 1-4 years	2015/16	559	69.2	50.5	53.1	102.7		29.5
Access to NHS dental services - successfully obtained a dental appointment	2015/16	799	96.5%	-	94.7%	83.3%		98.8%
Hospital admissions for dental caries (0-4 years)	2013/14 - 15/16	6	20.2	*	241.4	9.2		1,143.2

Source: Oral Health Profile, Public Health England: https://fingertips.phe.org.uk/profile/oral-health

LEARNING WELL: CHILDREN IN EDUCATION

Educational attainment in Herefordshire schools

Key facts:

- The **total number of pupils on roll** in state funded Herefordshire schools has risen by almost 450 from 22,750 in spring 2013 to 23,200 in spring 2017, representing a 1.9 per cent increase in total numbers over the four years.
- In 2017, the highest numbers of pupils were in Year R (Reception), Year 1 and Year 2, with fewest pupils in national curriculum Years 6, 11, and 10.
- In spring 2017, the school census recorded 51.5 per cent of the pupil population were boys. The gender gap has been closing in terms of pupil numbers since spring 2015.
- Between spring 2016 and spring 2017 the total number of pupils with **statements of special educational need (SEN) or education and health care plans (EHCP)** increased from 591 to 660 (267 Statements - 0.4 per cent of pupils and 393 EHCP - 2.6 per cent of pupils).
- Most Reception children in Herefordshire were able to attend the **school of their choice** at the start of the 2017/18 academic year. 93.6 per cent of children received their first preference of primary school with 97.5 per cent receiving one of their three expressed preference schools. By comparison, across England only 90 per cent of children received their first preference primary school with 97.2 per cent one of their top three preferences. In the secondary phase 95.9 per cent of children were offered their first choice of Herefordshire school and 98.4 per cent one of their first three preferences. This is considerably higher than the England figure of 83.5 per cent (first preference) and 94.6 per cent (one of top three preferences).
- The number of **pupils recorded as white British** fell by around 200 between spring 2013 and spring 2017, from 91.0 per cent to 88.2 per cent of the school population. The number and percentage of pupils recorded as belonging to **black and minority ethnic groups** (BME) has increased annually, from 1,950 (8.5 per cent) in 2013 to 2,650 (11.4 per cent) in 2017. Those of white Eastern European ethnic origin are the largest single BME group.

In 2017, Herefordshire was in the top quartile of local authorities in England for children achieving a **good level of development (GLD)** at the end of the Reception year and Herefordshire youngsters also out-performed pupils nationally in the **Year 1 phonics screening check,** an area where until 2016 Herefordshire had been consistently below the national average.

At the end of **Key Stage 1** the percentage of pupils reaching the **expected standard** in reading, writing and mathematics was higher in each case than across state-funded schools in England as a whole. However, at **Key Stage 2** the proportion of pupils who reached the **expected standard** in reading, writing and maths was slightly lower than across both all schools in England and state-funded schools in England.

At the end of **Key Stage 4 (Year 11)**[35] the average **Attainment 8 score** was slightly below that recorded across state-funded schools in England. The average **Progress 8** score in Herefordshire schools was higher than in English state-funded schools as a whole.

In **English and Mathematics,** Herefordshire pupils out-performed pupils nationally and regionally in achieving grade 4 or better and achieving at least a grade 5. The proportion of Herefordshire pupils who entered **English Baccalaureate (Ebacc)**, and who then passed, or achieved a strong pass, was higher in each case than regionally and nationally.

	Herefordshire %	England %	West Midlands %	
Good Level of Development at end of Reception	75	70.7		✓
Year 1 phonics screening check	84	81		✓
Key stage 1 expected standard - reading	78	76		✓
Key stage 1 expected standard - writing	72	68		✓
Key stage 1 expected standard - mathematics	77	75		✓
Key stage 2 expected standard	60	62	59	
Key stage 2 higher standard	8	9		
Key stage 4 - attainment 8	45.7	46.4	45.4	
Key stage 4 - progress 8 score	0.01	-0.03	-0.08	✓
Key stage 4 - grade 4 in English and mathematics	65.1	64.2	61.2	✓
Key stage 4 - grade 5 in English and mathematics	44.4	42.9	39.8	✓
English Baccalaureate (Ebacc) - entered	42.8	38.4	36.3	✓
English Baccalaureate (Ebacc) - pass**	24.4	23.9	21.7	✓
English Baccalaureate (Ebacc) - strong pass***	21.8	21.4	19.7	✓

*state-funded sector
** including 9-4 in English and mathematics
*** including 9-5 in English and mathematics

Source: Herefordshire Council.

Inequalities in education

Free School Meals (FSM)

FSMs are claimed for children by parents who receive a qualifying state benefit. In the Spring school census in 2017 there were 319 fewer pupils eligible and claiming FSMs than recorded in the Spring census in 2014; in 2014 there were 2,254 (9.8 per cent of pupils) and in 2017 1,935 (8.3 per cent of pupils).


At key stage 2 (KS2) 47 per cent of Herefordshire FSM pupils achieved the expected standard in reading, writing and maths. Under the *Diminishing the difference*

[35] A new secondary school education accountability system was implemented in 2016, which saw changes to the headline accountability measures. These now include Attainment 8 and Progress 8 as well as performance in English and mathematics and the English Baccalaureate (EBacc). In 2017 there were further reforms to English and mathematics grading. Grades A*-C were replaced by numerical grades 9-1, with 4 being a classed as a standard pass and 5 being classed as a strong pass. Further subjects will convert to numerical grading in 2018.

agenda, performance or FSM pupils is benchmarked against the national performance of pupils not eligible for FSMs, which in 2017 was 65 per cent.

 At key stage 4 (KS4), the average Attainment 8 score of FSM pupils across Herefordshire was 31.7. Nationally the Attainment 8 score for non FSM pupils was 48.2.

Disadvantaged Children

The DfE defines a disadvantaged pupil as those eligible for FSMs at any time during the last 6 years, or those children who are looked after by the local authority for at least one day, or who have left care through adoption, residence order, special guardianship order, or child arrangement order.

 At KS2 47 per cent of Herefordshire disadvantaged pupils achieved the expected standard in reading, writing and maths. Nationally, 68 per cent of pupils who were not classed as disadvantaged achieved the expected standard.

 At KS4 the average Attainment 8 score for disadvantaged pupils was 34.3. The average Attainment 8 score across England for non-disadvantaged pupils was 49.9.

English as an Additional Language (EAL)

The largest language groups other than English in the spring 2017 school census were Polish (774 pupils), Lithuanian (148 pupils), Romanian (101 pupils) and Portuguese (75 pupils). In spring 2013, a total of 58 first languages other than English were recorded in the school census. By spring 2017, 67 first languages other than English were recorded in Herefordshire schools.

The performance of pupils whose first language is other than English will be affected by the length of time that they have resided and been educated in England. Those with several years of state education are likely to perform better than newly arrived pupils with fewer English speaking skills.

 At KS2, 59 per cent of Herefordshire EAL pupils achieved the expected standard in reading, writing and maths. EAL performance is benchmarked against the performance of all pupils nationally, which in 2017 was 62 per cent.

 At KS4, the average attainment 8 score of EAL pupils was 42.7. The average Attainment 8 score for all pupils across England was 46.4.

FURTHER AND HIGHER EDUCATION AND TRAINING

Under the *Raising of the Participation Age* agenda between 2013 and 2015 the government increased the age that all young people will continue in education or training from 17 years to 18.

Young people not in education and training

Since April 2017, the Not in Education, Employment, or Training (NEET) and 'not known' figures have been reported individually and as a combined figure by the Department for Education (DfE).

According to annual figures published by the (DfE) the percentage of 16 and 17 year olds reported as NEET and 'not known' (combined) for 2016 in Herefordshire was 6.5 per cent with NEET at 3.3 per cent and not known 3.2 per cent, Nationally, comparative figures were 6.0 per cent combined (NEET 2.8 per cent and not known 3.2 per cent). Across the West Midlands region the figure was 7.3 per cent (2.7 per cent and 4.6 per cent).

Higher education

In 2016/17 4,665 students from Herefordshire enrolled for United Kingdom university courses. Of these, 3,820 were for first degrees or other undergraduate level study and 845 for postgraduate study (taught and research).[36] Not all of these people leave the county to study (the 2011 census recorded around 3,000 living away from a Herefordshire home), but a proportion do leave and do not return on completion of their studies.

Herefordshire is one of only three English counties currently without a university. It is recognised that high quality higher education facilities are an absolutely foundational part of economic development and social and cultural regeneration, exemplified by cities such as Lincoln, Canterbury and Winchester. The planned New Model in Technology & Engineering (NMiTE) university for Hereford is intended to address the shortfall of 40,000 engineering graduates in the UK economy, and encourage more women to work in the industry. The new university will be an independent, not-for-profit, world class engineering university with dedicated student accommodation across the city. With a particular focus on advanced manufacturing, agriculture-engineering, data, defence, resources security and sustainable / smart living technology sectors it will accept its first 300 students at a purpose-built city centre campus in Hereford in September 2020. It will have 5,000 students by 2032. The university will make Herefordshire a more attractive place for young people to live and study, and will have a projected economic impact up to £120m per annum on the local and national economy.

[36] 'Where do students come from? HESA. Available at: www.hesa.ac.uk/data-and-analysis/students/where-from

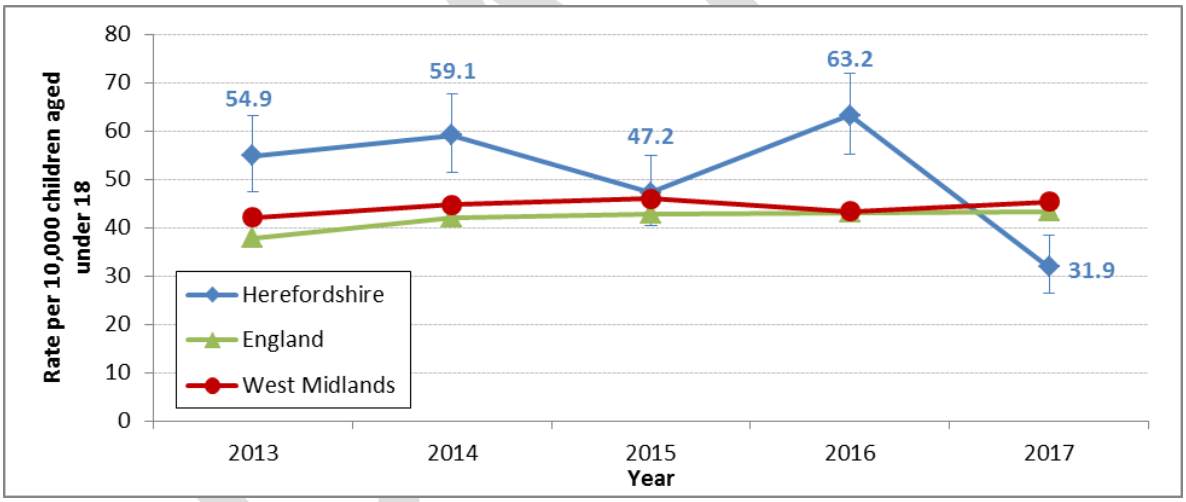
CHILDREN IN NEED

Child Protection Plans

At the end of March 2017 Herefordshire was supporting 115 children subject to a child protection plan. The local rate of children with a child protection plan in place was 31.9 per 10,000 children, statistically significantly lower than the rates for the West Midlands region and England (45.3 and 43.3 per 10,000 children respectively).

This reflected a statistically significant decrease in the local rate of children with protection plans (from 63.2 per 10,000 children the year before, with 113 (49.3 per cent) fewer children being subject to a child protection plan between the two time points. Local performance analysis indicates that a risk adverse response was likely to be contributing to the previously high rates of children subject to a child protection plan. In response, during 2016, a more rigorous approach was taken to applying the thresholds for implementing child protection plans, which contributed to the fall by 2017.

Rate of children with a child protection plan in place in Herefordshire, the West Midlands region and England as of the 31st of March, 2013-2017



Sources: Characteristics of children in need 2012 to 2013 through to 2016 to 2017, DfE, 2/11/17[37].

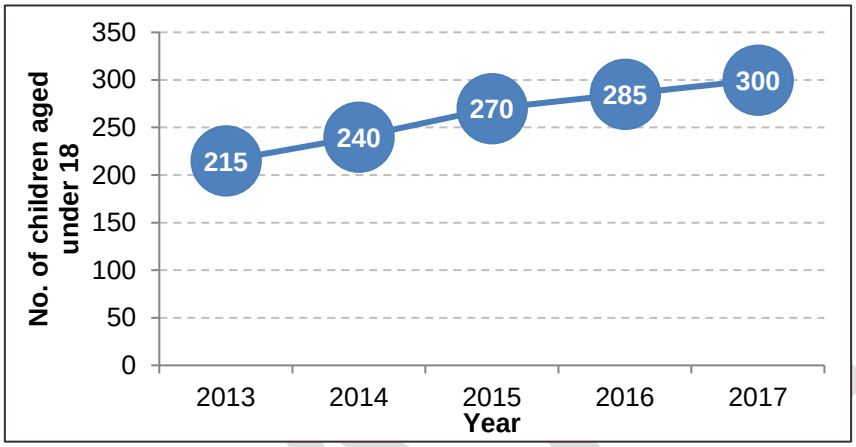
Looked After Children (LAC)

At the end of March 2017 there were 300 looked after children (LAC) in Herefordshire. This is an increase from the previous year, and contributes to a five year upward trend in the number of LAC. In 2017 Herefordshire's rate of LAC was 84 per 10,000 children aged under 18; statistically significantly higher than the average rate for the five most similar local authorities, and the England rate. Local performance analysis indicates that the reason for a high LAC population is partly due to a 'risk averse' response, with action being taken to ensure that need thresholds are applied appropriately. It is worth highlighting that fewer

[37] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656395/SFR61-2017_Main_text.pdf

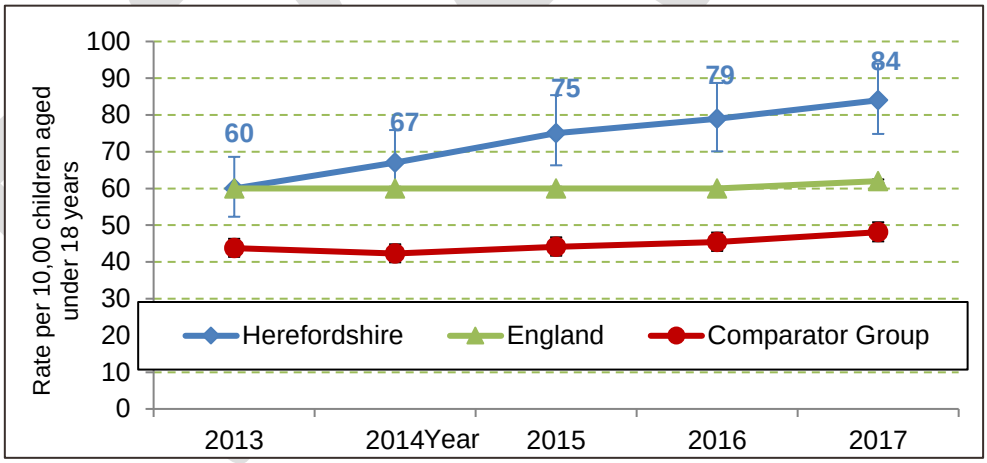
children started to be looked after in 2016/17 than in the previous five years; with the increased number and rate of LAC being explained by fewer children ceasing to be looked after. This finding is not surprising, as once a child comes under local authority care; it is often difficult to reunite them with their families. Therefore, it is expected that the local rate of LAC will gradually decrease over time; with the legacy of high LAC numbers taking some years to reduce as those currently under local authority care grow up.

Number of looked after children in Herefordshire as of 31st March, 2013-2017



Source: Children looked after in England including adoption: 2016 to 2017, DfE, September 2017[38]

Rate of looked after children in Herefordshire, England and a Comparator Group comprised of the five most similar local authorities as of the 31st of March, 2013-2017



Sources: Office for National Statistics Mid-Year Population Estimates and Children looked after in England including adoption: 2016 to 2017, Department for Education, 2017.

An integrated children's needs assessment will be undertaken during 2018. It will focus on specific topic areas to provide an evidence base on which effective commissioning decisions can be made. These topics will include 'early help'; drivers of trends in child protection plans and looked after children; obesity and dental health.

[38] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656395/SFR61-2017_Main_text.pdf

LIVING WELL – HEALTHY LIFESTYLES

ALCOHOL

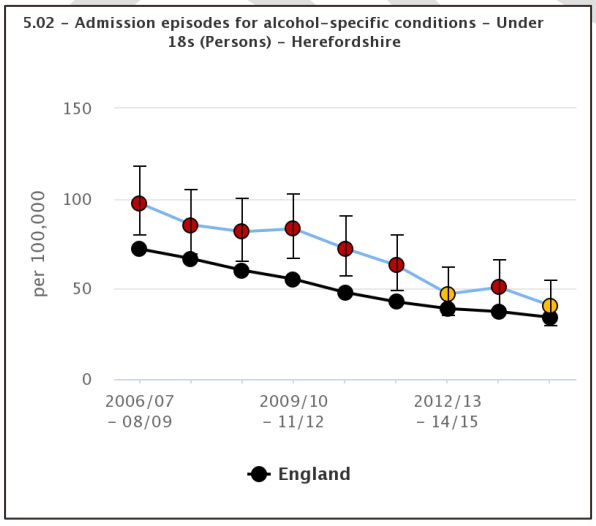
Alcohol consumption has doubled in the UK since the 1950s and is a contributing factor in hospital admissions and deaths from a wide range of conditions. The misuse of alcoholic beverages is also linked to a proportion of violent crimes, particularly related to the night time economy, and it is also implicated in the escalation of domestic abuse.

The latest set of Local Alcohol Profiles for England (LAPE) estimate that 25.9 per cent of Herefordshire adults drink over 14 units of alcohol a week and 21 per cent of all adults binge drink (2011-14 estimates).[39] In the same period, 14.4 per cent of Herefordshire adults reported they abstain from drinking alcohol.

In 2016/17, there were 618 hospital admissions for alcohol-specific conditions (those caused exclusively by the consumption of alcohol) in Herefordshire, which equates to a rate of 319 per 100,000 population; significantly lower than the rate for both the West Midlands region (543 per 100,000) and England (563 per 100,000). The local admission rate for adults has remained relatively consistent between 2008/09 and 2016/17.

The admission rate for those aged under 18 has shown a decrease since 2006/07 and although the rate has remained above both the national and regional rates, the gap has reduced over this period. In the period 2014/15 to 2016/17 the rate was 40.7 per 100,000 compared to 34.2 per 100,000 across England and 28.5 in the West Midlands region.

Hospital admissions for alcohol-specific conditions, under 18s



Source: Local Alcohol Profiles for England, Public Health England.

[39] Estimate of the percentage of adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is, 8 or more units for men and 6 or more for women).

Consideration: Individuals from the most deprived areas of the county are over three times as likely to be admitted to hospital due directly to alcohol consumption as those living in the least deprived areas.

In 2014/16 the age-standardised rate of alcohol specific mortality in Herefordshire was 7.8 per 100,000, significantly lower than the in the West Midlands region (12.9) and lower than in England as a whole (10.4), though not significantly so. The rate has remained relatively stable since 2006/8.

In Herefordshire, in 2016 the proportion of alcohol users leaving alcohol treatment successfully who did not re-present to treatment within 6 months was significantly lower than in the West Midlands region, England and all but one of Herefordshire's comparator group.

Successful completion of treatment for alcohol – Herefordshire and comparator group

15.01 - Successful completion of treatment for alcohol 2016 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	31,562	38.7	38.4	39.0
Herefordshire	→	-	52	21.4	16.7	27.0
Shropshire	↑	1	202	36.1	32.3	40.2
Cheshire East	↑	2	139	39.9	34.9	45.2
Bath and North East Somer...	→	3	87	39.2	33.0	45.7
Wiltshire	↑	4	253	41.3	37.4	45.2
Rutland	–	5	-	*	-	-
Cheshire West and Chester	↑	6	224	44.4	40.1	48.7
North Somerset	↓	7	114	39.7	34.2	45.5
East Riding of Yorkshire	↑	8	175	38.8	34.4	43.4
Central Bedfordshire	→	9	120	36.0	31.1	41.3
Cornwall	↓	10	257	28.4*	25.6	31.5
Solihull	→	11	192	33.6	29.8	37.5
Isle of Wight	↑	12	74	53.2	45.0	61.3
Northumberland	↓	13	218	32.9	29.5	36.6
Stockport	→	14	189	36.6	32.6	40.9
Poole	→	15	72	40.9	33.9	48.3

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

Source: Local Alcohol Profiles for England, Public Health England. Available at: https://fingertips.phe.org.uk/profile/local-alcohol-profiles

More

See Alcohol in Herefordshire report, 2017.

OBESITY AND PHYSICAL ACTIVITY

Obesity is commonly measured using weight and height to give a Body Mass Index (BMI) metric. Poor diet (containing a high proportion of foods high in fat, sugars and salt) and lack of exercise can lead to obesity, which in turn is a risk factor for non-communicable diseases such as cardiovascular disease and some forms of cancer.

In England, child BMI is measured at Reception Year (age 4-5 years) and Year 6 (aged 10-11 years) through the mandatory National Child Measurement Programme (NCMP). For the majority of children excess weight gain is the result of eating more calories than needed and/or undertaking too little physical activity to match calorie intake, or a combination of both.

In 2016/17, data from the NCMP indicate that 9.8 per cent of reception year children in Herefordshire were obese, while the combined proportion of obese and overweight was 22.9 per cent. For year 6 children, the prevalence of obesity was 19.2 per cent, while the combined figure for obese and overweight children was 34.8 per cent. For both age groups there were no significant differences between the local and national figures.

Consideration: In Herefordshire, as a year group passes from reception to year 6 the proportion of obese children increases by 102 per cent, a pattern similar to that seen both nationally and regionally. Children most at risk of becoming obese when older are those where one or both parents are overweight or obese, suggesting that tackling adult obesity has to run in tandem with addressing childhood obesity.

It is never too late to change behaviours since dietary improvements made in older age significantly reduce the risk of chronic diseases and life-limiting illnesses.

In 2015-16, 63.2 per cent of adults in Herefordshire were estimated to be overweight or obese, similar to the national figure of 61.3 per cent and the West Midlands region figure of 63.9 per cent.

Comparison with GP records indicates that it is highly probable that obesity prevalence is under-recorded. In 2016/17, approximately 15,000 adults registered with a Herefordshire GP practice were recorded as obese, which represents 9.9 per cent of all patients aged 18 years and over. Across Herefordshire GP practices the prevalence of obesity ranged between 6.0 and 14.9 per cent, while the highest locality prevalence (10.6 per cent) was recorded in North and West and the lowest (8.8 per cent) in South and West.

Results from the What About YOUth (WAY) survey suggest that in 2014/15 an average of 2.48 portions of fruit and 2.54 portions of vegetables were consumed daily at age 15 in Herefordshire; more than nationally or regionally.

Data from Sport England's Active Lives survey suggests that in 2015/16, the average number of portions of vegetables consumed daily by Herefordshire adults was 3.06, significantly more than in England (2.68) and the West Midlands region (2.62). The average number of portions of fruit consumed daily was 2.88; also more than nationally (2.63) and regionally (2.65).

Consideration: There is a growing body of evidence pointing to the association between exposure to fast food outlets and obesity. Although the density of fast food outlets in Herefordshire is low compared to nationally and regionally, the concentration of fast food outlets in more deprived areas is a concern (see map on next page).

Physical inactivity is the fourth leading risk factor for mortality in the world, accounting for six per cent of deaths globally. People who have a physically active lifestyle have a 20 - 35 per cent lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon and breast cancer and with improved mental health. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

Department of Heath physical activity guidelines recommend that over a week adults should undertake a total of at least 150 minutes of at least moderate physical activity such as brisk walking, cycling, gardening and housework, or various sports and exercise. Alternately, an adequate level of activity can be achieved over a week by undertaking 75 minutes of vigorous intensity activity such as running, football or swimming. All adults should also aim to improve muscle strength on at least two days a week and minimise sedentary activities.

In 2016/17, 71.1 per cent of adults in Herefordshire (aged 19+) met the recommendation for physical activity (150+ moderate intensity equivalent minutes per week), a higher proportion than in England (66.0 per cent) and the West Midlands region (62.6 per cent). In the same period 17.2 per cent of adults were physically inactive, a significantly lower proportion than in England (22.2 per cent) and the West Midlands region (25.0 per cent). As Sport England has replaced the Active People Survey with Active Lives, a new survey that provides the same indicators but with a changed methodology, it is not possible to compare these figures with those in earlier years.

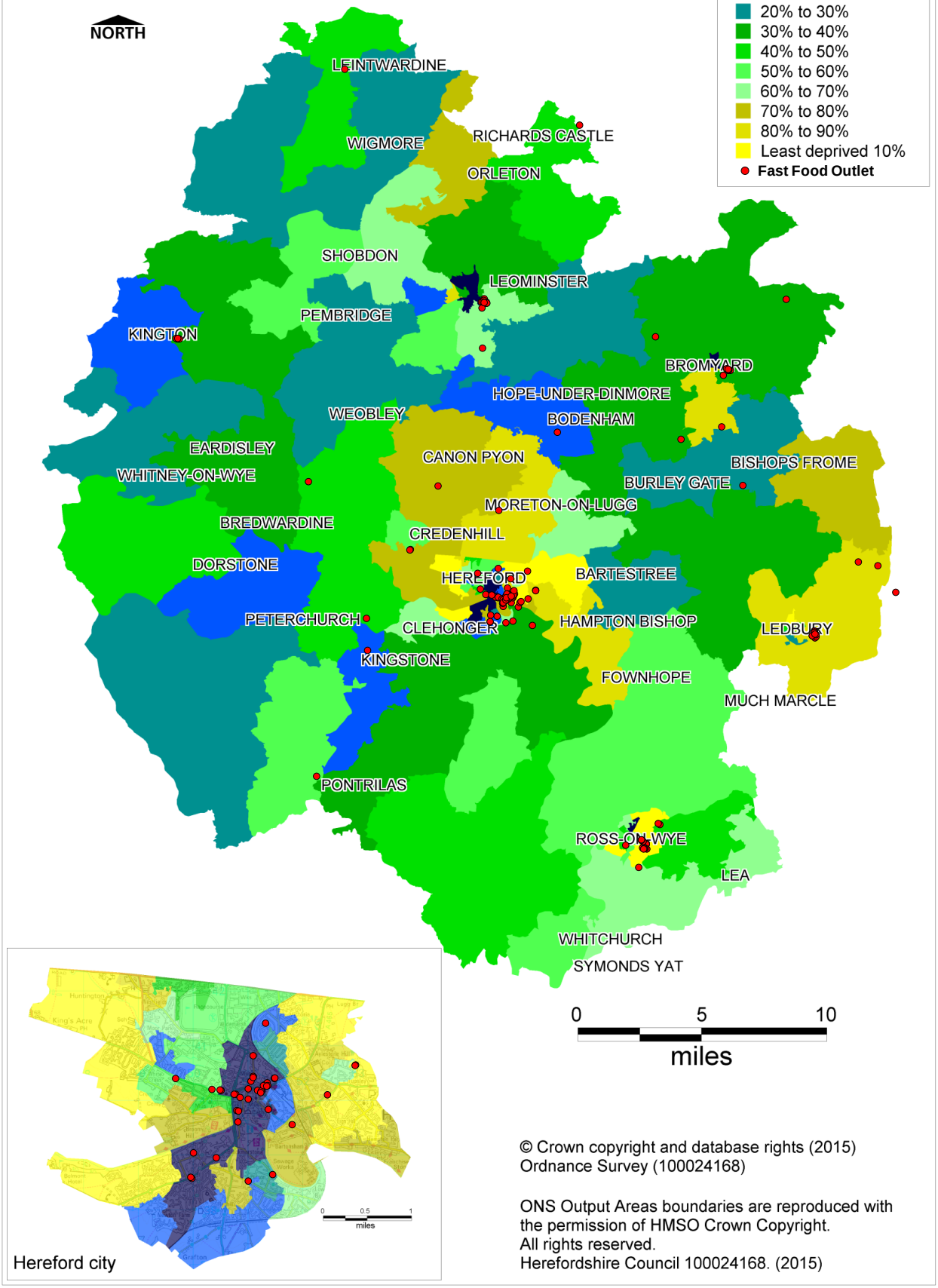
See *Overview of Obesity in Herefordshire*, 2016.

Physical activity levels among those aged 65 and over living in Herefordshire are higher than regional and national levels. However, physical activity levels in over half of this age group are below what is recommended in order to realise health benefits. In addition, older adults who engage in physical activity are more likely to maintain their functional capacity, which is vital to living independently.

See *Older People's Integrated Needs Assessment*, 2018

Distribution of the fast food outlets in Herefordshire with IMD 2015 by county decile for Herefordshire LSOA indicated.

Source: Overview of Obesity in Herefordshire, Herefordshire Council, 2016.



SMOKING

Smoking is the most important cause of preventable ill health and premature mortality in the UK and a major risk factor for many diseases, including 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 in pregnancy has well known detrimental effects for the growth and development of the baby and the health of the mother. Pregnancy-related health problems associated with smoking include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant. The Tobacco Control Plan contained a national ambition to reduce the rate of smoking throughout pregnancy to 11 per cent or less by the end of 2015.[40]

In 2016/17 the proportion of mothers in Herefordshire who were smokers when giving birth was 13.8 per cent, above the national ambition of 11 per cent and significantly higher than the proportion nationally (10.7 per cent) and in the West Midlands region (11.8 per cent). However, it should be noted that there are currently data quality issues surrounding this indicator, which are being addressed by Herefordshire CCG.

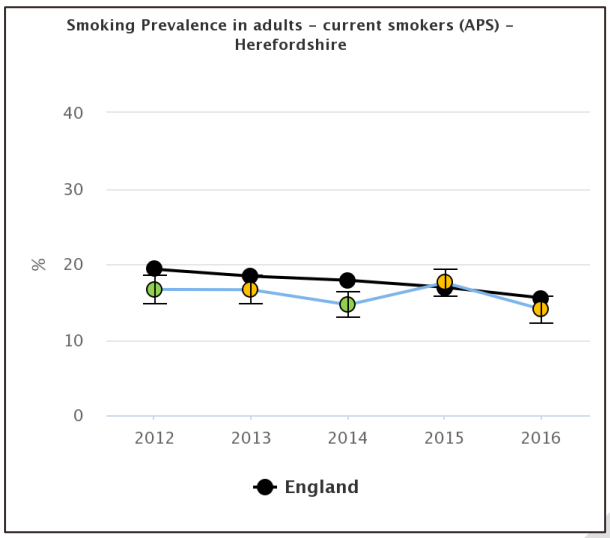
In 2016, 14 per cent of adults in Herefordshire were self-reported smokers, not significantly different to the proportion in England or the West Midlands region. Between 2010 and 2016 the proportion has not changed significantly and although, with the exception of 2015, the local prevalence was below that recorded nationally and regionally, the difference has not been significant.

In 2016, smoking prevalence in adults in routine and manual occupations in Herefordshire was 24.6 per cent. In Herefordshire males are a third more likely to smoke than females. Smoking prevalence is greater in areas of high deprivation and the prevalence of smoking in adults in routine and manual occupations in Herefordshire, despite falling remains significantly higher than that recorded for the adult population as a whole.

In addition, adults (35+ years) residing in the most deprived areas are a third more likely to be admitted to hospital as a consequence of their smoking than the population of Herefordshire overall, and smoking related mortality rates are over 40% higher among the most deprived population quartile than in the County overall.

[40] Healthy Lives, Healthy People: A Tobacco Control Plan for England, Department of Health, 2011. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213757/dh_124960.pdf

Prevalence of smoking among persons 18 years and over from the Annual Population Survey (APS)



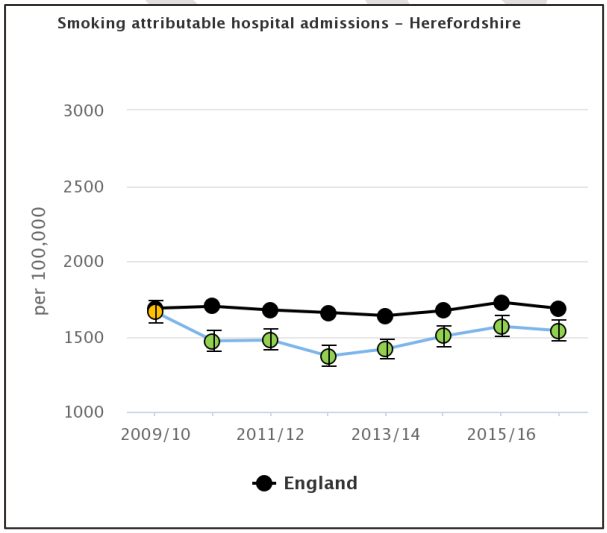
Source: Local Tobacco Control Profiles for England, Public Health England.

In 2016, 28.4 per cent of adults in Herefordshire were ex-smokers.

In 2016/17 53.6 per cent of adults in Herefordshire had never smoked, a significantly lower proportion than in England as a whole (56.9 per cent) and the West Midlands region (58.2 per cent).

In 2016/17, the smoking related hospital admission rate in Herefordshire of 1,538 per 100,000 of population was significantly lower than the national figure of 1,685 and the West Midlands region figure of 1,697. This pattern has been evident since 2010/11.

Directly standardised rate of Smoking Attributable Admissions in people aged 35 and over



Source: Local Tobacco Control Profiles for England, Public Health England.

See Smoking in Herefordshire Overview, 2017.

In 2016/17, the rate of successful smoking quitters at four weeks in Herefordshire was 571 per 100,000, much lower than in England (2,248) and the West Midlands region (2.159) and was the lowest among Herefordshire's comparator group. Between 2013/14 and 2016/17 the rate at which individuals successfully quit smoking declined by 1,208 points from 1,725 per 100,000.

Successful quitters at 4 weeks per 100,000 smokers - Herefordshire and comparator group

Successful quitters at 4 weeks 2016/17 — Crude rate - per 100,000 smokers aged 16+

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	155,875	2,248*	-	-
Central Bedfordshire	–	9	1,275	5,518	-	-
Cheshire West and Chester	–	6	1,076	3,326	-	-
Cornwall	–	10	2,224	3,080	-	-
Solihull	–	11	610	3,046	-	-
North Somerset	–	7	558	2,750	-	-
Northumberland	–	13	1,086	2,434	-	-
Shropshire	–	1	910	2,024	-	-
Stockport	–	14	577	2,014	-	-
East Riding of Yorkshire	–	8	663	1,924	-	-
Rutland	–	5	69	1,747	-	-
Bath and North East Somer...	–	3	368	1,728	-	-
Poole	–	15	355	1,725	-	-
Wiltshire	–	4	942	1,714	-	-
Cheshire East	–	2	546	1,324	-	-
Herefordshire	–	-	126	571	-	-
Isle of Wight	–	12	-	*	-	-

Source: Risk Factors Intelligence Team, Public Health England

Source: Local Tobacco Control Profiles, Public Health England. Available at: https://fingertips.phe.org.uk/profile/tobacco-control

SEXUAL HEALTH

Sexual health is a key public health issue and the Department of Health has outlined its ambition for good sexual health in *A Framework for Sexual Health Improvement in England,* which describes key principles of best practice in sexual health commissioning with the aim of improving the sexual health of the whole population.[41]

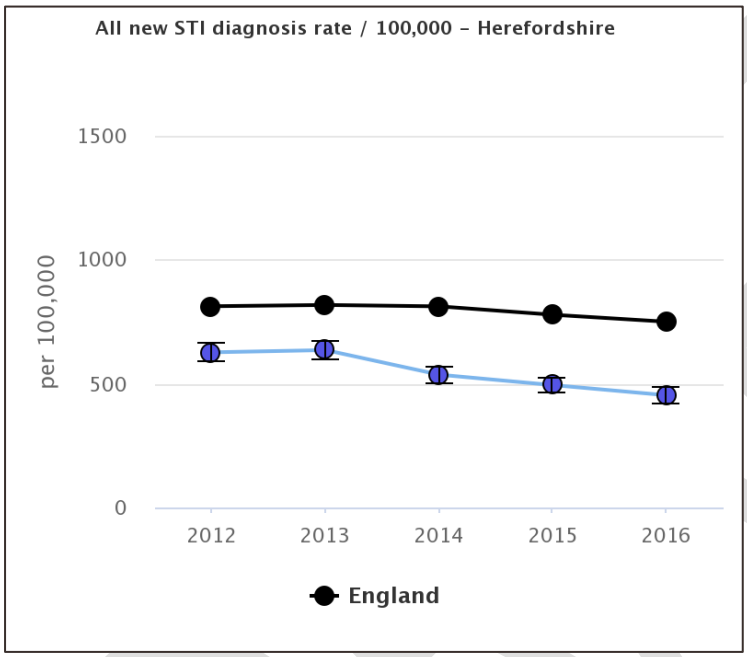
In 2016 there were 852 new cases of sexually transmitted infections (STIs) diagnosed in Herefordshire, corresponding to a rate of 453 per 100,000 of population,

[41] A Framework for Sexual Health Improvement in England, Department of Health, 2013. Available at: https://www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england

compared to a rate of 750 per 100,000 of population in England and 663 per 100,000 of population in the West Midlands region.

The Herefordshire rate has shown a general decline between 2012 and 2016. Throughout this period, the local rate has been significantly lower than that for England. While the national rate has also fallen (by 7.6 per cent) over this period, the Herefordshire rate has fallen faster, so that in 2015 the local rate was 39.6 per cent lower than the national rate, compared to 22.9 per cent lower in 2012.

All new sexually transmitted infection (STI) diagnosis rate per 100,000 of population



Source: Sexual and Reproductive Health Profiles, Public Health England.

Chlamydia is one of the most common sexually transmitted infections (STIs) in the UK. It is passed on from one person to another through unprotected sex and is particularly common in sexually active teenagers and young adults. If left untreated, the infection can spread to other parts of the body and lead to long-term health problems.[42] The National Chlamydia Screening Programme (NCSP) recommends that all sexually active under-25 year old men and women be tested for chlamydia annually, or on change of sexual partner (whichever is more frequent). The Department of Health Public Health Outcomes Framework recommends that local areas aim to achieve a chlamydia detection rate among 15 to 24 year olds of at least 2,300 per 100,000.

In Herefordshire, in 2016, the detection rate for chlamydia in males was 883 per 100,000; significantly lower than in England (1,269 per 100,000 of population) and the West Midlands region (1,145 per 100,000). For females the rate was 1,682 per 100,000, again significantly lower than for England (2,479 per 100,000) and the West Midlands region

[42] Chlamydia, NHS Choices. Available at: https://www.nhs.uk/conditions/chlamydia/

(2,305 per 100,000). For both males and females detection rates have declined since 2013. 15.3 per cent of 15 to 24 year olds were screened for chlamydia in 2016; a significantly lower proportion than in England (20.7 per cent) and the West Midlands region (16.4 per cent).

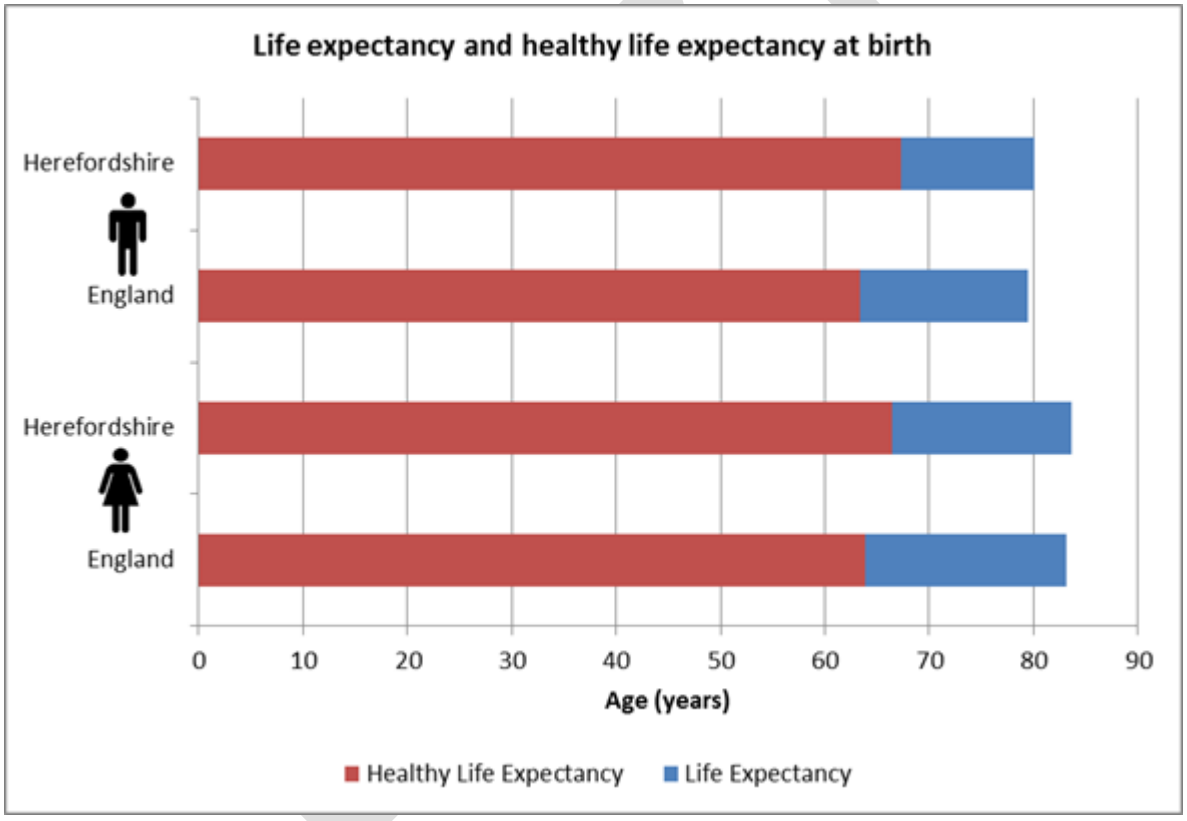
See *Sexual Health in Herefordshire Overview*, 2017

BEING WELL AND LIVING LONGER

LIFE EXPECTANCY

Life expectancy: For males born in Herefordshire in 2014-16 the average life expectancy is 80.1 years, while for females it is 83.6 years. Both figures have declined slightly since 2012-14, but for males is similar to England and higher than the West Midlands region and for females, higher than for both.

Healthy Life Expectancy: In 2014-16 the healthy life expectancy in Herefordshire was 67.4 years for males and 66.5 years for females, both higher than the national figures.



Data source: Public Health England.

People born in the most deprived ten per cent of areas in Herefordshire have a shorter life expectancy at birth than those living in the least deprived ten per cent by an average of 3.9 years for males and an average of 2.6 years for females. However, this gap is one of the smallest amongst counties with a similar level of overall deprivation to Herefordshire.

MORTALITY AND PREMATURE MORTALITY

Key points:

In 2016, 2,100 Herefordshire residents died, 530 of them prematurely (i.e. before the age of 75). This equates to one in four deaths, compared to one in three nationally in 2015[43].


The all cause directly age standardised mortality rate for Herefordshire was 937 per 100,000, lower than the England rate (960) and representing an overall downward trend from 1,054 in 2007.

In Herefordshire, in 2016 ischaemic heart disease accounted for 11.6 per cent of all deaths, compared to 10.9 per cent in England; cerebrovascular diseases 7.1 per cent of deaths compared to 6.2 per cent in England; chronic lower respiratory disease 5.8 per cent of deaths compared to 6.0 per cent in England. Dementia and Alzheimer disease accounted for 10.6 per cent of deaths, compared to 12.1 per cent in England and 12.0 per cent in the West Midlands region.

Premature mortality rates are greater among men than women. The most common causes of premature mortality are cancer, heart disease, stroke, lung disease and liver disease which between them account for 79 per cent of all premature deaths in England. Of these deaths it is estimated that two thirds could be avoided either through prevention, earlier diagnosis and access to the highest quality treatment and care.[44] Therefore, analysis of premature mortality statistics can assist in identifying areas for improving local health care provision.


Between 1995 and 2014 the directly standardised premature mortality rate in Herefordshire has shown a steady downward trend, falling from 540 to 280 per 100,000 of the population (a fall of 38 per cent – similar to the 39 per cent seen nationally and amongst comparators). (530 deaths).

In 2014, Herefordshire's premature mortality rate was 16 per cent lower than the national rate and 0.7 per cent lower than the comparator group rate. Between 1995 and 2014 Herefordshire's premature mortality rate was consistently lower than the national rate (by 14 per cent on average), and on average 4 per cent higher than the comparator group mean rate.

[43] Longer Lives: Premature Mortality, Mortality Rankings, Public Health England, 2016. Available at: http://healthierlives.phe.org.uk/topic/mortality/comparisons#are//par/E92000001/ati/102/pat/

[44] Living Well for Longer: National Support for Local Action to Reduce Premature Avoidable Mortality, Department of Health, 2014. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307703/LW4L.pdf

Between 2014 and 2016, there were 1,716 premature deaths in Herefordshire. Herefordshire's overall premature mortality rate was 299 per 100,000 of the population, ranking 38th out of 150 English local authorities (among the best). Herefordshire's premature mortality rates were ranked as being among the "best" or "better than average" for eight of the nine major causes of premature mortality, with the local premature mortality rate for injuries judged as being "worse than average".

Herefordshire's rank and outcome based on analysis of premature mortality rates for the nine major causes (based on 2014-2016 data)

Major cause of premature mortality	Rank of all English authorities (1 to 150, with 1 = best)	Outcome compared to other authorities
Lung cancer (all ages)	4	Best
Cancer	22	Best
Stroke	23	Better than average
Liver disease	35	Better than average
Colorectal cancer	36	Better than average
Heart disease	44	Better than average
Lung disease	55	Better than average
Breast cancer	55	Better than average
Injuries	114	Worse than average

Source: Longer Lives: Premature Mortality, Public Health England.

See *Mortality and Premature Mortality*, 2016.

LONG TERM CONDITIONS

A long term condition (LTC) is defined as a condition that cannot at present be cured but can be controlled by medication and/or other therapies. Nationally, people with LTCs account for 50 per cent of all GP appointments, 64 per cent of all hospital outpatient appointments and over 70 per cent of all inpatient bed days.[45]

[45] Long Term Conditions Compendium of Information: Third Edition, Department of Health, 2012. www.gov.uk/government/uploads/system/uploads/attachment_data/file/216528/dh_134486.pdf

Long-term conditions (LTC) in Herefordshire: comparison with national, local trend and variation by GP practice

Condition	Prevalence*		Local trend	Variation (by GP practice)		
	Herefordshire CCG	England		Highest	Lowest	
Cancer	3.4	2.6	↑	4.8	2.0	⚠
Coronary Heart Disease	3.5	3.2	→	4.3	2.3	⚠
Stroke	2.3	1.7	→	3.2	1.5	⚠
Hypertension	16.1	13.8	↑	18.7	13.7	⚠
Diabetes	6.8	6.7	↑	7.8	5.2	
Chronic kidney disease	4.7	4.1	↓	6.7	1.9	
Asthma	6.3	5.9	→	7.8	4.6	⚠
Chronic obstructive pulmonary disease (COPD)	2.2	1.9	↑	3.6	1.9	⚠
Depression (18+)	8.1	9.1	↑	14.7	4.2	
Learning Disabilities	0.5	0.5	→	0.8	0.2	
Dementia	0.9	0.8	↑	1.5	0.5	
Osteoporosis	0.6	0.5	↑	2.7	0.1	
Rheumatoid Arthritis	1.0	0.7	→	1.3	0.8	⚠
Overall LTC Prevalence	**55.5**	**53.5**	→	**65.4**	**42.6**	

*The percentage of patients with the condition as recorded on practice disease register.
Data source: Public Health England

⚠ Coronary Heart Disease (CHD) prevalence in Herefordshire has shown little change and in 2016/17 was still 3.5 per cent, a figure significantly higher than that recorded for England (3.2 per cent). Those living in the most deprived areas of Herefordshire are 29 per cent more likely to die prematurely (under 75 years of age) of coronary heart disease.

⚠ Hypertension (high blood pressure) is the single biggest risk factor for stroke and also plays a significant role in heart attacks. Risk factors include being overweight or obese,

lack of physical activity, and being diabetic. In 2016/17 prevalence in Herefordshire was 16.1 per cent compared to 13.8 per cent across England as a whole, while prevalence in Herefordshire GP practices ranged between 13.7 and 18.7 per cent.

 Since 2009/10 the **stroke** prevalence in Herefordshire has not changed appreciably, ranging between 2.2 and 2.3 per cent, although the local figure has been consistently higher than that reported for England as a whole. Those living in the most deprived areas of Herefordshire are over 71 per cent more likely to die prematurely (under 75 years of age) of cerebrovascular disease (including stroke).

 Between 2001 and 2015 the number of new malignant **cancer** cases diagnosed annually in Herefordshire has increased steadily; the local 2015 age standardised incidence rate of 632 per 100,000 was greater than the national figure of 548 per 100,000. Similarly, prevalence has increased locally and in 2016/17 was 3.4 per cent, a figure significantly higher than that reported nationally (2.6 per cent). In 2015, there were 557 cancer specific deaths in Herefordshire. Those living in the most deprived areas of Herefordshire are 22 per cent more likely to die prematurely (under 75 years of age) of cancer.

 However, between 1995 and 2015 the **cancer mortality rate** in Herefordshire fell from 304 per to 263 per 100,000 of population and the local rate was consistently below both the national and regional rates. The most common causes of cancer-related deaths in Herefordshire were lung, urological and upper and lower gastro-intestinal cancers.

 See *Overview of Cancer in Herefordshire, 2017*.

 The number of people suffering with **chronic obstructive pulmonary disease** (COPD) in Herefordshire has increased steadily since 2005/06. Since 2011/12 the local prevalence has been higher than the national figure whereas prior to 2009/10 the opposite pattern was observed. In 2016/17 the Herefordshire COPD prevalence was 2.2 per cent compared to 1.9 per cent across England as a whole. People living in the most deprived areas are over two and half times likely to die prematurely (under 75 years of age) of chronic lower respiratory disease than those in the least deprived areas.

The local prevalence of **asthma** has shown little change since 2005/06 and has been consistently higher than the national figure; in 2016/17 the local asthma prevalence was 6.3 per cent compared to the England figure of 5.9 per cent, ranging between 4.6 and 7.8 per cent across GP practices in the county.

Respiratory diseases remain the most prominent underlying cause of excess winter deaths, accounting for over a third (35 per cent). There were 41 per cent more deaths from respiratory diseases in the 2015/16 winter months than in the non-winter months, equating to 8,600 deaths.

In Herefordshire, the prevalence of **rheumatoid arthritis** in persons aged 16yrs+ in 2015/16 was significantly higher than that recorded nationally (0.7 per cent) and regionally (0.8 per cent). Since 2013/14 there has been no change in prevalence either locally or nationally.

FOCUS AREA: DIABETES

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over one million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes, is undertaken by the GP and members of the primary care team.

Type 1 diabetes is a serious, lifelong condition where blood glucose levels are too high because the body does not produce insulin. Type 1 diabetes is an auto-immune condition and is not caused by lifestyle factors. Around 10 per cent of people living with diabetes in the UK have Type 1 diabetes. It's the most common type of diabetes in childhood but it can develop at any age.[46]

Type 2 diabetes is also a serious, lifelong condition where blood glucose levels are too high because the body does not produce sufficient insulin or the insulin it does produce does not function properly. Around 90 per cent of people living with diabetes in the UK have Type 2 diabetes, and it's the most common type in adults. Type 2 diabetes starts gradually, usually later in life, although people are being diagnosed at a younger age. Family history, age and ethnic background can affect the likelihood of developing Type 2 diabetes and people who are overweight or obese are at higher risk of developing the condition.[46]


The prevalence of diabetes in Herefordshire rose between 2012/13 and 2016/17 in line with the trend nationally. In 2016/17 the prevalence rate in Herefordshire adults (17 plus) was 6.8 per cent, similar to the rate of 6.7 per cent nationally. Prevalence in Herefordshire GP practices ranged between 5.2 and 7.8 per cent. The highest prevalence was recorded in North and West Locality and the lowest in East Locality. However, the prevalence rate of diabetes in older adults (65 plus) was 24.2 per cent in Herefordshire; significantly higher than that in the West Midlands NHS Region (16.9 per cent) and in England (17.3 per cent).

In 2016/17, in the Herefordshire CCG area 13 per cent of people aged 12 years and over with type 1 diabetes achieved all three treatment targets (HbA1c, cholesterol and blood pressure), a significantly lower proportion than nationally (19 per cent) and regionally (18.8 per cent). In the same period, 36.2 per cent of people aged 12 years and over with type 2 diabetes achieved all three treatment targets (HbA1c, cholesterol and blood pressure), again a significantly lower proportion than nationally (41.1 percent) and regionally (42.4 per cent).

Herefordshire CCG has partnered with Reed Momenta to offer individuals at high risk of Type 2 diabetes a place on the new *Healthier You: NHS Diabetes Prevention Programme*. They will benefit from services to help them make healthier lifestyle choices and reduce their risk of developing the disease. Herefordshire Council are supporting the alignment of this programme to build up healthy lifestyle changes for health improvement.

[46] Diabetes: the basics, Diabetes UK. Available at: www.diabetes.org.uk/diabetes-the-basics

MENTAL HEALTH

Approximately one in four people in the UK will experience a mental health problem each year[47] and in England one in six people report experiencing a common mental health problem (such as anxiety and depression) in any given week.[48]

Women are more likely to report that they suffering from a mental health problem than men (33 per cent compared to 19 per cent) and people from lower income households are more likely to be diagnosed with a mental health problem (27 per cent of men and 42 per cent of women in the lowest income quintile, compared to 15 per cent of men and 25 per cent of women in the highest quintile).[49]

By 2030, it is estimated that there will be approximately two million more adults in the UK with mental health problems than there were in 2013.[50]

In 2014/15, nearly two million people in England were in contact with mental health and learning disability services at some point in the year, an increase 5.1 per cent on the previous year.[51]

Improving mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds, including:

- improved physical health and life expectancy
- better educational achievement
- increased skills
- reduced health risk behaviours such as smoking and alcohol misuse
- reduced risk of mental health problems and suicide
- improved employment rates and productivity
- reduced anti-social behaviour and criminality
- and higher levels of social interaction and participation.[52]

Depression is one of the most common mental health problems. In 2016/17, 8.1 per cent of patients aged 18 and over on Herefordshire GP practice registers had depression; a significantly lower proportion than nationally (9.1 per cent) and regionally (8.9 per cent).

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[47] Adult psychiatric morbidity in England, 2007: results of a household survey. McManus, S., Meltzer, H., Brugha, T. S., Bebbington, P. E., & Jenkins, R. The NHS Information Centre for health and social care, 2009. Available at: https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/adult-psychiatric-morbidity-in-england-2007-results-of-a-household-survey

[48] Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014, McManus S, Bebbington P, Jenkins R, Brugha T. (eds.). Leeds: NHS digital, 2016. Available at: https://www.gov.uk/government/statistics/adult-psychiatric-morbidity-survey-mental-health-and-wellbeing-england-2014

[49] Key facts and trends in mental health: 2016 update, NHS Confederation, 2016. Available at: http://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/MHN-key-facts-and-trends-factsheet_Fs1356_3_WEB.pdf

[50] *Ibid.*

[51] *Ibid.*

[52] About Mental Health, NHS England. Available at: https://www.england.nhs.uk/mental-health/about/

Reflecting the national trend the prevalence of depression has increased year on year since 2012/13. In 2016/17, the incidence of new diagnoses of depression as a proportion of GP practice registers (aged 18+) in Herefordshire was 1.3 per cent; lower than nationally (1.5 per cent).

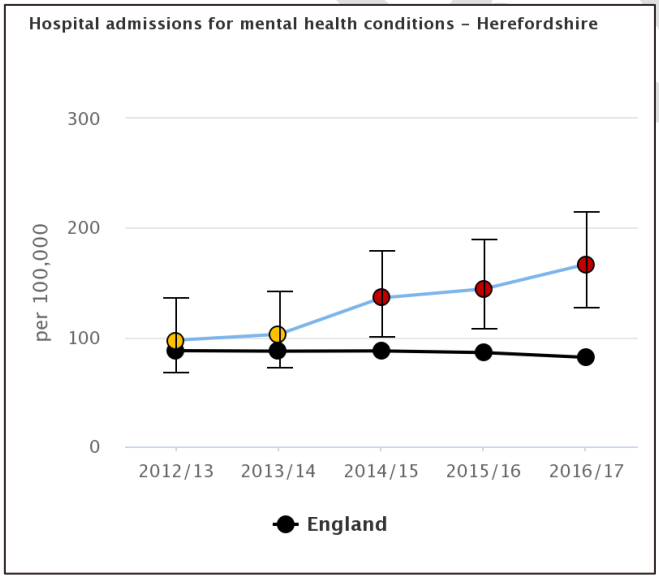
In 2015/16, 0.81 per cent of people of all ages on GP practice registers in Herefordshire had a **severe mental illness** (schizophrenia, bipolar affective disorder or other psychoses), a lower proportion than nationally (0.90 per cent).

The Disability Rights Commission has reported on serious inequalities experienced, in terms of reduced life expectancy, by those with severe mental illness. There is extensive published evidence that people with severe mental illness, such as schizophrenia, die between 15 and 25 years earlier than the average for the general population.

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14.

In 2016/17, the **hospital admission rate for mental health disorders in children and young people** aged 0 to 17 tears was 166.8 per 100,000 population in Herefordshire; significantly higher than in England as a whole (81.5 per 100,000) and in the West Midlands region (84.3 per 100,000). The rate has been increasing since 2012/13 and the gap between Herefordshire and England is widening.

Hospital admissions for mental health conditions in under 18s.



Source: Public Health England

Hospital admissions for **self-harm in children** have also increased in recent years, with admissions for young women being much higher than admissions for young men.

In Herefordshire, the rate of hospital admissions as a result of self-harm in persons aged 10 to 24 years was 365.6 per 100,000 in 2016/17; lower than nationally (404.6 per 100,000) and regionally (413.9 per 100,000).

Mental health problems are common among those needing treatment for alcohol misuse and alcohol misuse is common among those with a mental health problem.

 In 2016/17, the rate of **admissions to hospital for mental and behavioural disorders due to alcohol** in Herefordshire was 31.5 per 100,000; much lower than in England as a whole (72.3 per 100,000) and the West Midlands region (76.6 per 100,000).

 In 2014/15, the **excess under 75 mortality rate** in adults with serious mental illness, measured as a ratio of observed to expected mortalities and expressed as a percentage was 247.6 per cent in Herefordshire; significantly lower than nationally (370.0 per cent) and regionally (400.7 per cent).

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health. Suicide is a major issue for society and a leading cause of years of life lost.

In 2014/16, the age-standardised mortality rate from suicide and injury of undetermined intent in Herefordshire was 11 per 100,000 population; higher than nationally and regionally (both 10 per 100,000), but not significantly so.

 The suicide rate among men is much higher than among women. In 2014/16, the male suicide rate in Herefordshire was 17.5 per 100,000; the highest it has been since 2004/06 and higher than nationally (15.3 per 100,000) and regionally (15.9 per 100,000), although none of these differences are statistically significantly. Residents of the most deprived areas of Herefordshire are approximately 19 per cent more likely to die as a result of suicide than the county population in general.

In 2014/16, the female suicide rate in Herefordshire was 4.6 per 100,000; with no significant change since at least the turn of the century and similar to nationally (4.8 per 100,000) and regionally (4.4 per 100,000).

AGEING WELL: PEOPLE AGED 65 YEARS AND OVER

A larger proportion of Herefordshire's population is aged 65 and over (24 per cent) compared to England and Wales (18 per cent). The number of residents aged 65-84 is projected to grow at a similar rate as during the last decade (average of two per cent a year), but the number aged 85+ will rise even more rapidly (average of five per cent compared to just under three per cent a year since 2001). By 2031, there are projected to be 49,800 65-84 year-olds (28 per cent more than in 2016), whilst the number age 85+ will increase by 50 per cent by 2031 and more than double to 10,800 by 2034.

Herefordshire's 44,800 residents aged 65 and over are scattered across the county, although those aged 65-84 are more likely to live in rural villages and dispersed areas than the population as a whole (50 per cent of 65-84s; 42 per cent of all people). The very elderly (85+) are slightly more likely to be living in rural town and fringe areas (Bromyard, Kington, Ledbury, Credenhill): 15 per cent compared to 11 per cent of the total population.

Many older people in Herefordshire are active and well, and many are an asset to the community – reducing the burden on public services by providing large amounts of informal care to friends and family and volunteering for third sector organisations. Rates of limiting long-term illness amongst those aged 65-84 are lower than nationally, and people turning 65 in the county can expect to live longer, both overall and in good health, than those elsewhere.

Nevertheless, the natural ageing of the population, as the post-war 'baby-boomers' become very elderly, is expected to continue to place considerable strain on the health and social care system. As Herefordshire's population is already older, it is expected that such strains will be more pronounced locally than nationally. However, anticipatory action can be taken at a local level to ensure that Herefordshire's health and social care services are able to provide good quality care, appropriate to the needs of older people living in the county.

A particular focus for the 2018 JSNA has been the production of an integrated older people's needs assessment. Jointly commissioned by Herefordshire Council and Herefordshire Clinical Commissioning Group, it provides an overview of health and wellbeing issues affecting those aged 65 and over living in Herefordshire.

The needs assessment found evidence of action being taken, or strategies being drawn up, to address the vast majority of the challenges identified. In most cases the responses being planned or implemented were holistic and multi-agency in their approach, evidencing a clear commitment to improving integrated partnership working to achieve improvements the health of older people.

Some of the issues already identified in this report are particularly relevant, or present particular issues, for older people: fuel poverty, loneliness and social isolation, digital exclusion, adult social care services, and informal care. Other issues highlighted by the older people's needs assessment are presented below.

DEMENTIA

The increasing incidence of **dementia** nationally is also reflected in Herefordshire and is likely to demand greater resources, not only in providing residential care, but in enabling dementia sufferers to enjoy as good a quality of life as possible and support them to remain in their own home for as long as they safely can. Risk factors for dementia include smoking, excessive alcohol consumption, obesity, diabetes, hypertension, coronary heart disease, and stroke.

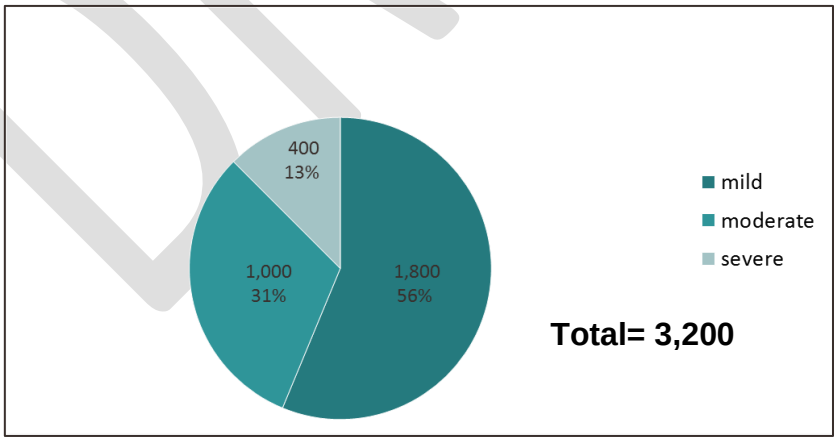
Key points:

It is estimated that there are approximately 3,200 people aged 65 and over with dementia living in Herefordshire. The number of older people with dementia in Herefordshire is estimated to increase to 5,500 by 2035.

In 2017, dementia related costs among over 65s in Herefordshire are estimated to be in the region of £104 million, with the highest proportion of the cost (£46 million, 44 per cent) being attributed to the provision of informal care.

In 2015/16, the percentage of people diagnosed with dementia accessing inpatient hospital care is significantly lower in Herefordshire (46.4 per cent) compared to the West Midlands region (58.5 per cent) and England (53.8 per cent).

Estimated proportion of people aged 65 and over with mild, moderate and severe dementia in Herefordshire in 2017



Sources: Projecting Older People Population Information System, Institute of Public Care, 2017 and Dementia UK: Update. Second edition, Prince, M., *et al,* 2014.

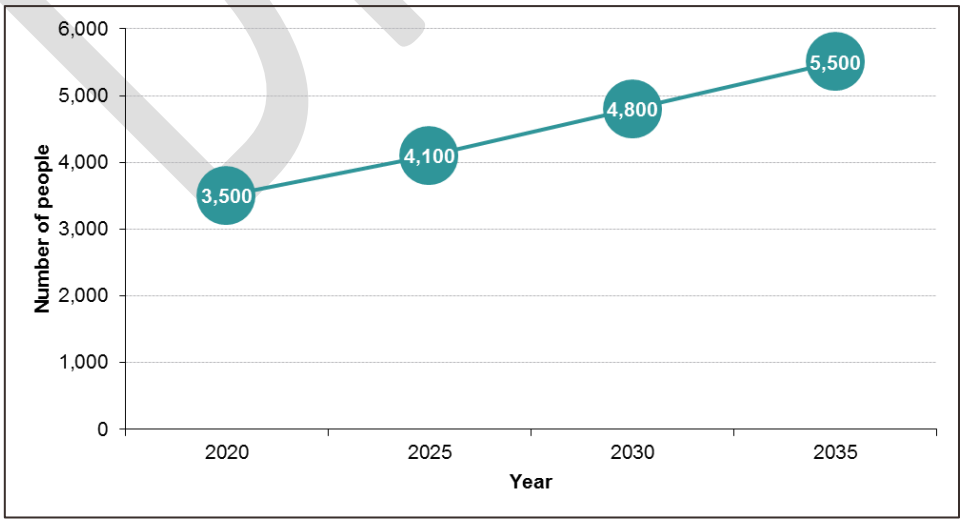
At the beginning of 2017, in Herefordshire only 59.3 per cent of people with dementia aged 65 and over had a formal diagnosis; lower than the NHS England target of 66.7 per cent and the rates reported both nationally (67.9 per cent) and regionally (65.6 per cent).

The *Herefordshire Dementia Strategy* is currently being refreshed. It will be rooted in local dementia care pathways focused around three key outcomes; driving a Herefordshire wide culture change through raising awareness and understanding; increasing availability of early diagnosis of dementia and support; and supporting people with dementia, carers and families to live well with dementia.

Recorded dementia prevalence (prevalence of dementia diagnosis) among those aged 65 and over is lower than what might be expected, with 3.81 per cent of over 65s having a formal diagnosis of dementia as of April 2017. This is a lower rate than regionally (4.13 per cent) and nationally (4.29 per cent). This finding is consistent with Herefordshire's lower diagnosis rates.

Informal carers make a significant contribution to the wellbeing of people living with dementia, with informal care accounting for an estimated 44 per cent of dementia related health and social care costs(4). Providing informal care for someone living with dementia can be challenging and can have negative effects on the psychological wellbeing of caregivers. Timely and appropriate support can reduce carer stress and prevent people living with dementia being prematurely admitted to care homes. There are some good examples of local community support available to people living with dementia and their carers, some named examples being the Dementia Adviser Service and the Leominster Dementia Meeting Centre. In 2016/17 in Herefordshire, among informal carers providing care for a person living with dementia, the average self-reported quality of life score was 7.6 out of 12, the same as it was in 2014/15 and similar to the average scores for England (7.5) and the West Midlands region (7.7).

Estimated number of people aged 65 and over with dementia in Herefordshire 2020-2035



Source: Projecting Older People Population Information System, Institute of Public Care, 2017.

FRAILTY

Frailty is "a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves".[53] Frailty is not an inevitable part of ageing, but an under recognised health state. Older people with frailty are more vulnerable to minor illnesses and are at an increased risk of hospitalisation, admission to a care home and death.

It is estimated that in 2016 there were 4,600 people aged 65 and over with frailty living in the community in Herefordshire. However, this does not take into account the number of people with frailty living in care homes. By 2035, the number of people aged 65 and over with frailty living in the community in Herefordshire is estimated to rise by approximately 67 per cent to approximately 7,700 people.

Fragmented health and social care services are known to cause poor outcomes for older people with frailty. Benchmarking results indicate that there is room for improvement, particularly in the provision of rapid crisis support and discharge planning. Those who participated in the benchmarking exercise spoke of the commitment to improvement that exists among those who work within the health and social care system. Actions are currently being taken to put in place a local integrated care pathway for the management of people with frailty, resultant improvements should be evident were this benchmarking exercise to be repeated in the future.

FALLS AND FRACTURES

It is estimated that in 2017 nearly 12,200 people aged 65 and over living in Herefordshire will experience a fall, with the number expected to rise to over 18,100 by 2035. Falling can result in fracture, admission to hospital, disability, and admission to residential or nursing home, or in some cases death.

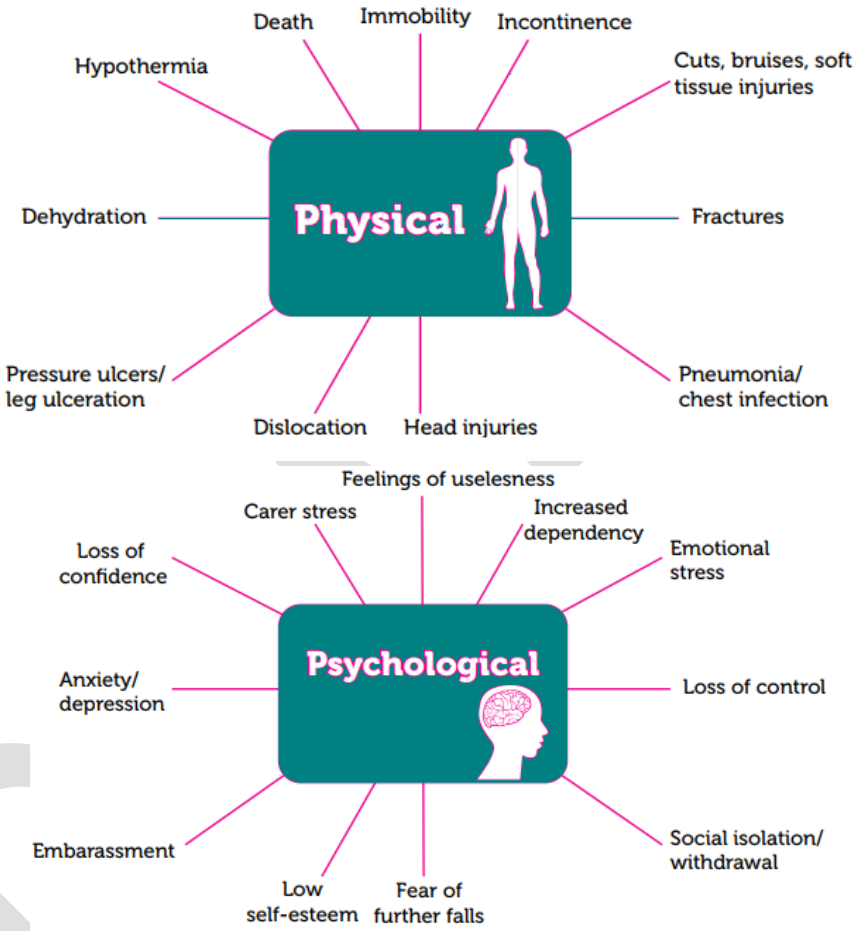
Evidence from a recent benchmarking exercise indicates that in Herefordshire, people have acceptable access to falls prevention interventions. The Falls Prevention Service has seen considerable growth in the number of referrals it receives (300 per cent increase between 2012 and 2016), indicating that it is well utilised. The Falls Responder Service in Herefordshire has been in operation since 2014, providing 24/7 non-medical support and referral (if required) for falls at home that do not result in an injury. There is evidence that the service could be better utilised, with an indication that some of the callouts made by West Midlands Ambulance Service could be attended by a falls responder instead; actions are being taken to address this missed opportunity.

Falls are common in residential and nursing home settings. Systematic recording of falls occurring in these settings would be helpful in order to develop more effective prevention strategies.

[53] Fit for Frailty Part 1: Consensus best practice guidance for the care of older people living in community and outpatient settings, British Geriatrics Society, 2014. Available at: http://www.bgs.org.uk/campaigns/fff/fff_full.pdf

NHS RightCare has identified that in Herefordshire a considerably smaller proportion of people aged 75 and over presenting with fragility fractures are treated with a bone sparing agent (a treatment for osteoporosis) compared to other clinical commissioning groups, suggesting that there is an opportunity to improve outcomes for people with osteoporosis by enhancing treatment coverage.[54]

Physical and psychological consequences of a fall



Source: Managing Falls and Fractures in Care Homes for Older People – good practice resource: Revised edition. NHS Scotland; Care Inspectorate, 2016. Available at: http://www.careinspectorate.com/images/documents/2712/Falls%20and%20fractures%20new%20resource%20low%20res.pdf

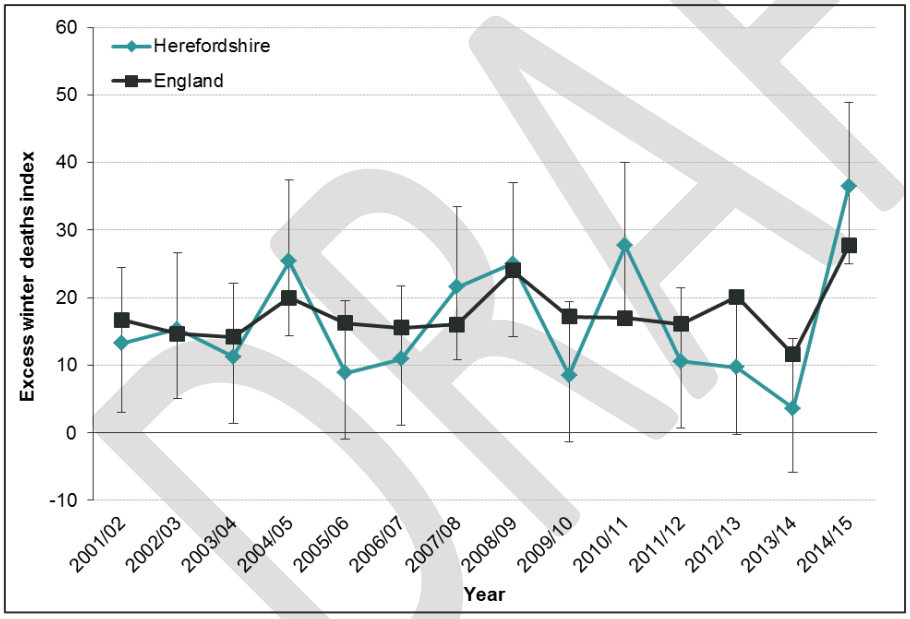
[54] Commissioning for Value Where to Look pack: NHS Herefordshire CCG January 2017, NHS RightCare, 2017. Available at: https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/cfv-herefordshire-jan17.pdf

EXCESS WINTER DEATHS

More people in the UK die in the winter period (December to March) than at any other time of year. The majority of these 'excess winter deaths' occur among older people with serious underlying health conditions – for example cerebrovascular diseases, ischaemic heart disease and respiratory disease. Physiological evidence indicates that colder home temperatures cause high blood pressure among older people, increasing the risk of a cardiovascular event. Poor thermal efficiency is a particular issue among Herefordshire's housing stock, and so is fuel poverty.

Between 2001/02 and 2014/15, there were a total of 1,376 excess winter deaths in Herefordshire. Almost two-thirds (63 per cent) were women, and more than half (53 per cent) were people aged 85+. The number fluctuates each year, but the annual index is similar to that seen in England as a whole – including a spike in 2014/15. An Office for National Statistics investigation concluded that the main reason the UK saw such high numbers of excess winter deaths that year was moderate 'flu levels caused by the 'flu vaccine only being 34 per cent effective, combined with the dominant 'flu strain being one which is particularly virulent in older people

Excess winter deaths index* for Herefordshire and England, 2001/02-2014/15

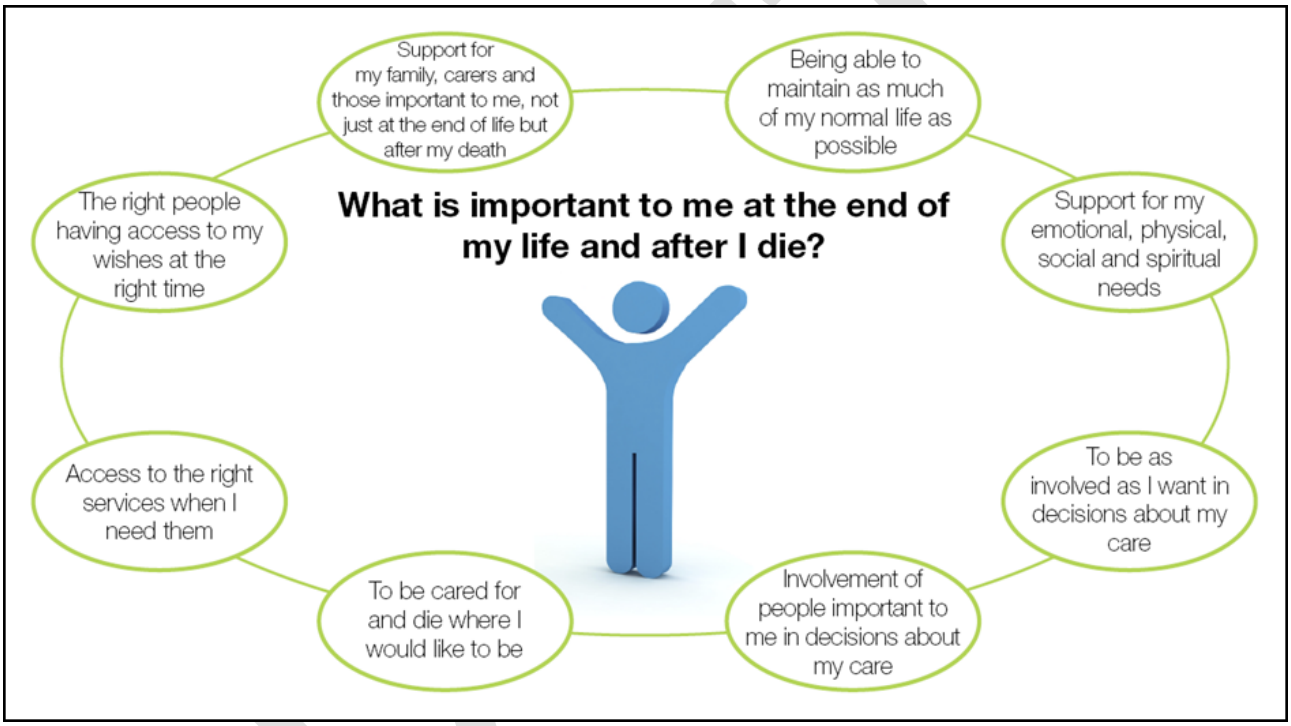


* Number of excess winter deaths divided by the average number of non-winter deaths.
Source: Public Health England.

END OF LIFE CARE

End of life care, is the care of someone who is considered to be in their last year of life and forms an important part of palliative care.[55] Hospice UK have stated that 'the last year of someone's life is generally the time when they have the most contact with the health and care system, and their care costs the most.' [56] During this time the primary objective of end of life care should be to ensure that person has a 'good death',[57] the key elements of which are:

- Being treated as an individual, with dignity and respect;
- Being without pain and other symptoms;
- Being in familiar surroundings; and
- Being in the company of close family and/or friends.[58]



Source: What's important to me. A Review of Choice in End of Life Care The National Council for Palliative Care, The Choice in End of Life Care Programme Board, February 2015. Available at: http://www.ncpc.org.uk/sites/default/files/CHOICE%20REVIEW_FINAL%20for%20web.pdf

[55] What are palliative care and end of life care? Marie Curie. Available at: https://www.mariecurie.org.uk/help/support/diagnosed/recent-diagnosis/palliative-care-end-of-life-care
[56] Achieving excellent end of life care locally: How can the public work with Sustainability and Transformation Partnerships to achieve excellent end of life care locally?, Hospice UK, 2017. Available at https://www.hospiceuk.org/what-we-offer/publications
[57] 'good death', McGraw-Hill Concise Dictionary of Modern Medicine, 2002. Available at https://medical-dictionary.thefreedictionary.com/good+death
[58] End of Life Care Strategy: Promoting high quality care for all adults at the end of life, Department of Health, 2008, p.9. Available at https://www.gov.uk/government/publications/end-of-life-care-strategy-promoting-high-quality-care-for-adults-at-the-end-of-their-life

Recognition by healthcare professionals of when a person is nearing the end of their life and then responding appropriately plays an essential role in determining whether or not that person has a good death. In addition, effective end of life care involves not only excellent clinical decision-making, but timely, empathetic, communication and provision of suitable support tailored to the needs of the individual, their relatives and carers. Care decisions should be made in consultation with the individual and the family, be respectful of their cultural values and religious beliefs, and wherever possible accommodate their wishes and needs, enabling them to discuss, plan and make informed decisions regarding the care they want.

Delivering high-quality, effective end of life care often involves multiple agencies working closely together to co-ordinate the support they provide. These agencies may include general practitioners, community nurses, domiciliary and adult social care services, hospital and ambulance services, pharmacies, specialist and allied health professionals, hospices and other voluntary sector organisations.

Research has shown that 'access to end of life care is inconsistent: it is organised and planned better in some areas than others.'[59] Currently, in England end of life care services show marked geographical variation across a range of indicators.[60] Furthermore, studies have found that 'for ethnic minority groups and their families, specific issues or barriers may arise related to culturally appropriate health care practices, cultural or religious differences, diverse health beliefs, and access to services for care and support during end-of-life conditions.'[61] Specific issues and barriers also arise for other minority or disadvantaged groups including LGBT,[62] prisoners,[63] homeless people,[64] and gypsies and travellers.[65]

[59] Achieving excellent end of life care locally: How can the public work with Sustainability and Transformation Partnerships to achieve excellent end of life care locally?, Hospice UK, 2017. Available at https://www.hospiceuk.org/what-we-offer/publications

[60] Atlas of Variation in End of Life Care for England – largest of its kind in the world, Bowtell, N., Pring, A. and Verne, J., National End of Life Care Intelligence Network, Public Health England, 2017. Available at www.endoflifecare-intelligence.org.uk/view?rid=989

[61] 'End-of-life care for ethnic minority groups', Siriwardena, A.N. and Clark, D.H., '*Clinical Cornerstone*, Vol 6, No.1 (2004), pp.43-48.

[62] 'Needs, Experiences, and Preferences of Sexual Minorities for End-of-Life Care and Palliative Care: A Systematic Review', Harding, R., Epiphaniou, E. and Chidgey-Clark, J., *Journal of Palliative Medicine*, Vol.15, No.5 (May 2012), pp.602-611.

[63] 'The implementation of palliative and end of life care standards in Scottish prisons', paper presented to Hospice UK National Conference, Allan, G., 22 November 2017. Available at: https://www.hospiceuk.org/what-we-offer/courses-conferences-and-learning-events/hospice-uk-annual-conf/programme/wednesday

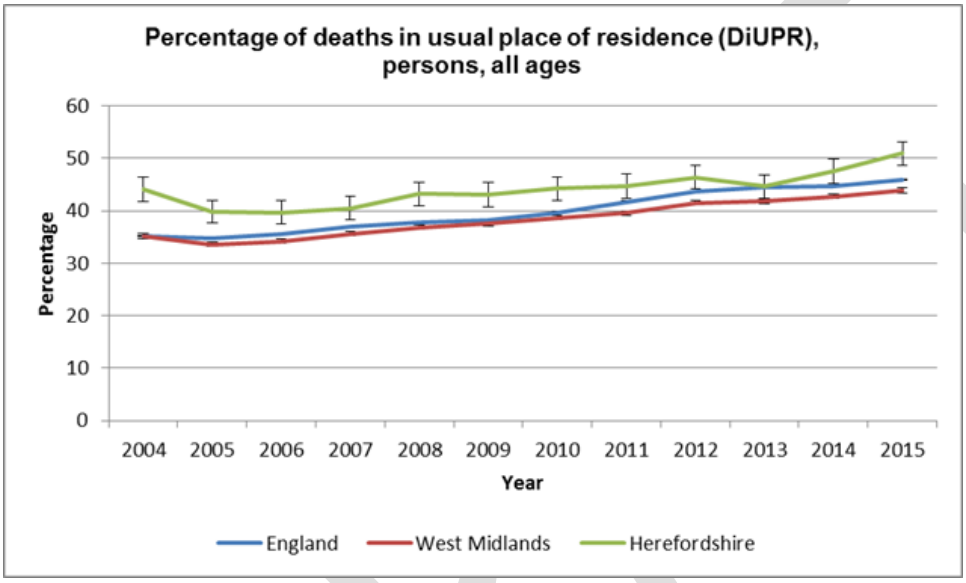
[64] "End-of-life care for homeless people: a qualitative analysis exploring the challenges to access and provision of palliative care", Shulman, C, Hudson, B.F., Low, J., Hewett, N., Daley, J., Kennedy, P., Davis, S. et al., *Palliative Medicine*, Vol.38, No.1 (January 2018). Available at http://journals.sagepub.com/doi/abs/10.1177/0269216317717101

[65] Gypsies and Travellers. A different ending: addressing inequalities in end of life care, Care Quality Commission, May 2016. Available at www.cqc.org.uk/sites/default/files/20160505%20CQC_EOLC_Gypsies_FINAL_2.pdf

Consideration: Although it is important to recognise though that not everyone wants to die at home, or in their usual place of residence, most people given the choice want to die in familiar surroundings. However, nationally almost half die in hospital (www.hospiceuk.org/what-we-offer/publications)

In Herefordshire, in 2015 50.9 per cent of all deaths occurred in the deceased's usual place of residence, a significantly higher proportion than in England as a whole (46 per cent) and in the West Midlands region (43.9 per cent).

Percentage of deaths in usual place of residence (DiUPR), persons, all ages



Source: End of Life Care Profiles, Public Health England.

Between 2004 and 2015, home deaths in Herefordshire as a proportion of all deaths increased slightly from 21.2 per cent to 23.7 per cent. However, whereas in 2004 this proportion was higher than nationally and in the West Midlands the figure is now similar to both.

In 2015, hospital deaths as a proportion of all deaths were significantly lower than nationally and regionally; 40.9 per cent in Herefordshire compared to 46.7 per cent in England and 49.5 per cent in the West Midlands, representing a decline since 2004 of 4.6 percentage points.

End of life care services in Herefordshire are generally good, but there is scope for further work to proactively raise the profile of issues relating to death and dying with the wider community, provide training and support for those non-clinical staff who work with terminally ill people or their families, and to recognise and accommodate the specific needs of minority groups.

Herefordshire Clinical Commissioning Group's *Palliative and End of Life Care Strategy* sets out Herefordshire's vision and priorities to meet national palliative and end of life care strategies and standards, and to address local priorities for improving palliative and end of life care for people of all ages across all care settings in Herefordshire.

Herefordshire Council

Meeting:	**Health and wellbeing board**
Meeting date:	**15 May 2018**
Title of report:	**Pharmaceutical Needs Assessment 2018-21**
Report by:	**Director of public health**

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards); affected

Purpose and summary

To approve the Pharmaceutical Needs Assessment (PNA) 2018-2021.

One of the statutory functions of the Health and Wellbeing Board (HWB) is to publish a PNA every three years. The last PNA was published in April 2015. There are no substantive differences in the findings of the two PNAs. The key finding of the two PNAs is that pharmaceutical provision across Herefordshire has been adequate in meeting the needs of the population.

This report aims at ensuring the PNA is used to inform the strategic planning and commissioning of pharmaceutical services by NHS commissioners and health and wellbeing services by the council, CCG and other stakeholders.

Further information on the subject of this report is available from
Dr Arif Mahmood, Charlotte Worthy, Tel: 01432 383742, 01432 260498, email:
Arif.Mahmood@herefordshire.gov.uk, charlotte.worthy@herefordshire.gov.uk

Recommendation(s)

That:

(a) the 2018-2021 Pharmaceutical Needs Assessment (at appendix 1) be approved; including the specific recommendations that:

(b) NHS commissioners ensure

i. Public facing information is up to date and timely additions of Bank Holiday rota arrangements are produced and communicated to the public through a variety of media.

ii. Pharmacies complete their full quota of Medicine Use Reviews (MURs) and optimise New Medicine Services (NMS) through closer working at locality level by linking in with the development of Primary Care Home.

(c) Public health commissioners ensure

iii. The pharmacy based flu vaccination service continues to contribute to increasing the uptake of the flu vaccination in target groups, including an opportunity for a domiciliary / home based service.

iv. There is no reduction in the service provision of Emergency Hormonal Contraception (EHC) services, stop smoking, needle exchange or supervised consumption services, for which detailed patient outcomes provide evidence of appropriate management of these groups.

Alternative options

1. There are no alternative options. Herefordshire Health and Wellbeing Board has a statutory responsibility to publish the PNA every three years.

Key considerations

2. Pharmaceutical services is the term used to describe the dispensing of medicines and prescription appliances, the promotion of healthy lifestyles and self-care or certain locally-specific services commissioned directly by NHS England. These services can be provided in a variety of settings including community pharmacies, dispensing GP practices, or those contracted by the NHS to dispense appliances such as incontinence aids.

3. Community pharmacies are based in the heart of local communities, in rural as well as urban areas, where people live, work and shop. With the significant contribution that community pharmacies can make to improving healthcare, it is important to ensure that there are an appropriate number of pharmacies, that they are in the right places and offer an appropriate range of services. The PNA helps to achieve this and highlights the pharmaceutical needs of people of all ages.

4. The 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 Joint Strategic Needs Assessment (JSNA). This PNA does not duplicate those detailed descriptions of health needs, but should be read alongside the JSNA.

5. The pharmaceutical services delivered by Herefordshire contractors, namely 27 community pharmacies and 10 dispensing GP practices, have been evaluated. Opening times, services provided and locations have been summarised under the essential, advanced and enhanced elements of the NHS core pharmacy contract, alongside other locally commissioned services. Public and service user views have been sought, with 311 responses from a public questionnaire on pharmaceutical services.

6. The PNA has not identified any needs for any new NHS pharmaceutical service providers that cannot be met by the existing 27 pharmacy and 10 dispensing practice contractors, over the next three years of this PNA. Any improvements, such as better access, would be best addressed in the first instance through working with existing contractors, possibly on a locality basis to consolidate services.

7. Herefordshire has a number of housing developments planned, but taking the scheduled progress of these into account, there is capacity through existing providers to accommodate the pharmaceutical needs of patients within the time frame of this PNA. However, pharmaceutical services in Hereford city south and Ledbury in particular, will need to be monitored closely, as housing developments progress. Provision of a seven day service by primary care will need to carefully monitor extending further opening hours of existing pharmacy and dispensing GP contractors. To support this aspect in particular, there will be a need for NHS England to update the Determination of Rurality reference document, which defines the locations where dispensing GP practices can provide a limited dispensing service to eligible registered patients only and where patients receive pharmaceutical services from a community pharmacy.

8. The PNA concludes that the assessment made in terms of accessibility, locations and population density suggest that 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. 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 correlate well with current pharmaceutical provision.

9. A number of specific recommendations are made for commissioners to develop pharmaceutical services, which are in line with HWB and Sustainability and Transformation Partnership priorities. These include:

    - Ensuring public facing information is up to date and timely additions of Bank Holiday rota arrangements are produced and communicated to the public through a variety of media.

- Pharmacies need to complete their full quota of Medicine Use Reviews (MURs) and optimise New Medicine Services (NMS) through closer working at locality level by linking in with the development of Primary Care Home.

- Ensure that the pharmacy based flu vaccination service continues to contribute to increasing the uptake of the flu vaccination in target groups, including an opportunity for a domiciliary / home based service.

- No reduction in the service provision of Emergency Hormonal Contraception (EHC) services, stop smoking, needle exchange or supervised consumption services, for which detailed patient outcomes provide evidence of appropriate management of these groups.

Community impact

10. The PNA provides an overview of provision of pharmacy services across Herefordshire. It informs the strategic planning and commissioning of pharmaceutical services by NHS commissioners. It also informs the strategic planning and commissioning of public health services and spatial planning.

11. The NHS constitution, the Herefordshire Clinical Commissioning Group constitution and the council's constitution all contain commitments to transparency, accountability and principles of good corporate governance. Being clear about the reasons for decisions is a key element of these shared principles and the PNA provides this underpinning data.

12. Health and council commissioners also share a duty to ensure that public resources are used to best effect; a sound evidence base on which resource allocation can be made is essential.

Equality duty

13. One of the purposes of the PNA is to inform commissioners of the existing inequalities across various sections of the community and to enable them to commission services that are equitable and accessible.

    Section 149 of the Equality Act 2010 imposes a duty on the council and NHS to have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic (disability being one such characteristic) and persons who do not share it.

    Public health programmes / services aim to identify and support those who suffer from or are at a high risk of developing physical and mental health problems. Continued improvement and development of these programme / services will support the council in discharging its duty under the Act and will help deliver the three aims of the duty:

    - eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
    - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
    - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Resource implications

14. The PNA has no direct financial implications for Herefordshire Health and wellbeing board, but its findings are intended to play a significant role in guiding the allocation of resources by all partners in their commissioning plans.

Legal implications

15. The Health and Social Care Act 2012 provides that local councils have a statutory duty to improve the health of their population. The PNA is instrumental in enabling partners to discharge this duty. The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to Health and Wellbeing Boards. Under section 128A of the Act the Health and Wellbeing Board must assess needs for pharmaceutical services in its area and publish a statement of its first assessment and of any revised assessment.

16. Regulation 4 and Schedule 1 of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2012 outline the minimum requirements for PNAs and Regulation 8 provides the requirements for consultation on PNAS.

17. **Regulation 8 of the 2013 Regulations provides the following with regard to consultation:**

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

(a)any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b)any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c)any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d)any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

(e)any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f)any NHS trust or NHS foundation trust in its area;

(g)the NHSCB; and

(h)any neighbouring HWB.

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

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

(a)must consult that Committee before making its response to the consultation; and

(b)must have regard to any representations received from the Committee when making its response to the consultation.

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

Risk management

19. In the absence of a robust PNA, decisions on the allocation of resources would be based on a weaker evidence foundation, such that these might not be directed towards the areas of highest priority.

20. Impact of new housing developments on the provision of community pharmacies will be monitored by NHSE and CCG.

Consultees

21. Herefordshire CCG, 2gether NHS Foundation Trust, Wye Valley NHS Trust, and Herefordshire Carers Support through the JSNA Steering Group.

22. A PNA Public Survey was undertaken between 26 September and 12 November 2017. This was open to all those who might use pharmacies asking their views and experiences in order to assess whether the current provision is meeting the needs of the population. A separate survey was undertaken at the same time asking professionals (community pharmacists and dispensing GP practices) for their views. This public, patient and service user engagement process revealed a high level of satisfaction on the part of respondents and has been incorporated into the draft PNA.

23. A 60 day statutory public consultation on the draft PNA commenced on 5 March 2018 and will be ending on 4 May 2018. All comments to date have been addressed and the results have been presented in appendix H.

Appendices

Appendix 1 – PNA Executive Summary

Appendix 2 - Pharmaceutical Needs Assessment 2018-2021

Appendix A - PNA Community Pharmacy Questionnaire

Appendix B - Dispensing Doctors Questionnaire v1.2

Appendix C - PNA - Non-NHS Services and Willingness to Provide Services in the Future

Appendix D - Pharmaceutical Needs Across the Lifecourse

Appendix E - PNA dispensing doctors opening hours 2017

Further information on the subject of this report is available from
Dr Arif Mahmood, Charlotte Worthy, Tel: 01432 383742, 01432 260498, email:
Arif.Mahmood@herefordshire.gov.uk, charlotte.worthy@herefordshire.gov.uk

Appendix F - Community pharmacy dispensing practice Topline report

Appendix G - PNA Consultation questionnaire response form

Appendix H - PNA Consultation response

Background papers

None identified

Further information on the subject of this report is available from
Dr Arif Mahmood, Charlotte Worthy, Tel: 01432 383742, 01432 260498, email:
Arif.Mahmood@herefordshire.gov.uk, charlotte.worthy@herefordshire.gov.uk

Pharmaceutical Needs Assessment Executive Summary

Version V2.0
Herefordshire Council Public Health Team

25 April 2018

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 (PCTs) 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 April 2013.

Each HWB was required to publish its own revised PNA for its area by 1 April 2015 and update it every three years thereafter. 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, relocations by current pharmacies or changes of services. It is also used by all commissioners of pharmaceutical services to review the health needs for services within their particular area and to identify if any of their services can be commissioned through community pharmacies.

A local 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. Pharmacies are easily accessible and are often the first point of contact, including for those people who might not otherwise access health services, with no appointment needed.

Local context

The 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 Joint Strategic Needs Assessment (JSNA). This PNA does not duplicate those detailed descriptions of health needs, but 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. Under rurality regulations, NHS England defines the areas in Herefordshire that are rural in character (also known as 'controlled localities') and within these strict regulations, determine where doctors are allowed to dispense from their surgeries.

Community pharmacies are based in the heart of local communities, in rural as well as urban areas, where people live, work and shop. With the significant contribution that community pharmacies can make to improving healthcare, it is important to ensure that there are an appropriate number of pharmacies, that they are in the right places and offer an appropriate range of services. The PNA helps to achieve this and highlights the pharmaceutical needs of people of all ages.

The pharmaceutical services delivered by Herefordshire contractors, namely 27 community pharmacies and 10 dispensing GP practices, have been evaluated. Opening times, services provided and locations have been summarised under the essential, advanced and enhanced elements of the NHS core pharmacy contract, alongside other locally commissioned services. Public and service user views have been sought, with 311 responses from a public questionnaire on pharmaceutical services.

The picture of current service provision is presented in Section 3 of the PNA, which continues to examine the local health services currently commissioned by either NHS England, Herefordshire Clinical Commissioning Group or Herefordshire Council. Section 4 details the view of the public and Section 5 concludes with an assessment of current provision, potential gaps and considerations of 'pharmaceutical needs' for the future.

Health and Wellbeing Boards (HWB) must consult during the process of developing the PNA for a minimum period of 60 days. The responses received during this period will be considered and incorporated into the final report presented to HWB for approval.

Key findings and recommendations

The PNA has not identified any current needs for any new NHS pharmaceutical service providers that cannot be met by the existing 27 pharmacy and 10 dispensing practice contractors over the next three years of this PNA. Any improvements such as better access, would be best addressed in the first instance through working with existing contractors, possibly on a locality basis to consolidate services.

The PNA concludes that the assessment made in terms of accessibility, locations and population density suggest that 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. 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 correlate well with current pharmaceutical provision.

Herefordshire has a number of housing developments planned, but taking the scheduled progress of these into account, there is capacity through existing providers to accommodate the pharmaceutical needs of patients within the time frame of this PNA. However, pharmaceutical services in Hereford city south, Ledbury and Bromyard in particular, will need to be monitored closely as housing developments progress and there may be a need for interim Supplementary Statements to be issed within this PNA timeframe. Provision of a seven day service by primary care will need to carefully monitor extending further opening hours of existing pharmacy and dispensing doctor contractors. To support this aspect in particular, there will be a need for NHS England to update the Determination of Rurality reference document, which defines the locations where dispensing GP practices can provide a limited dispensing service to eligible registered patients only and where patients receive pharmaceutical services from a community pharmacy.

The public, patient and service user engagement process revealed a high level of satisfaction on the part of respondents. The results of the questionnaire have provided a sample of views from the population:

- 78% stated that they have easy access to services with no problems.
- 68% stated that they use the pharmacy at least once a month.
- 90% stated that they could reach a pharmacy within 20 minutes of travel.
- 18% reported some parking difficulties .
- Proximity to the GP practice or home were reported as the main determinants of pharmacy choice.
- 79% reported waiting times for medicines as excellent or good.
- 9% reported being unhappy with current opening hours. This would require more work to

understand where these originated and any options to improve them, but request for improvements in opening hours before 9am and after 8pm on Saturdays and Sundays are noted.

- 81% reported receiving a satisfactory amount of supplementary information on how to take their medicines at the point of dispensing.

The dispensing of prescriptions however, remains the cornerstone of pharmaceutical service provision and is a vital local service, clearly valued by patients. The term 'pharmaceutical services' however, incorporates a range of services that can be commissioned from a community pharmacy.

The PNA concludes that Herefordshire community pharmacies are accessible, a key public health resource and demonstrate a willingness to provide a range of locally commissioned services. A number of non-commissioned, non-NHS services are also currently provided to patients by pharmacies, such as delivery of medicines. Detailed service outcome measures are expected and are provided by community pharmacies in order to demonstrate patient benefits and cost effectiveness of commissioning through a community pharmacy which are captured within this PNA. It is acknowledged that the PNA presents an opportunity for service commissioners and representatives of community pharmacies to explore in partnership, how the development of pharmaceutical services can further help to deliver the priorities of the Helath and Wellbeing Board in Herefordshire.

Going forward, a number of specific recommendations are made to develop pharmaceutical services, which are in line with HWB and Sustainability and Transformation Partnership priorities. These include:

- Ensuring public facing information is up to date and timely additions of Bank Holiday rota arrangements are produced and communicated to the public through a variety of media.
- Pharmacies need to complete their full quota of Medicine Use Reviews (MURs) and optimise New Medicine Services (NMS) through closer working at locality level by linking in with the development of Primary Care Home.
- Ensure that the pharmacy based flu vaccination service continues to contribute to increasing the uptake of the flu vaccination in target groups, including an opportunity for a domiciliary / home based service.
- No reduction in the service provision of emergency hormonal contraception Emergency Hormonal Contraception (EHC) services, stop smoking, needle exchange or supervised consumption services for which detailed patient outcomes provide evidence of appropriate

management of these groups.

In the future, increasing the use of IT by working more closely with primary care colleagues will see an increase in electronic repeat dispensing, electronic repeat prescribing, ordering prescriptions online and safe transfer of care between care settings, for which a pharmacy can receive accurate information in advance of prescription changes thereby improving patient safety. Patients must be better informed on their choice of dispenser and electronic prescribing and electronic repeat dispensing must further be embedded into primary care prescribing.

Opportunities exist in a number of ways to increase the prevention agenda. These include providing a complete ‘one stop’ stop smoking service, blood pressure checks, weight management service, progressing the Healthy Living Pharmacy framework, advice on self-care particularly for minor self limiting conditions and commencing diabetes screening, all of which can be optimised through locality working. Ensuring that Care Navigation is properly embedded into GP practice and Countywide provider engagement will enhance inter-professional working on appropriate signposting.

The changing patient and population needs for healthcare and in particular, the demands of an ageing population with multiple long term conditions, mean there are some significant challenges to overcome in the drive to improve health and wellbeing in Herefordshire. There will need to be a much greater emphasis on early intervention and advice to maintain health and independence. Community pharmacies have very close links to their neighbourhood communities and are well placed to support the Health and Wellbeing Board to deliver its priorities.

DRAFT Pharmaceutical Needs Assessment

For Health & Wellbeing Board Approval May 2018

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)

Pharmaceutical Needs Assessment
Contents

1. Background

1.1 Why a Pharmaceutical Needs Assessment (PNA) is needed

Overview

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013[1] (and amendments) set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA). Box 1 summarises the duties of a HWB in relation to PNAs
- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. Box 2 summarises the information which the PNA must contain and the matters which must be taken into account when making the assessment
- The PNA is subsequently used by NHS England to consider applications to open a new pharmacy or to move an existing pharmacy and when commissioning services. It may also act as a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. In this respect, the PNA will be used by NHS England, Herefordshire Council and NHS Herefordshire Clinical Commissioning Group in the development of commissioning strategies
- This document has been prepared by Herefordshire's HWB, in accordance with the Regulations. It replaces the PNA published in 2015.
- An Executive Summary should be read in conjunction with this PNA.

1.15

Box 1 - Duties of the HWB

1. **Publish** its first PNA by 1 April 2015
2. **Maintain** the PNA, in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). A map of provision must be kept up to date. A new PNA must be published every 3 years.
   The HWB must make the PNA, and any supplementary statements, available to NHS England and neighbouring HWBs.
3. **Respond to consultations,** by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) for its area and have due regard to their representations

Box 2 – Requirements for the PNA

The **matters** which the HWB must consider are:

- The demography and health needs of the population
- Whether or not there is reasonable choice in the area
- Different needs of different localities
- The needs of those who share a protected characteristic[2]
- The extent to which the need for pharmaceutical services are affected by:
  - Pharmaceutical services outside the area
  - Other NHS services

Schedule 1 of the Regulations[1] set out the **information** the PNA must include:

- A statement of the following:
  - Services which are considered to be **necessary** to meet a pharmaceutical need; and other **relevant** services which have secured improvements in, or better access to pharmaceutical services; making reference to current provision and any current or future gaps
  - How other services may impact upon pharmaceutical services
- A map identifying where pharmaceutical services are provided
- An explanation of how the assessment was carried out including:
  - How the localities were determined
  - How different needs of different localities, and the needs of those with protected characteristics[2], have been taken into account
  - Whether further provision of pharmaceutical services would secure improvements, or better access (taking into account both pharmaceutical and other NHS services inside and outside of the area)
  - Likely future pharmaceutical needs
  - A report on the consultation

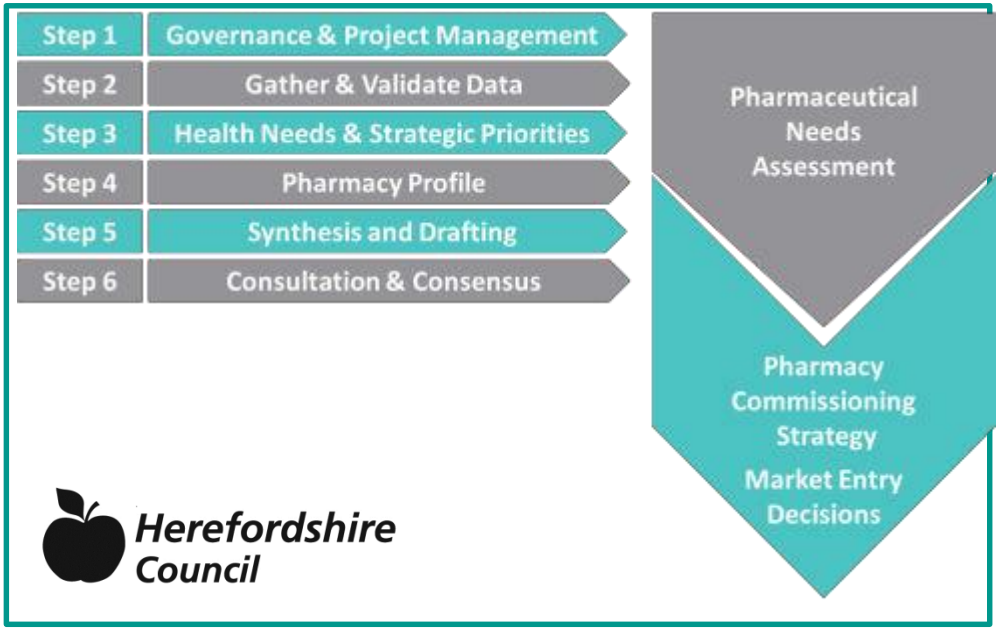
1. Background

1. 2 Methodology

Overview

- The Herefordshire PNA has been developed using a structured approach. The scope for the assessment is set out on the next page
- The diagram below provides a high level overview of the process adopted; and the table on the right hand side summarises the key activities which were carried out at each stage
- Throughout the process, the views of stakeholders were captured and used to inform the assessment and conclusions set out in our PNA
- The formal statutory consultation was then used to test and challenge our assessment and conclusions prior to producing the final PNA for approval by the HWB and publication
- The final PNA was approved by the HWB on the [date to be included]

1.16



	Activity
Step 1 Governance & Project management	• A small Group was established to oversee the development of the PNA as a sub group to the Council JSNA Group to whom this work regularly reported. • Pharmaceutical advice was appointed to provide subject matter expertise and project management support
Step 2 Gather and validate data	• Information and data was requested from managers and commissioners within Herefordshire Council, NHS England and Herefordshire CCG • A questionnaire was designed and disseminated to community pharmacies to verify current service provision and to secure insights into other aspects of service delivery. A copy is attached in Appendix A • The data from the questionnaire was used to identify and address anomalies with the data supplied by service commissioners to produce an accurate dataset
Step 3 Health Needs & strategic priorities	• A desktop review of the JSNA and key strategies was undertaken • This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services
Step 4 Pharmacy profile	• The current profile of pharmaceutical services, was documented on a service by service basis. • This was supplemented with a benchmarking exercise using our CIPFA comparators (where data was available)
Step 5 Synthesis & drafting	• Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process
Step 6 Formal consultation and consensus	• A formal consultation was undertaken between 5 March 2018 & midnight on 4 May 2018 in accordance with the Regulations • Comments were collated and presented to the Steering Group for discussion and decision • The consultation report is attached in Section 4

1. Background

1. 3 Scope

Contractors included on the Pharmaceutical List for Herefordshire
***27 Pharmacies & 0 Dispensing Appliance Contractor* 0 Local Pharmaceutical Service Contractors and 10 Dispensing Practices**

Pharmacy Contractors	Dispensing Appliance Contractors	Local Pharmaceutical Services Contractors	Dispensing Practices
Community pharmacists; National contract	*Provide appliances but not medicines*	Local contract, commissioned by NHSE	
27 pharmacies	**0 DAC**	**0 pharmacy**	**10 dispensing practices**

NHS England Core Essential and Commissioned Pharmaceutical Services

Community pharmacists provide:

- **Essential Services**
  - Dispensing (includes electronic prescription services) and actions associated with dispensing
  - Repeatable dispensing
  - Disposal of unwanted medicines
  - Promotion of healthy lifestyles:
    - Prescription linked interventions
    - Public health campaigns
  - Signposting / Support for self-care
- **Advanced Services**
  - Medicines use reviews (MURs) and Prescription Intervention Service
  - New Medicines Service (NMS)
  - Appliance Use Reviews (AURs)
  - Stoma Appliance Customisation Services (SACS)
  - New Urgent Medicines Service Advanced Service (NUMSAS)
- **Enhanced Services**
  - NHS Pharmacy Flu Vaccination Service
  - Bank Holiday Rota Service

Dispensing Appliance Contractors provide

- **Essential Services**
  - Dispensing and actions associated with dispensing appliances
  - Repeatable dispensing
  - Electronic prescription services
  - Home delivery for specified appliances
  - Provision of supplementary items (e.g. disposable wipes)
- **Advanced Services**
  - Stoma Appliance Customisation Service (SACS)& Appliance Use Reviews (AURs)

Other services commissioned from Pharmacies

Services directly Commissioned by Public Health

- Stop smoking Service including varenicline Patient Group Direction (PGD)

Services commissioned by NHS Herefordshire CCG

- Pharmacy First Minor Ailment Scheme
- Patient Education Talks
- Palliative care In hours stock holding of palliative care medicines
- Palliative Care Out of Hours service for palliative care medicines
- Pharmacy Intervention Scheme
- Pharmaceutical Advice to Care Homes Scheme
- On demand availability of specialist medicines including antivirals

Services commissioned by NHS Trusts of Foundation Trusts or other Services which affect the need for Pharmaceutical services

- Wye Valley NHS Trust provides acute services at Wye Valley NHS Trust, Hereford.
- Wye Valley NHS Trust – this Trust provides community services at Leominster, Bromyard ,Ross On Wye Community Hospital, St Michael's Hospice and other domiciliary services.
- 2G Mental Health Trust provides a range of mental health services for adults & children
- Addaction provides Drug and Alcohol Services across Herefordshire – Supervised Consumption and Needle Exchange Pharmacy Service
- Primecare provides the Out of hours service
- Ish Sexual Health & GUM Services – Emergency Contraception services
- Social care commissioned supportive packages of care
- Care Homes – nursing and non nursing
- Patients supported in their own homes by various commissioned services involving medicines e.g. Domiciliary Care Agencies
- Taurus GP Federation provide additional primary care week day and week end access to booked appointments across Herefordshire.

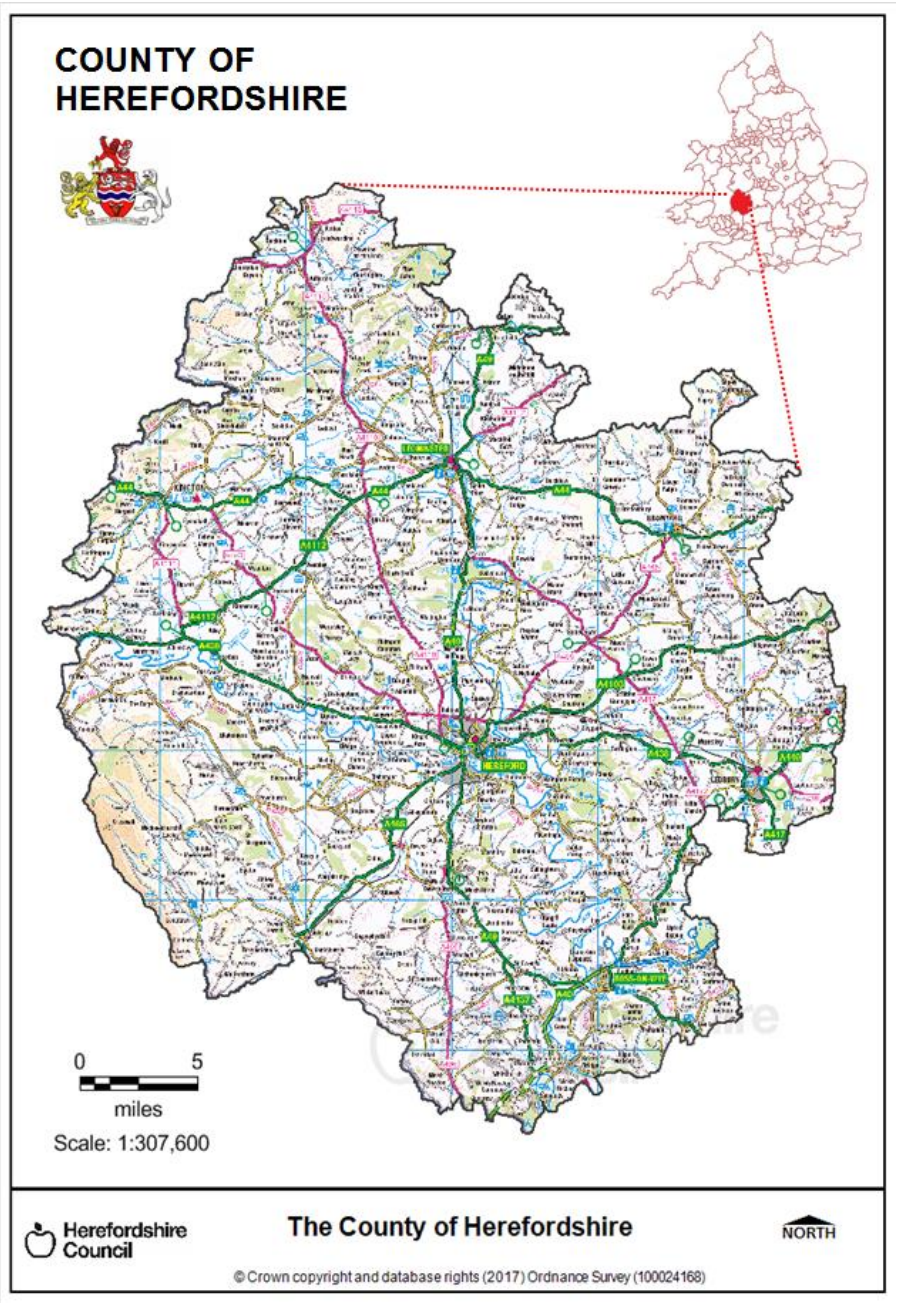
Non-NHS services provided by community pharmacies (Appendix C) and in-house pharmacy services provided by all of the NHS Trusts providing Acute, Community and Mental Health Service are excluded since they do not fall within the Regulations and do not impact market entry decision.

2. Local Context

2.1 The Place

- The county of Herefordshire is located in the south-west of the West Midlands and is bordered by Shropshire to the north, Worcestershire to the east, Gloucestershire to the south-east, and Wales to the west.
- The county is predominantly rural, with the 4th lowest population density in England (0.85 persons per hectare) and the majority (95 %) of the county's land area is classified as rural according to Defra's 2011 rural/urban definition. The city of Hereford, located 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.
- Herefordshire has only four railway stations, while the road network is comprised mainly of rural 'C' or unclassified roads leading off single carriageway 'A' roads. The main road links, which all pass through Hereford, are the A49 trunk road (running from north to south), the A438 (east to west) and the A4103 towards Worcester.
- The mid-2016 estimate of the county's resident population is 189,300 people. The county has an older age structure than England & Wales as a whole, with 24 % of the population aged 65 years or above (44,800 people), compared to 18 % nationally.
- The total population of Herefordshire has grown by eight % between 2001 and 2016, which is less than the 12 % growth in the population of England and Wales overall. This growth has been entirely due to net in-migration (largely immigration).

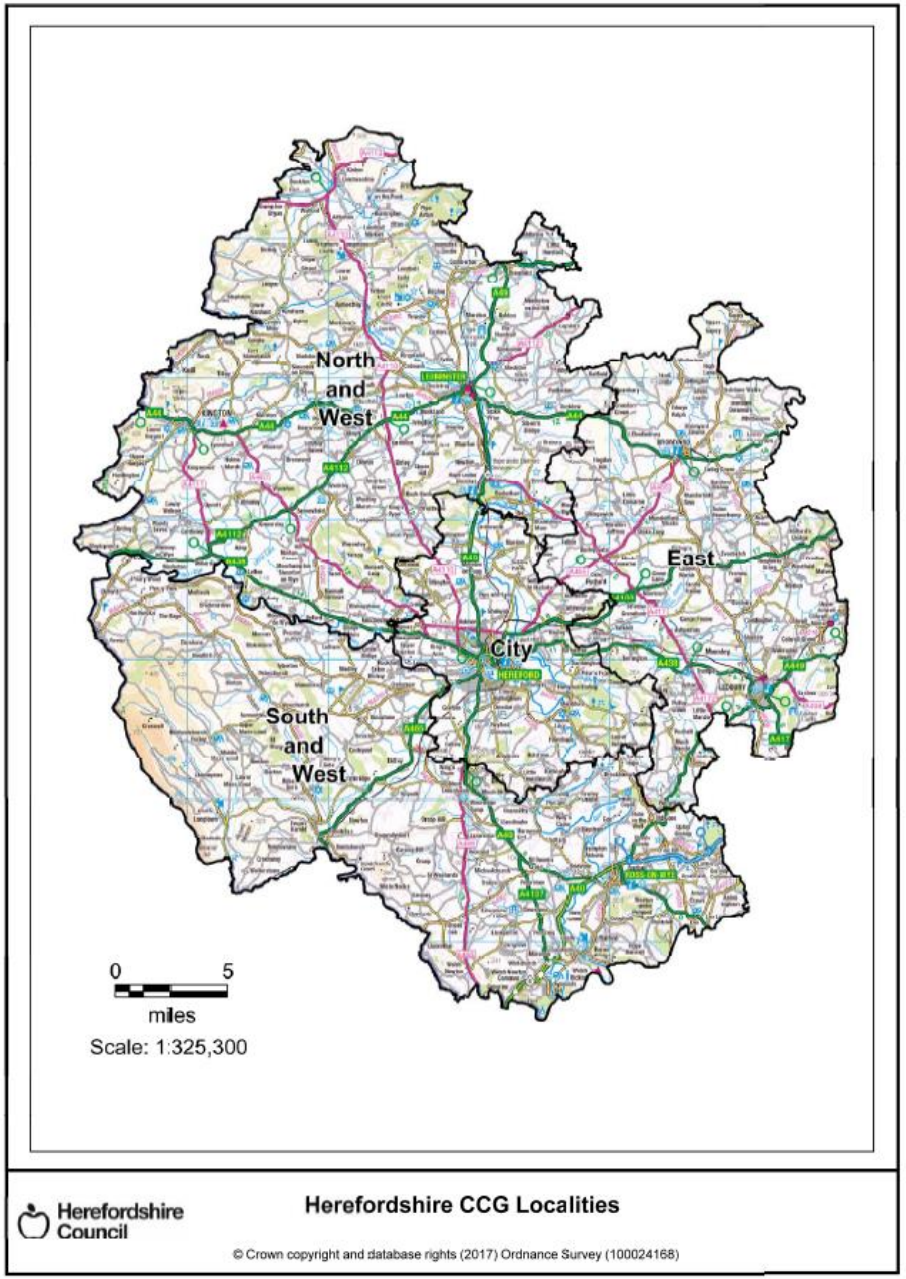
CIPFA Statistically Comparable Authorities (listed)by decreasing similarity	
1. Shropshire	6. Cheshire West and Chester
2. Cheshire East	7. North Somerset
3. Bath and North East Somerset	8. East Riding of Yorkshire
4. Wiltshire	9. Central Bedfordshire
5. Rutland	10. Cornwall



2. Local Context
2.1 The Place (cont...)

Localities

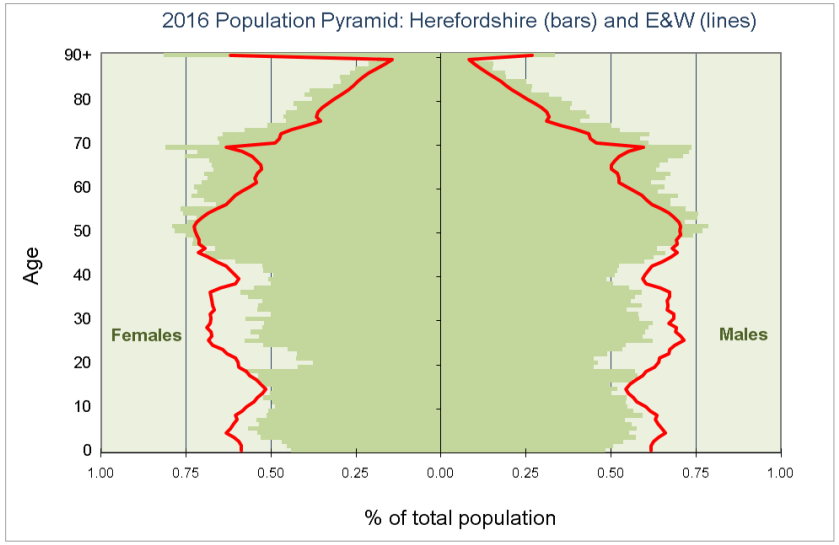
- The PNA regulations suggest that the HWB divides its area into localities which are then used as a basis for structuring the assessment.
- Although, Herefordshire currently has 27 community pharmacies and 10 dispensing practices, where it has been thought helpful, locality based information is described.
- The PNA has noted the intentions of locality based working of GP practices for discrete population across the County.
- Therefore for the purpose of our PNA, we have examined the CCG locality model which divides the county into four designated localities based on GP practices around the county: City, North and West, East and South and West. The rationale for adopting this structure may be summarised as follows:
- The locality structure is consistent with that used by Herefordshire CCG for the planning of the delivery of primary care services, while the CCG localities also nest with corporate localities employed by Herefordshire Council for the planning of a wide range of services.
- The structure reflects the resident population of Herefordshire as opposed to the GP registered populations which show considerable variation between practices.
- The localities are characterised by trends towards similar demographics.
- The structure facilitates us to better assess the impact of projected population changes including those which may arise as a result of significant housing and commercial developments within Herefordshire.

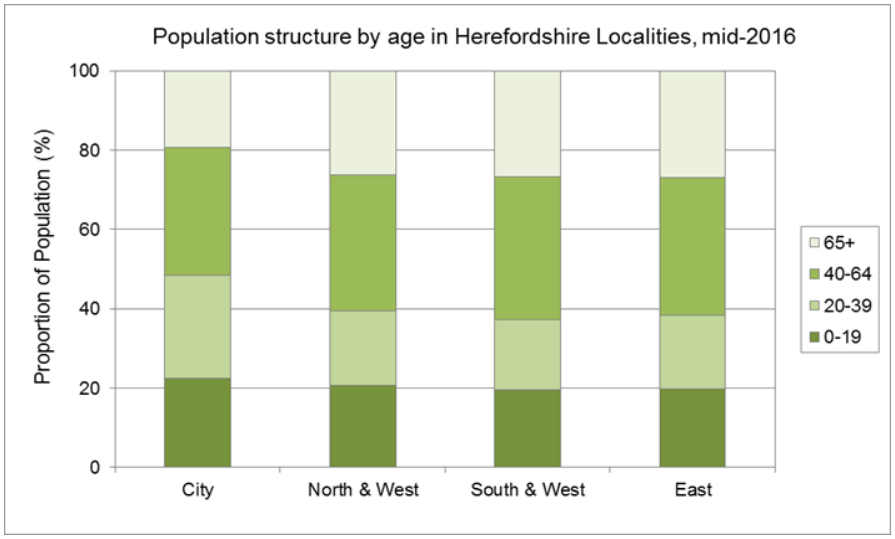


2. Local Context
2.2 Demography

Population & Age Distribution

- Herefordshire has a resident population 189,309 (ONS mid year estimates, 2016).
- Since 2001 the Herefordshire population increased by 7.7% compared to population growth of 11% observed in England and Wales.
- The population pyramid (below) demonstrates:
  - A gender split of males 49% to females 51%.
  - Approximately 23% of the population is aged 65+.
- The age distribution graph (right) shows how age varies between the localities:
  - In the City locality there is a higher proportion of individuals aged under 40 and a considerably lower proportion of people aged 65+ compared to elsewhere.
  - The population age profiles are broadly similar in the North and West, South and West and East localities where a particular feature is the higher proportion of those aged 65+ compared to the City.





What this means for the PNA

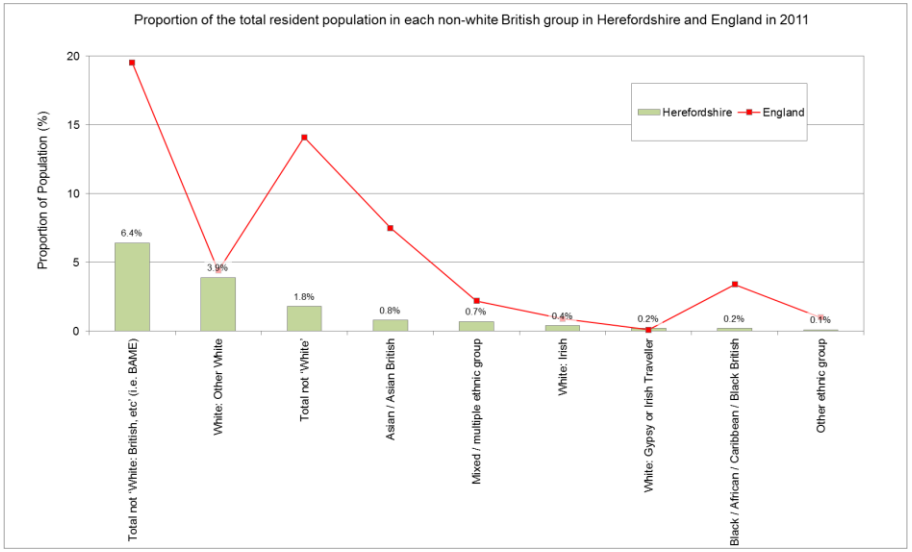
- The age of a person has an impact upon how and when they may need to use pharmaceutical services. This is summarised in Appendix D – *"Pharmaceutical Needs Across the Lifecourse".*
- A survey of the population in England[3] showed that the people more likely to visit a pharmacy once a month or more are: older people, children, women aged 55+ and those with a long-term condition. Conversely men, younger adults and people in employment are less likely to visit a pharmacy.
- As Herefordshire has a proportionally large older population, it is important that services are responsive to, and meet the needs of, the over 65s.
- However, in relation to younger cohorts it is important that pharmacies also maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions.
- Similarly, population growth has implications for future demand on all services, including pharmacy services. Our assessment will consider the capacity of the existing pharmacy network to meet this demand.

2. Local Context
2.2 Demography (cont…)

Ethnicity

- According to the 2011 census the majority of Herefordshire's population is white (Scottish, Welsh, Northern Irish, English) representing 94% of the population compared to a figure of 81% for England as a whole.
- Black, Asian and Minority Ethnic groups (BAME) represents 6.4% of the local population, a figure which has increased from 2.5% in 2001, although the local figure remains appreciably lower than that reported nationally of 19.5%.
- The BAME population of Herefordshire has a younger age profile than the county's population as a whole with 77% being under 45 years old, compared to 50% of the total population.
- Approximately 12,000 of the local resident population were born abroad, 53% of whom arrived after the expansion of the EU in 2004 compared to the national figure of 40% %, which highlights the impact that recent migration has had locally in Herefordshire.
- Polish is the most common language in the county after English being the first or preferred language of 2,900 residents (1.6% of people aged 3+). Other main languages across the county include south and east Asian languages (almost 700 residents), Lithuanian (550), Slovak, Portuguese, Hungarian (each just under 300), Russian (200) and other European languages (1,100).

Language	No. Pharmacies	Percentage	Other languages spoken (<3% pharmacies)
Polish	7	26%	No others reported
Lithuanian	1	3%	
French & Italian	1	3%	
Urdu/ Pathu	1	3%	
Romanian	1	3%	
Slovak	0	0%	
Portuguese	0	0%	
Hungarian	0	0%	
Russian	0	0%	



What this means for the PNA

- There is a correlation between health inequalities and the levels of diversity within the population. For example, BAME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease.
- It is essential that pharmaceutical services meet the specific needs of all communities in Herefordshire as well as providing a broad and appropriate range of services to the general population.
- The diversity of spoken languages potentially presents a challenge for the effective communication of medication related information; and health promotion and lifestyle advice.
- A number of staff within our pharmacies speak languages other than English, and there is reasonable alignment with the most common languages spoken in Herefordshire.
- Where possible we will take opportunities to signpost patients to pharmacies where their first language is spoken with a view to improving access to pharmaceutical and health promotion advice.

2. Local Context
2.2 Demography (cont…)

Deprivation
- Herefordshire is generally a prosperous county, although significant levels of deprivation exist in some areas with a considerable gap evident between the richest and the poorest in the county.
- Herefordshire is ranked 115th out of the 152 upper tier local authorities in England with respect to deprivation (1 = most deprived).
- Between 2010 and 2015 there was evidence of an increase in the overall levels of deprivation in Herefordshire, although these changes were minor and considerable variation is evident across the county.
- In 2015 12 of the 116 Herefordshire LSOAs were amongst the 25% most deprived nationally in terms of multiple deprivation out of a total of 116 in the county – in 2010 the figure was 8.
- The most deprived areas of the county are located in the south of Hereford city where 'Golden Post - Newton Farm' remains the County's most deprived LSOA and is the only area of the county to be in the 10% most deprived in England. Areas of relatively high deprivation are also evident in Leominster.

Life Expectancy
- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality
- For those born in Herefordshire in 2012-14 the average life expectancy is 80.7 years for males, while for females the 2012-14 value of 84.2 years; both figures have risen steadily since 1991-93 and are higher than the national figures.
- Individuals born in the most deprived areas of Herefordshire have a shorter (4-5 years) life expectancy than those living in the least deprived areas.
- In 2015 the Age Standardised Mortality Rate (ASMR) for Herefordshire was 968 per 100,000 population which is broadly in line with national and regional figures.

Religion
- Christianity is the largest religion in Herefordshire, although numbers have fallen since 2001 from 79 % of the population to 68%.
- Unlike nationally, where Muslims are the second largest group, Buddhists are the second largest religious group in the county (0.3 %; 560 people).
- Since 2001 the number of Muslims and Hindus have more than doubled to 360 and 230 residents respectively.
- Since 2001 the proportion of the population reporting they have no religion has increased from 13 to 23 %.

What this means for the PNA
- There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities
- Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitating the self- management of those with long term conditions
- The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs
- With respect to religion, pharmaceutical services need to ensure that advice on medicines and medicines-related issues are tailored to meet the needs of specific religious beliefs. For example, residents may seek advice on:
  - Whether or not a particular medicinal product includes ingredients which are derived from animals
  - Taking medicines during periods of fasting e.g. Ramadan

2.3 Health Needs

2.3.1 Lifestyle

Overview

- Lifestyle has a significant impact upon the health and outcomes of an individual
- In Herefordshire, the lifestyle factors and behaviours which are a cause for concern include:

Smoking

- Smoking prevalence in Herefordshire has shown a decline in recent years and in 2016 the local figure was 14% compared to 20% in 2010; in 2015/16 there were an estimated 27,000 smokers aged 15 and above across Herefordshire.
- Among the Herefordshire population males are a third more likely to smoke than females.
- Relatively low levels of smoking prevalence occur in rural and semirural areas with higher levels recorded in Hereford and market towns.
- Prevalence of smoking in adults in routine and manual occupations in Herefordshire is significantly higher than that recorded for the adult population as a whole.
- In line with the national pattern the prevalence of smoking in pregnancy in Herefordshire has fallen almost by a half since 2006/07 and since 2014/15 has been below the “national ambition” of 11%.
- In 2014/15 almost 6% of 15 year olds in Herefordshire reported that they smoked cigarettes which was lower than the figures of 8.2% and 7.0% across England as a whole and the West Midlands respectively.
- The local smoking attributable mortality rate has shown a general decrease, falling from 265 per 100,000 population to 235 per 100,000 between 2007 and 2015 and has been consistently lower than the national and regional rates.
- In 2013-15 lung cancer was the underlying cause of 29% of smoking related deaths in Herefordshire, while chronic obstructive pulmonary disease (31%), heart disease (12%) and stroke (3.6%) were also important.

Poor diet

- In 2015/16 the proportion of mothers in Herefordshire who breastfed their babies for at least six to eight weeks after birth was 52.3%, a figure significantly higher than that reported for England (43.2%).
- Across Herefordshire GP practices the adult obesity prevalence is 9.3% compared to a national figure of 9.0%.
- There is a correlation between fast food and obesity. There are 103 fast food outlets across Herefordshire, which corresponds to 55 outlets per 100,000 population compared to the national rate of 88 per 100,000.
- An appreciable number of local fast food outlets are located within areas of higher deprivation which also correlate to higher levels of obesity.
- In 2014/15 8% of reception year children and 18% of year 6 children were obese.

Physical inactivity

- Between 2012 and 2014 the level of activity increased across Herefordshire from 56.9% to 61.3%, while the level of inactivity fell from 29.2% to 22.7%.
- Compared to comparator counties and unitary authorities the level of inactivity in Herefordshire is less than the average for the group, while activity levels are higher than average.

Alcohol misuse

- Excessive and binge drinking poses significant health and social risks. Nationally 1 in 4 adults are binge drinkers and middle class drinkers are more likely to indulge in "heavy" drinking
- Over the period 2001 to 2014 26% of adults in Herefordshire exceeded the guideline limits for alcohol consumption and consumed more than 14 units per week, a figure similar to that recorded both for nationally and regionally.
- In Herefordshire 73% of 15 year olds have consumed alcohol, with 8% classed as regular drinkers.
- In 2014/15 there were over 3,000 alcohol related hospital admissions in Herefordshire, a figure significantly lower than those reported for England and the West Midlands.
- In 2015 the local alcohol related mortality rate of 46 per 100,000 was broadly similar to both the national and regional figure

2.3 Health Needs
2.3.1 Lifestyle (cont...)

Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health and unplanned pregnancy
- There is a strong correlation between alcohol and poor sexual health outcomes
- In 2015 there were 929 new cases of sexually transmitted infections (STIs) diagnosed in Herefordshire which corresponds to a rate of 453 per 100,000, a figure significantly lower than both the national and regional rates as was ranked 128 out of 150 local authorities.
- In 2015 the crude teenage pregnancy rate in Herefordshire was 14.3 per 1,000 which was significantly lower than both the national and regional figures.
- The 2015 local abortion rate of 13.4 per 1,000 population was significantly lower than the national rate; almost half of all local abortions were to women in their 20s.
- Between 2011 and 2015 the number of diagnosed HIV cases in Herefordshire rose from 56 to 79, which corresponds to an increase in the prevalence rate from 0.55 to 0.77 per 1,000 population; in 2015 the local HIV diagnosis rate was ranked 10th highest out of 14 local authorities in the West Midlands.

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In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases. ***The implications for the PNA are set out on pages 24 onwards***

2.3 Health Needs

2.3.1 Health Consequences of Lifestyle Choices

Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is the most common cause of death in Herefordshire. The table on the right summarises mortality rates (2014-16).
- It is estimated that 80% of cases of CVD are preventable through modification of lifestyle and the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant therapy, anti-diabetic medication etc)

Diabetes

- The incidence of diabetes in Herefordshire is 6.6% (2015/16) compared with 6.5% in England and 7.5% in the West Midlands.
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
  - Deprivation: those living in the most deprived areas have a higher risk
  - Ethnicity: the risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times greater than for White people. There is a greater risk of long-term complications in these groups

Cancer

- The table on the right summarises cancer mortality rates
- Four lifestyle factors: tobacco, diet, alcohol and obesity account for one third of all cancers.

Chronic Respiratory Disease

- The table summarises mortality rates associated respiratory disease
- Overall both total and preventable mortality rates in Herefordshire are lower (better) than the national and regional figures .
- In Herefordshire, the mortality rate for COPD for which smoking is the main cause, was 44.4 per 100,000, a figure statistically lower than those reported nationally and regionally (50.2 and 50.9 respectively)

Hospital admissions

- The table on the right summarises the impact of smoking on hospital admissions

Under 75 mortality rates from cardiovascular disease per 100,000 population

2014-16 data	Men	Women	Total
All Deaths (Herefordshire)	**87.2**	**40.0**	**63.0**
(West Midlands; England)	(109.3 ;102.7)	(48.0; 45.8)	(78.0; 73.5)
Preventable* – (Herefordshire)	**62.1**	**21.4**	**41.2**
(West Midlands; England)	(75.6; 70.4)	(24.8; 24.3)	(49; 46.7)

Under 75 mortality rates from cancer per 100,000 population

2014-16 data	Men	Women	Total
All Deaths (Herefordshire)	**131.4**	**113.1**	**121.9**
(West Midlands; England)	(158.8; 152.1)	(126.0; 122.6)	(141.9; 136.8)
Preventable* – (Herefordshire)	**63.7**	**65.2**	**64.4**
(West Midlands; England)	(90.1; 85.9)	(74.2; 73.4)	(81.9; 79.4)

Under 75 mortality rates from respiratory disease per 100,000 population

2014-16 data	Men	Women	Total
All Deaths (Herefordshire)	**37.7**	**23.2**	**30.3**
(West Midlands; England)	(41.6; 39.2)	(29.6; 28.7)	(35.4; 33.8)
Preventable* – (Herefordshire)	**23.5**	**12.1**	**17.7**
(West Midlands; England)	(21.8; 20.8)	(16.6; 16.5)	(19.1; 18.6)
COPD (all age - 2014) (Herefordshire) (West Midlands; England)	-	-	**44.4** (50.9; 50.2)

Smoking Related Hospital Admissions per 100,000 population (2015-16)

No. of Admissions (Herefordshire) (West Midlands; England)	**1,567** (1,741; 1,726)

Source: Public Health Outcomes Framework; Tobacco Control Profiles

* Preventable deaths are those which could be avoided through public health interventions

2.3 Health Needs

2.3.2 Health Consequences of Lifestyle Choices (cont…)

Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as "*the use of a substance for a purpose not consistent with legal or medical guidelines".* It may also be defined as *"a pattern of substance use that increases the risk of harmful consequences for the user"*
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences

A. Drug Misuse

- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV, which may cause chronic poor health and can lead to serious disease and premature death
- In 2011/12 there were 391 adult (aged 15 to 64) intravenous drug users in Herefordshire, which represents a rate of 3.40 per 1,000, a figure higher than recorded both nationally (2.49 per 1,000) and regionally (2.53 per 1,000)
- In 2014-16 there were 22 deaths related to drug misuse in Herefordshire which corresponds to a age standardised rate of 4.2 per 100,000 which was similar to those for England and the West Midlands (4.2 and 4.3 per 100,000 respectively)
- Between 2013/14 and 2015/16 there were 51 hospital admissions due to substance misuse (excluding alcohol) which corresponds to a local rate of 84.5 per 100,000 compared to the national figure of 95.4 per 100,000 and that for the West Midlands of 79.4 per 100,000

B. Alcohol misuse

- Drinking more than the recommended daily allowance, and particularly binge drinking (defined as at least twice the daily recommended amount of alcohol in a single drinking session i.e. 8+ units for men and 6+ units for women), has health consequences which include:
  - **Liver disease:** During the period 2014-16 there were 59 deaths from liver disease in Herefordshire which corresponds to a directly standardised rate of 9.6 per 100,000 compared to the rates for England and the West Midlands of 12.0 and 14.1 per 100,000 respectively
  - **Alcohol related deaths:** In 2016 there were a total of 96 alcohol related deaths at a standardised rate of 45.8 per 100,000; the national and regional rates were 46.0 and 50.1 per 100,000 respectively.
- In 2015/16 there were 1,137 alcohol related hospital admissions in Herefordshire which corresponds to a local standardised rate of 575 per 100,000 compared to the national figure of 647 per 100,000 and that for the West Midlands of 728 per 100,000

Sexual Health

- Sexually transmitted infections (STIs) and HIV can cause a range of illnesses which may lead to premature death
- In 2016 the local rate of new diagnoses of STI (excluding chlamydia) in those aged under 25 years) was 519 per 100,000 population compared with 795 for England and 686 for the West Midlands
- Locally the rate of chlamydia diagnosis rate in 2016 in those aged 15-24 years was 1,269 per 100,000 compared with 1,882 per 100,000 for England and 1,714 per 100,000 for the West Midlands
- In 2016 the local gonorrhoea diagnosis rate was 18.1 per 100,000 compared to 64.9 per 100,000 nationally and 58.7 per 100,000 regionally
- In 2014-16 42.3% of HIV was diagnosed at late stage in Herefordshire in those aged 15+; similar figure were reported for both England (40.1%) and the West Midlands (44.1%)
- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future:
  - In 2016, the total number of abortions in Herefordshire was 366 at a rate of 12.2 per 1,000 females compared to abortion rates for England and the West Midlands of 16.7 and 18.2 respectively
  - Teenage pregnancy often leads to poor health and social outcomes for mother and baby. In 2015, the under 18s birth rate (per 1,000) in Herefordshire was 14.3 and was lower than the figures for England (20.8) and the West Midlands (23.7)

2.3 Health Needs
2.3.3 Other Considerations

Mental Health

- At least one in four people will experience a mental health problem at some point in their life; and one in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Herefordshire:
  - In 2015/16 the recorded prevalence severe mental illness was 0.89% compared with 0.90% for England and 0.91% for the West Midlands
  - Between 2014-2016 the three year average age standardised suicide rate was 11.0 per 100,00 compared with and England average of 9.9 per 100,000 and a figure of 10.0 per 100,000 for the West Midlands
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc.
- Adherence is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

Older People

- The frequency of ill health rises with increasing age and people aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions. Older people are particularly vulnerable to:
  - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities
  - **Dementia**: In 2017 the local recorded dementia prevalence among those aged 65 and over is 3.81% which is lower than that reported regionally (4.13%) or nationally (4.29%).
  - **Cardiovascular disease:** in 2013-15 the mortality rate from cardiovascular disease among those aged 65 and over in Herefordshire was 1,317 per 100,000 compared to national and regional figures of 1,192 and 1,206 per 100,000 respectively.
  - **Falls:** It is estimated that in 2017, 12,174 people over the age of 65 will experience a fall in Herefordshire.
  - In 2015/16 there were 244 hip fractures in people aged 65 and over which corresponds to a standardised rate of 551 per 100,000; the national rate was 589 per 100,000

Care Homes

- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals
- In 2014/15 0.35% of patients registered with Herefordshire GP practices were nursing home patients compared to 0.22% in the West Midlands and 0.48% across England as a whole.
- As care is provided by generalists supported by specialists, it is recognised that specialism is required to meet the needs of the individual residents and the care homes.
- Recommendations from the NICE *"Managing Medicines in Care Homes (SC1)"* that directly relate to pharmacy involvement include:
  - The ongoing supply and demand of medicines prescribed to patients.
  - Advice/support for patients' care plans; and to staff with regards to identifying & managing adverse effects due to medicines
  - Support the disposal of medicines from care homes
  - Support delivery of the local anticipatory medicines pathways
  - Advice/support to staff on the medication administration records for patients
  - Provide a key contact for queries, around medicines, for resident/family members when the patient is temporarily away from care home
- Adopting a proactive approach to managing medicines in care homes is likely to make a contribution towards reducing unplanned admissions to hospital.
- At the time of writing Hereford Council are developing an "Older Persons Strategy" which will contribute to understanding how pharmaceutical services can assist with safe and effective medicines use in older people.
- Secondly, also at the time of writing NHS England have launched one of the initiatives under the national "Pharmacy Integration Fund" in which nationally CCGs are able to bid towards increased medicines support for care homes residents but which must be fully integrated into community pharmacy.

2.3 Health Needs
2.3.3 Other Considerations

Disability

- In the UK approximately 15% of the population may be defined as disabled; applied to Herefordshire's population this translates as around 28,400 people.
- In 2012 it was estimated that in Herefordshire there were 13,700 adults with a serious or moderate disability which correspond to a local prevalence of 12.2% compared to 11.1% nationally.
- In 2015/16 there were almost 4,000 adult hospital admissions in Herefordshire which had a mention of a neurological condition.
- In 2009/10 there were 955 adults in Herefordshire who were deaf or hard of hearing.
- In 2014 across the county there were 805 adults registered as blind and 430 as partially sighted.
- In 2015/16 there were 976 Herefordshire adult recorded on their GP's Learning Disabilities Register which represents a prevalence of 0.60%, while the figures for England and the West Midlands were 0.50 and 0.54% respectively.
- In March 2017 718 patients across Herefordshire were recorded as having Autism Spectrum Disorder (ASD) which represents a prevalence of 0.39%.
- Locally, between 2015 and 2016, the total number of pupils with Statement of Special Educational Needs or an Education, Health and Care Plan increased from 571 to 591.

Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including:
  - Children aged under 6 months
  - Older people
  - Pregnant women
  - Those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression
- Seasonal influenza vaccine is recommended for people falling into these clinical groups
- The Department of Health has set a long-term ambition of a minimum 75% vaccination uptake in most eligible groups for whom flu vaccination provides direct protection; both the over 65 years and those aged under 65 fall into this category.
- In Herefordshire, seasonal influenza vaccination uptake in 2016/17was:
  - For the over 65s, the vaccination rate was 70.2% which was similar to both the national and regional rates of 70.5% and 70.1% respectively.
  - 52.7% of those aged 6 months to 64, in 'at risk' groups were vaccinated; This is higher than the rates for England and the West Midlands (48.6% and 49.5%)

Pneumococcal Immunisation

- People within the following groups, who are at risk of complications arising as a result of a pneumococcal infection, are eligible for pneumococcal vaccination:
  - All children under the age of two
  - Adults aged 65 or over
  - Children and adults with certain long-term health conditions, such as a serious heart or kidney condition
- In 2015/16:
  - 69.5% of the eligible population (aged 65+) received pneumococcal (PPV)
    Vaccination which is in line with previous years and was similar to both the national figure of 70.1% and the regional figure of 69.1%.; this was less than the previous year's coverage and below the England rate (69.1%).
  - Conversely, the percentage of eligible children who received the complete course of pneumococcal (PCV) vaccine by their 1st birthday was 97.2% compared to 93.5% and 94.2% for England and the West Midlands respectively.

2.3 Health Needs
2.3.3 Other Considerations

Childhood immunisation

- A priority is to achieve 'herd' immunity against infectious diseases (i.e. 95% of the eligible population immunised against the disease)
- Herefordshire is not meeting the national vaccination targets for HPV childhood immunisations; and performs below the regional and/or national levels in the following areas:

Measles, Mumps & Rubella (MMR) uptake

Locally the uptake Mumps, Measles and Rubella (MMR) first and second doses have increased since 2010/11 and in 2015/16 uptake rates exceeded the target of 95% for the first time and were higher than both the national and regional figures.

- In Herefordshire single dose uptake by the age of 2 was 96.5% compared to 91.9% and 93.1 across England and the West Midlands respectively.
- Locally 94.6% of eligible children received two doses of MMR on or after their 1st birthday and anytime up until their 5th birthday compared to 88.2% in England and 89.1% in the West Midlands.

Haemophilus Influenzae Type b (Hib) / Meningococcal C (MenC)

- In 2015/16 the local the uptake for Haemophilus Influenza type B/Meningitis (Hib/MenC) at 2 years was 96.7% which was higher than ythat for England as a whole (91.6%).
- Similarly, the local uptake of 96.2% at 5 years was higher than the national figure of 92.6%.

Human Papillomavirus (HPV)

- In 2013/14 the local proportion of girls aged 12 -13 years in Herefordshire who had received all 3 doses of the HPV vaccine was 85.1% compared to 86.7% across England.

Healthy Start Vitamin Programme.

- UK Health Departments recommend that all babies aged from six months onwards should be given a supplement that contains vitamins A, C and D, such as Healthy Start vitamin drops, unless they are drinking **500ml** (about a pint) of **infant formula** a day (**infant formula** has vitamins added to it).
- **Healthy Start » Vitamins in England**

In the next section, we show how healthcare strategy (nationally and locally) sets out to tackle the lifestyle behaviours and health needs outlined in the preceding pages.

The implications for the PNA are set out on pages 24

2.4 Health Services Strategy

2.4.1 National Strategy

Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
  - **Public Health England** (PHE) is the national body responsible for improving and protecting the nation's health. PHE undertake and inform health protection, health improvement and health and social care commissioning. Locally, Directors of Public Health are responsible to the Secretary of State for Health for advising local authorities on the best ways to improve the health of the population
  - **Local Authorities** (LAs) which have responsibility for public health and improving the health of the population
  - **Health and Wellbeing Boards** (HWBs) which must be established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch
  - **NHS England** (NHSE**)** is the national body responsible for commissioning 'primary care services' from GPs, pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services
  - **Clinical Commissioning Groups** (CCGs) commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, in this section we set out high level strategic priorities together with the implications for the PNA
- It should be noted that much national strategy continues to evolve.Our assessment reflects emerging themes and priorities at the time the PNA was written

NHS England

- NHS England's ambition, to ensure "high quality health care for all, now and in the future", is set out within *"Everyone Counts: Planning for Patients 2014/15 to 2018/19"*. The document describes a five-year transformation programme. A nationwide consultation exercise, "*A Call to Action"*, has been undertaken in order to secure commitment to the above transformation programme
- Some of the key changes relevant to pharmaceutical services include:
  - Providing a broader range of services, from the wider primary care providers (including pharmacy), in order to improve access and support for patients with a moderate mental health or physical long term condition
  - A more integrated system of community-based care focused on improving health outcomes which include:
    - Developing new models of primary care which provide holistic services, particularly for frail older people & those with complex needs
    - A greater focus on preventing ill health
    - Involving patients and carers more fully in managing their health
    - The establishment of urgent and emergency care networks to improve access to the highest quality services in the most appropriate setting
    - A move towards providing responsive and patient-centred services seven days a week. Initially the focus will be on urgent and emergency care with pilots to improve access to GP services in the evenings and at weekends

Five Year Forward View 2014

- There is an emerging consensus on what needs to be done within the NHS and with partner organisations:
  - The most important action relates to prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol and other major health risks
    - Patients and their carers need to be given far more control in managing their own care
    - Barriers preventing effective service integration need to be broken down
- Care needs to be organised around the individuals with multiple health conditions and not based on single disease pathways

2.4 Health Services Strategy

2.4.1 National Strategy

STP originally stood for sustainability and transformation plan. These are 44 areas covering all of England, where local NHS organisations and councils have drawn up proposals to improve health and care in the areas they serve.
STP can also stand for 'sustainability and transformation partnership', plans drawn up in each of these areas setting out practical ways to improve NHS services and population health in every part of England. They aim to help meet a 'triple challenge' set out in the NHS Five Year Forward View – better health, transformed quality of care delivery, and sustainable finances.

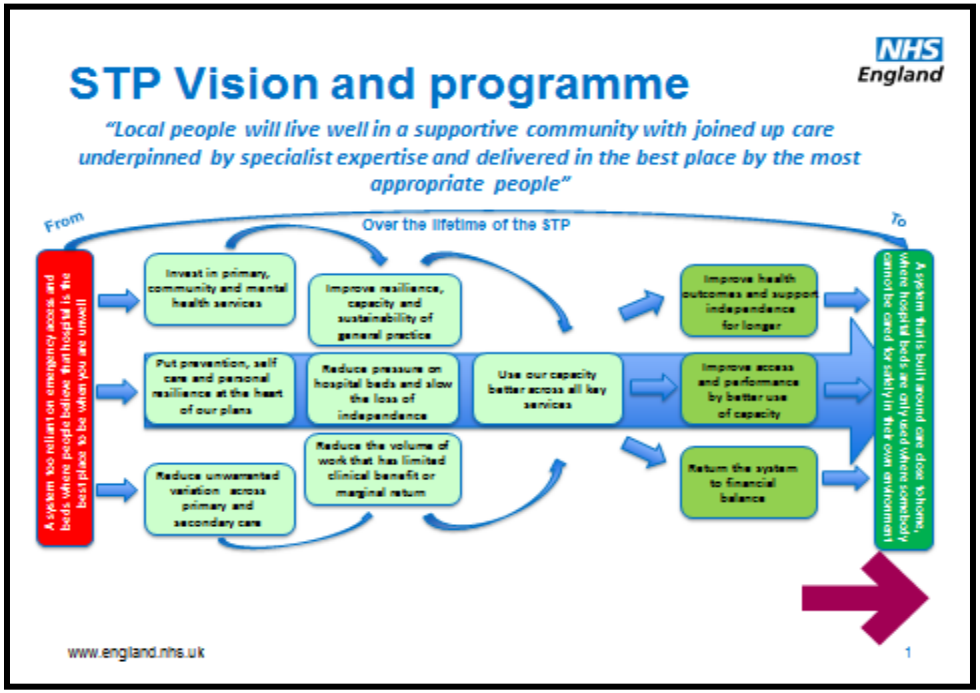
The STP across Herefordshire and Worcestershire has a number of work streams which are looking at different aspects of health.
Priorities include:

- **putting prevention and self-care at the heart of what we do,**
- **strengthening and sustaining our GP services,**
- **developing our 'out of hospital' offer,**
- **providing safe and sustainable specialist services such as cancer and maternity, and**
- **ensuring that people can access the right urgent and emergency care services, without delays when needed.**

We also need to have the right systems and workforce to enable the changes we will need to make.

Pharmaceutical services can help with implementation:

- Pharmacy based intervention scheme to optimise prescribing
- ONPOS system – an off prescription system for supplying dressings and optimal wound care management products
- Medication reviews in care homes by pharmacists
- Increasing MUR/NMS services
- Secondary care to primary care discharge – improved communications
- Reviewing urgent medication request service
- Optimal use of IT to ensure maximum efficiencies in professional, pharmacist and patient time.



A medicines optimisation work stream is working in the following areas:

- Improving medicines optimisation performance in line or better than national and regional outcomes
- Reduced variation in prescribing spend and medicines optimisation outcomes between practices and CCGs
- Service redesign across STP for community service type medicines that do not need to be prescribed in primary care by GPs
- Increased reporting of medication reviews and medicines interventions across multiple care settings to improve medicines optimisation and patient outcomes
- An enhanced role for community pharmacies supporting preventative interventions through local and national schemes
- Enhancing skill mix to optimise medicines use across all pathways
- Improving reported patient outcomes and patient equity to demonstrate effective medicine use and medicines systems maximising use of technology to expand capacity
- Review equity of access for patients to pharmaceutical services

2.4 Health Services Strategy
2.4.2 Local Strategies Health and Wellbeing Strategy

Herefordshire Health and Wellbeing Strategy – 5 year strategy

Our vision – what we want for the future

"Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure."

The population of Herefordshire is living longer but we could make even more improvements in health and wellbeing if we promote healthier lifestyles and organise our care differently. Members of the Health and Wellbeing Board understand they need the commitment and contribution of many organisations and groups, including the public, to make these changes in order to create better outcomes for everyone.

The Health and Social Care Act 2012 sets out proposals for significant changes to the way health and social care services are organised and delivered in England. The Act calls for local authorities to establish a Health and Wellbeing Board which is required to identify health and wellbeing priorities for the county and ways to address them.

The strategy will provide direction for decision makes across health, social care and the wider partnerships to determine the commissioning and provision of high quality services to improve the health and wellbeing of Herefordshire's population. The 5 year strategy seeks to achieve changes in the overall health and wellbeing of the population through an incremental transformational approach with safeguarding embedded as a cross cutting theme.

To achieve this we need to:

- Keep people well (prevention)
- Get people better (treatment or secondary prevention)
- Help people cope (care or tertiary prevention).

Priorities have been agreed as displayed in the diagram and further ways in which pharmacy based services can help are discussed overleaf.

Our agreed priorities

1 - Mental health and wellbeing
and the development of resilience in children, young people and adults

2 - For children
starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children

3 - For older people
quality of life, social isolation, fuel poverty

4 - Impact of housing
fuel poverty and poverty and the impact on health and wellbeing

5 - For adults
long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)

6 - Special consideration
reducing health inequalities - people with learning disabilities, carers, returning veterans and armed forces families, the homeless, non English speaking communities, women - domestic abuse and sexual violence, families with multiple needs, those living in poverty, travelers

7 - Hidden issues
alcohol abuse in older men and women and young mothers

These priorities are underpinned by five themes:

- prevention – keeping people well
- self help and helping others to stay well
- working with the voluntary sector, pastoral support network, the community and parish councils
- access to high quality secondary care, education, employment
- reducing health inequalities

When commissioning decisions are taken, these underpinning themes will need to be considered.

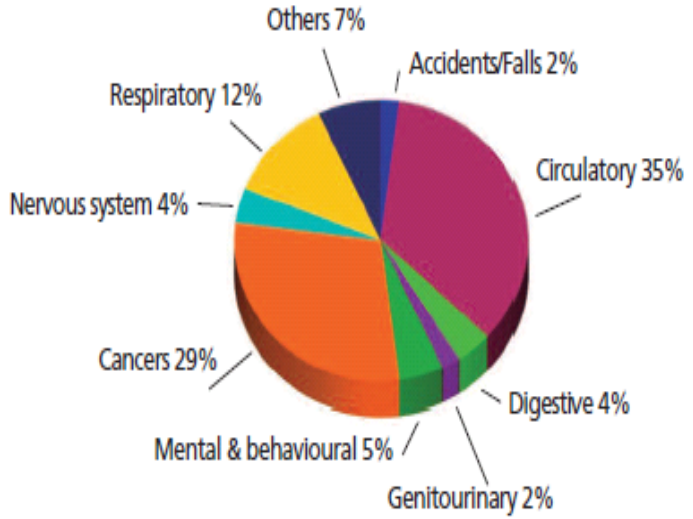
2.4 Health Services Strategy

2.4.2 Local Strategy Health and Wellbeing Strategy

Taken from: Herefordshire Health and Wellbeing Strategy

Common causes of death in Herefordshire

The most common causes of death in Herefordshire are circulatory and respiratory disease and cancers. Approximately 350 deaths per year are from preventable causes.

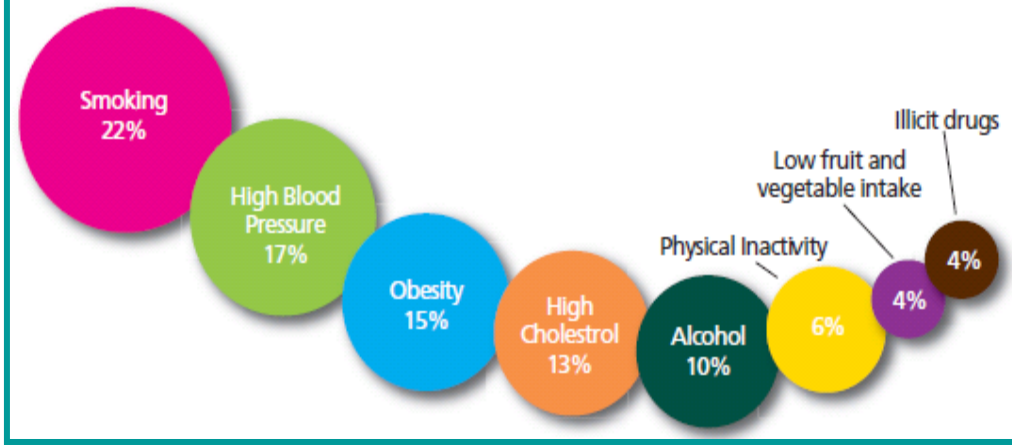


Modifiable risk factors

The main risk factors contributing to early death and the burden of ill health are shown in the caterpillar diagram below.

The leading contributor to the burden of disease in Herefordshire is smoking followed by high blood pressure then overweight and high cholesterol.

Most cardiovascular disease and around 30% of cancers are caused by lifestyle risks such as smoking, poor diet, low levels of physical activity and excessive drinking. Not smoking reduces the risk of respiratory disease by up to 95% and eating recommended levels of fruit and vegetables can reduce the risk of cancer.



Areas that may be supported by Pharmacy based services in Herefordshire	
• Encourage and enable smokers to quit through pharmacy based behavioural support services with agreed target patient groups. • Weight management plan – pharmacy based advice on weight management.	• Offering an opportunistic blood pressure measurement service • Focussing on support for patients with respiratory disorders around medicines use reviews, inhaler use checks and inhaler therapy
• Specific links should be made with patients wishing to quit smoking whilst in or upon discharge from hospital to receive support when home. • Support a comprehensive frail elderly pathway that spans Health and Social Care • Development of Pharmacy based Diabetes Prevention programme in Herefordshire	• Community pharmacists can signpost and potentially act as a more generic resource centre. • Provision of information & support on range of leisure, health, housing and support issues • Explore Healthy Living Pharmacy Level 2 development and support for further pharmacy based support for key modifiable risk factors.

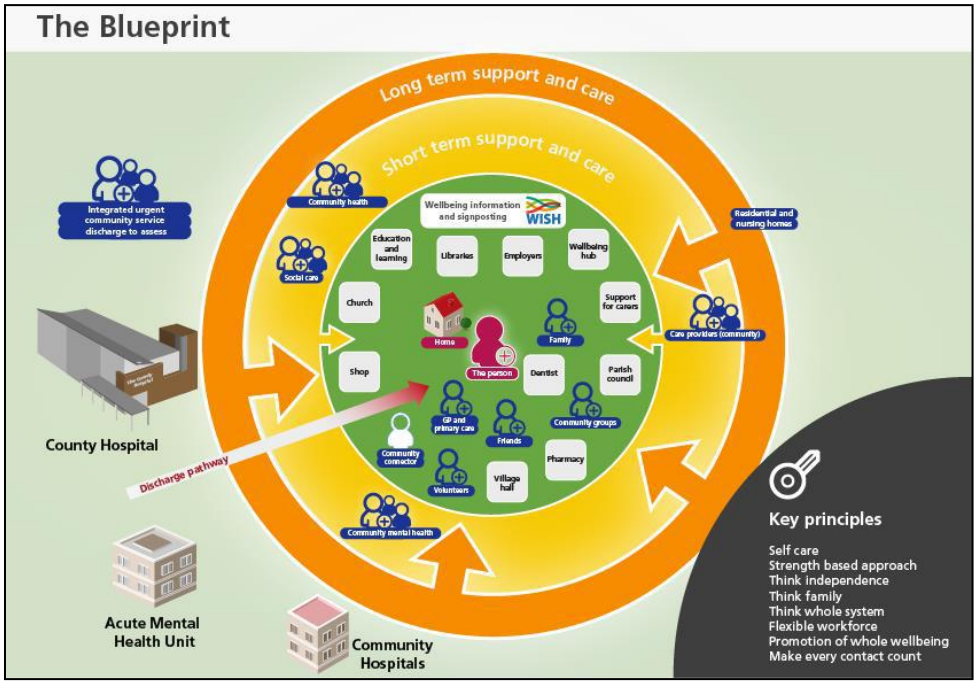
2.3 Health Needs
2.3.3 Other Considerations

A Joint Carer's Strategy for Herefordshire

Unpaid carers are one of Herefordshire's most valuable assets and play a crucial role within the county's health and social care sector.
This strategy, which has been developed by Herefordshire Council and Herefordshire Clinical Commissioning Group, has been co-produced with carers to both encapsulate their aspirations and recognise the challenges which come with being a carer at a time particularly when there is organisational change in the way that health and social care services are provided.
The vision has informed six priorities:

- Information, advice and signposting
- Identifying carers
- Carers' knowledge, skills and employment
- Access to universal services
- Networking and mutual support
- Assessment and support

This also fits with Herefordshire Council's **Health and Wellbeing Strategy** and **Adults Wellbeing Plan**, which is visually represented in 'The Blueprint' described in the right of the page.
The Blueprint illustrates how adults, including carers, habitually use their own families and community as the norm for support and do not want to become reliant upon services to assist them.
However, where carers' needs and aspirations are unmet, statutory services will be used to facilitate carers' access to the community and ensure their health and wellbeing remains the central focus.
The principles of The Blueprint are also intended to encompass the cared for person. Carers meet all or part of the cared for person's needs and it is widely acknowledged that the contribution of unpaid carers would otherwise have to be met by the social care and health care system at the cost of a significant amount of time and money. The Carer's Strategy is draft at the time of PNA development and does not include medicines needs for patients and/ or their carers but should be regarded as a key aspect.



Opportunities for the Future

Joint working between Herefordshire CCG and the Herefordshire Worcestershire LPC has developed a resource called **"**A Carers Guide to Managing Medicines"
This leaflet has been produced specifically for family carers and has lots of information about how the community pharmacist can help in a caring role as well as contact details for Herefordshire Carers Support.
This resource needs to be fully advertised to Commissioners and Providers of services. Pharmacists are well placed to identify Carers and can encourage Carers to discuss both health issues and medicines use with their pharmacist. This can be both informally or more formally through, for example, Medicines Use Reviews, New Medicines Service and seek help and advice on self care for themselves or the person they are caring for.

2.4 Health Services Strategy

2.4.2 Local Strategy – Herefordshire Clinical Commissioning Group

Herefordshire's 5 Year Strategic Plan 2014-2019

- This 5 year plan has been developed to align plans with Public Health & NHS England
- It acknowledges fundamental change is needed in the delivery of healthcare to reflect patient need, expectation and to use medical and technology advances to maximise the "value"
- The vision is to develop an integrated care network between organisations focused on outcomes with patients taking greater responsibility for their own health and accessing care appropriately in order to tackle the County wide challenges described below.

Challenges for Herefordshire CCG

- **Population Level**
  - Predictably poor health outcomes and inequalities in health outcome
  - Lack of focus on prevention
  - Lack of personal responsibility for health
  - Too little supported self-management
  - An increasing demand on services from an ageing population
- **Organisational**
  - Reactive, poorly co-ordinated services, with little integration
  - Focused on organisations needs not patients'
  - Fragmented, duplicative and inefficient
  - Reliance on unplanned care
  - Payments and incentives that do not support integration

"Primary Care Home" Key Initiatives and priorities March 2018 which involve discussing and developing care models for 30,000- 50,000 population size and is a national initiative.	
North locality	Palliative Care Workstream
East locality	Frailty Workstream
South and West	Dementia Workstream
City locality	Urgent Care Workstream

Transformation Approach

Seven day GP Services in Herefordshire.

An extended hours service provided by the GP Federation operates from 6pm-8:30pm weekdays at the South Wye HR2 centre and between 8am-8pm on weekends at the Taurus Hub HR2 providing patients of any practice with access to pre- booked GP appointments.

Between 8pm and 8am Nestor Primecare Services Ltd provide the Out of Hours Service based at the County Hospital site and will provide home visits where necessary.

Provider Landscape

GP practices have formed a GP Federation Taurus to improve access, chronic disease management and improve efficiencies; with primary care, community services & social services developing and wrapped around localities of GP practices

Further development of Community-based 'Hubs', where professional support, training and multi-disciplinary working will be based, enabling the majority of patients to receive care in the community, thereby Reducing capacity in hospitals and reliance on hospital care.

Current Locality Development and Provision

The implications for NHS pharmaceutical services are not yet known in respect of **"Primary care Home"** but community pharmacies are actively engaged with **"Care Navigation**" and at the time of writing early data is being analysed of the signposting to pharmacy based services as an alternative to practice based appointment.

Pharmacists are contributing to **"Primary Care Home**" initiatives involving joint working with other health and social care professionals, voluntary sector and management. Both of these primary care based initiatives will need to ensure pharmacy presence is included.

Opportunities for the Future

Although at early stages **Primary Care Home** provides an opportunity for pharmaceutical services , medicines optimisation per se to be discussed using a locality based approach. **Care Navigation** to some extent has paved the way for better understanding of GP practice and pharmacy professional roles and now must extend into other initiatives correctly supported via an integrated IT vision for patient care.

2.5 Implications for the PNA

2.5.1 Overview

The Local Context - What this means for the PNA

Overview

- In considering the implications for the PNA, we have found it helpful to refer to the national picture
- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport[4]
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons[5]. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population
- The strengths of community pharmacy may be summarised as:

Medicines Expertise

- Medicines are the most common medical intervention.
- Non- adherence, to prescribed medicines, is a silent but significant challenge in managing long term conditions.
- It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended[6]. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole.
- Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber[7]. As such, they have a central role to play in the management of long term conditions

Provider of public health services

Pharmacy is increasingly becoming a provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services.

This is a reflection of its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public with no appointment necessary in the majority of cases.

On the next page, we:

- Explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section of the PNA
- Set out the factors which our assessment will need to take into account in relation to the provision of pharmaceutical and other locally commissioned services
- Appendix D – provides an overview of pharmaceutical need across the lifecourse and has been used to inform our thinking particularly in relation to future pharmaceutical services

2.5 Implications for the PNA
2.5.2 Systematic review

The Local Context - What this means for the PNA (continued)

Dispensing Services
- The provision of dispensing services ensure that people can obtain the medicines and advice they need
- Our PNA explores both the accessibility and future capacity of dispensing services

Health Promotion & Brief Advice
- The high number of people using pharmacies is a real opportunity to *"Make every Contact Count"*[8].
- Future campaigns should focus on modifying lifestyle behaviours with a view to supporting prevention of CVD, diabetes and respiratory disease; and improving health in those with mental illness

Signposting
- Pharmacies need to be equipped to facilitate signposting of patients to other health and social care services e.g. drug & alcohol services, sexual health services, specialist stop smoking services etc

Medicines Use Reviews (MURs) & New Medicines Service (NMS)
- Medicines play a critical part in preventing illness and improving outcomes for people with LTCs
- MURs and/or NMS reviews play a pivotal role in helping people to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital.
- Targeting reviews to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder, will support achievement of local strategic priorities in terms of improving outcomes and helping to reduce medicines waste
- Integrating community pharmacy more closely into new GP networks and new models of care would facilitate delivery of seamless care

Pharmacy-based immunisation
- NHS England commissioning of the Influenza vaccination improves access for Herefordshire residents and contributes towards achieving 'vaccination targets' and 'herd immunity'

Stop Smoking
- Pharmacy based stop smoking services have been shown to be effective and cost effective, and Nicotine Replacement Therapy to support a quit may be supplied to clients at the point of consultation.
- Smoking prevalence varies across Herefordshire and it is important that services are tailored accordingly.

Substance Misuse
- Supervised consumption and needle and syringe services help to address the consequences of substance misuse including blood borne infections, and reducing drug related crime
- Alcohol Identification and Brief Advice plays a role in reducing the consequences of alcohol misuse which could be explored for Herefordshire.
- It is important that pharmacy based services reflect the different needs of the populations in relation to substance misuse.

Emergency Hormonal Contraception (EHC)
- In Herefordshire community pharmacy improves access to EHC
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity when compared to more 'local' pharmacies. This will be taken into account when considering accessibility and provision of the service
- In some areas, community pharmacy provides integrated sexual health services including chlamydia screening and treatment, pregnancy testing, free condoms and oral contraception

Pharmacy-First Minor Ailments Scheme
- In many areas, pharmacies provide valuable advice and support for people with self limiting conditions who would otherwise visit their GP or another unscheduled care provider
- A minor ailments scheme is commissioned in Herefordshire from community pharmacies currently for 10 conditions.

Monitoring
- Pharmacy potentially has a role in monitoring medication e.g. anti-coagulants, blood pressure checks etc

Self and Personalised care
- The accessibility of community pharmacy, coupled with the role it plays in dispensing and medicines optimisation, places it in an ideal position to support the self care agenda for people with LTCs
- Care Navigation commenced November 2017 in Herefordshire with pharmacy a key signpost.
- There is a need to consider how community pharmacy support may be built into personalised care plans

Screening, Diagnostics and Case Finding
- Pharmacies potentially have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension)
- In some areas pharmacies successfully support delivery of the NHS Health Check programme; a pharmacy based service is under consideration in Herefordshire.
- Some pharmacies offer screening as a non-NHS service

3. The Assessment
3.1 Introduction and approach

Overview

- This section sets out the current provision of pharmaceutical services and other locally commissioned services within Herefordshire.
- In making this assessment, we have taken into account a variety of data sources (refer to box below) and have determined broad principles to underpin our decisions in relation to:
  - Determining whether or not a service is **necessary** (i.e. required) to meet a pharmaceutical need or **relevant** because it has **secured improvements or better access to pharmaceutical services.** Refer to table on the right hand side
  - Determining whether or not there is sufficient choice with respect to obtaining pharmaceutical services. Refer to the box below (on the right).
- We have also considered the impact of a range of other factors, on the need for pharmaceutical services, including:
  - Services provided outside of the HWB area
  - NHS Services provided by other NHS Trusts
  - Specific circumstances which influence future needs including projected changes in population size, demography, health needs, future plans for commissioning or service delivery and other local plans

Factor	Principle(s) for Determining "Necessary" Services
Who can provide the service?	• Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary
Health needs & benefits	• Where there is a clear local health need for a given service, it was more likely to be determined as necessary
Published Evidence	• Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary
Performance	• Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, the service was more likely to be determined as necessary
Accessibility	• Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary

Data Sources

- Pharmacy data from the Health & Social Care Information Centre (2016/17)
- Data and information collected or held by NHS England and Herefordshire Council in relation to the planning, commissioning and delivery of pharmaceutical services and other locally commissioned services
- The findings from the community pharmacy questionnaire which was issued to pharmacies in November 2017. A 100% response rate was achieved
- The views of stakeholders within our partner organisations.
- The Joint Strategic Needs Assessment (JSNA), National and local healthcare strategy; and other relevant strategies

Choice

- For patients, choice is a mechanism to drive up the quality of services and improve satisfaction. For the overall health system, choice encourages appropriate and cost effective use of available services
- The factors which have been taken into account, for each service, when considering whether or not there is sufficient choice in Herefordshire are the:
  - Current level of access to NHS pharmaceutical services in the area
  - Extent to which existing services already offer a choice
  - Extent to which choice may be improved through the availability of additional providers or additional facilities
  - Extent to which current service provision adequately responds to the changing needs of the community it serves
  - Need for specialist or other services which would improve the provision of, or access to services for vulnerable people or specific populations

3.2 Pharmaceutical Services
3.2.1 Essential Services

Overview

- All community pharmacies and Dispensing Appliance Contractors (DACs) are expected to provide essential services, as set out in the 2013 Regulations, although the scope of services for pharmacies and DACs is different
- The table, on the right, provides a brief overview of the full range of essential services provided by community pharmacies. In addition, pharmacies must comply with clinical governance requirements. These are summarised in the table below.
- DACs are required to provide dispensing, repeatable dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS (FP10) prescriptions forms the primary basis of this evaluation, we also assess other elements including health promotion, sign-posting and support for self care throughout our PNA
- As dispensing is a core requirement for all contractors it will be used to explore key service fundamentals including: the distribution of pharmacies, access and future capacity

Clinical Governance	
Use of standard operating procedures	Commitment to staff training, management and appraisals
Demonstrate evidence of pharmacist Continuing Professional Development	Compliance with Health and Safety and the Equality Act 2010
Operate a complaints procedure	Significant event analysis
Patient safety & incident reporting	Patient satisfaction surveys
Clinical audit	Information Governance Level 2 Compliance

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

- Supply of medicines or appliances
- Advice given to the patient about the medicines being dispensed and possible interactions with other medicines
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR)
- Electronic prescription services (EPS) allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy for dispensing. The system is more efficient than the paper based system and potentially reduces errors

Repeat dispensing

- 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
- The 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.

Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines.

Signposting, Healthy Lifestyles & Public Health Campaigns

- Opportunistic advice, information and signposting around lifestyle and public health issues
- NHS England sets the health promotion campaigns although HWBs may have the discretion to run alternative campaigns in the future

Support for self-care

- Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families
- This may include self-limiting conditions as well as long term conditions

3.2.1 Essential Services
3.2.1.1 Distribution

Overview

- Herefordshire has 27 community pharmacies, :
  - 26 of the pharmacies provide pharmaceutical services under the standard national contract
  - With respect to Local Pharmaceutical Services (LPS) contract:
    - No pharmacy holds an LPS contract
  - One pharmacy in Herefordshire was granted a contract under the four exemptions to the NHS (Pharmaceutical Services) Regulations 2005* by virtue of opening 100 hours per week.
- There are 0 dispensing appliance contractor (DAC) contracts within Herefordshire
- There are 10 GP dispensing practices, although there are a total of 14 GP dispensing sites when branch surgeries are taken in to consideration.

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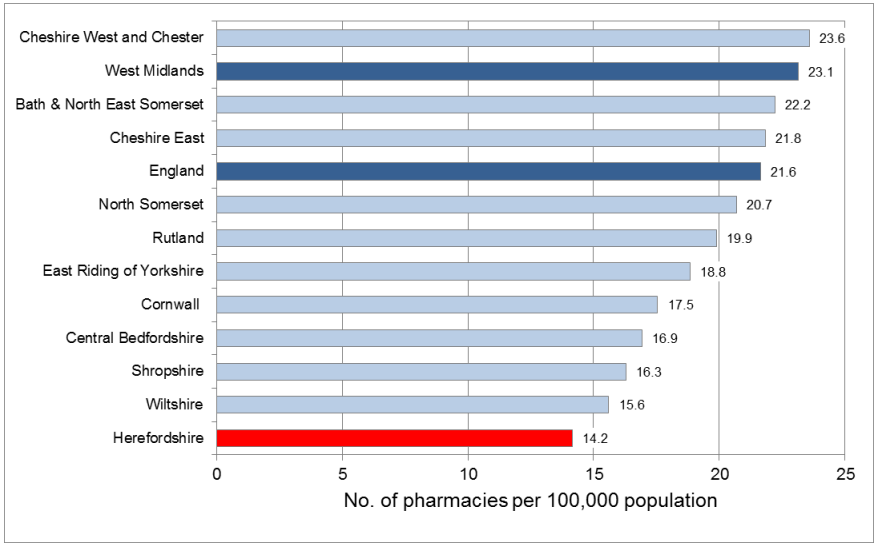
- The four exemptions were: Pharmacies in large out of town retail developments; Pharmacies undertaking to open for a minimum of 100 hours a week; Pharmacies in new one stop primary care centres; Mail order or internet pharmacies

3.2.1 Essential Services
3.2.1.1 Distribution (cont...)

Number and Distribution of pharmacies

- The graph below sets the provision of pharmacy services within Herefordshire into context using our CIPFA comparators, together with the England and West Midlands figures.
- The data demonstrate that Herefordshire has a lower number of pharmacies per 100,000 population compared to all statistical nearest neighbours and also lower than both the national; and regional figures. It should be noted that the local figure is the lowest for all CCGs across England.
- The table (next page) and Maps 1, 2, 3 & 4 (subsequent pages) provide an overview of the distribution of pharmacies:
  - There are pharmacies located within all four localities
  - However, of the community pharmacies, all but one (Colwall) are located in Hereford or the market towns
  - The poorest overall coverage is in the South and West locality where the three community pharmacies in the locality are all located in Ross-on-Wye
  - Although the majority of the county is within 5 miles of a pharmacy over 30 per cent of the county is out of this range, although there is some coverage (<5 per cent) from out of county pharmacies.



Source: Health & Social Care Information Centre, General Pharmaceutical Services, England, 2016/17

Population Density

- Map 2 demonstrates that there is generally a reasonable correlation between the number of pharmacies and population density:
  - Hereford City has the highest population density in Herefordshire and a higher than average number of pharmacies per 100,000 population for the county.
  - Similarly, there tends to be good access to pharmacies (either within the county or in neighbouring areas), particularly in the areas with higher population density.
  - However, there is a corridor running through the Golden Valley to Mortimer where access to pharmacies is poor with residents needing to travel more than 5 miles to the nearest pharmacy but receive dispensing services from dispensing practices. (Map 3).
  - 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 10 dispensing doctor practices in Herefordshire providing dispensing service for their registered patients only.
  - Of the 10 dispensing doctor practices, 14 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
  - Herefordshire County has a significantly higher proportion of dispensing practices (30%) versus the regional (6%) and England (9%) average due to its rurality

Deprivation

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 and are examined further on the following pages in more depth.

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors

Locality	Ward	No. of Pharmacies	Ward Population	Ward Population per Pharmacy	Population per km^2	Phamacies by Locality	Locality Population per Pharmacy	Locality Number of Pharmacies per 100,000 population
City	Aylestone Hill	0	3,803	-	3,961	15	5,329	18.7
	Backbury	0	1,970	-	62			
	Belmont Rural	1	3,859	3,859	2,528			
	Birch	0	327	-	39			
	Bobblestock	1	3,723	3,723	2,939			
	Central	2	3,266	1,633	2,038			
	College	0	3,815	-	5,276			
	Credenhill	0	2,568	-	221			
	Dinedor Hill	0	2,872	-	79			
	Eign Hill	0	3,287	-	3,525			
	Greyfriars	4	4,085	1,021	2,172			
	Hagley	0	3,820	-	138			
	Hinton & Hunderton	1	4,655	4,655	4,184			
	Holmer	0	3,600	-	519			
	Kings Acre	0	3,360	-	1,268			
	Newton Farm	1	4,414	4,414	4,361			
	Old Gore	0	628	-	33			
	Queenswood	0	2,197	-	65			
	Red Hill	0	4,341	-	2,721			
	Saxon Gate	1	4,369	4,369	4,758			
	Sutton Walls	0	3,541	-	137			
	Tupsley	1	3,440	3,440	2,850			
	Whitecross	0	3,626	-	3,961			
	Widemarsh	3	3,523	1,174	1,618			
	Wormside	0	853	3,411	43			

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors

Locality	Ward	No. of Pharmacies	Ward Population	Ward Population per Pharmacy	Population per km^2	Phamacies by Locality	Locality Population per Pharmacy	Locality Number of Pharmacies per 100,000 population
North and West	Arrow	0	3,755	-	34	5	8,065	12.4
	Bircher	0	3,760	-	46			
	Castle	0	3,231	-	31			
	Credenhill	0	1,265	-	221			
	Hampton	0	1,683	-	28			
	Kington	1	3,325	3,325	76			
	Leominster East	3	4,087	1,362	413			
	Leominster North and Rural	0	4,056	-	67			
	Leominster South	1	3,177	3,177	128			
	Leominster West	0	2,880	-	580			
	Mortimer	0	3,391	-	21			
	Queenswood	0	1,082	-	65			
	Stoney Street	0	1,131	-	64			
	Weobley	0	3,504	-	36			
South and West	Birch	0	2,945	-	39	3	12,807	7.8
	Dinedor Hill	0	957	-	79			
	Golden Valley North	0	3,140	-	29			
	Golden Valley South	0	3,363	-	18			
	Kerne bridge	0	3,227	-	73			
	Llangarron	0	3,483	-	51			
	Old Gore	0	1,884	-	33			
	Penyard	0	3,334	-	76			
	Ross East	3	3,689	1,230	907			
	Ross North	0	3,753	-	1,292			
	Ross West	0	3,739	-	1,892			
	Stoney Street	0	2,297	-	64			
	Wormside	0	2,611	-	43			

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors

Locality	Ward	No. of Pharmacies	Ward Population	Ward Population per Pharmacy	Population per km^2	Phamacies by Locality	Locality Population per Pharmacy	Locality Number of Pharmacies per 100,000 population
East	Backbury	0	970	-	62	4	7,650	13.1
	Bishops Frome and cradley	0	3,153	-	47			
	Bromyard Bringsty	0	3,254	-	48			
	Bromyard West	1	3,344	3,344	408			
	Hampton	0	1,683	-	28			
	Hope End	1	3,609	3,609	71			
	Ledbury North	0	2,574	-	169			
	Ledbury South	0	3,546	-	117			
	Ledbury West	2	4,385	2,193	937			
	Old Gore	0	628	-	33			
	Three Crosses	0	3,456	-	33			
Total	**HERFORDSHIRE**	**27**	**189,292**	-	86	**27**	**6,946**	**14.2**

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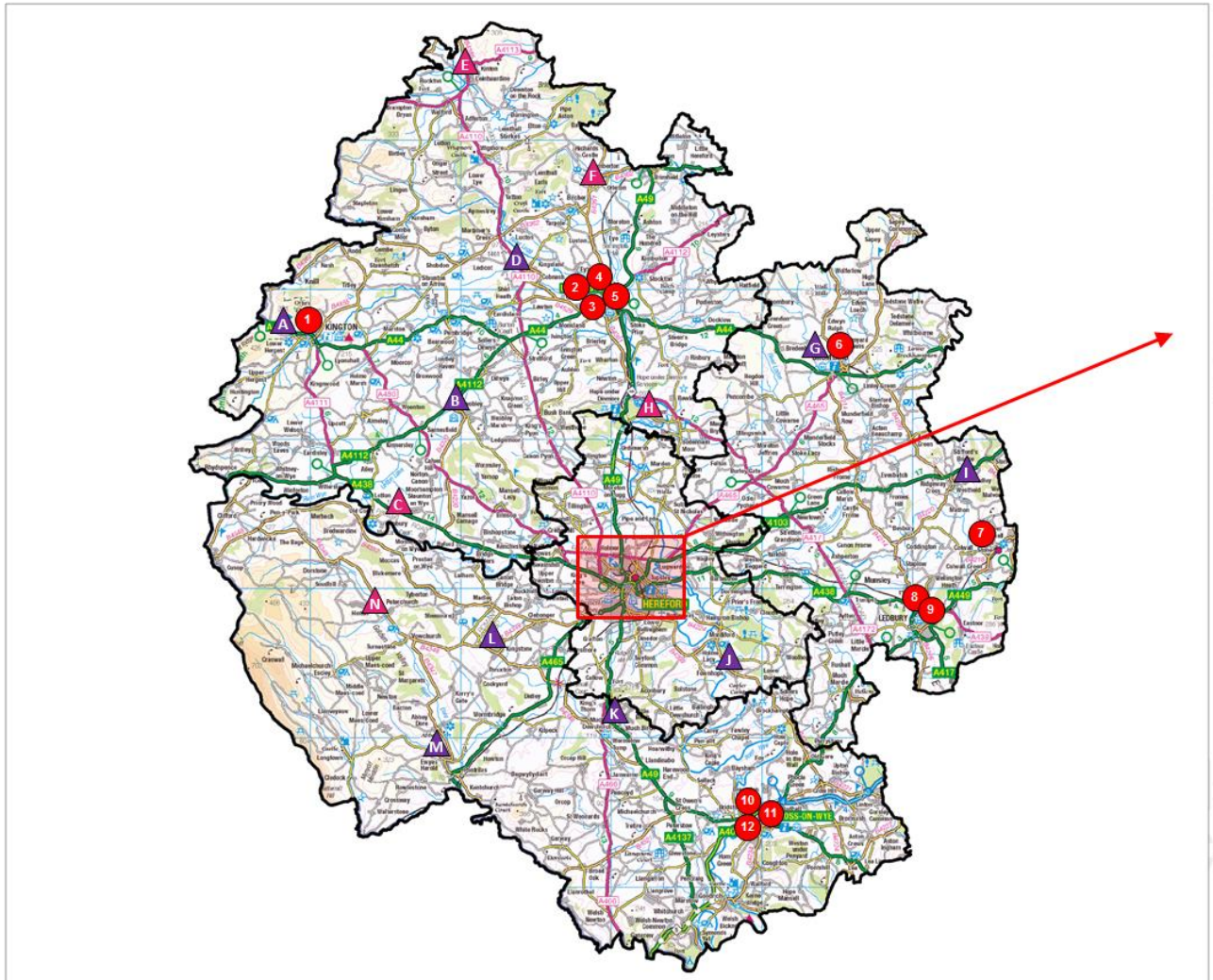

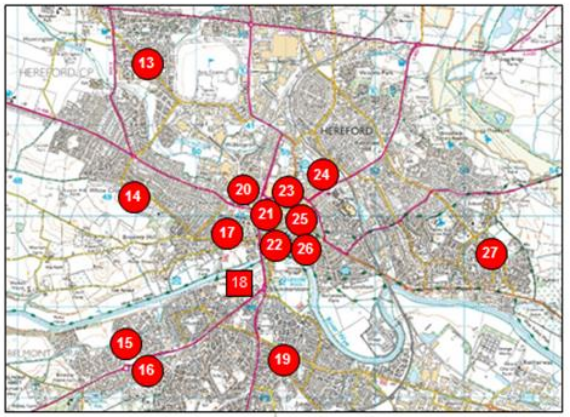

PHARMACY

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2. Leominster - Westfield Walk Pharmacy
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4. Leominster - W.S. & B. Rees
5. Leominster - Boots UK
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7. Colwall Pharmacy
8. Ledbury - Day Lewis
9. Ledbury - Boots UK
10. Ross-on-Wye - Boots UK
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18. Hereford - Asda
19. Hereford - Wye Valley Pharmacy
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21. Hereford - Chave & Jackson
22. Hereford - Lloyds (King St.)
23. Hereford - Boots UK
24. Hereford - Morrisons
25. Hereford - Hereford Pharmacy (St. Owens St.)
26. Hereford - Chandos Pharmacy
27. Hereford - Hampton Dene Pharmacy

DISPENSING GP

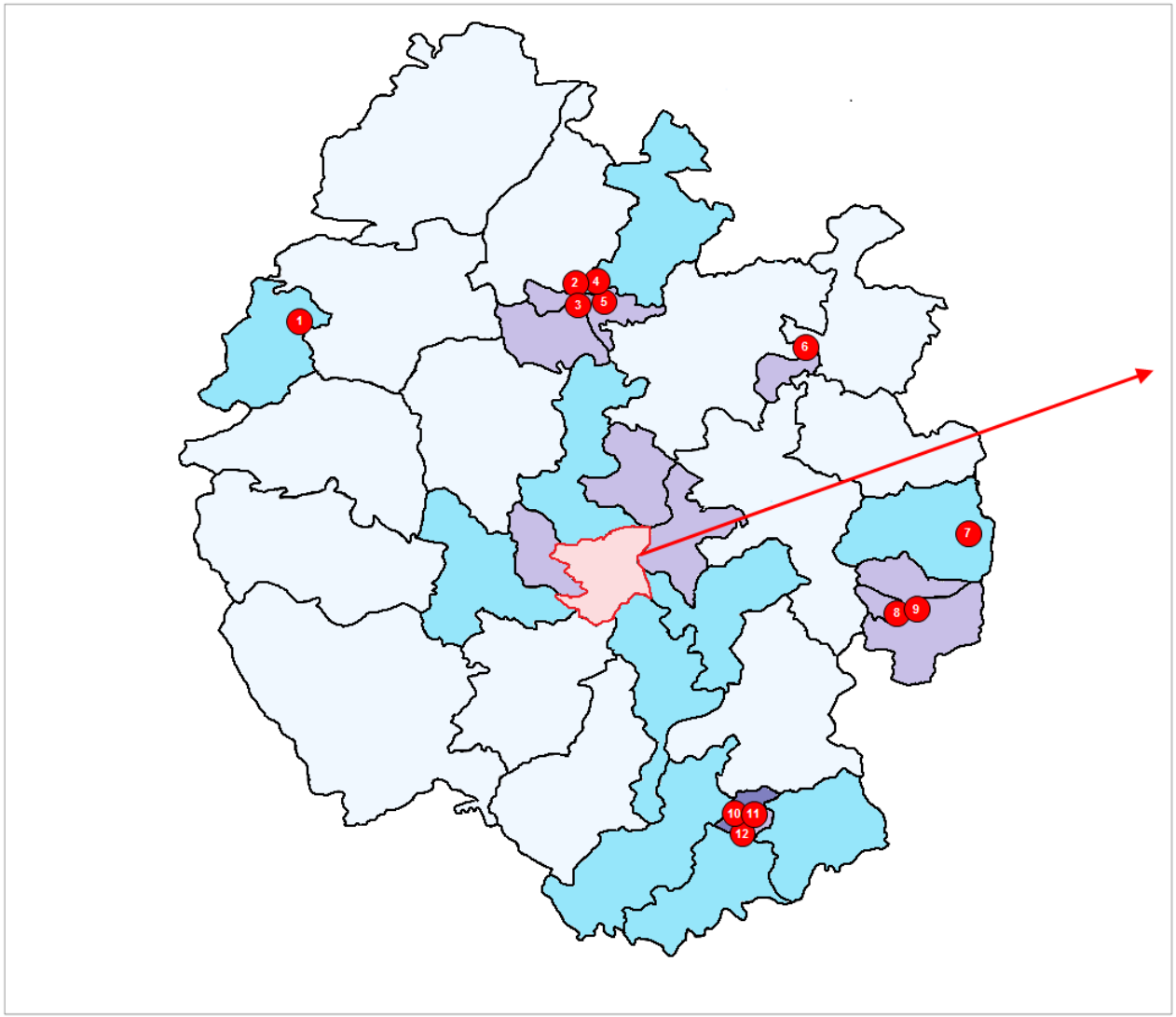
A. Kington
B. Weobley
C. Weobley - Staunton on Wye branch surgery
D. The Mortimer Practice - Kingsland
E. The Mortimer Practice - Leintwardine branch surgery
F. The Mortimer Practice - Orelton branch surgery
G. Nunwell Practice - Bromyard
H. The Marches - Bodenham branch surgery
I. Cradley
J. Fownhope
K. Much Birch
L. Kingstone
M. Golden Valley - Ewyas Harold
N. Golden Valley - Peterchurch brach surgery

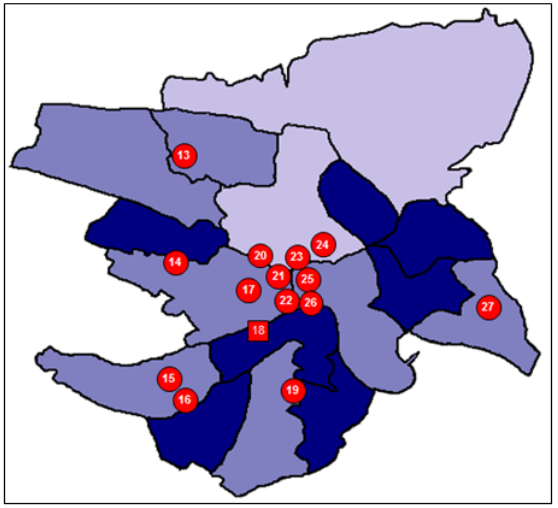
Pharmacy
100 hour pharmacy
Locality boundary
Dispensing GP
Dispensing GP - branch surgery

Herefordshire Council

Map1. Location of community pharmacies and dispensing GP practices across Herefordshire

Herefordshire Council
Intelligence Unit
Plough Lane
Hereford
HR4 0LE





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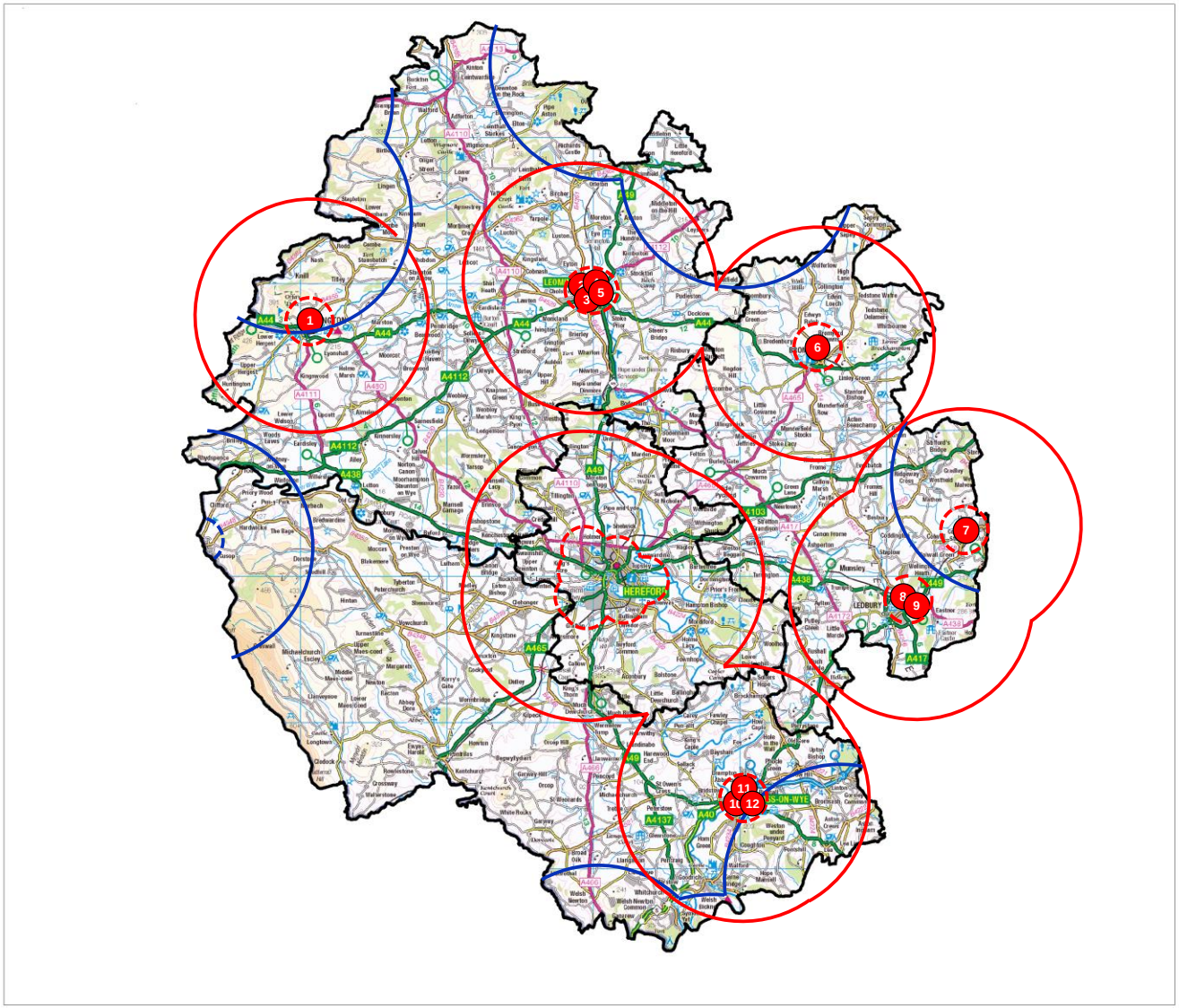
H. The Marches - Bodenham branch surgery
I. Cradley
J. Fownhope
K. Much Birch
L. Kingstone

- <50 individuals per km²
- 50 - 100 individuals per km²
- 101 - 1,000 individuals per km²
- 1001 - 3,000 individuals per km²
- >3,000 individuals per km²
- Pharmacy
- 100 hour pharmacy
- Ward boundary

Herefordshire Council

Map 2. Population density (per km2) across Herefordshire wards and location of community pharmacies

Herefordshire Council
Intelligence Unit
Plough Lane
Hereford
HR4 0LE



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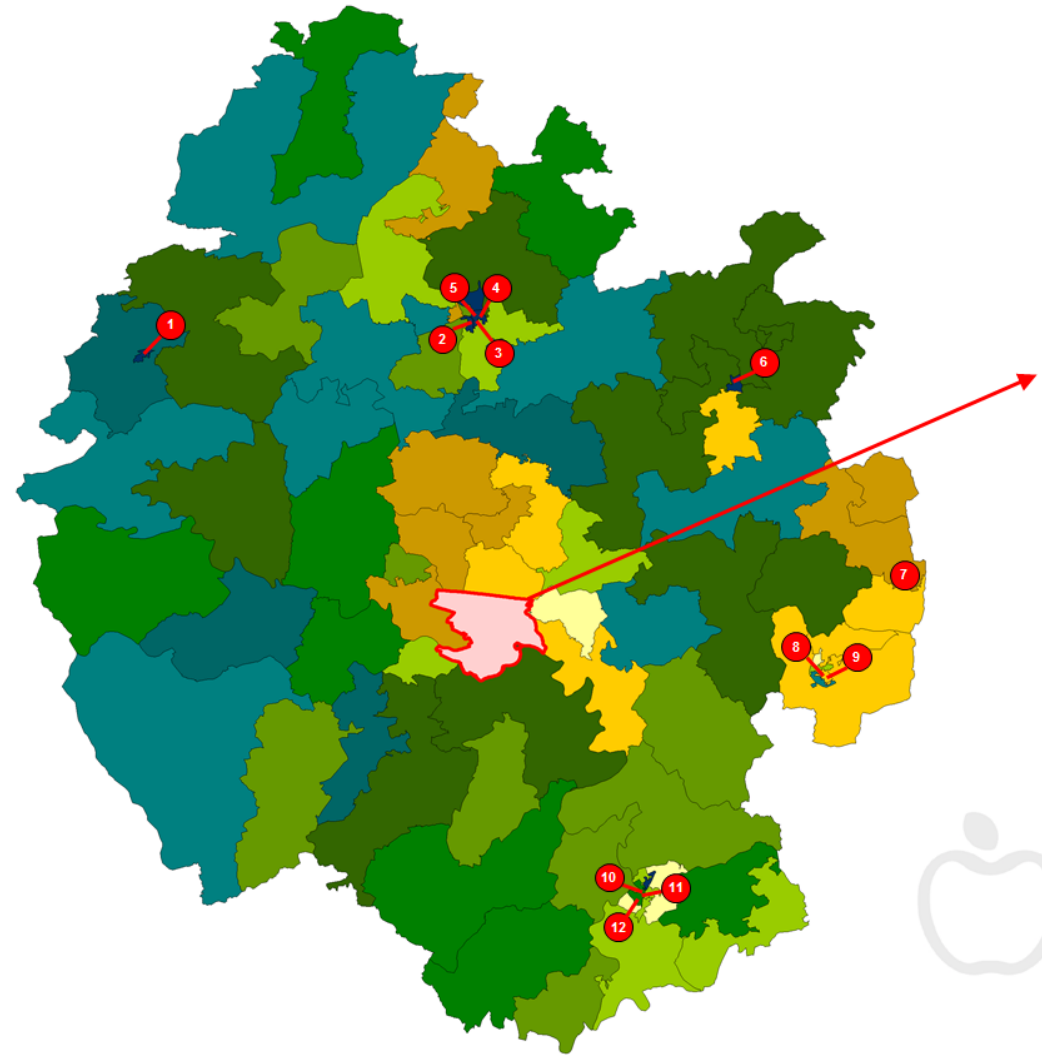
27. Hereford - Hampton Dene Pharmacy

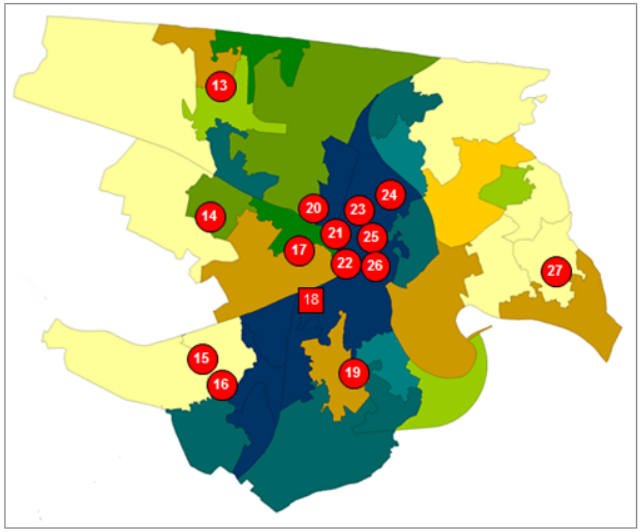
Pharmacy
Locality boundary
5 mile radius
1 mile radius
Herefordshire pharmacy / dispensing GP
5 mile radius
1 mile radius
Out of County pharmacy / dispensing GP

Herefordshire Council

Map 3. Herefordshire community pharmacies showing 1 and 5 mile radii

Herefordshire Council
Intelligence Unit
Plough Lane
Hereford
HR4 0LE





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Least deprived 10%
10% to 20%
20% to 30%
30% to 40%
49% to 50%
50% to 60%
60% to 70%
70% to 80%
80% to 90%
Most deprived 10%
Pharmacy
100 hour pharmacy
LSOA boundary

Herefordshire Council

Map 4. Deprivation across herefordshire LSOAs and location of community pharmacies

Herefordshire Council
Intelligence Unit
Plough Lane
Hereford
HR4 0LE

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3.2.1 Essential Services

3.2.1.2 Opening Hours & Access

Overview

- A community pharmacy must open for a minimum of 40 core hours a week unless it has been granted a contract under the "100 hour exemption"* or NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed "supplementary hours". DACs are required to open for a minimum of 30 core hours
- If a pharmacy or DAC wishes to amend its core hours, it must seek permission from NHS England. Supplementary hours may be changed by the contractor, providing that NHS England are given 90 days' notice
- In this section, we explore the impact of opening hours on access & choice

Current Picture

- The table (next page) plus Map 5 provide an overview of opening hours and geographical coverage throughout the week
- In terms of overall opening hours, 1 pharmacy is open for 100 hours per week (this is a 100 hour contract granted under the exemption). There is no potential for this pharmacy to change it's hours in the future
- Opening hours for some pharmacies are complicated and there is a need to publicise these well in a variety of ways to the public

Weekdays

- All 27 pharmacies are open between the hours of 9am to 5:30pm
- 9 (33%) pharmacies close for lunch (varies ½-1 hour) and no pharmacies close earlier than 5:30pm; whilst this reduces choice during a lunchtime period, there is still reasonable access in all localities
- Average opening hours Monday to Friday is 48.8 hours (range 42.5–80 hrs). With respect to extended hours:
  - 4 (15%) pharmacies are open by 8:00am (all Hfd city based)
  - A further 9 pharmacies open before 9:00am – represented in all localities
  - 19 (70%) remain open until 6:00pm or later; all locality areas have a pharmacy which is open until 6:00pm or later.)
  - Three pharmacies remain open until 8pm or later (Hereford city);
  - There is one 100 hour week pharmacy (ASDA HR2 7JE) which is located in Hereford City which opens 8am – 11pm Monday, 7am – 11pm Tuesday to Friday.

Saturdays

- 21 (77%) pharmacies open at some point during the day:
  - All of these pharmacies are open between 9am – 12 midday
  - 21 (100%) are open by 9am and the earliest a pharmacy opens is 7am and there is a pharmacy open in all localities
  - 14 (66%) remain open until 5pm; and a further 4 (19%) are open at 7pm or later; of these 1 remains open until 10pm
  - Asda, HR1 7JE in Hereford City opens from 7am – 10pm
- This pattern of opening means that there is relatively good access, and choice of pharmacy in all localities up until 5pm in the evening
- After this time, access and choice become more limited, where people may have to travel more than 2 miles to access a pharmacy but all localities have a pharmacy open at least to 5pm on a Saturday

Sundays

- 6 (22%) pharmacies each open for between 6 hours all between the hours of 10:00am and 16:00 pm
- In terms of access:
  - Only the City locality has six pharmacies open; and there is an option to access additional pharmacies in neighbouring HWB areas
  - Therefore there will be a need for people to travel to Hereford City to access pharmaceutical advice and supply of medicines on a Sunday.

Overnight

- There is emergency advice and supply of pharmaceutical services from midnight until 8am on any day of the week organised through OOHs service provider (page 41)

Bank Holiday Rota – NHS England Enhanced Service

Currently, NHS England commissions an enhanced service on Christmas Day, Boxing Day, New Years Day and Easter Sunday. On these days, a small number of pharmacies open for specific hours in Hereford City, Leominster and Ross on Wye. The service is reviewed annually. This service provides valuable access to pharmacy services and we have determined that it is ***necessary*** to meet the pharmaceutical needs of our population

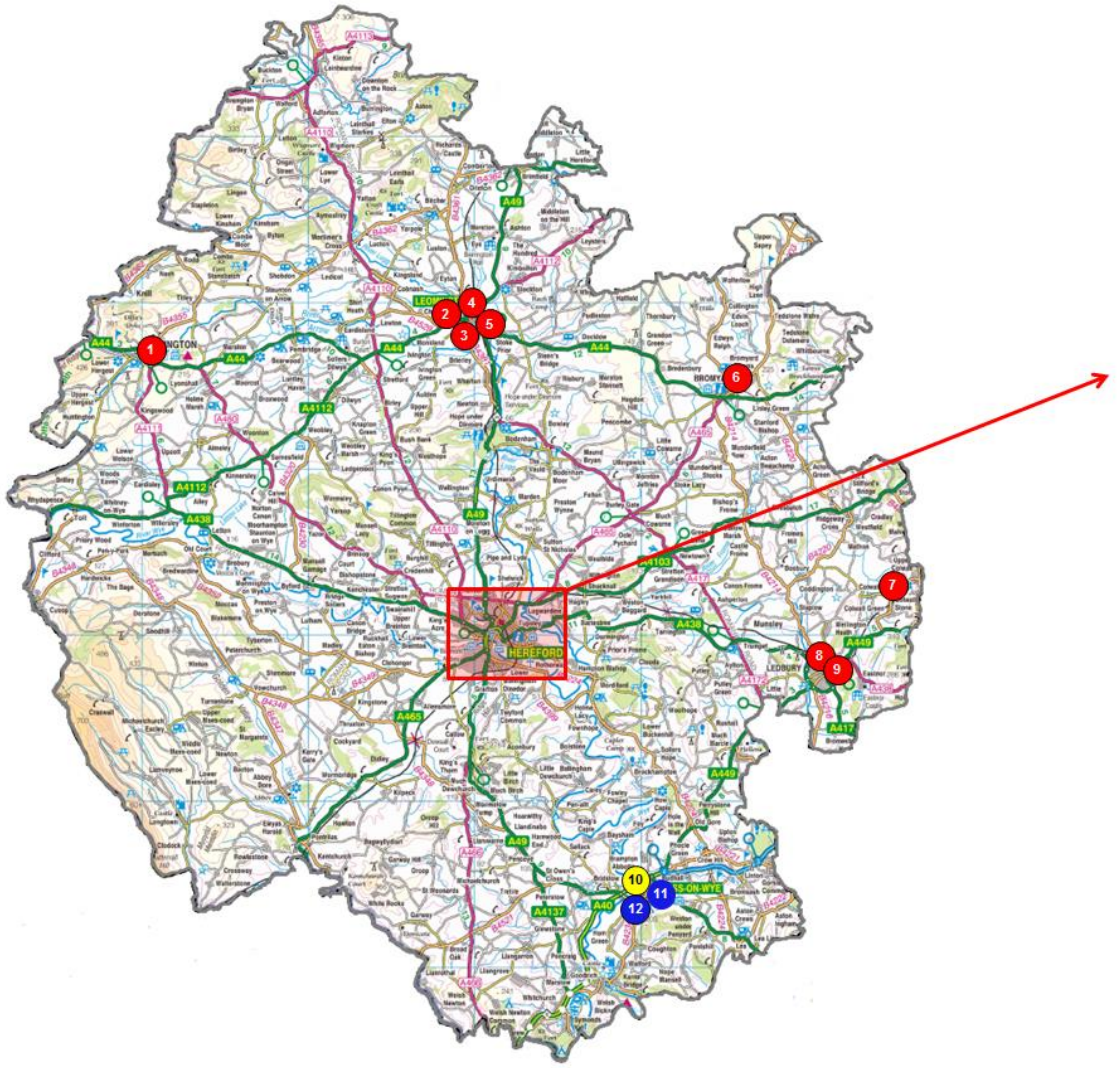
To avoid a gap on the other Bank Holidays NHS England would be expected to commission a rota (as described above) on these days in Ross , Leominster and Hereford City and advise all parties in a timely manner.

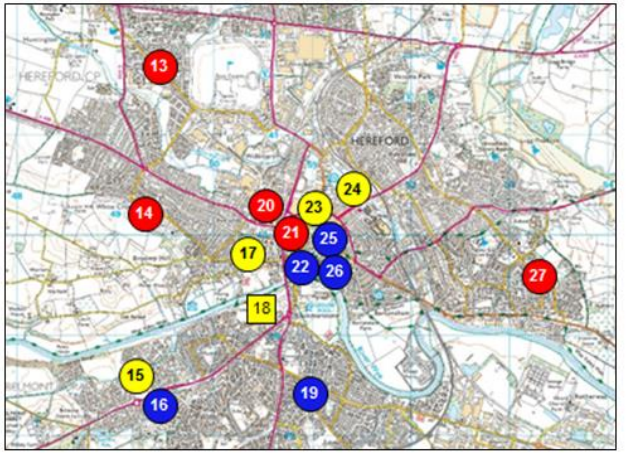
* The NHS (Pharmaceutical Services) Regulations 2005, had four exemptions which included pharmacies which were contracted to open for 100 hours a week

3.2.1 Essential Services

3.2.1.2 Opening Hours & Access (cont...)

		Number of Pharmacies Offering Essential Services								
		Weekdays					Saturdays			Sundays
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am– 4pm
City	ASDA	1	1	1	1	1	1	1	1	1
	Boots Hereford	0	1	0	1	1	1	1	0	1
	Chandos	0	1	0	1	1	0	0	0	0
	Chave & Jackson	0	1	0	1	1	1	1	0	0
	Day Lewis Hereford	0	1	0	1	0	1	0	0	0
	Dudley Taylor	0	1	0	1	1	1	0	0	0
	Lloyds in Sainsburys	1	1	1	1	1	1	1	1	1
	Lloyds King Street	0	1	0	1	1	1	0	0	0
	Morrisons	0	1	1	1	0	1	1	1	1
	Rowlands Belmont	0	1	0	1	1	1	0	0	0
	Rowlands H Dene	0	1	0	1	0	0	0	0	0
	Rowlands Westfaling	0	1	0	1	0	0	0	0	0
	Tesco Stores Belmont	1	1	1	1	0	1	1	1	1
	Tesco Stores Bewell St	1	1	1	1	0	1	1	1	0
	Wye Valley Pharmacy	0	1	0	1	1	0	0	0	0
North & West	Boots Leominster	0	1	0	1	1	1	1	0	0
	Leominster Pharmacy	0	1	0	1	1	1	1	0	0
	WS Rees Pharmacy	0	1	0	1	1	1	1	0	0
	Rowlands Kington	0	1	0	1	1	1	1	0	0
	Westfield Wk Pharmacy	0	1	1	1	1	1	0	0	0
East	Boots Ledbury	0	1	0	1	1	1	1	0	0
	Colwall	0	1	0	1	0	1	0	0	0
	Day Lewis Ledbury	0	1	0	1	0	1	0	0	0
	Rowlands Bromyard	0	1	0	1	0	1	1	0	0
South & West	Benjamin's Pharmacy	0	1	0	1	1	0	0	0	0
	Boots Ross on Wye	0	1	0	1	1	1	1	0	1
	Cohens Chemist	0	1	0	1	1	0	0	0	0
Grand Total		**4**	**27**	**6**	**27**	**18**	**21**	**14**	**5**	**6**
Percentage of Total		**15%**	**100%**	**22%**	**100%**	**66%**	**77%**	**52%**	**19%**	**22%**





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23. Hereford - Boots UK
24. Hereford - Morrisons
25. Hereford - Hereford Pharmacy (St. Owens St.)
26. Hereford - Chandos Pharmacy
27. Hereford - Hampton Dene Pharmacy

Weekdays and Saturdays

Weekdays only

Later on weekdays, Saturdays and Sundays

Herefordshire Council

Map 5. Community pharmacies opening hours

Herefordshire Council
Intelligence Unit
Plough Lane
Hereford
HR4 0LE

3.2.1 Essential Services
3.2.1.3 Dispensing

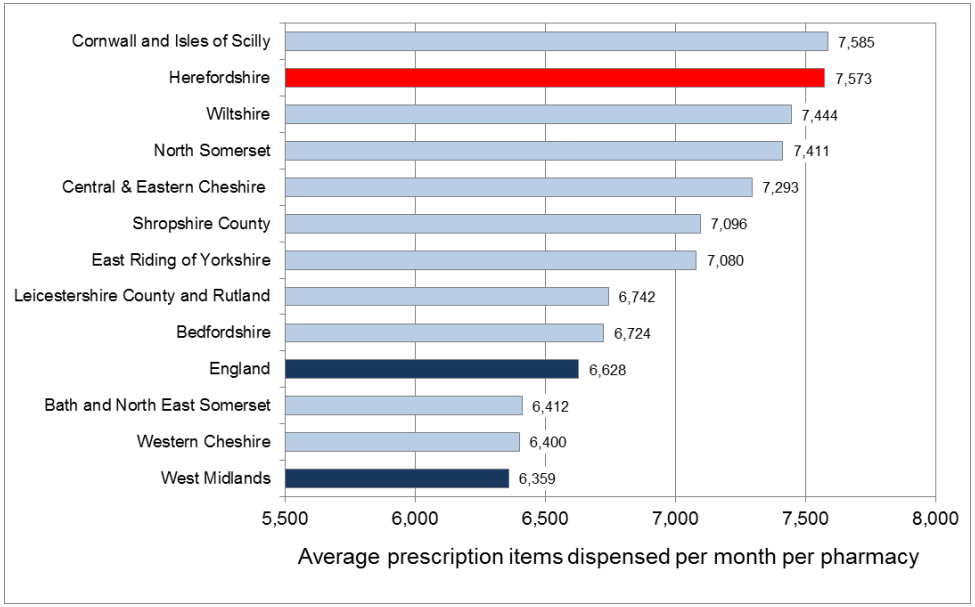
Overview

In our review of dispensing we look at a number of factors including:

- The pattern of dispensing.
- This includes a high level comparison with our CIPFA comparators together with a more detailed look at Herefordshire.
- The extent to which the dispensing needs of our residents are met by pharmacies in neighbouring areas.
- The role of repeat dispensing and electronic transfer of prescriptions.
- The future capacity of our pharmacies to continue to meet pharmaceutical needs in relation to essential services.

Current Picture

- The graph, on the right, compares the **average** pharmacy dispensing rate in Herefordshire with our comparator CCGss and the West Midlands and England average.
- The data demonstrates that the dispensing rate for Herefordshire pharmacies is higher than all but one of our comparators and is also higher than the regional and national figures.
- A detailed review of the total number of items dispensed against prescriptions written by Herefordshire prescribers has been undertaken in order to identify where these were either dispensed or personally administered by a GP surgery (e.g. injections)



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2016/17

Overview

For Financial Year 16 17:

- The total number of items dispensed was 3,716,851
- In a selected month of March 2017 a total of 136 organisations either dispensed, or personally administered, one or more items which demonstrates the range of dispensers that one CCG prescriptions can be dispensed.
- 72% of these items were dispensed by Herefordshire pharmacies
- 28% were either dispensed by pharmacies outside of the area, by dispensing practices or were personally administered by GP surgeries

3.2.1 Essential Services
3.2.1.3 Dispensing (cont...)

Cross Border Dispensing

- The table on the right provides an overview of cross-border dispensing and includes the 'top 12' pharmacies and DACs which have dispensed the most items against prescriptions written by Herefordshire Prescribers in a snapshot March 2017.
- Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via a distance selling pharmacy

Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from their pharmacy, or DAC, without having to request a new prescription from their GP
- Benefits of repeat dispensing include:
  - Reduced GP practice workload, freeing up time for clinical activities.
  - Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services
  - Reduced waste as pharmacies only dispense medicines which are needed
  - Greater convenience for patients
- The repeat dispensing rate is 13% of total items dispensed against prescriptions issued by Herefordshire GPs. The rate, is relatively high compared with some areas and is continuing to increase year on year

Electronic Prescription Services (EPS)

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy or DAC. The system is more efficient and reduces errors; it can reduce trips for patients between the GP surgery and pharmacy
- NHS England lead on EPS with support from the CCG
- Page 44 shows which GP practices in Herefordshire have gone live with EPS and current activity

	Trading Name	Postcode	Number of items March 2017	% Total Items Dispensed
	FIRST HEALTH (MIDLANDS) LIMITED	WR14 2AJ	5077	1.58%
	ALPHA-MED (MEDICAL & SURGICAL) LIMITED	RG24 7NG	441	0.14%
	SECURICARE (MEDICAL) LTD	HP10 9QY	483	0.15%
	PHARMACY2U LTD	LS14 2LA	418	0.13%
	MR G VIRDEE	WR14 1NY	346	0.11%
	HORIZON PHARMACY LTD	BS34 6AS	309	0.10%
	BARD LIMITED	BN15 8TA	124	0.04%
	CHARLES S BULLEN STOMACARE LIMITED	L3 4BH	112	0.03%
	COLOPLAST LTD	PE2 6BJ	235	0.07%
	MURRAY HEALTHCARE LIMITED	WR14 2AE	214	0.07%
	H 2 H PHARMACY LIMITED	ME10 3SU	129	0.04%
	OTC DIRECT LIMITED	M28 3PT	172	0.05%

Notes on above

- A total of 136 organisations either dispensed or personally administered one or more items written on prescriptions issued by Herefordshire prescribers in a snapshot of March 2017
- Herefordshire pharmacies dispensed 72% of the items
- The remaining 28 % were either dispensed out of the area or were personally administered via GP surgery or dispensed at the practice.

3.2.1 Essential Services
3.2.1.3 Dispensing (cont...)

Alignment with Other NHS services

- An important pharmaceutical need is for residents to get timely access to dispensing. This is critical for medicines which need to be started urgently e.g. palliative care medicines
- We therefore looked at pharmacy opening hours in the context of GP opening hours and other NHS services including NHS E NUMSAS

General Practice:

GP core hours are 8am – 6:30pm on Mondays to Fridays; in addition some GP practices open for extended hours

- **Taurus GP Federation Service**
- Taurus GP Federation operate an appointment only service from 3 sites:
  - •Monday – Friday 6pm- 8:30pm all sites
  - •Saturdays and Sundays in Hereford City 8am- 8:30pm, Leominster and Ross on Wye Hubs 8am- 12midday

Pharmacy Services - On weekday mornings:

- There is one 100 hour pharmacy located in Hereford City; this pharmacy opens at 8am on Monday; and 7am on Tuesday – Saturday
- By 8am, a further 4 pharmacies all in Hereford City have opened

Pharmacy Services - On weekday evenings:

- Up to 24 GP surgeries remain open until 6:30pm or later; this compares with 12 pharmacies within Herefordshire. Whilst this provides reasonable access to dispensing services, choice is more limited
- 3 pharmacies all in Hereford City are open to 8pm in the evenings including 1, 100 hour pharmacy until 11pm (10pm Sat).
- On Saturdays and Sundays 6 community pharmacies are open all 10am- 4pm
- The implication of the above is that, during extended hours on weekdays, residents may have to travel to Hereford city to get their prescription dispensed or wait until their regular or closest pharmacy is open

Community Pharmacy: New Urgent Medicines Advanced Service Pharmacy Service (NUMSAS)*

* This is discussed here as part of unscheduled care services see Section 3.3

Pharmacy Integration Fund event November 2017 announced that the NHS Urgent Medicine Supply Advanced Service At NHS England's (NUMSAS) would continue to be commissioned for a further six months beyond the end of March to allow a proper evaluation of the service to be completed; therefore, the service will run until the end of September 2018.
In October 2017, NHS England shared with PSNC a slide set which provides an update on the NUMSAS pilot.
The information in the slide set highlights that NHS England will be conducting an interim evaluation report with data analysis this autumn, and will undertake a qualitative review of the service in spring 2018.

No local activity data is currently available from NHS England on the activity under the scheme.
In Herefordshire there are 4 pharmacies currently signed up to the NUMSAS service in postcodes HR1, HR4 , HR6 and HR8.

With the closure of the Hereford City Centre based Walk In Centre the needs for patients in terms of Urgent Medicines Supply is being evaluated.

Opportunities for Improvement in the future

Selected ADASTRA (a prescribing system) sites are undertaking EPS 2 for prescriptions in urgent care settings . Community pharmacies will need to be able to respond to these possibly in a more urgent way despite current limitations of this functionality nationally at the moment. It is our understanding, that NHS England plans to evaluate the NUMSAS service and, if deemed to be successful, consideration will be given to commissioning this in the future.
We would be supportive of a further roll out, providing the evaluation demonstrates both value for money and reduced pressure on GP and unscheduled care services. Provision needs to be made for the development of an urgent medicines supply service for patients who are on time critical medicines and require and urgent supply outside primary care hours. This can be pharmacy based to avoid impact upon other services with the patient's usual medicines provider.

3.2.1 Essential Services
3.2.1.3 Dispensing (cont...)

Unscheduled Care Providers

- Patients may access services from the following providers, within Herefordshire, during extended hours (all available 365 days a year):

Primecare Out of Hours Provider 8pm – 8am 7 days per week through an appointment system operate from 3 bases across the County:

  - Hereford City based at WVT NHS Trust
  - Leominster Community Hospital
  - Ross on Wye Community Hospital.

- Primecare stock medicines for supply to patients, although FP10 prescriptions may sometimes be used if a non-stock medicine is required when there is no pharmacy open.
- During Financial Year 16 17 Primecare Out Of Hours (OOH) service issued 7,674 FP10s which were dispensed by community pharmacies.

Community Pharmacy On Demand Access to Emergency Medicines including Palliative Care Medicines.

- During Financial Year 16 17, 37 call outs were made to community pharmacists with a total of 83 medications issued.
- This service complements the in hours service whereby 17 community pharmacies are commissioned to keep medicines used in palliative care in stock to support in hours access.
- This service is supported by patients, prescribers within the OOHs service providing pharmaceutical advice and supply of medicines in a high risk area.
- Further information this service is described on page 86.

Opportunities to Secure Improvements

- The earliest time a pharmacy in Herefordshire opens is 8am on a Monday but 7am Tuesday to Saturday.
- On Sundays, the 5 Herefordshire City pharmacies all open at 10am and close at 4pm.
  - There is a period post 4pm Sunday when no pharmacies are open until Monday morning at 8am.
- Whilst the above pattern of opening may require residents to travel further, or could rarely lead to a delay in accessing dispensing for an urgent FP10 prescription, we do not believe that there is gap in provision. This is because very few FP10 prescriptions are issued during the hours when there is limited access to a pharmacy; and we are not aware of any complaints in this respect.
- This is also minimal due to Primecare holding stock and using when access and supply to medicines is urgent outside pharmacy usual Opening hours for routine medicines.

3.2.1 Essential Services
3.2.1.3 Dispensing (cont...)

Electronic Prescription Service

NHS Digital proposed during 2016/17 the Electronic Prescription Service should start to move into Phase 4; this is the point at which electronic rather than paper prescriptions become the default.

Background and Looking Forward

To date, it has only been possible to issue an Electronic Prescription Service Release 2 (EPS) prescription where the patient has nominated a pharmacy or other dispenser. EPS has therefore been most advantageous for patients who receive regular medication and who tend to collect their prescriptions from the same pharmacy most of the time.

Under the proposed next phase of EPS, prescriptions would normally be sent via EPS by default. However where certain criteria are met, a paper prescription would still be used, for example:

•when a patient asks their GP for a paper prescription; or

•when the medicine being prescribed is not listed in the NHS list of medicines (dm+d);

Opportunities to Secure Improvements

Opportunity to secure improvements for patients, primary care and BSA PPA capacity can be saved by more electronic prescription service use.

The graph demonstrates that there is a variation across the County and also localities in the utilisation of EPS by practices.

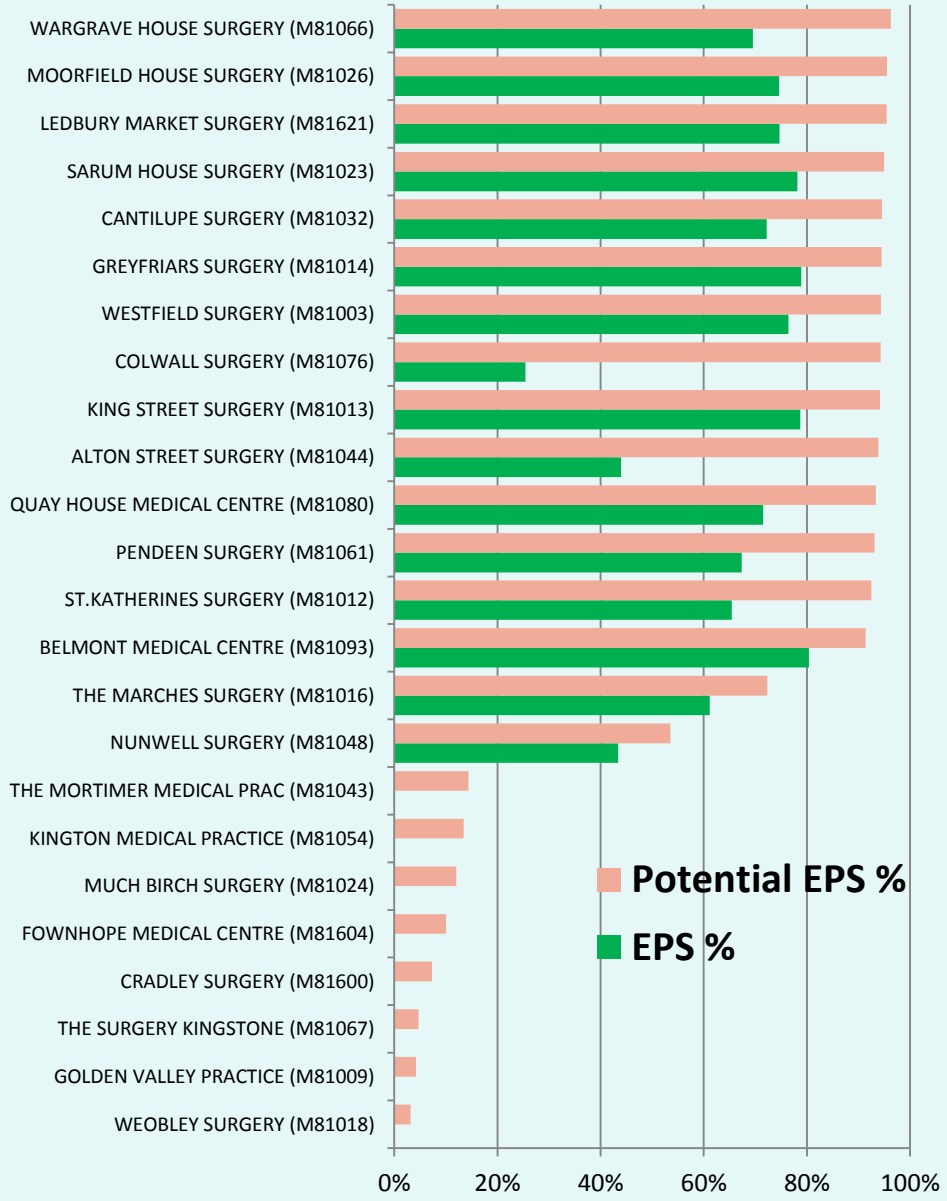
Community pharmacies are able to download prescriptions from the spine and dispense to patients.

Our pharmacy questionnaire captured comments on the need for the IT functionality to highlight urgent prescriptions to pharmacies and for more timely and consistent IT downloads. These two factors will require optimising IT across the range of providers involved i.e. NHS Prescriber, NHS Spine and NHS Community pharmacy IT systems.

This remains an issue for patients who urgently require prescriptions to be dispensed e.g. palliative care patients. This currently requires close working with between prescribers, dispensers and patients.

Patient choice in respect of EPS may assist in access particularly in rural areas where advantage to patients includes reduced travel.

Potential for time saving by increasing Electronic Prescriptions (EPS Apr-Oct2017)



Data PPA - note Ineligible items have been removed eg CDs, dispensing items

3.2.1 Essential Services
3.2.1.3 Dispensing (cont...)

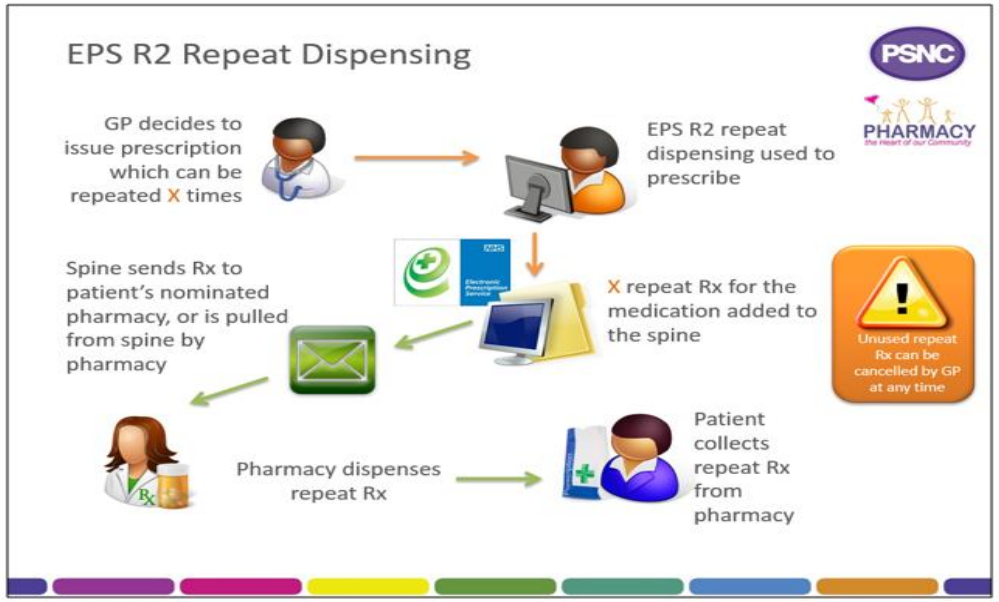
Electronic Repeat Dispensing (eRD)

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF).

Under the repeat dispensing service pharmacy teams :

- dispense repeat dispensing prescriptions issued by a GP;
- ensure that each repeat supply is required; and
- seek to ascertain that there is no reason why the patient should be referred back to their GP.

Originally this service was mainly carried out using paper prescriptions, but as the Electronic Prescription Service (EPS) has developed, the majority of repeat dispensing is now carried out via EPS release 2 and is termed electronic Repeat Dispensing (eRD). eRD is much more efficient and convenient for all involved.



EPS %age usage trends based on BSA data

This table shows the simple average electronic Repeat Dispensing (eRD) Usage across all sites in each respective CCG in the West Midlands

The RAG corresponds with the Simple EPS Usage Report by GP Practice, by using the same 80% of all repeat prescription target, alongside the accepted assumption that repeat prescriptions account for 70% of all prescriptions in a typical GP practice.

Consequently 80% of 70% is equivalent to 56% of all prescriptions issued in a practice.

eRD < 5%
EPS > 5% < 10%
EPS > 10%

CCG Name	Nov-17 (RD)
NHS Birmingham Crosscity CCG	1.59%
NHS Birmingham South and Central CCG	0.39%
NHS Coventry and Rugby CCG	7.54%
NHS Dudley CCG	5.99%
NHS Herefordshire CCG	10.94%
NHS Redditch and Bromsgrove CCG	3.76%
NHS Sandwell and West Birmingham CCG	1.73%
NHS Solihull CCG	3.19%
NHS South Warwickshire CCG	1.32%
NHS South Worcestershire CCG	6.38%
NHS Walsall CCG	2.98%
NHS Warwickshire North CCG	0.00%
NHS Wolverhampton CCG	22.22%
NHS Wyre Forest CCG	4.17%

Opportunities to Secure Improvement

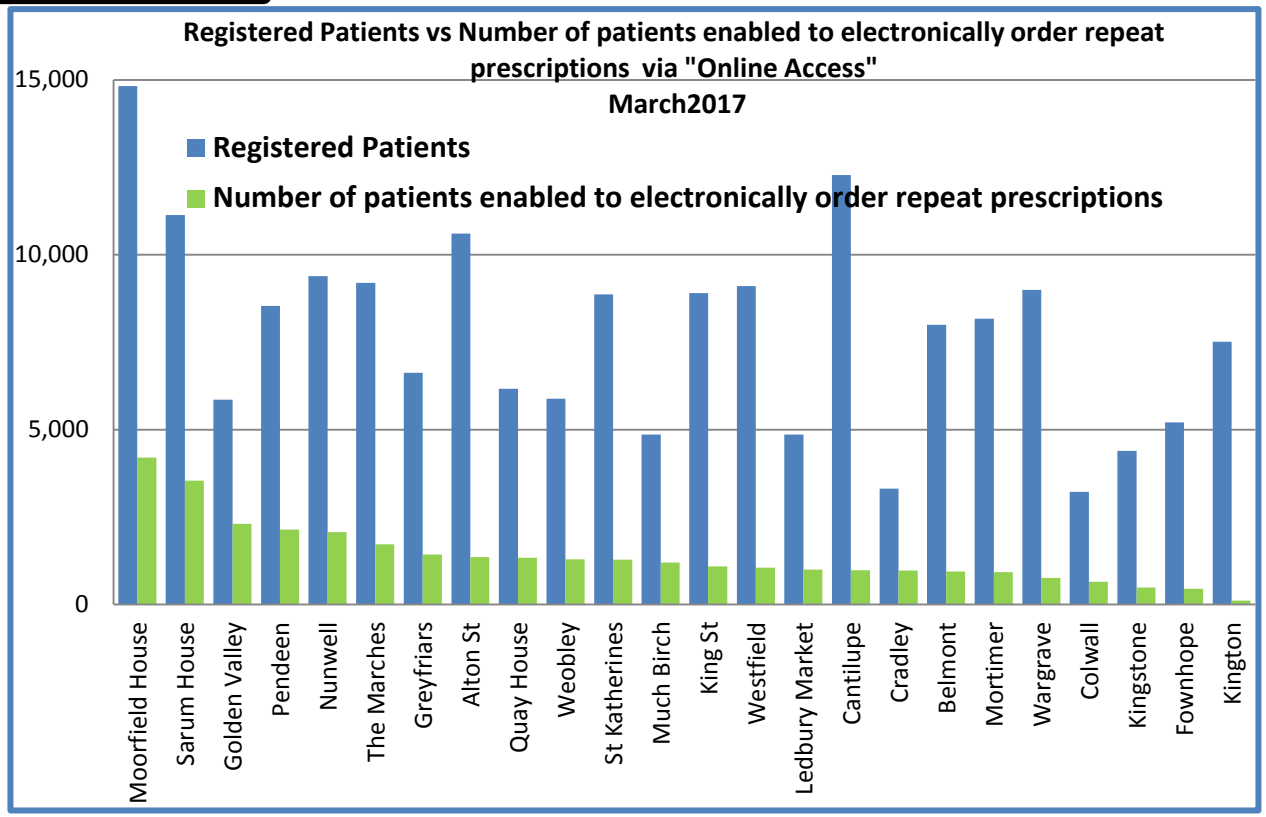
A snapshot of November 2017 shows that Herefordshire CCG performs relatively well when the figures for electronic repeat dispensing are examined against NHS West Midlands CCGs. However, when the activity of e RD is examined at practice level within Herefordshire that only 16 practices out of 24 show activity
which ranges from in November 2017 0.10% to 37.21% of those active This requires examination and optimisation in order to secure efficiencies for prescribers, pharmacies and patients.
Further support and understanding of the benefits of e RD for patients, prescribers and pharmacies need to be integrated into a wider plan for increasing uptake of this service. From our consultation there is a greater need for public/patient understanding of this functionality and willingness to provide by contractors.

3.2.1 Essential Services
3.2.1.3 Dispensing (cont…)

EMIS Access
With EMIS Patient Access, patients can access their local GP services at home, work or on the move — wherever you can connect to the internet
Patient Access is a 24 hour online service to further enable organising of medicines orders and supply

- **Book an appointment.**
- **Order repeat prescriptions.**
- **Change your address details.**
- **Send secure messages to your practice.**
- **View your medical record**
- **Create a personal health record (iOS8 only)**

•All 24 Herefordshire GP practices have implemented EMIS Access functionality.
•All information that is sent to the surgery via Patient Access is secure. Patients' personal details are encrypted and protected using the highest standard internet security, so it cannot be intercepted. Only the patient and the GP surgery are able to see this information.



Opportunities to Secure Improvements

From the graph it shows that there is potential to increase the number patients enabled to utilise EMIS Access when liaising with their practice. Patients have to register for this service but once registered they can securely perform a number of functions as described above.

There is a large potential for improvement in the opportunity for patients to book appointments , order repeat prescriptions and liaise with their practices in a new way. This functionality needs to be articulated to patients and publicised for those patients who want to use the service they can register. Practice time spent dealing with routine enquiries on the telephone can be reduced and on line ordering of repeat prescription medicines is safe since it is integrated into the EMIS Practice prescription record and can be a safer way of ordering prescriptions. Utilising IT options in a more consistent way across the County will promote efficiencies for practices, pharmacies and patients and benefit patients living in more rural areas of the County.

3.2.1 Essential Services

3.2.1.4 Rural Dispensing Service

Overview

A Dispensing Doctor is a General Practitioner (GP) who under regulation can dispense medication to patients in their care. Only the provision of those services set out in their pharmaceutical services terms of service (Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services and relates only to the dispensing of medicines.
Dispensing doctors provide primary healthcare to people in rural areas. Only certain people are eligible to receive dispensing services from a dispensing doctor. Many live away from a community pharmacy and so dispensing doctors are allowed to dispense prescribed medicines.

Current Picture

In Herefordshire a questionnaire was sent to 10 dispensing practices to find out about the services provided. All 10 dispensing practices provided a response to the survey. Dispensing services are provided over 14 sites across the County. A summary of opening hours when patients are able to access dispensing services is provided within Appendix E

Access: Within 100 metres of the dispensary: 8 reported a bus stop; 0 train station access;1 cycle track;13 described free parking of which 10 is on the surgery site; with 12 having designated disabled parking and 1 reported parking option which requires payment.

Premises: 13 sites reported good entrance facilities for wheelchairs, buggies and 11 with no steps involved but 2 reported a ramp in place. 11 sites reported compliance with the Equality Act 2010 with examples including automatic doors, access to a bell.

Workforce: A range of staff reported as full time, part time of varying qualifications from trainee dispensary assistants to NVQ Level 3 GPhC registered pharmacy technicians in 8 cases. Majority of staff are NVQ Level 2 trained. Additional languages spoken by dispensary staff were reported in 2 cases (Welsh plus Polish, German, French and Russian) and basic sign language facility at one dispensary site. 4 sites reported having a hearing loop function but no sites reported planned site improvements with limited room for expansion reported at 4 sites.

Current Picture (cont…)

IT: 2 sites reported being EPS2 enabled with 1 intending to become EPS2 enabled in the next 6 months. However, a further 10 dispensary sites reported as not intending to enable this functionality. 13 sites reported facility in the dispensary to open Microsoft Word, Excel, Access and PDF documents and 11 dispensary sites accessed emails on a daily basis.
12 dispensary sites reported that patients are provided with an opportunity to order their medicines using EMIS Access.

Services: 12 sites reported as dispensing all types of appliances although 1 reported that this excluded prescriptions for hosiery.

Non NHS funded services: 3 sites reported delivery medicines free of charge to patients with 3 others delivering to selected patients groups only
.

Monitored Dosage Systems: 5 sites reported re-packaging of medicines into these systems at patient request with another 8 only after assessment by the practice either using national assessment tools or via an EMIS template.

MAR charts were provided to patients upon request at 4 sites and a further 5 sites only after a self assessment and clinical assessment.
Large print labels, compliance charts, ordinary bottle tops, pill crushers, tablet splitters, devices to aid eye drops were reported at 7 sites.
3 sites reported dispensary staff undertaking interventions with patients counselling them on inhaler technique and also the use of Blood Glucose Monitoring equipment at the point of supply.10 sites reported however that dispensary staff did not undertake interventions at the point of supply.

Patient survey: 7 sites reported having completed a patient survey in the last 12 months with changes reported as a result of the survey including opening an extra afternoon per week (1 site), changes to the repeat ordering prescription telephone line (1 site) , addition of a dispensary counter assistant (1 site) and introduction of a automatic repeat prescription service(2 sites).
Dispensary consultation area: This was reported as in place at 3 sites but other rooms sometimes available for any confidential discussions.

3.2.1 Essential Services
3.2.1.4 Rural Dispensing

Current Picture (cont…)

Drug Review in the Use Of Medicines (DRUM) There is a degree of overlap and potential confusion about the different types of medication/medicines' reviews. These include Medication Reviews as specified in the Quality and Outcomes Framework (QOF), Medicines Use Review (MUR) as an advanced service in the national community pharmacy contractual framework and dispensing review of use of medicines (DRUM) for the Dispensary Services Quality Scheme. It is recommended that awareness about compliance and about the development of side effects are considered on an on-going basis. The DRUM is different to the other reviews and is not the same as the MUR in community pharmacy service and does not cover all aspects of that advanced service for community pharmacists.

DSQS Scheme: All 10 dispensing practices are currently signed up to the DSQS. Within the requirement for DRUMs 10 practices report that GPs undertake these reviews with patients and in 5 sites Practice Nurses also undertake these. 3 practices reported targeting DRUMs to specific patient groups most likely to benefit described as "all dispensing patients"; elderly, polypharmacy, inhaler devices and dermatology patients.

Other arrangements to assist patients in rural areas access their medicines.

Services provided by rural practices included a number of initiatives to support patients being able to access their medicines. These were detailed by some but not all practices and included remote delivery to a nursing home; delivery to three Post Offices as a drop off point; drop off at local shops; delivery of medicines to patients homes; acceptance of placing order via phone, fax and post plus ordering 1 month in advance at the time of collection.

Other pharmaceutical services provided by the dispensary to be considered within the PNA elicited 4 responses:

- Acceptance of waste medicines including Controlled Drugs (which requires a bespoke destruction arrangement)
- Sending prescriptions to a community pharmacy or to the patient themselves at their request
- Dispensing of private prescriptions (non NHS function) plus
- Clinical pharmacist employed by the practice is able to provide advice on medicines to patients.

Dispensary Services Quality Scheme (DSQS)

From 1 April 2013 the responsibility for overseeing the Dispensary Services Quality Scheme (DSQS) has been passed to the Area Teams of NHS England. Although, NHS England has not yet established a single operating policy or procedure for DSQS, in some local area the Area Team has agreed to use the procedures and documentation from the previous PCTs to manage the DSQS process for 2013 - 2014.

As part of changes to the GMS contract 2006/07 the voluntary DSQS scheme provides a specification of requirements for receiving dispensary services quality payments and includes requirements for minimum standards with respect to:

- dispensing staff training and/or experience
- minimum level of staff hours
- duty of confidentiality
- standard operating procedures, clinical audit and risk management
- patient information
- review with patients of compliance and concordance with use of medicines (DRUMS)
- assessment of performance against the criteria for payment.

Opportunities to Secure Improvement

All 10 dispensing practices are part of the NHS England DSQS scheme which requires various assurances underpinning the dispensing process. There is potential for a more equitable opportunity for patients to receive DRUMs through a targeted approach of vulnerable groups most likely to benefit from a face to face review of how they manage their medicines day to day.

Practices have undertaken a number of initiatives to ensure access is good access to dispensary led services however further opportunities exist for dispensary staff led interventions, more opportunity to use IT for ordering repeat prescriptions. Currently no practices are open on Saturdays and Sundays and these will need to be monitored closely. Choice of dispenser should be articulated to patients who register as "dispensing" or "non dispensing" according to eligibility. The importance of wide ranging opening hours to improve patient access was highlighted in the patient survey and in consultation feedback for working people in general.

Increasing IT options e.g. EPS, electronic repeat dispensing for those patients electing to have prescriptions dispensed via community pharmacy will enable efficiencies in the system for all parties and need to be promoted to patients..

3.2.1 Essential Services
3.2.1.4 Access & Support for those with Disabilities

Overview

- A key consideration in relation to access, is the extent to which a pharmacy has taken action to meet the needs of those with a disability
- The Equality Act 2010 requires pharmacies to make reasonable adjustments to support the needs of those with protected characteristics. Unfortunately pharmacies no longer receive a payment as contribution towards providing auxiliary aids, for people eligible under this Act, who require support with taking their medicines
- This was explored in our community pharmacy questionnaire

Current Picture

- The table (on the next page) summarise the findings from our community pharmacy questionnaire at locality level and ward level
- 25 (93%) pharmacies are fully accessible to wheel chairs (and pushchairs), demonstrating that wheel chair users and parents / carers of babies and young children are not disadvantaged with respect to access or choice
- 5 (18%)of pharmacies told us they are willing to undertake consultations in patients' homes. This would improve access for people who are housebound; or those who are less able to get a pharmacy without assistance
- The range of support which is available to aid communication with those who are hearing impaired is relatively limited:
  - 12 44% of pharmacies have hearing loops
  - No pharmacies reported a member of staff who is able to use sign language
  - This potentially reduces access and choice, for those people who are dependent upon such support
- All pharmacies have facilities to provide large print labels for those with visual impairment or for those with learning disabilities or cognitive impairment
- No pharmacies reported being able to issue labels with Braille (although it should be noted that many original packs are embossed with braille by the manufacturer)

Current Picture (cont…)

- Aside from large print labels, a range of support is offered for people with cognitive impairment / learning disabilities:
  - All pharmacies can supply "Aide memoires" (e.g. reminder charts) if needed
  - 24 (88%) provide monitored dosage systems; whilst there is no published evidence to demonstrate the benefits of these systems, they may be beneficial for individual people who have complex medicine regimens and for those who are easily confused
  - Some pharmacies provided this on demand, others only following assessment and 3 pharmacies reported charging for non NHS eligible patients
  - Dementia friendly environment was reported in case of 25 of of 27 pharmacies completed as part of the Healthy Living Pharmacy (HLP) initiative

Opportunities to Secure Improvements

- Our community pharmacy questionnaire demonstrates that some pharmacies have taken steps to support people with disabilities particularly with respect to:
  - Offering consultations in patients' homes improves access to pharmacy services to those who are less able to get to a pharmacy or housebound
  - Ensuring all public areas of the pharmacy are wheelchair & buggy friendly
  - Providing appropriate facilities and support for people with hearing impairment
  - Providing large print labels to support people with learning disabilities / cognitive impairment; the visually impaired
  - Introducing simple measures e.g. reminder charts to help people take their medicines as prescribed
  - Making sure the pharmacy environment is welcoming and suitable for people with dementia
- However, we would like to see more pharmacies ensuring that patients know of these facilities ; and anticipate that all pharmacies take reasonable steps to meet the minimum requirements of the Equality Act 2010

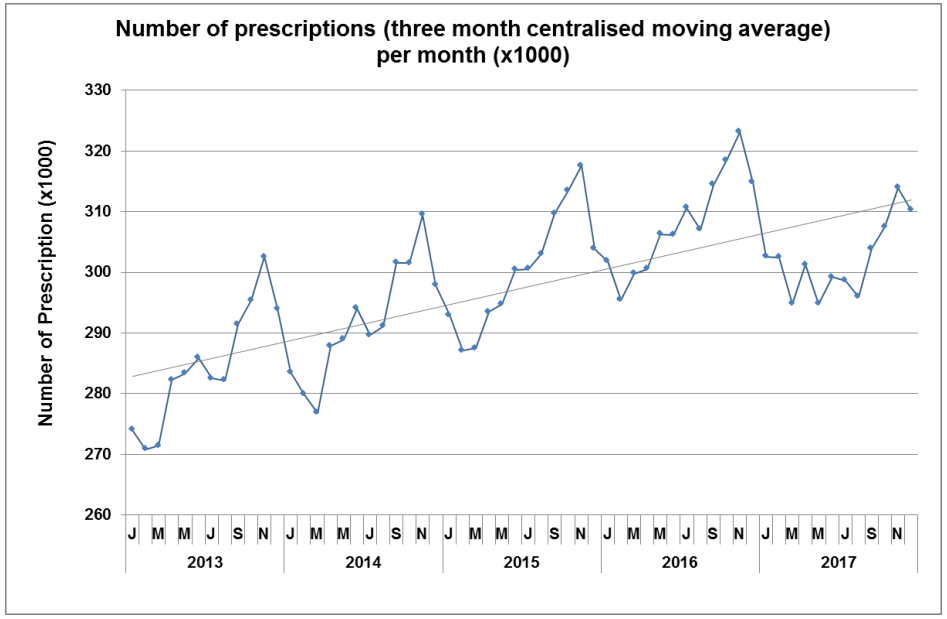
3.2.1 Essential Services
3.2.1.4 Access & Support for those with Disabilities

Supporting People with Disabilities (Response code Yes= 1,No= 0)											
Locality	Ward	Wheel chair Access	Hearing Impairment		Visual Impairment / Blindness		Cognitive Impairment				Dementia Friendly Environ-ment
			Hearing Loop	Signing	Large print labels	Braille on labels	'Aide Memoire' for medicines	Prescription collection service	Monitored Dosage Systems	MAR chart	
City	ASDA	1	1	0	1	0	1	1	1	1	1
	Boots Hereford	1	1	0	1	0	1	1	1	1	1
	Chandos	1	0	0	1	0	1	1	1	1	1
	Chave & Jackson	1	1	0	1	0	1	1	1	1	1
	Day Lewis Hereford	1	0	0	1	0	1	1	1	1	1
	Dudley Taylor	1	0	0	1	0	1	1	1	1	1
	Lloyds in Sainsburys	1	1	0	1	0	1	1	1	0	1
	Lloyds King Street	0	1	0	1	0	1	1	1	1	1
	Morrisons	1	0	0	1	0	1	1	1	1	1
	Rowlands Belmont	1	0	0	1	0	1	1	1	1	1
	Rowlands H Dene	1	0	0	1	0	1	1	1	1	1
	Rowlands Westfaling	1	1	0	1	0	1	1	1	1	1
	Tesco Stores Belmont	1	1	0	1	0	1	1	0	0	1
	Tesco Stores Bewell St	1	1	0	1	0	1	1	0	0	1
	Wye Valley Pharmacy	1	0	0	1	0	1	1	1	1	1
North & West	Boots Leominster	1	0	0	1	0	1	1	1	1	1
	Leominster Pharmacy	1	1	0	1	0	1	1	1	1	1
	WS Rees Pharmacy	1	1	0	1	0	1	1	1	1	1
	Rowlands Kington	1	1	0	1	0	1	1	1	1	1
	Westfield Wk Pharmacy	1	0	0	1	0	1	1	1	1	1
East	Boots Ledbury	1	1	0	1	0	1	1	0	0	1
	Colwall	1	0	0	1	0	1	1	1	1	1
	Day Lewis Ledbury	1	0	0	1	0	1	1	1	1	1
	Rowlands Bromyard	1	0	0	1	0	1	1	1	0	1
Sth & West	Benjamin's Pharmacy	1	0	0	1	0	1	1	1	1	1
	Boots Ross on Wye	1	0	0	1	0	1	1	1	1	1
	Cohens	0	0	0	1	0	1	1	1	1	1
	Total	**25**	**12**	**0**	**27**	**0**	**27**	**27**	**24**	**22**	**27**

3.2.1 Essential Services
3.2.1.5 Future capacity

Future Capacity

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Herefordshire pharmacies. The graph on the right plots the number of items dispensed per month, between January 2013 and December 2017 for all pharmacies and dispensing practices.
- The graph illustrates that there is an annual winter peak in the number of prescription dispensed, while the the volume has shown year on year increases indicating that the number of items is likely to continue to increase. Assuming that the number of pharmacies remain constant, the average number of items per month is calculated to be 8200 per pharmacy per month. This dispensing rate is higher than the current rate compared with our CIPFA comparators and England average.
- Whilst there are the following limitations with the analysis, it provides a guide to the future dispensing capacity of pharmacies:
  - The items data doesn't include prescriptions issued by out of area prescribers and other prescribers e.g. dentists, hospital FP10s etc
  - We have calculated that the proportion of cross border dispensing, dispensing doctors and personally administered items prescribed by Herefordshire GP practices is 28%
  - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc



Prescription Pricing Division; Electronic Prescribing & Cost Data for NHS Herefordshire CCG;

Other NHS Services within Herefordshire

Wye Valley NHS Trust

- This Trust provides acute services at Wye Valley (WVT) NHS Trust Hospital and provides medicines to the 2 community hospitals based at Ross and Leominster. Medicines are supplied to out-patients by the dispensary at the Acute Trust site only. Hospital FP10 prescriptions are also issued from departments within WVT which are dispensed in community pharmacies in Herefordshire and are detailed on the next page.

Taurus GP Federation

- Provides primary care based services in the evenings until 8pm Monday to Friday at 3 Hubs across Herefordshire- Hereford city, Leominster and Ross on Wye.
- Its service is based upon pre-booked appointments.
- Drug costs are linked to the CCG primary care drugs budget There are no plans to change this arrangement whilst the CCG retains budgetary responsibility

Other NHS Services (cont…)

- **2G Mental Health Trust**
  - This Trust provides a range of mental health services. FP10s are used by some of the services and we are not aware of plans to change this
- **Primecare**
  - Provides GP out of hours services. FP10 prescriptions are used where a medicine is not stocked and are charged to the CCG primary care drugs budget. The contract runs until 2020; future arrangements are not known

Housing and Commercial Developments

Herefordshire is currently undergoing a programme of significant economic, housing & commercial development which will impact upon the population size and demographic profile of the area. These developments will impact at some point upon future NHS Pharmaceutical Services.

This is explored in more detail on pages 54 onwards

3.2.1 Essential Services
3.2.1.5 Future capacity

During Financial Year 16 17 3677 Hospital FP10 prescription were dispensed in community pharmacies in Herefordshire at a cost of £104,629. In examining the source of these prescription the top 10 prescription areas were as follows which accounted for 99% of items were:

BNF Name	Total Items FY 16 17
Dressings	1,975
Appliances	1,031
Incontinence Appliances	226
Skin	220
Stoma Appliances	110
Infections	43
Anaesthesia	12
Gastro-Intestinal System	12
Endocrine System	10
Central Nervous System	9

By department:
28 departments within the Hospital prescribed hospital FP10S with the most common areas by volume:

- Ophthalmology
- Dermatology
- Accident and Emergency
- Ross Community Hospital
- •Bromyard Community Hospital
- ENT

Community pharmacies therefore have a role to respond promptly to presentation of these prescriptions in community. Systems for communication need to be optimised in case of query by the pharmacist with secondary care colleagues.

Medicines Optimisation and Medicines Reconciliation between Care Settings.
National evidence shows that incidents occur in relation to medicines when they are transferred across care settings.
When patients are admitted to local secondary care settings they are encouraged to take all of their medicines in with them including any that have been purchased over the counter e.g. vitamins and minerals.

Whilst reconciliation of medicines towards an accurate picture of what patients are currently taking when admitted to the local hospital continues to expand there is a need to perform the same function on discharge. This will enable the community pharmacist to be informed in advance of the first GP prescription which should detail any changes made in medicines whilst in hospital.
The potential advantages of this allow for informed checks and would allow further New Medicines Service and Medicines Use Reviews to be targeted at this high risk group of patients.

Effective discharge preparation and plans
Patients should be assessed prior to discharge on their ability to manage their own medicines independently.
However, there are patients who would benefit we believe from a short course where their medicines are re-packaged into Monitored Dosage Systems with a medication review pro-actively planned in advance with multidisciplinary input. This would support potentially both health and social care discharge plans and arrangements for safe management and benefit from medicines whilst in their own homes.

Electronic management of relevant information to pharmacies using PharmOutcomes " Transfer of Care" should be considered.

3.2.1 Essential Services
3.2.1.5 Future capacity (cont...)

Housing

By 2031 the population of Herefordshire is predicted to reach between 203,500 and 205,500, an increase of between 9 and 10%. This increase in population will put increased pressure on existing services and infrastructure with the provision of adequate housing being paramount.

As part of the Local Plan for Herefordshire the Herefordshire Core Strategy proposes to deliver 16,500 new homes by 2031.

This level of new housing development will help to address the current imbalance in the population structure of the county and would be enough to meet demand created by potential population growth over the period, based on both recent demographic trends and economic projections that assume a 10% growth in the number of jobs.

Strategic housing allocation sites have been identified around Hereford and the five market towns: Bromyard, Leominster, Ledbury, Ross-on-Wye and Kington and almost a third of all housing will be directed to the rural areas to help to sustain local services, generate new ones and support housing provision for local communities.

In addition to the planned developments associated with the towns other smaller housing developments (committed development) are dispersed throughout the county.

Herefordshire's Older People's Housing Strategy and Pathway 2015-2031 builds on and updates the research in the Study of the Housing and Support needs of Older People in Herefordshire.

A priority for Herefordshire is to enable people to live independently, and become less reliant on adult social care services.

However, there is a shortage of mixed tenure housing (e.g. shared ownership), and affordable housing for people who do not own their own homes, or have life limiting conditions.

In relation to affordable housing the proportion of affordable new dwellings across the county will vary from 25% in Leominster to 40% in Ledbury, Bromyard and Ross-on-Wye.

Herefordshire – Distribution of dwellings and Hereford University

The proposed distribution of new dwellings across the county will be 6,500 in Hereford, 4,700 in other urban areas (Bromyard, Kington, Ledbury, Leominster and Ross- on-Wye) and 5,300 in rural settlements, indicating that increases in population will occur throughout the county. However, in relation to the provision of primary care the increased pressure is likely to be felt by the providers in and around Hereford and the market towns.

In Hereford there are three primary sites identified for new housing: Three Elms, Holmer West and Lower Bullingham. Based on the average household size for Herefordshire of 2.34 persons as given in the 2011 Census an increase of 6,500 new dwellings would result in a concomitant population increase of over 15,000.

Similar situations will be presented in the market towns where the new housing developments are likely to result in an increase in population of up to11,000 which represents a proportional increase of 39%. In rural areas an increase in population of 12,000 is possible, representing a 12% proportional rise, which, when combined with the figures for urban areas indicates an appreciably increased pressure on primary care provision across the county albeit in a 20 year phased development.

Hereford University

The New Model in Technology & Engineering (NMiTE) university aims to open its doors to the first 300 students at a purpose-built city centre campus in Hereford in September 2020. It is estimated to have 5,000 students by 2032.

Implications for the PNA

The perceived timescale for the provision of new dwellings and increase in university students in Hereford is staged up to 2031 with a stepped rate in construction planned which means a gradual increase in pressure on primary care services. The impact of these must be reflected within the timeline of this document. On the next pages we can consider the implications for each of the localities within Herefordshire.

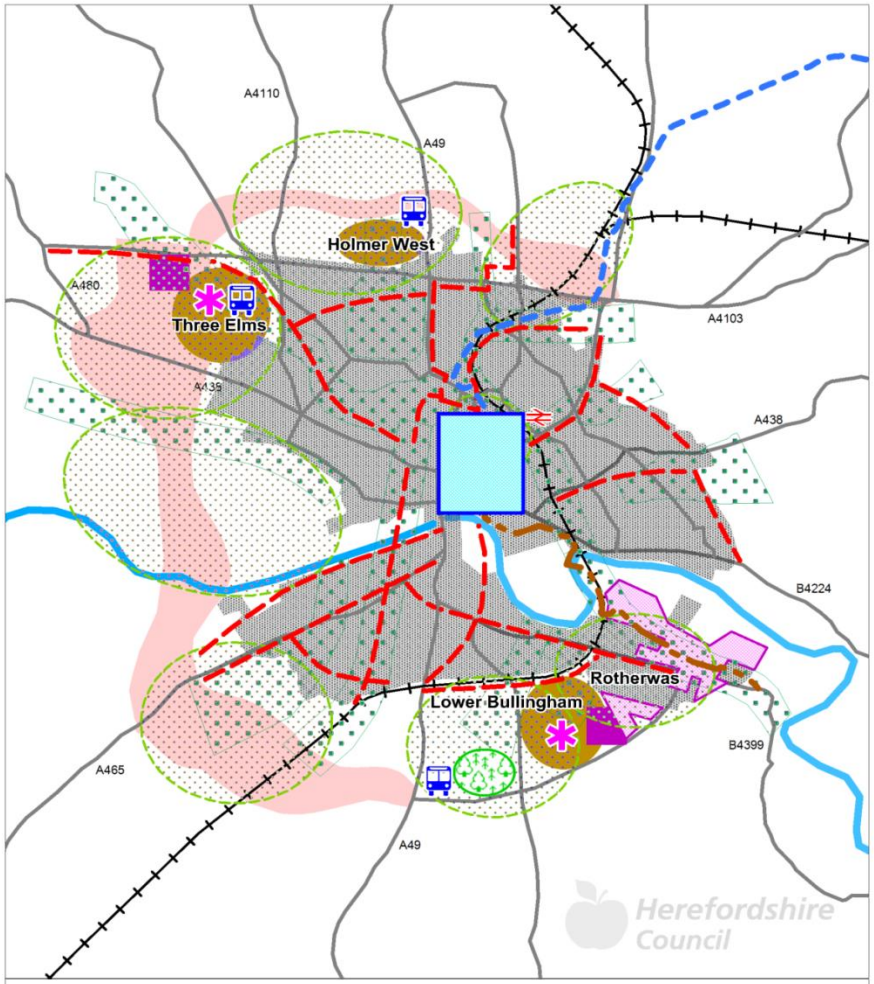
References

Herefordshire's Older People's Housing Strategy and Pathway 2015-2031

Local Plan for Herefordshire the Herefordshire Core Strategy

General location of strategic development areas in Hereford and Market towns.

(i) Hereford



Hereford City. In Hereford city there are three primary sites identified for new housing:

- Three Elms,
- Holmer West and
- Lower Bullingham.

Based on the average household size for Herefordshire of 2.34 persons as given in the 2011 Census an increase of 6,500 new dwellings would result in a concomitant population increase of over 15,000.

This represents a proportional increase of 25% of the current Hereford population of 60,000, which, if extrapolated against the present situation of eight city GP practices, indicates a requirement for the provision of two additional practices or the appreciable expansion of existing practices.

This will be of particular relevance to Lower Bullingham as Belmont is currently the only city practice located south of the River Wye.

Implications for the PNA for Herefordshire City

Referencing the Herefordshire Council Five Year housing land supply (2017-2022) position statement at April 2017 the progressive build rate between 2018- 2021 is approximately:

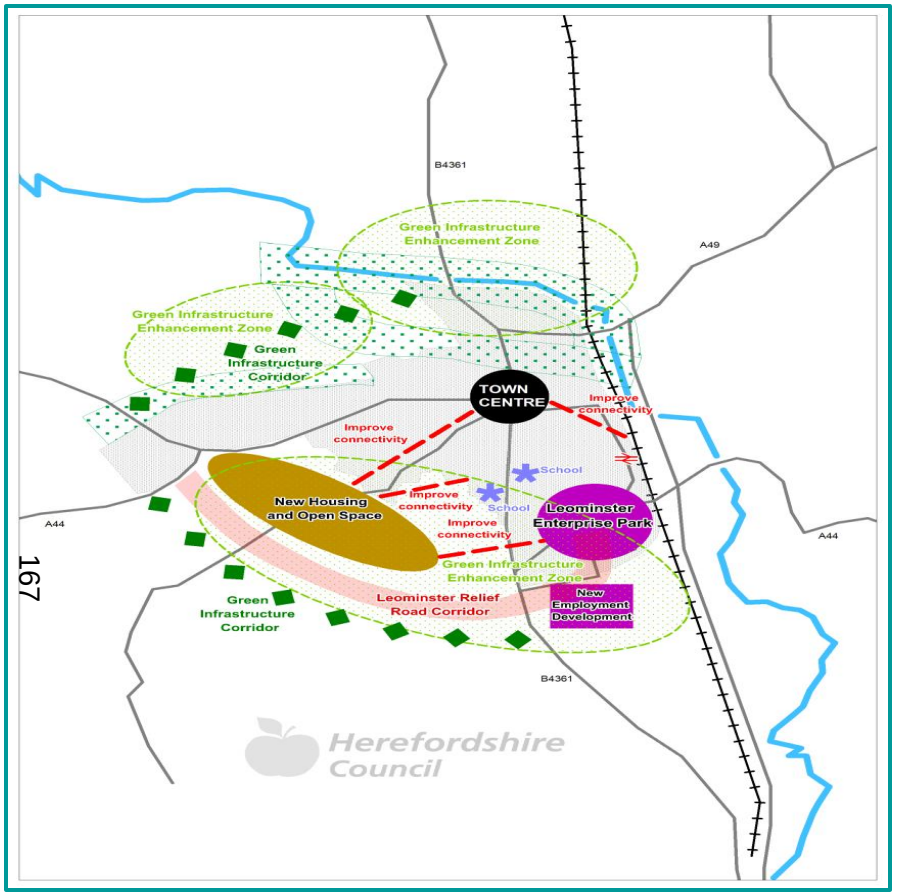
- 100 houses in Lower Bullingham
- 40 houses in Three Elms Road
- 50 Hereford City Urban Village plus a number of windfall sites accommodating four or less dwellings (approx 100 across County).

The potential impact upon access to pharmaceutical services is discussed on page 57 of the estimated population growth within the timescale of this PNA.

Furthermore, there is planned a new building development in close proximity to the Hereford Railway Station which will involve a merger of 5 Hereford City practices.

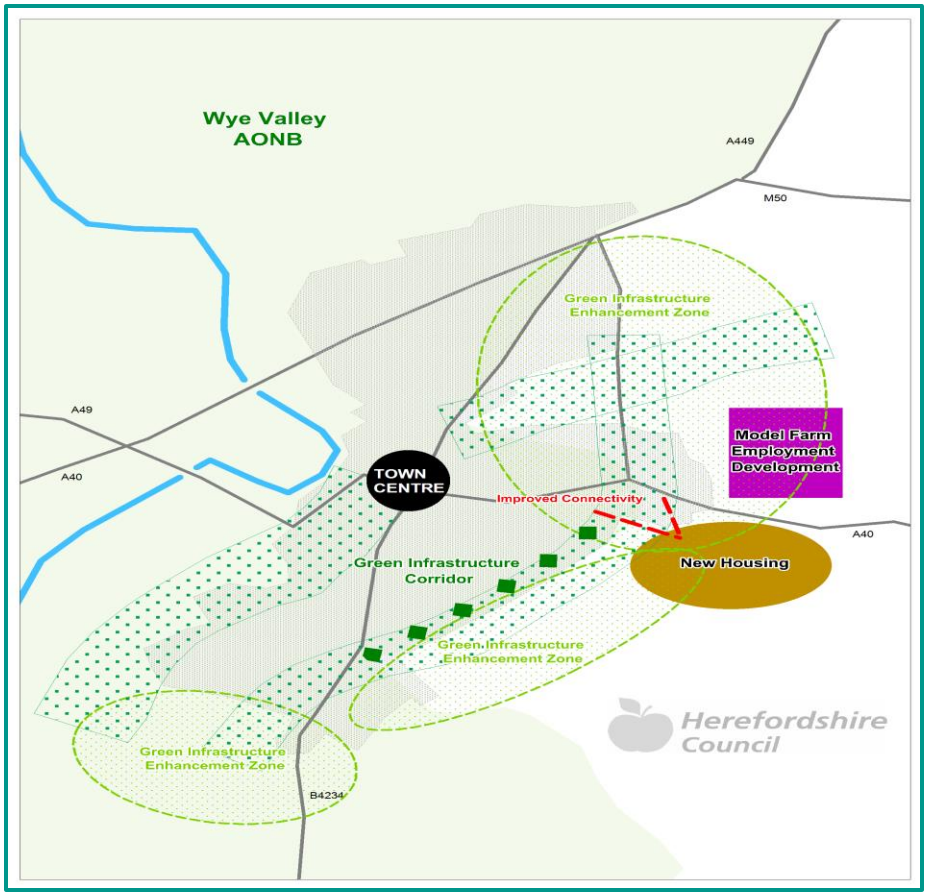
The addition of a number of University students within this PNA is estimated to be of the order of 300 students within the 3 year life of this PNA.

(ii) Leominster



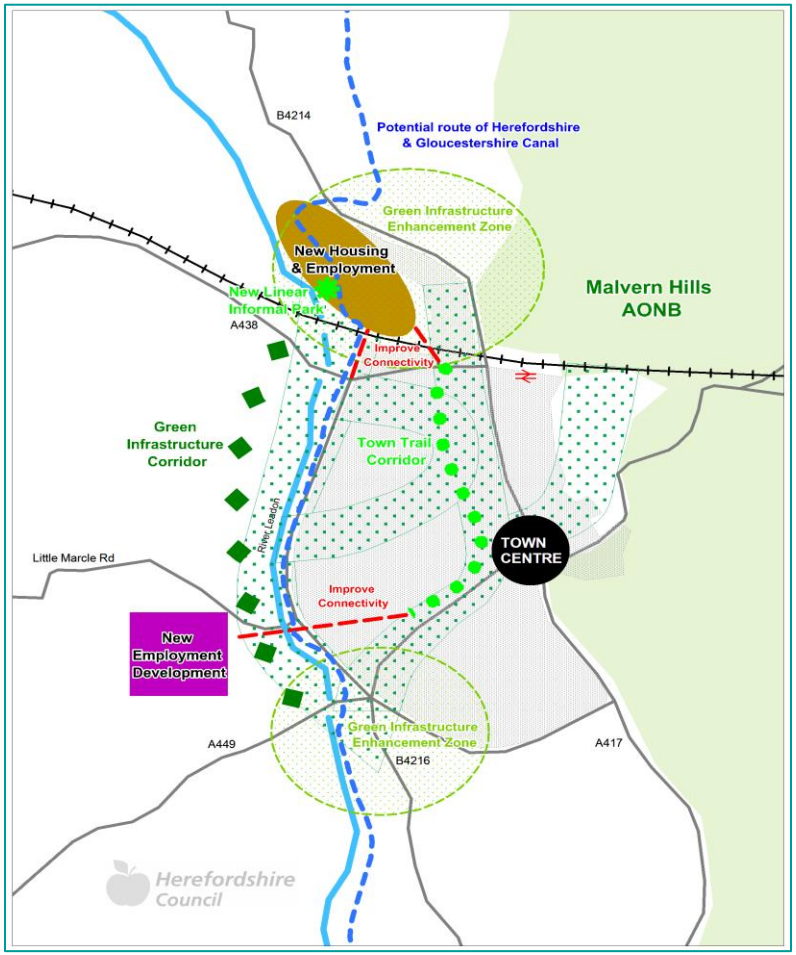
The Council position statement at April 2017 concludes that the strategic urban extension sites projected build out rate will deliver up to 300 additional houses within the 3 year timeframe of this PNA.
Thereafter build out rate will continue a further year with 280 houses before falling to approx 50-100 houses per year to total by 2030/31 a 615 additional houses.

(iii) Ross-on-Wye



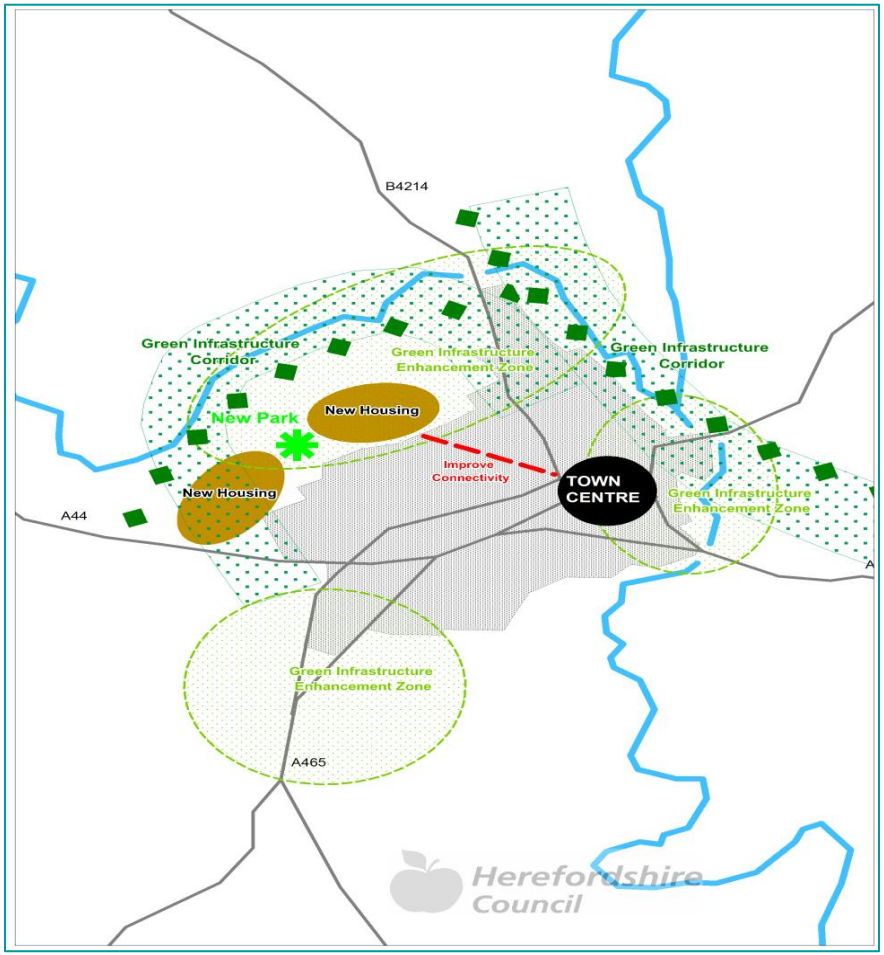
The Council position statement April 2017 concludes that the strategic urban extension sites projected build out rate will deliver up to 290 additional houses within the 3 year time frame of this PNA.
Thereafter building rate may continue at approximately 50 houses per year to total an increase of 585 houses to the area by 2031.

(iv) Ledbury



The Council position statement at April 2017 concludes that the strategic urban extension sites projected build out rate will deliver up to 260 additional houses within the 3 year timeframe of this PNA.
Thereafter, build out rate will continue a further year with 260 houses before a further build of 123 houses in years 2021/22.

(v) Bromyard



The Council position statement at April 2017 concludes that the strategic urban extension sites projected build out rate will deliver up to 70 additional houses within the 3 year timeframe of this PNA.
Thereafter build out rate will continue a further year with 20 houses in years 2021/22.

3.2.1 Essential Services
3.2.1.5 Future capacity (cont...)

Considerations for Future Pharmaceutical Services

Hereford City Locality

Opportunities for improvement in access and choice:

- The estimated 0.7%- 1% (+500 persons) increase in population over the next 3 years, the local housing programme, and levels of deprivation (particularly in the wards which are being developed), are not significant enough to impact upon capacity to meet future pharmaceutical needs and current provision. This is in terms of dispensing, delivery of health promotion & other pharmacy-based services
- ***In the short term, improvements*** *could be achieved through* additional pharmacy hours, particularly in the mornings (weekdays, Saturdays and Sundays) and on Sunday evening.
- Provision of all essential and advanced services need to provided consistently in HR2 in terms of supporting patients living in deprived areas; improve access and choice to pharmacy-based services; and enhance capacity within the existing network of pharmacies to meet the increasing pharmaceutical needs of the locality.
- Addition of approximately 300 students in Hereford City is not thought to need additional pharmacy sites but capacity exists within existing numbers of Hereford city based pharmacy sites.
- Population increase of approximately 1000 in next 3 years would reduce the current figure of 25 pharmacies per 100,000 to 24 per 100,000 population.

Implications for Pharmaceutical Needs of the Locality

- We envisage that even with the proposed population increase there would not indicate the need for additional pharmacy sites for Herefordshire City.
- No gaps exist in current pharmaceutical service provision with the current population being served. The planned increase in population and a relocation/ centralisation of a number of City practices (in a development timescale which indicates completion by early 2020) will not impact upon this.
- The build rate of additional houses and actual increase in population needs to be monitored closely over the next 3 years in order to examine longer term access to pharmaceutical services continues to meet the needs of the population.
- There will be a need to update the NHS England Determination of Rurality.

Hereford South Locality

Opportunities for improvement in access and choice:

- If the estimated completion of houses progresses at the rate expected over the next 3 years this will see an additional 290 houses with an estimated population growth of 678 people. This represents an additional 6% population growth adding to the current 10,700 population.

- ***In the short term, improvements could be achieved through*** additional pharmacy hours particularly in the mornings (weekdays, Saturdays and Sundays)
- Provision of all essential and advanced services need to be delivered consistently by all pharmacies in the locality in order to provide equitable service to levels seen in other localities.
- Net population growth in Ross on Wye is not thought to warrant additional pharmaceutical services provision within this PNA.
- The actual build rate and population increase however does need to be monitored so that pharmacies can provide the same level of services in terms of essential and advanced services of the core pharmacy contract as are observed in other localities currently.

Implications for Pharmaceutical Needs of the Locality

- The build rate of additional houses and actual increase in population needs to be monitored closely over the next 3 years in order to examine that current and immediate term access to pharmaceutical services continues to meet the needs of the population.
- There will be a need to update the NHS England Determination of Rurality in order for patients to be clear on their eligibility for dispensing services.

3.2.1 Essential Services
3.2.1.5 Future capacity (cont...)

Considerations for Future Pharmaceutical Services

Hereford North Locality
Opportunities for improvement in access and choice:

- The estimated additional increase in population of approximately 700 persons over the next 3 years represents an increase of 5% population if the additional 300 houses are built on time.
- The increase is not significant enough to impact upon capacity to meet future pharmaceutical needs and current provision. This is in terms of dispensing, delivery of health promotion & other pharmacy-based services through the existing 4 pharmacies in Leominster and proximity to Kington.
- ***In the short term, improvements*** *could be achieved through* additional pharmacy hours, particularly in the mornings (weekdays, Saturdays and Sundays) and on Sunday evening.
- Provision of all essential and advanced services need to provided consistently in HR6 in terms of supporting patients living in deprived areas; the most deprived area being identified currently as Leominster North.
- We envisage that within these proposed developments there would not indicate the need for additional pharmacy sites for Leominster locality.

Implications for Pharmaceutical Needs of the Locality

- The build rate of additional houses and actual increase in population needs to be monitored closely over the next 3 years in order to examine that current and immediate term access to pharmaceutical services continues to meet the needs of the population.
- There will be a need to update the NHS England Determination of Rurality in order for patients to be clear on their eligibility for dispensing services.

Hereford East Locality
Opportunities for improvement in access and choice:
Ledbury

- **The potential build rate over the next 3 years will see an increase of**
  - **260 houses (estimated population increase of an additional 600 people).**
- A further 260 houses is planned the following year and 123 the year after will result in an overall increase in population approximately 1,500 people.
- At this point the population increase over current levels will be an additional 15%.
- Therefore although within the timeframe of this PNA there will be a need to monitor the access and availability of a full range of essential and advanced services within Ledbury can continue to be delivered by existing contractors to the current observed levels.
- There will be a need to update the NHS England Determination of Rurality and if necessary produce Supplementary Statement to this PNA to ensure that this PNA remains current.

Bromyard

- The potential build over the next 3 years will see an increase of 70 houses with an estimated increase in population of 160+ persons.
- Although this increase is modest there is a need to re-define the NHS England Determination of Rurality and examine to what degree there is patient choice in Bromyard with respect to access to pharmaceutical services this provides with these additional population changes following this build. This area should be monitored closely and Supplementary Statements to this PNA may need to be generated.
- However, within this PNA it is determined that there is sufficient capacity to accommodate these proposed population changes.

Implications for Pharmaceutical Needs of the Locality

Although 13 miles apart Bromyard and Ledbury are captured under the same GP Locality for future locality based working. There will be a need to monitor both closely in terms of access and choice of how pharmaceutical services are provided within these two market towns.
There will be a need to re-define the NHS England Determination of Rurality for Herefordshire.

3.2.1 Essential Services

3.2.1.6 Meeting the Needs of Specific Populations

Meeting the needs of those with a protected characteristic		

Age	✓	• Advice and support needs to be tailored according to a patient's age. For example:
		  ○ Older people often take multiple medications and are more susceptible to side effects
		  ○ Parents may require advice on managing their child's medicines during school hours or advice on managing minor ailments; supply of sugar free medicines may be particularly beneficial for children
		• People of working age, may wish to access services outside of normal working hours e.g. on weekdays before or after work; or at weekends

Disability	✓	• Many pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical, sensory or cognitive impairment
		• Pharmacies offer a range of support including:
		  ○ The provision of large print labels for those who are visually impaired
		  ○ Supply of original packs with braille or medicines labelled in braille for those who are blind
		  ○ The use of hearing loops to aid communication for those with impaired hearing (we have identified that support could be improved)
		  ○ Provision of a multi-compartment compliance aids which *may* help to improve adherence in those who have cognitive impairment
		• People with a disability may have to exercise a choice and choose a pharmacy which better addresses their needs

Gender	✓	• We have identified that younger adults, particularly men, are less likely to visit pharmacies. We, therefore, need to ensure that our pharmacies maximise opportunities to target health promotion and public health interventions (e.g. alcohol IBA and stop smoking services) at this group
Race	✓	• Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to sign post patients to pharmacies where their first language is spoken • BAME communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. People in this group are more likely to take medicines. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes
Religion or belief	✓	• Pharmacies are able to provide medicines related advice to specific religious groups and need to be aware of the religious beliefs of the population which they serve. For example, advice on taking medicines during Ramadan; advice on whether or not a medicine contains ingredients derived from animals
Pregnancy and maternity	✓	• Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant • They play a vital role in helping to ensure that pregnant and breast feeding mothers avoid medicines which may be harmful
Sexual orientation	✗	• No specific needs identified
Gender reassignment	✓	• Pharmacies may be part of the care pathway for people undergoing gender reassignment and play a role in ensuring the medicines which form part of that treatment are available and provided without delay or impediment
Marriage & civil partnership	✗	• No specific needs identified

3.2.1 Essential Services
3.2.1.7 Conclusions

Conclusions on Essential Services

Essential services are provided by all NHS Pharmaceutical Services contractors. We have, therefore, used provision of these services to explore a range of factors which are relevant to the pharmaceutical needs of our population

We have determined that essential services are **necessary to meet the pharmaceutical needs of our population** for the following reasons:

- Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner. FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services
- Through supporting health promotion campaigns; and a proactive approach to delivering health promotion and sign posting advice, community pharmacy plays a valuable role in addressing the health needs, and tackling the health inequalities, of Herefordshire's population.
- An estimated 25% of the population are registered as dispensing patients and receive dispensing services through 10 dispensing practices.

Distribution of Pharmacies

- Herefordshire has a below average number of pharmacies but the distribution of these is relatively consistent with population density and deprivation.
- There is a correlation between deprivation and the number of pharmacies per 100,000, which does vary between localities which needs to be noted.
- There are some more densely populated areas where residents may have to travel more than a mile to access a pharmacy.
- There is a choice of pharmacy in all localities. We have estimated (using mapping tools) that all residents may access a pharmacy within 20 minutes by car, when all 27 pharmacies are open

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Opening Hours

- In considering opening hours, we have taken into account that Herefordshire has a relatively high proportion of people who are older and we have looked at the alignment of pharmacy opening hours with other services
- On weekdays (9:00am - 5:30pm) and Saturdays up until 5pm residents have good access to, and a choice of pharmacy. Outside of these hours, we have identified the following gaps, where extending opening hours may result in improvements in access and/or choice. Specifically,
- On Sundays, some residents in all localities may have to travel further to access pharmacy services
- There is a limited access and a reduced choice of pharmacy services from 4pm on Sundays until 9am on Mondays which is when the majority of pharmacies open. Rural dispensing sites will need to ensure that their opening hours continue to meet the needs of the dispensing patients.
- Pharmacy opening hours do not necessarily align with the unscheduled care providers, however, this does not represent a gap because the number of FP10 prescriptions issued at these times is low and we are not aware of any complaints in this respect:
- **Weekday & Saturday mornings:** There is choice of Hereford City pharmacies which open at 8am but the majority open at 9am.
- **Sundays:** No pharmacies open before 10am and all are closed at 4pm. All these pharmacies are located in Herefordshire City.
- **Overnight:** There is no access to pharmacy services overnight apart from Emergency Access to advice and medicines through the OOHs provider which works effectively.
- Each Bank Holiday needs to be considered individually in order for NHS England to commission rota in Hereford City and Ross and Leominster.
- The availability of pharmacy opening times and services is publicised; some residents do not have access to the internet to review. Means to increase the awareness of where the pharmacies are located with extended hours should be explored.

Patient Choice.

Patients should have a choice on where they access pharmaceutical services and where their prescriptions are dispensed and this should be articulated clearly by all providers. Options for ordering prescriptions electronically when they receive medicines via community pharmacy should be increased.

3.2.1 Essential Services
3.2.1.7 Conclusions (cont...)

Conclusions on Essential Services

Dispensing

- The dispensing rate for Herefordshire pharmacies is higher than the majority of our CIPFA comparators and the England averages
- There is scope to increase efficiencies for both prescribers and dispensers using electronic repeat dispensing because of the benefits for patients and the health economy in general. This should be a priority to increase GP practice uptake of this IT functionality since there is wide variation across Herefordshire and is therefore potentially limiting choice and access for patients to regular repeat medicines supply.

Access & Support for People with Disabilities

- Some pharmacies within Herefordshire have taken steps to provide support for people with physical, sensory and cognitive impairment and disabilities

Overall Conclusions for Essential Services

- In considering future capacity we have taken into account the trend for growth in prescription items, the local housing & regeneration programme; and have looked at these in the context of opening hours, deprivation and population density. We have identified there is sufficient capacity within existing 27 providers within the timeframe of this PNA.

Current Need where improvements could be made in the immediate future

- Additional pharmacy opening hours would be advantageous between 7-9 am on weekdays, in all localities, to ensure alignment with GP opening hours and to promote timely access to dispensing
- Opening hours of dispensing practices can be explored to ensure that access is optimised for patients including the working population.
- Additional pharmacy rota provision should be considered on an individual Bank Holiday basis for all Bank holidays market towns Ross and Leominster and commissioned accordingly.
- Up to date information on pharmacy and DAC opening hours and services, is needed in a variety of forms, rather than relying on NHS Choices

Future Need

- There will be a need to examine Hereford City (South of River Wye), Ledbury and Bromyard alongside examination of primary care practice delivery to ensure that community pharmacies can continue to meet the pharmaceutical needs of the locality as a result of a phased programme of commercial and housing developments. These areas may require production of Supplementary Statements to this PNA to ensure needs continue to be met.
- There will be a frequent need to update the NHE England Determination of Rurality as the programme of housing developments is realised.

Current and Future Improvements or Better Access

- In all localities, additional opening hours on weekday mornings (before 9am), weekday and Saturday evenings and on Sundays, would improve access, convenience and choice to dispensing and other essential services, both now and in the future. This would be beneficial for residents who work full time and who prefer to use a pharmacy outside of working hours; and would facilitate ensuring there is sufficient capacity to meet the future pharmaceutical needs of a growing population.
- More pharmacies could provide support for people with disabilities, particularly those with hearing impairment
- Community pharmacy is not optimally utilised particularly in the context of a primary care led NHS and improving the health of the population so needs to be integrated particularly into new Primary Care Home initiatives to deliver multi-disciplinary care co-ordinated on a locality basis.

3.2.2 Pharmacy Premises
3.2.2.1 Consultation Areas

Overview

- Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter
- For advanced services, the characteristics of a pharmacy consultation area have been defined[9]:
  - There must be a sign designating the private consultation area.
  - The area or room must be:
    - Clean and not used for the storage of any stock
    - Laid out and organised so that any materials or equipment which are on display are healthcare related
    - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected
- In recognition of the interdependency between the commissioning of a broad range of services and the presence of a suitable consultation area, we explored the facilities available in our community pharmacy questionnaire; the table on the right summarises the results.

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Conclusions on Consultation Areas

- All but one pharmacy (96%) has at least one consultation area which is also a confidential closed room (96%);
- Most consultation areas are well equipped, but there are opportunities to:
  - Ensure the use of technology is embraced in order to facilitate confidential discussions and information exchange, where required by the service
  - Consider security through the use of CCTV and panic buttons
  - Make adaptations to support those with disabilities, particularly meeting the needs of wheelchair users and those with a hearing impairment
- 5 (18%) pharmacies said they are willing to provide consultations in a patient's home; this would support improving access for the housebound and/or those who find it difficult to access pharmacy services without support from a carer

Consultation Areas & Facilities

Feature	Rationale	No. (n=27)	%
On-site	Facilitates 'walk in' approach to service delivery	26*	96%
Closed room	For confidentiality	26	96%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation		65%
Wheel chair access	Improves access to a confidential area for those with a physical disability	25	93%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	12	44%
Computer	For contemporaneous patient records	17	63%
Internet access	Access to on-line resources	17	63%
Medication records	Access to patients' medication history during the consultation	16	59%
Sink with hot water	Required for services which include examination or taking samples	22	81%
Premises approval	Enables post graduate pre-registration training student training	5	19%
Times>1 pharmacist on duty	Afford more opportunity for pharmacist led interventions and services	9	33%
* 1 pharmacy	Reports practice based facilities.		
Other Facilities on the Premises			
Patient toilet	Facilitates provision of samples	35	45%

3.2.3 Advanced Services

3.2.3.1 Medicines Use Review & Prescription Interventions

Overview

- The Medicines Use Review (MURs) & Prescription Intervention (PI) service consists of structured reviews for people taking multiple medicines
- The service aims to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste
- MURs tend to be proactive and targeted at specific patient groups whereas PIs are more reactive and are usually undertaken following the identification of a serious adherence issue
- The pharmacy must have a consultation area which complies with specified criteria; and the pharmacist undertaking the service must be accredited to do so. A pharmacy may also seek permission, from NHS England, to provide MURs in the domiciliary setting
- A pharmacy may:
  - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule') . The 3 month rule does not apply to prescription interventions
  - Undertake up to 400 MURs per annum
  - From 2014/15, 70% of MURs must be directed to target groups i.e.
    - People on high risk medicines (NSAIDs, anti-coagulants, anti-platelets, diuretics)
    - Those who have been recently discharged from hospital
    - People who have been prescribed certain respiratory medicines
    - Those taking 4 or more medicines and who either have cardiovascular disease or whom are at risk of cardiovascular disease

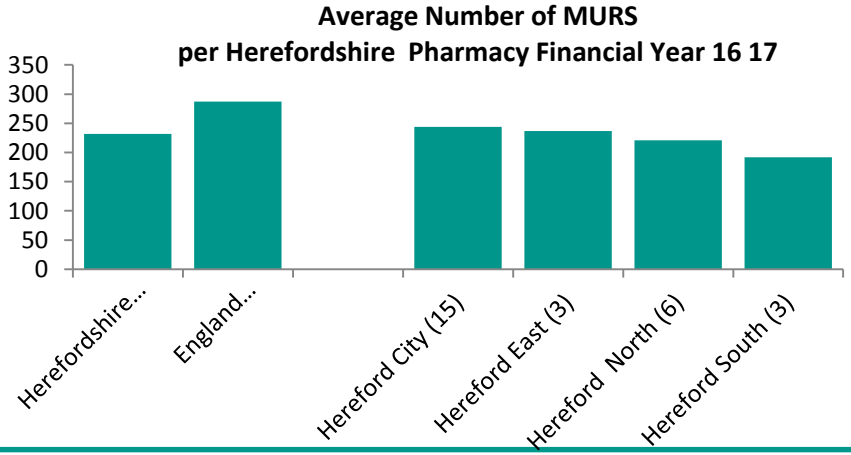
The Evidence Base

- The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies[10]:
  - 49% of patients reported receiving recommendations to change how they take their medicines, and of these 90% were likely to make the change(s)
  - 77% had their medicines knowledge improved by the MUR
  - 97% of patients thought the place where the MUR was conducted was sufficiently confidential
  - 85% of patients scored the MUR 4 or 5 on a usefulness scale where 1 was not useful and 5 very useful

The Current Picture

- 27/27 (100%) pharmacies offer Medicine Use Reviews
- The graph compares Herefordshire with an all England comparator
  - In Herefordshire, the average number of MURs per pharmacy was 232 in Financial Year 16 17
  - This performance is 19% below England average of 287 for the same time period
  - All areas are below the maximum threshold of 400 MURs per annum.
- With respect to activity (see table):
  - There is variation between pharmacies in terms of the number of MURs undertaken with pharmacies (range 14-400)
  - Overall, Financial Year 16 17, 6, 264 MURs were undertaken against a possible maximum of 10,800
  - There is an observed difference in locality provision as described in the table in both the range of completed MURs and MURs per 1000 people.

FY 16 17	City	North	South	East
Number of active pharmacies	15	6	3	3
Number of MURs undertaken range	53-364	81-357	198-286	14-400
Total Activity	3,439	536	1,027	756
MURS per 1,000 people	43	13	27	24



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2016/17

3.2.3 Advanced Services

3.2.3.1 Medicines Use Review & Prescription Interventions

Meeting the needs of those with a protected characteristic		
Age	✓	Older people, on multiple medications for long term conditions may require MURs. People of working age may wish to access this service during extended hours
Disability	✓	MURs help to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment
Gender	×	No specific needs identified
Race	✓	Language may be a barrier to delivering MURs
Religion or belief	×	No specific needs identified
Pregnancy and maternity	✓	MURs may help women who are planning pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	×	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	×	No specific needs identified

Further Provision

- We would like to see all Herefordshire pharmacies offering MURs, to ensure that all residents can access the service through their regular pharmacy
- We wish to see all pharmacies targeting the service at people who will benefit the most. This will support pharmacies delivering the maximum number of MURs per annum
- It should be noted by all Commissioners of services that individual patient permissions are needed to be granted by NHS England for an MUR to be completed away from the pharmacy premises.
- Providing MURs in the domiciliary setting may improve access for people who are less able to visit a pharmacy.

The Future

We anticipate there will be an increase in the number of people requiring MURs as our population ages, as a result of population growth & local housing developments and because of local strategy to provide more care outside of hospital. Our benchmarking analysis demonstrates that there is sufficient capacity, within the current pharmacy network, to meet this future need.

Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
  - People with long term conditions with multiple medicines benefit from regular reviews
  - It is estimated that up to 20% of all hospital admissions are medicines related[11] and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose).
- We have determined that MURs are not necessary to meet a pharmaceutical need, but are **relevant** in that they **improve access** to medicines reviews and clinical support. The following factors have influenced this decision:
  - Whilst MURs may only be provided by community pharmacists there are other comparable services that can be provided by other healthcare professionals (e.g. practice nurses, hospital pharmacists)
  - There is published evidence to demonstrate the benefits of MURs
  - There is good alignment with local strategic priorities in that MURs contribute towards the effective management of long term conditions
- 27 pharmacies offer the service; all pharmacies should aim to complete 400 MURs per annum.
- Closer working relationships with primary care practices could enable referrals for suitable patients to benefit from MURs.
- We have identified the following gaps:
  - The pattern of community pharmacy opening hours may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend
  - There is scope for pharmacies to increase the number of MURs which are undertaken; this applies to all localities which should be encouraged.
  - The 3 month rule means that the service may not be accessed from a pharmacy other than the regular pharmacy.

3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Overview

- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence
- The service is focused on the following patient groups and conditions:
  - Asthma and COPD
  - Diabetes (Type 2)
  - Hypertension
  - Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (this can be from primary or secondary care) or are identified opportunistically by the community pharmacist
- The number of NMS interventions which a pharmacy may undertake is linked to their volume of dispensing in any given month

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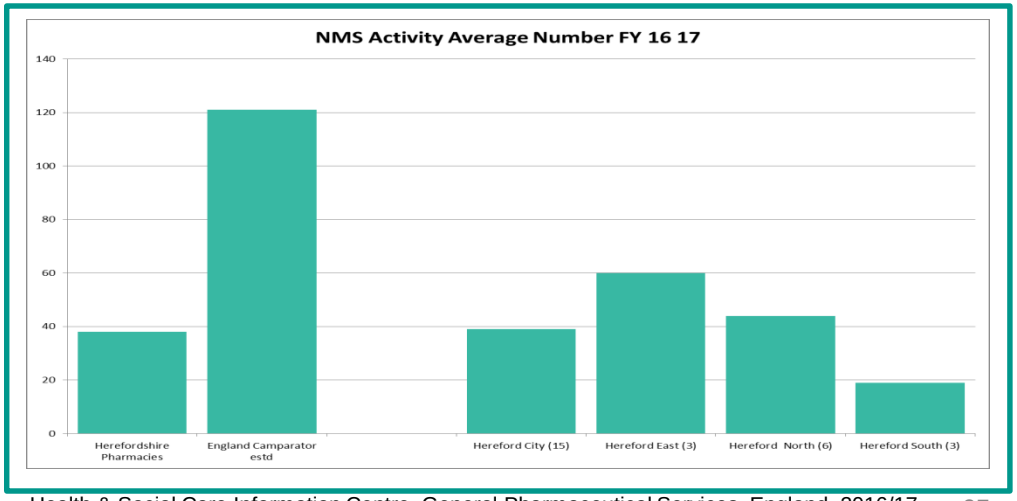
The Evidence Base

- A recent randomised controlled trial[11] demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective:
  - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
  - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group
  - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent
- In a study evaluating a telephone based pharmacy advisory service[12], pharmacists met patients' needs for information and advice on medicines, when starting treatment

The Current Picture

- 24 (88%) pharmacies offer the NMS
- Exceptions occur in HR1, HR2 and HR9
- Benchmarking data (graph below) summarises Herefordshire's provision and performance against England data:
  - The proportion of pharmacies offering the service is higher than the England average
  - However, the average number of NMS reviews undertaken is lower than the England average
- With respect to activity (see table):
  - We observe that there is variation between pharmacies in terms of the number of NMS reviews undertaken.
  - This is reflected in the numbers aggregated across localities.
  - Locality working and integration into primary care could optimise patient benefits of this service but is dependent upon qualifying categories.

	NMS Activity 2016/17			
Financial Year 16 17	City	East	North	South
No. of active pharmacies = 24 in total	13	6	3	2
No. NMS Reviews undertaken (range)	0-124	39-72	3-80	0-49
Total Activity	592	180	220	57
NMS reviews per 1,000 people	7.4	4.5	5.7	1.8



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2016/17

3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Meeting the needs of those with a protected characteristic		
Age	✓	Older people on multiple medications for long term conditions may benefit from the NMS. People of working age may wish to access this service during extended hours
Disability	✓	The NMS helps to assess & provide support to patients to help improve adherence to medicines e.g. large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the NMS
Religion or belief	✗	No specific needs identified
Pregnancy and Maternity	✓	NMS may help women who are *planning* pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- We would like to see all pharmacies offer the NMS; where a pharmacy does not offer the service, they should be encouraged to signpost to an alternative pharmacy
- To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening.
- Adopting an integrated approach to service delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for patients.

The Future

- The NMS was originally implemented as a time-limited intervention. NHS England has stated it will continue to commission the service at the time of writing. W*e wish to see all pharmacies in Herefordshire offering, and proactively delivering the service, for as long as this is commissioned .*
- Our benchmarking analysis demonstrates there is sufficient capacity in the system, to meet any increased future demand

Conclusions

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems[11]:
  - Only 16% people take a new medicine as prescribed
  - 10 days after starting a new medicine, almost one third of patients are non-adherent
  - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or unintended consequence of the prescribed medicine
- On balance, we have determined that the service is not necessary to meet a pharmaceutical need, but is **relevant in that it improves access to medicines reviews and clinical support.** The following factors have influenced this decision:
  - The service may only be provided by community pharmacists but other healthcare professionals may offer comparable services
  - There is published evidence to demonstrate the benefits of the NMS
  - There is good alignment with local strategic priorities in that the service contributes towards the effective management of long term conditions and admission avoidance
  - The number of reviews undertaken in Herefordshire is lower than England average but could be increased in all localities
  - The long term future of the service is not known at this point in time.
- **24 pharmacies offer the service;**
- We have identified the following gaps:
  - 3 pharmacies don't offer the service at all
  - Limited access on weekday & Saturday mornings up until including 8:00am; Saturday afternoons; and Sundays. This pattern of opening may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend
  - There is variation between localities with respect to the number of reviews undertaken but the reasons for this are not clear

3.2.3 Advanced Services
3.2.3.3 Stoma Appliance Customisation Service (SACS)

Overview
- This service involves the customisation of stoma appliances, based on a patient's measurements or a template
- The aim of the service is to ensure proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- There are no limits on the number of SACS which may be undertaken

The Current Picture
- 0 (0%) pharmacies, in the community pharmacy questionnaire, reported that they offered the SAC service. However NHS England reported 7 pharmacies (26%) as able to provide the service but no activity data is available.
- 1 of the 27 pharmacies which don't offer the service, told that they would be willing to provide the service in the future
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their on-going care.
- Therefore, this remains an option for community pharmacies to provide additional support to stoma patients.
- Activity for SAC in general across the country is noted as higher when there is a Dispensing Appliance Contractor in the area.
- PACT data would suggest that 67% of appliance prescriptions are dispensed outside Herefordshire through DAC companies.

The Evidence Base
- There is no published evidence to demonstrate the benefits of SACS
- The stated benefits of improving the duration of usage and reducing waste are theoretical

Meeting the needs of those with a protected characteristic		
Age	✓	Older people are more likely to have stomas and therefore may require access to the SACS
Disability	✓	SACS help to assess need & provide support to help people with disabilities manage their stoma
Gender	×	No specific needs identified
Race	✓	Language may be a barrier to delivering successful SACS
Religion or belief	×	No specific needs identified
Pregnancy and maternity	✓	SACS may be required during pregnancy to help accommodate changing body shape
Sexual orientation	×	No specific needs identified
Gender reassignment	×	No specific needs identified
Marriage & civil partnership	×	No specific needs identified

Conclusions
- The service aims to ensure the proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- Within Herefordshire, 7 pharmacies nominally are able to provide the SAC service but no activity data is available.
- We have concluded that the pharmacy & DACs based SAC service, within Herefordshire, is not necessary to meet a pharmaceutical need but it is a **relevant service** for the following reasons:
  - Our analysis of dispensing indicates that residents may choose to access pharmacy or DAC based stoma customisation both within and outside of the area. They may also opt to receive stoma customisation support from the stoma nurse providing their ongoing care
  - The SAC service provides theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved patient outcomes or value for money
- We have not identified any current or future gaps with the service

3.2.3 Advanced Services
3.2.3.4 Appliance Use Reviews (AURs)

Overview

- Appliance Use Reviews (AURs) may be provided by community pharmacies and dispensing appliance contractors. They may be carried out by an appropriately trained pharmacist or specialist nurse either within the contractor's premises or in a patient's own home
- The purpose of AURs is to improve a patient's knowledge and use of any 'specified appliance' that they have been prescribed. The pharmacy would normally dispense and undertake a review with a view to improving adherence and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient
- The number of AURs which may be undertaken is linked to the volume of appliances dispensed i.e. 1/35 of specified appliances (see box on the right)

The Current Picture

- 1 (3%) pharmacy advised us that they offer the AUR service:
  A further 2 of the remaining 26 pharmacies which don't offer the service, told us that they would be willing to provide the service in the future
- There is no activity data available .
- With respect to non-pharmacy providers, advice on the use of appliances may be offered by the hospital or clinic responsible for ongoing care.

Specified Appliances

- Catheter appliances, accessories & maintenance solutions
- Laryngectomy or tracheostomy appliance
- Anal irrigation kits
- Vacuum pump or constrictor rings for erectile dysfunction
- Stoma appliances
- Incontinence appliances

The Evidence Base

- There is no published evidence to demonstrate the benefits of AURs
- The stated benefits of improving adherence and reducing waste are theoretical

Meeting the needs of those with a protected characteristic		
Age	✓	Older people are more likely to use appliances and as such require AURs
Disability	✓	Disabled people are more likely to use appliances and as such may require AURs
Gender	✓	Appliance advice can be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	×	No specific needs identified
Pregnancy & maternity	×	No specific needs identified
Sexual orientation	×	No specific needs identified
Gender reassignment	×	No specific needs identified
Marriage & civil partnership	×	No specific needs identified

Conclusions

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste
  - The AURs limit impacts upon the number of people eligible for the service
  - Over 70% appliances are dispensed outside of the area; and it follows that AURS will be undertaken outside the area
  - The reviews are specialist in nature and patients often receive the support they need from the hospital or clinic responsible for their ongoing care
  - Hospitals may refer directly to appliance manufacturers who supply directly; such patients may not be aware that pharmacies offer AURs
- We have determined that AURs are not necessary to meet a pharmaceutical need **but are relevant** for the following reasons:
  - The service potentially provide a choice of provider for people who prefer to use a pharmacy or DAC based service rather than the hospital or clinic providing their ongoing care; as such the service may improve accessibility
  - There is insufficient published evidence to demonstrate improved patient outcomes or value for money
- We are not aware of any complaints or dissatisfaction with the current service level and have not identified any current or future gaps.

3.2.4 Local Enhanced Services

3.2.4.1 NHS England Pharmacy Vaccination Service

Overview

- The aim of the immunisation programme is to minimise the health impact of disease through effective prevention
- NHS England Vaccination service has been established to deliver population-wide evidence based immunisation programme with a view to:
  - Ensuring timely delivery of immunisations to achieve optimum coverage for the target population
  - Promote a choice of provider for patients and facilitate the *"Every Contact Counts"* approach
  - Improving access to influenza vaccination services
  - Addressing the historically low uptake of seasonal influenza vaccination by those aged under 65 who fall into an 'at risk' group and those aged 65+
- The specification of the service currently includes the following vaccination options from April 2016 - March 2018:
  - Seasonal Influenza vaccinations

The Current Picture

- During Financial Year 16 17 16 (60%) Herefordshire pharmacies provided 1352 NHS flu vaccinations representing 5.4% of NHS England area of Arden, Hereford and Worcester.
- 19 (70%) pharmacies are commissioned to provide the service Financial Year 17 18 so increased activity is expected via expansion of number of pharmacies and increase in the cohorts of patients , carers, care homes and domiciliary care staffs now added for eligibility.
- The table on the next page summarises availability of services:
  - There is reasonable access, and a choice of pharmacy, on weekdays (9:30am-5:30pm) and on Saturday (10am – 1pm) in all localities
  - Service availability is more limited in all localities during extended hours, which is when people of working may wish to access the service:
    - Three pharmacies offer the service before 8am in Hereford City only
    - Access is available in most areas on Saturdays
    - **Map 6** provides an overview of the distribution of pharmacies against a background of the older people (65+) population and shows that all localities have a choice of provider
- **Non Pharmacy providers: currently** include GPs and midwives

Provider Criteria

- Pharmacies must meet the following criteria:
  - There must be a designated consultation area or alternative premises that meets specific criteria including workspace & infection control requirements
  - The service must be provided by an accredited pharmacist working under the NHS England Core PGD for Administration of 2016/17 and 17/18 Vaccinations,
  - A Declaration of Competences for Vaccination Services including Centre of Pharmacy Postgraduate Education (CPPE) on immunisations and basic life support training must be completed
  - Pharmacists must attend relevant study days/courses, keeping up to date with clinical literature
  - Pharmacist must be aware of the need to have hepatitis B vaccination.
  - Standard operating procedures must be available
  - All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists
  - Pharmacies participating in the service are expected to work in partnership with local GPs to identify and encourage those that have failed to attend previous vaccination appointments
  - Specific information is sent to GP practices with patient consent.

The Evidence Base

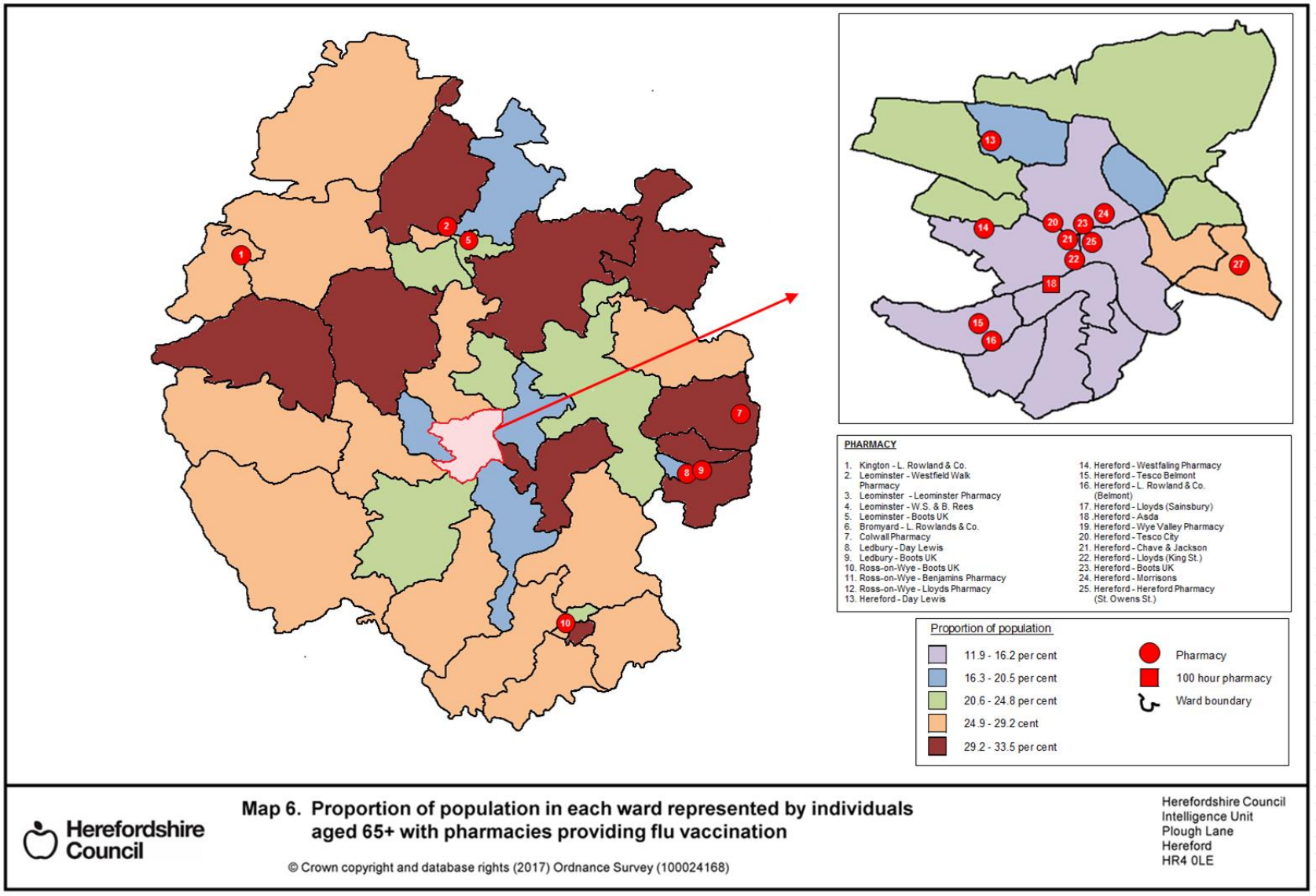
- In 2011/12, pharmacies in one area used 'PharmOutcomes' to record vaccinations and notify GP colleagues[13]:
  - 4,192 people were vaccinated (approximately 15% of total vaccinated).
  - 35% were under 65 and in 'at risk' groups (other providers vaccinated 17% in this category)
  - 19% patients stated vaccination was unlikely without pharmacy access.
  - 97% rated the service as 'excellent'
  - 13% of patients cited difficulties in obtaining the vaccine from other providers
- A literature review[14] of community pharmacy delivered immunisation services demonstrates:
  - Immunisation can be safely delivered through community pharmacy
  - Patient medication records are effective at identifying 'at risk' clients to be invited for immunisation and this can increase uptake of vaccine
  - User satisfaction with pharmacy based services is high

3.2.4 Advanced Services

3.2.4.1 NHS England Pharmacy Vaccination Service

Locality		Number of Pharmacies Offering NHS Flu Vaccination Service								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am– 4pm
City	ASDA	1	0	1	1	1	1	1	1	1
	Boots Hereford	0	1	0	1	1	1	1	0	1
	Chandos	0	1	0	1	1	0	0	0	0
	Chave & Jackson	0	1	0	1	1	1	1	0	0
	Day Lewis Hereford	0	1	0	1	0	1	0	0	0
	Dudley Taylor	0	1	0	1	1	1	0	0	0
	Lloyds in Sainsburys	1	1	1	1	1	1	1	1	1
	Lloyds King Street	0	1	0	1	1	1	0	0	0
	Morrisons	0	0	1	1	0	1	1	1	1
	Rowlands Belmont	0	1	0	1	1	1	0	0	0
	Rowlands H Dene	0	1	0	1	0	0	0	0	0
	Rowlands Westfaling	0	1	0	1	0	0	0	0	0
	Tesco Stores Belmont	0	0	0	0	0	0	0	0	0
	Tesco Stores Bewell St	1	1	1	1	0	1	1	1	0
	Wye Valley Pharmacy	0	0	0	0	0	0	0	0	0
North & West	Boots Leominster	0	1	0	1	1	1	1	0	0
	Leominster Pharmacy	0	0	0	0	0	0	0	0	0
	WS Rees Pharmacy	0	0	0	0	0	0	0	0	0
	Rowlands Kington	0	1	0	1	1	1	1	0	0
	Westfield Wk Pharmacy	0	1	1	1	1	1	0	0	0
East	Boots Ledbury	0	1	0	1	1	1	1	0	0
	Colwall	0	1	0	1	0	1	0	0	0
	Day Lewis Ledbury	0	1	0	1	0	1	0	0	0
	Rowlands Bromyard	0	1	0	1	0	1	1	0	0
South & West	Benjamin's Pharmacy	0	1	0	1	1	0	0	0	0
	Boots Ross on Wye	0	1	0	1	1	1	1	0	1
	Cohens Chemist	0	0	0	0	0	0	0	0	0
Grand Total		3	20	5	22	14	9	11	4	5
Percentage of Total		11%	80%	18%	81%	52%	33%	41%	15%	18%

3.2.4 Advanced Services
3.2.4.1 NHS England Pharmacy Vaccination Service



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3.2.4 Advanced Services

3.2.4.1 NHS England Pharmacy Vaccination Service

Meeting the needs of those with a protected characteristic		
Age	✓	The service is available to those over 65 and under 65 in at risk groups; people of working age may wish to access the service during extended hours
Disability	✓	Pharmacy services may be more accessible and convenient for people with a physical disability
Gender	✖	No specific needs identified.
Race	✓	BAME people are more likely to be in the "at risk" groups
Religion or belief	✖	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant
Sexual orientation	✖	No specific needs identified
Gender reassignment	✖	No specific needs identified
Marriage & civil partnership	✖	No specific needs identified

Further Provision

- We wish to see this service commissioned from as many pharmacies as possible in Herefordshire to support increased uptake of seasonal influenza vaccine in those aged under 64 who are at risk; it is of note that a further 7 pharmacies told us, in the community pharmacy questionnaire, that they would be willing to provide this service
- In particular, we wish to see all pharmacies which are open for extended hours on weekdays, Saturdays and Sundays offering the service. This would improve access for people who work full time and who may find it difficult to attend for vaccination during working hours.

The Future

- NHS England has advised that they may wish to broaden the current portfolio to include shingles, pertussis, Fluenz ® and rotavirus vaccination

Conclusions

- NHS England Flu Pharmacy Vaccination Service has been established to improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of *"Every Contact Counts"*
- We have concluded that this service is not necessary to meet a pharmaceutical need but is **relevant** in that:
  - Community pharmacy is one of a range of providers offering the vaccinations. Many are open during extended hours on weekdays and at weekends. As such, the pharmacy-based service **offers improvements in both access and choice**
  - There is emerging published evidence to support the role of community pharmacy in delivering immunisation services
  - The service will support Herefordshire with achieving vaccination targets and coverage, particularly in those aged under 64 years who are at risk
- 19 pharmacies are currently offering the vaccination service; 6 additional pharmacies have advised that they would be willing to provide the service in the future
- There are opportunities to improve service availability during extended hours on weekdays, Saturdays and Sundays
- NHS England as commissioner will continue to evaluate outcomes of the pharmacy based service within the larger picture of other providers e.g. GP practices and midwives.
- Financial Year 17 18 has seen the addition of care home, domiciliary care staff as eligible persons to receive an NHS vaccination. There have been outbreaks in care homes in which few staff have received vaccinations. There is an opportunity for a pharmacist led domiciliary vaccination service to ensure staff are vaccinated in local care homes emerging.

3.3 Locally Commissioned Services

3.3.1 Overview

Overview

- The Regulations[1] require that the HWB considers how other services affect the need for pharmaceutical services. Within our PNA, we look at this from two perspectives:
  a. Firstly, we review how other NHS services impact upon pharmaceutical need (this is considered throughout the PNA)
  b. Secondly, an assessment of services which have been directly commissioned from pharmacy by other organisations
- In this section of the PNA, we undertake a detailed review of the services which are commissioned from pharmacy :
- ○ Emergency Hormonal Contraception
  ○ Stop Smoking Service
  ○ Supervised Consumption Service
  ○ Needle and Syringe Programme

  Plus CCG commissioned services:
  ○ Pharmaceutical advice to care homes
  ○ Services for palliative care, and availability of specialist medicines
  ○ Education to patient groups and Pharmacy First Minor Ailment Scheme
- In undertaking our assessment, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out current and future gaps and identifying areas for further improvement
- We have found it helpful to consider whether or not a locally commissioned service is necessary to meet a pharmaceutical need; or if we believe that it is relevant in that it secures improvements in access or choice
- It should be noted that applications **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services) and should not be submitted on the basis of gaps or needs identified for locally commissioned services

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Healthy Living Pharmacy (HLP) Programme

- Herefordshire Council has been working in partnership with Hereford Clinical Commissioning Group and Hereford & Worcestershire Local Pharmacy Committee (LPC) to develop the Healthy Living Pharmacy (HLP) status in the County.
- The concept of the HLP builds upon the role of community pharmacies and attempts to establish them as a key element within public health services. It aims to do this through the delivery of high quality services, advice and intervention as well as regular health promotion activities
- The ambition for Healthy Living Pharmacies is as follows:

  ○ A community pharmacy that consistently delivers a range of high quality health and wellbeing services
  ○ Has achieved defined quality criteria requirements and met productivity targets linked to local health needs
  ○ Has a team that proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol
  ○ Has a trained Health Champion who is proactive in promoting health and wellbeing messages, signposts the public to appropriate services and enables and supports the team in demonstrating the 'ethos' of an HLP
  ○ Has premises that are fit for purpose for promoting health and wellbeing messages as well as delivering commissioned services
  ○ Engages with the local community and other health and social care professionals, especially their local GP practice
  ○ Is recognisable by the public through the display of the HLP logo

- **At the time of PNA development 25 out of 27 pharmacies have completed HLP Level 1 status having commenced the programme in March 2017.**
- **Achievement of Level 1 is a pre- requisite for both CCG and LA locally commissioned services**
- Further opportunity exists to integrate this work into the emerging Council initiative of "Healthy Living Network" of organisations.

3.3 Locally Commissioned Services

3.3.2 Emergency Hormonal Contraception

Overview

- The pharmacy-based service provides access to emergency hormonal contraception (EHC) to young women aged 13-19 years, who have had unprotected sexual intercourse within the last 72 hours
- Pharmacies supply and supervise the consumption of levonorgestrel 1,500 micrograms
- Those seeking the EHC service are not currently provided with free condoms and access to a C-Card scheme which are included in other areas.
- This service aims to:
  - Increase access and knowledge of EHC and other types of contraception for women aged between 13 and above
  - Raise awareness of safer sexual practice
  - Reach to sexually active young people who do not use sexual health services
  - Signpost to specialist services where required
  - Allow faster response to clients' needs, without the need to see a doctor

The Current Picture

- 17 (63%) pharmacies have been commissioned to provide the service
- The table (next page) and following page provide an overview of the availability of the service and teenage conception rates:
  - Although teenage conception numbers are relatively low in Herefordshire it is important to offer good access to emergency contraception.
  - Pharmacy has provided a key service for many years but further potential exists for 100 hour pharmacy to deliver consistently; for pharmacies near wards with higher than the England teenage conception rate to provide the service consistently.
  - There is a choice of pharmacy, in all localities, on weekdays (9:00am – 5:30pm) and Saturdays up until 5pm
  - Access is more limited during extended hours
  - The service can only be accessed on weekday mornings, up until and including 8am, in 1 pharmacy in Hereford City
  - The impact of the closure of the Walk In Centre July 2016 in Hereford City must be monitored closely to ensure prompt access continues to be available to females per se.
- **Non-pharmacy providers** include: GP surgeries, ish Contraception & Sexual Health Clinic (Hfd City).

Provider Criteria

- Pharmacists delivering this service must:
  - Attend an NHS Hereford accreditation workshop and have a DBS check
  - Complete the relevant CPPE Open Learning Programmes: Emergency Hormonal Contraception, dealing with difficult discussions, contraception, Child Protection and e-assessment
- Pharmacies are required to:
  - Have an approved private and confidential consultation area
  - Put into place standard operating procedures (including safeguarding and Fraser competency)
  - Have appropriate indemnity insurance
  - Provide information on PharmOutcomes® electronic platform to record activity as per commissioner requirements.

The Evidence Base

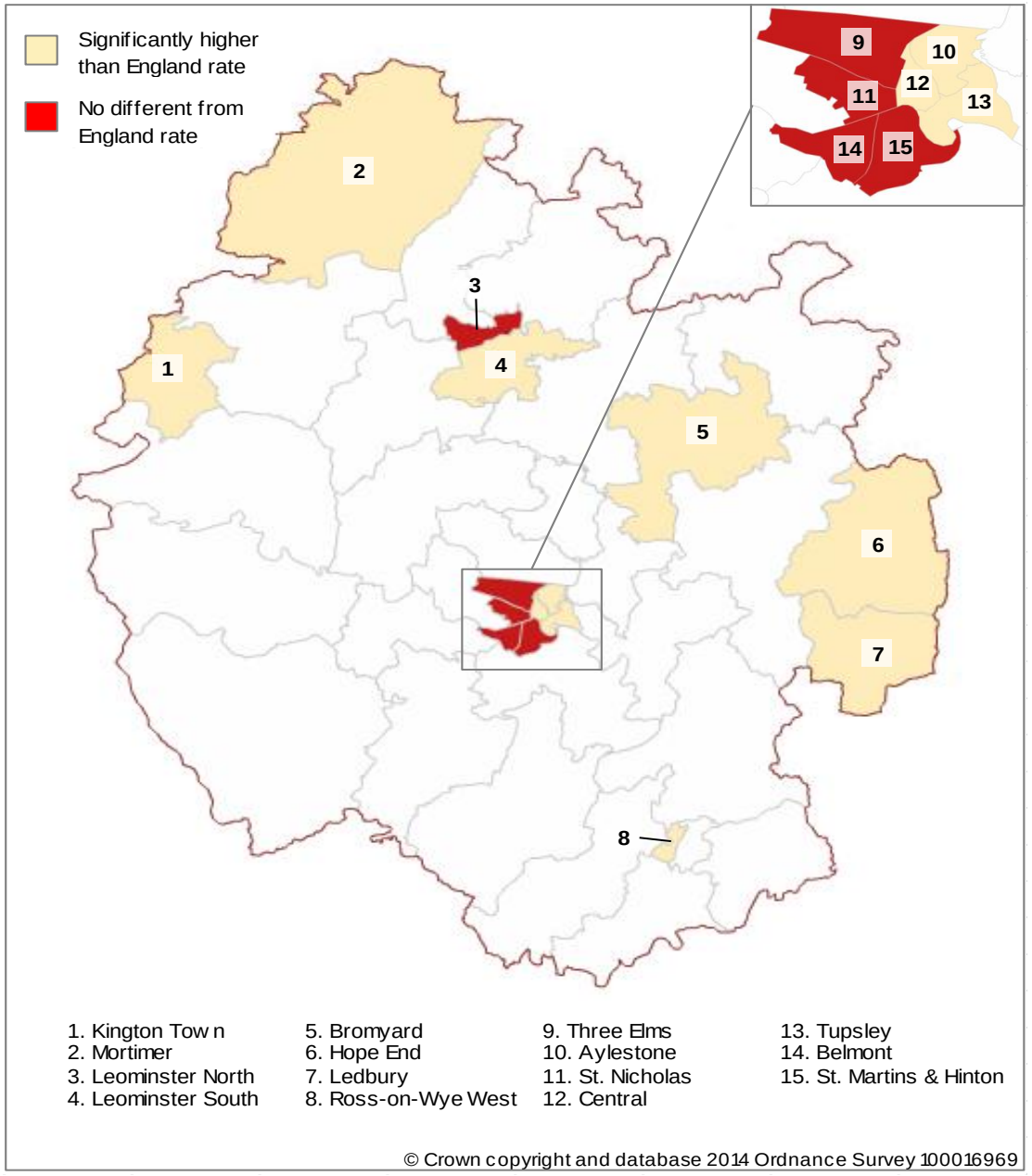
- The effectiveness of pharmacy-based EHC services, at reducing unwanted pregnancies, has been demonstrated in studies:
  - Pharmacy-based services provide timely access to EHC, with most women able to receive it within 24 hours of unprotected intercourse[15,16]
  - EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them[14,15]
  - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service[17]
  - Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits[18]. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing[19]
  - 10% of women, choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies[15]

3.2.1 Essential Services

3.2.1.2 Opening Hours & Access (cont...)

Locality		Number of Pharmacies Commissioned to provide Emergency Hormonal Contraception 17 18								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am– 4pm
City	ASDA	1	1	1	1	1	1	1	1	1
	Boots Hereford	0	1	0	1	1	1	1	0	1
	Chandos	0	1	0	1	1	0	0	0	0
	Chave & Jackson	0	1	0	1	1	1	1	0	0
	Day Lewis Hereford	0	1	0	1	0	1	0	0	0
	Dudley Taylor	0	1	0	1	1	1	0	0	0
	Lloyds in Sainsburys	1	1	1	1	1	1	1	1	1
	Lloyds King Street	0	1	0	1	1	1	0	0	0
	Morrisons	0	0	1	1	0	1	1	1	1
	Rowlands Belmont	0	0	0	0	0	0	0	0	0
	Rowlands H Dene	0	1	0	1	0	0	0	0	0
	Rowlands Westfaling	0	0	0	0	0	0	0	0	0
	Tesco Stores Belmont	0	0	0	0	0	0	0	0	0
	Tesco Stores Bewell St	0	0	0	0	0	0	0	0	0
	Wye Valley Pharmacy	0	0	0	0	0	0	0	0	0
North & West	Boots Leominster	0	1	0	1	1	1	1	0	0
	Leominster Pharmacy	0	1	0	1	1	1	1	0	0
	WS Rees Pharmacy	0	0	0	0	0	0	0	0	0
	Rowlands Kington	0	0	0	0	0	0	0	0	0
	Westfield Wk Pharmacy	0	1	1	1	1	1	0	0	0
East	Boots Ledbury	0	1	0	1	1	1	1	0	0
	Colwall	0	0	0	0	0	0	0	0	0
	Day Lewis Ledbury	0	1	0	1	0	1	0	0	0
	Rowlands Bromyard	0	1	0	1	0	1	1	0	0
South & West	Benjamin's Pharmacy	0	0	0	0	0	0	0	0	0
	Boots Ross on Wye	0	1	0	1	1	1	1	0	1
	Cohens Chemist	0	0	0	0	0	0	0	0	0
Grand Total		**2**	**16**	**4**	**10**	**12**	**15**	**10**	**3**	**5**
Percentage of Total		**7%**	**60%**	**15%**	**37%**	**44%**	**55%**	**37%**	**11%**	**19%**

Figure 4: Teenage Conception rates in in Herefordshire wards compared to national rate, 2012-14.



Fewer teenagers are getting pregnant or having babies in Herefordshire. Teenage pregnancy is defined as under-18 conceptions including those leading to live births and terminations.

The number of under18 conceptions in Herefordshire has reduced consistently since 2007-09, with a rate of 23.1 conceptions per 1000 in 2012-14 for girls aged 15 to 17, broadly similar to the national rate (24.9 per 1000 in England and Wales).

Herefordshire under 16 conception rates (13-15 years) have followed the national and regional declining trend from 2009 to 2014.

Under 18 conception rates are generally higher in more deprived areas of Herefordshire, particularly north Leominster and South Wye.

In 2015/16 there were 17 under 18 births, of which six were to mothers from the most deprived quartile in the county and one to a mother from the least deprived quartile.

In 2015 almost half of all terminations in Herefordshire were to women in their 20s.

Reference: Understanding Herefordshire: Joint Strategic Needs Assessment 2017.

3.3 Locally Commissioned Services
3.3.2 Emergency Hormonal Contraception

Meeting the needs of those with a protected characteristic		
Age	✓	Service only available to those aged 13 and above
Disability	✓	Service and advice may need to be tailored for those with learning disabilities and cognitive impairment.
Gender	✓	The service is only appropriate for women
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Activity and Performance FY 16 17

- Financial Year 16 17 there were 746 FP10 prescriptions were issued by Herefordshire GPs for EHC.
- 17 pharmacies provided advice and supply of 849 doses in this time period; Monday activity was twice that of any other day
- 70 doses were for persons resident outside HR postcodes;
- Age ranges seen were:
  - 16-19 years -269 consultations
  - 20-24 years -196 consultations
  - 25-29 years 158 consultations which totalled 73% of persons presenting for these 3 age groups
- 59.2% were seen within 24 hours of unprotected sexual intercourse (UPSI) with a further 30.3% seen within 48 hours Rationale for choosing pharmacy were primarily listed as "convenience" and " no appointment necessary"
- Distance from home postcode to pharmacy who provided the service was for 599 persons less than 10km to the pharmacy.

Further Provision

- Ideally residents should have access to EHC, within their own localities, every day of the week. This is important because EHC needs to be taken as soon as possible after unprotected intercourse and certainly within a maximum of 72 hours

EHC – Summary of Activity (2016/17) By Locality				
Locality	No. of Pharmacies Commissioned	No. of Active pharmacies	No. of Doses Supplied	% Total Doses
Hereford City	9	7	564	66%
North & West	3	3	110	13%
East	2	1	95	12%
South	1	1	80	9%

Conclusions

- This service provides timely access to EHC for young women aged 13 years and above (changed from 14 years to 13 years Jan 18).
- We have determined that the service is **necessary to meet the pharmaceutical needs** of our population:
  - There is published evidence to demonstrate the benefits of pharmacy – based EHC supply, particularly for young women
  - The service is an important element of Teenage Pregnancy within the Joint Strategic Needs Assessment for Herefordshire
  - 17 pharmacies have been commissioned to provide the service; 7 have indicated that they would be willing to provide this in the future
- Service accessibility, including late at night and at weekends, usually sets pharmacy aside from other providers. Therefore this should be borne in mind when making commissioning arrangements.
- This service in HR2 and Leominster must be delivered by all providers
- Detailed outcome data should be used to inform and expand the current provision but it is acknowledged that female service users do visit pharmacies remote to their local area to ensure further anonymity.
- Our pharmacy survey suggested further development of this to include a C-card, chlamydia screening and treatment plus wider contraceptive provision including emergency provision of oral contraceptives.

3.3 Locally Commissioned Services

3.3.3 Stop Smoking

Overview

- Herefordshire pharmacies provide Level 1 and 2 stop smoking services ; this includes opportunistic information and advice; and supply of Nicotine Replacement Therapy (NRT) and varenicline under PGD from January 2018 onwards.
- This service, which is available to any smoker aged 12 or above who is motivated to quit, aims to:
  - Improve access and choice to stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids
  - Reduce smoking related illnesses and deaths by helping people to give up smoking
  - Improve the health of the population by reducing exposure to passive smoking
  - Help service users access additional treatment by offering referral to specialist services where appropriate
- All providers are expected to achieve a 4 week quit rate as high as possible and meet the Russell Standard.

The Current Picture

- 15 (55%) pharmacies have been commissioned to provide a behavioural support service towards stopping smoking until March 2018.
- A further 3 pharmacies provide pharmacotherapy upon voucher provision
- The table, on the right, summarises the relative performance of pharmacies (2016/17 data).Only 9 pharmacies were active in terms of behavioural support. In Financial Year 16 17
  - Pharmacies recruited 192 out of 311 patients from the data available
  - 136 male; 175 female with 26 pregnant or planning pregnancy and 2 breastfeeding
  - 159 patients set a quit date with 70 validated quit at 4 weeks in the pharmacy
  - There is variation between localities with respect to the number of quit dates set with Hereford HR4 City being most active.
  - Community pharmacy achieved a 4 week quit rate of 44% in supporting patients to stop smoking.
- Non-pharmacy providers included: Healthy Lifestyle Trainer Service (HLTS), HALO and GP practices. No data exists for GP practice providers.
- **Community pharmacies have provided a local service helping patients to stop smoking for many years but this service has de-commissioned primary care providers in a targeted population approach by HLTS.**

Provider Criteria

- Pharmacists must:
  - Complete a local level 2 Smoking Cessation training programme and the online National Centre for Smoking Cessation Training (Level 1 and 2)
  - Demonstrate competency in providing advice on smoking cessation in accordance with the Stop Smoking Service accredited training programme and register with the Stop Smoking Service
  - Ensure attendance at least one mandatory update training session, as arranged by the Stop Smoking Service
- The pharmacy must:
  - Have a private space for confidential counselling of clients
  - Have indemnity insurance, policies and standard operating procedures.

The Evidence Base

- There is good evidence to support the role of community pharmacists in stop smoking services[14,15]:
  - Studies have demonstrated the effectiveness and cost effectiveness of pharmacy-based stop smoking services, in improving quit rates
  - Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff
  - Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records
  - Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar

Financial Year 16 17 Outcome Data	No. Patients recruited	Quit Date Set	No. DH Validated Quits at 4 weeks	% 4 week Quit Rates
HLTS	25	25	3	12%
HALO	73	61	20	49%
Community Pharmacies	192	159	70	44%

3. Locally Commissioned Services
3. 3.4 Stop Smoking

Meeting the needs of those with a protected characteristic		
Age	✓	The service may be accessed by anyone aged 12 years or over. Smoking prevalence may vary between age groups and there are opportunities to target services at specific age segments of the population
Disability	✓	Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment
Gender	✖	Smoking prevalence is higher in young women
Race	✓	Language may be a barrier to delivering the service. BAME groups more susceptible to Diabetes, CVD etc made worse by smoking
Religion or belief	✖	No specific needs identified
Pregnancy and maternity	✓	Good evidence of improved outcomes in pregnancy
Sexual orientation	✖	No specific needs identified
Gender reassignment	✖	No specific needs identified
Marriage & civil partnership	✖	No specific needs identified.

Further Provision

- We wish to see all commissioned pharmacies proactively identifying (e.g. through their patient medication records or opportunistic interventions within the pharmacy) patients who may benefit from stopping smoking
- We would like to see improved access to the service during extended hours, where there is demand for this
- In our community pharmacy questionnaire, 23 pharmacies in total said they are or would be willing to provide the service in the future
- .

The Future

- A review of the service is currently underway by Herefordshire Council commissioning intentions in the prevention agenda in terms of support for stopping smoking.
- Within any commissioned service involving a number of providers there is a need to monitor closely outcomes of service providers and in this case 4 week quit rates as required by the DH.

Conclusions

- Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking
- We have determined that, on balance, the service is **necessary to meet the pharmaceutical needs of our population and is relevant in that it improves access to stop smoking support.** The following factors have underpinned this decision:
  - There is published evidence to support community pharmacy-based stop smoking services
  - Pharmacy is one a range of providers commissioned to provide stop smoking services, and potentially has benefits in that it may be accessed during extended hours and at weekends in some localities
  - The service supports us with meeting our strategic priorities around cardiovascular disease, cancer and COPD
  - Pharmacy performance can be variable, particularly with respect to achieving the required quit rate
- 18 pharmacies are commissioned to provide the service; however, only 9 of these were active during Financial Year 1617.
- Access to the service has been good on weekdays (9:00 – 5pm) and Saturdays (up to 7pm) but at other times may be difficult for people who work full time to access the service.
- 23 pharmacies indicated their willingness to provide stop smoking service.
- A targeted service for stop smoking support has been introduced FY 18 19 since draft status, outcomes of which will inform future pharmacy involvement in behavioural support.

3.3 Locally Commissioned Services
3.3.4 Supervised Consumption

Overview

- The pharmacy based supervised consumption service, has been commissioned in accordance with National Drug Misuse Guidelines
- It aims to support service users to comply with their prescribed opiate substitute medication. As such it helps to reduce incidents of accidental death through overdose; reduce the diversion of controlled drugs into the community and supports harm reduction by reducing the need for service users to inject drugs
- Pharmacists are required to:
  - Supervise the consumption of methadone or buprenorphine on a daily basis (or dispense when the pharmacy is closed)
  - Monitor the patient's response to prescribed treatment; and withhold treatment if this is in the interest of patient safety, liaising with the prescriber or named key worker as appropriate
  - Undertake health promotion activities which may include displaying leaflets and/or provision of opportunistic advice)
  - Signpost or refer on to other substance misuse services as necessary

Provider Criteria

- Pharmacists should have completed (or have plans to complete within 6 months of joining the scheme) the CPPE package on 'Substance Use and Misuse'
- The pharmacy must ensure that the service is only provided by an accredited pharmacist
- There must be a consultation area which provides sufficient confidentiality for the service user
- The pharmacy must put into place indemnity insurance, relevant policies and standard operating procedures

The Current Picture

- 19 (70%) pharmacies have been commissioned to provide this service
- 17 (63%) are active but 2 pharmacies have not provided the service in Financial Year 16 17.
- Financial Year 16 17, 187 services users were supported through 1,980 supervised doses
- The table (next page) provides an overview of the availability and distribution of the service:
  - There is good access, and a choice of pharmacy, on weekdays (9:00am – 5:30pm); and Saturdays (10:00am – 5pm) in all localities
  - Access outside of these hours is more limited, particularly:
    - Up until and including 8am on weekdays,
    - On weekday and Saturday evenings; and Sundays when choice is reduced in all localities
- It is important for all patients to have equitable access to supervised services including those registered as dispensing patients in rural practices.

The Evidence Base

- Studies have demonstrated the effectiveness of community pharmacy- based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion[14,15]:
  - There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users
  - Recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination
  - Most drug users value community pharmacy-based services highly

3.3 Locally Commissioned Services
3.3.4 Supervised Consumption

	* Not active during FY 16 17	Number of Pharmacies Commissioned to provideSupervised Consumption FY 16 17								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am– 4pm
City Hereford	ASDA	1	1	1	1	1	1	1	1	1
	Boots Hereford	0	1	0	1	1	1	1	0	1
	Chandos	0	1	0	1	1	0	0	0	0
	Chave & Jackson	0	1	0	1	1	1	1	0	0
	Day Lewis Hereford	0	1	0	0	0	0	0	0	0
	Dudley Taylor	0	0	0	0	0	0	0	0	0
	Lloyds in Sainsburys	0	0	0	0	0	0	0	0	0
	Lloyds King Street	0	1	0	1	1	1	0	0	0
	Morrisons	0	1	1	1	0	1	1	1	1
	Rowlands Belmont	0	1	0	1	1	1	0	0	0
	Rowlands H Dene	0	1	0	1	0	0	0	0	0
	Rowlands Westfaling	0	1	0	1	0	0	0	0	0
	Tesco Stores Belmont*	1	1	1	1	0	1	1	1	1
	Tesco Stores Bewell St*	1	1	1	1	0	1	1	1	0
	Wye Valley Pharmacy	0	0	0	0	0	0	0	0	0
North & West	Boots Leominster	0	1	0	1	1	1	1	0	0
	Leominster Pharmacy	0	0	0	0	0	0	0	0	0
	WS Rees Pharmacy	0	0	0	0	0	0	0	0	0
	Rowlands Kington	0	1	0	1	1	1	1	0	0
	Westfield Wk Pharmacy	0	1	1	1	1	1	0	0	0
East	Boots Ledbury	0	0	0	0	0	0	0	0	0
	Colwall	0	0	0	0	0	0	0	0	0
	Day Lewis Ledbury	0	1	0	1	0	1	0	0	0
	Rowlands Bromyard	0	1	0	1	0	1	1	0	0
South & West	Benjamin's Pharmacy	0	1	0	1	1	0	0	0	0
	Boots Ross on Wye	0	1	0	1	1	1	1	0	1
	Cohens Chemist	0	0	0	0	0	0	0	0	0
Grand Total		**3**	**19**	**5**	**19**	**11**	**14**	**8**	**4**	**5**
Percentage of Total		**11%**	**70%**	**18%**	**70%**	**41%**	**52%**	**30%**	**15%**	**18%**

3. Locally Commissioned Services
4. Supervised Consumption

Meeting the needs of those with a protected characteristic		
Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	×	No specific needs identified
Race	✓	Language may be a barrier to delivering the supervised consumption service
Religion or belief	×	No specific needs identified
Pregnancy and maternity	×	No specific needs identified
Sexual orientation	×	No specific needs identified
Gender reassignment	×	No specific needs identified
Marriage & civil partnership	×	No specific needs identified

Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access for service users
- We anticipatee that a review will provide further insights into how we can more effectively align service provision with need
- In our community pharmacy questionnaire, 24 pharmacies stated they were or would be willing to provide this service.
- Concerns exist over provision of supervised services in more rural areas and how patients of rural practices needs are being met since dispensing practices can not operate this service.
- Further work needs to be done in this area to ensure that the provision to more rural patients is equitable.

The Future

- Herefordshire Council will closely monitor outcomes of adult alcohol and drug services through contract management of Addaction
- This will be used to inform future commissioning of the service

Conclusions

- The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community
- We have determined that this service is **necessary to meet the pharmaceutical needs of our population** for the following reasons:
  - The service is only available through community pharmacy
  - Published evidence suggests that a community pharmacy model of supervised consumption can improve health outcomes for service users including improved adherence to treatment
  - There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse
- 19 pharmacies are commissioned to provide the service. In our pharmacy questionnaire, a further 5 pharmacies stated they would be willing to provide this service in the future
- With respect to service access, we have identified this is more limited on weekday mornings up until & including 8am; on weekday evenings and Saturday evenings and on Sunday.
- The implication of this is that service users may have less flexibility as to when they are able to attend the pharmacy; it also means that pharmacies which do not open at weekends are not able to offer such close supervision of their service users
- Further opportunities exist for HR2 pharmacies to become active.

3.3 Locally Commissioned Services
3.3.5 Needle & Syringe Programme

Overview
- Addaction is the prime contractor for the needle and syringe programme and subcontracts with Herefordshire pharmacies
- The aim of the service is protect the health and reduce the rate of blood borne viruses and drug related deaths among injecting service users until they are ready and willing to cease injecting and achieve a drug-free life
- Pharmacies are required to:
  - Provide clean injecting equipment and encourage exchange for used needles and syringes
  - Support with the safe disposal of used equipment
  - Provide health promotion advice, in relation to both substance misuse and sexual health
  - Refer on to specialist drug and alcohol services.
  - Signpost on to other health and social care professions, to support their broader needs (e.g. hepatitis and HIV screening, primary care etc)

The Current Picture
- 5 (18%) pharmacies have been commissioned to provide the service
- The table (next page) provides an overview of the availability and distribution of the service:
  - There is one or more pharmacies commissioned to provide the service in each locality
  - However, because the service is only commissioned from a small number of pharmacies, access and choice is defined and does not include:
    - Up until and including 8am on weekdays
    - On weekday evenings (7pm onwards) there is no provision
    - On Saturday evenings (7pm onwards),
    - On Sundays there are only two pharmacies that offer the service
- Non-pharmacy providers of the service include Addaction main and branch sites across Herefordshire.
- Activity Financial Year 16 17 suggests 8,339 interactions majority of which were in HR4, HR6 and HR9 with much smaller uptake in Ledbury and Kington.
- 86% were male , rest female or undisclosed who used the service.
- It is not known with current data sets how many provisions relate to persons residing outside Herefordshire.

Provider Criteria
- Pharmacists must:
  - Complete an appropriate CPPE package and maintain appropriate CPD
  - Ensure that the service is supervised by an accredited pharmacist
  - Ensure that pharmacy staff involved in the service attend mandatory training sessions
- The pharmacy must:
  - Have a consultation area which provides sufficient confidentiality
  - Ensure there are sufficient stocks of kits; and store these safely so they are inaccessible to customers and in accordance with sterile medical equipment
  - Put into place indemnity insurance, relevant policies (including a needle stick injury policy) and standard operating procedures; and ensure that staff have read and understood these
  - Ensure protective equipment to deal with spillages is readily available and kept close to the storage site
  - Display the national logo or a locally approved logo
  - Ensure the service is available on Monday to Saturday (with the exception of Bank Holidays)

The Evidence Base
- The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies[14,15]:
  - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
  - Most drug users value community pharmacy-based services highly

3.3 Locally Commissioned Services
3.3.5 Needle & Syringe Programme

		Number of Pharmacies Commissioned to provide Needle Exchange Services FY 16 17								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am– 4pm
City Hereford	ASDA	0	0	0	0	0	0	0	0	0
	Boots Hereford	0	**1**	0	1	1	1	1	0	1
	Chandos	0	0	0	0	0	0	0	0	0
	Chave & Jackson	0	0	0	0	0	0	0	0	0
	Day Lewis Hereford	0	0	0	0	0	0	0	0	0
	Dudley Taylor	0	0	0	0	0	0	0	0	0
	Lloyds in Sainsburys	0	0	0	0	0	0	0	0	0
	Lloyds King Street	0	0	0	0	0	0	0	0	0
	Morrisons	0	0	0	0	0	0	0	0	0
	Rowlands Belmont	0	0	0	0	0	0	0	0	0
	Rowlands H Dene	0	0	0	0	0	0	0	0	0
	Rowlands Westfaling	0	0	0	0	0	0	0	0	0
	Tesco Stores Belmont*	0	0	0	0	0	0	0	0	0
	Tesco Stores Bewell St*	0	0	0	0	0	0	0	0	0
	Wye Valley Pharmacy	0	0	0	0	0	0	0	0	0
North & West	Boots Leominster	0	0	0	0	0	0	0	0	0
	Leominster Pharmacy	0	0	0	0	0	0	0	0	0
	WS Rees Pharmacy	0	0	0	0	0	0	0	0	0
	Rowlands Kington	0	**1**	0	1	1	1	1	0	0
	Westfield Wk Pharmacy	0	**1**	1	1	1	1	0	0	0
East	Boots Ledbury	0	0	0	0	0	0	0	0	0
	Colwall	0	0	0	0	0	0	0	0	0
	Day Lewis Ledbury	0	**1**	0	1	0	1	0	0	0
	Rowlands Bromyard	0	0	0	0	0	0	0	0	0
South & West	Benjamin's Pharmacy	0	0	0	0	0	0	0	0	0
	Boots Ross on Wye	0	**1**	0	1	1	1	1	0	1
	Cohens Chemist	0	0	0	0	0	0	0	0	0
Grand Total		**0**	**5**	**1**	**5**	**4**	**5**	**3**	**0**	**2**
Percentage of Total		**0%**	**18%**	**4%**	**18%**	**15%**	**18%**	**11%**	**0%**	**7%**

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3. Locally Commissioned Services
5. Needle & Syringe Programme

Meeting the needs of those with a protected characteristic		
Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access for service users
- In our community pharmacy questionnaire, a number of pharmacies expressed an interest in providing this service which would increase the access by virtue of longer opening hours
- Barriers to delivering the service including concerns about safety and a perceived lack of demand
- Determination and analysis of postcode origin of service users and data in terms of entry into mainstream support services would be helpful in the future to understand the population needs. Anecdotally this service is accessed by Shropshire service users and this needs to be understood further for North County provision.

- **The Future**
- Herefordshire Council will commission needle exchange services through the drug and alcohol support services.
- Continuous review of services will be used to inform future commissioning of the service

Conclusions

- The needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public
- We have determined that this service is **necessary** to meet the pharmaceutical needs of our population for the following reasons: The service is primarily available through community pharmacy.
- There is published evidence that pharmacy-based needle exchange programmes are cost effective and improve outcomes
- There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse
- 5 pharmacies are commissioned to provide the service.
- In our pharmacy questionnaire, a further 12 pharmacies stated they would be willing to provide this service in the future
- Whilst the service is available in all localities, access and choice is relatively limited
- We have identified the following gaps in that there is no access to the service, however, the extent to which this impacts upon pharmaceutical need will need to be explored:
  - Up until and including 8am on weekdays
  - On weekday evenings (7pm onwards)
  - On Saturday evenings (7pm onwards)
  - Sundays
- Initial work has been undertaken with Herefordshire Council and the prime provider Addaction in the training and supply of naloxone to manage overdose situations from pharmacies. This work could be progressed in order that this is offered to those users not yet in mainstream support services by virtue of accessing syringe needle exchange programme.

3. Locally Commissioned Services

7. Summary of Locally Commissioned services Herefordshire CCG

CCG Patient Education Talks

Herefordshire CCG commissions a small number of periodic Patient education talks to patient groups e.g. those taking part in Programmes of cardiac rehabilitation following serious cardiac events. Patient feedback is positive following the opportunity to Ask questions particularly on the continued need for taking any Medicines plus day to day management towards improving Patient understanding and compliance. We have therefore determined that this service although reaching relatively small numbers of patients **improves access** to pharmaceutical advice.

CCG Support for Emergency Medicines including Palliative care in hours out of hours

During Financial Year 16 17, 37 call outs were made to community pharmacists with a total of 83 medications issued. The majority of call outs were on a Sunday, 20 of 37. The mean time from call out to handover of 41 minutes (± 22), and 29 (87.9%) required travelling less than five miles. Usage of the service remained relatively consistent at about 3 call outs per month, with a range of 1 to 7.The vast majority of call outs were for palliative patients.

70% of medicines were for Scheduled Controlled Drugs (morphine injections, oxycodone preparations, midazolam, oral morphine); Call outs for non-palliative patients would have either resulted in A and E attendance or the patient would have been directly admitted to hospital. This service complements the in hours service whereby 17 community pharmacies are commissioned to keep medicines used in palliative care in stock to support in hours access.

This service is supported by patients, prescribers within the OOHs service providing pharmaceutical advice and supply of medicines in a high risk area.

Therefore this service is determined as "Necessary" to meet the needs of the population and should continue to be built into relevant commissioner arrangements.

CCG Pharmaceutical Advice to Care homes Scheme

During Financial Year 16 17 116 visits to care homes were made by community Pharmacy providers. The usual supplying community pharmacy undertakes an initial visit and depending upon the need for an action plan will undertake a further visit later in the year. These visits support the wider quality assurance agenda and information is shared with the provider and also the responsible Commissioner.

The purpose of the service is to provide assurance against NICE SC1 and examines the standards of:

- Medicines Policy including staff training on medicines;
- Examination of prescriptions before dispensing to reduce waste;
- Self- administration policy in place;
- Systems for safe transfer of care and accurate medicines reconciliation;
- Multi- disciplinary medication reviews;
- Covert administration;
- Cold chain medicines; and
- Controlled Drugs plus appropriate stock levels and ordering systems.

We have determined that from the content of action plans together with an increasingly complex care setting that there is a need for an advisory service to care homes. However we would wish to see this service updated to ensure that optimal benefit is obtained when other NHS England initiatives are realised e.g. through the Pharmacy Integration fund which proposes a "Care Home Pharmacist" role 2018

CCG Pharmacy Intervention Scheme

This service was commissioned during Financial Year 1718 whereby community Pharmacists intervene at the point of dispensing to illustrate both Governance based and cost saving initiatives following receipt of a Prescription in the community pharmacy. Interventions are managed through PharmOutcomes electronic platform and ensure that messages reach the practice based pharmacist for follow up. Key interventions Include those drugs not expected to be prescribed in primary care, Drugs which are included on the "Treatment Policy" and for example are suitable for purchase or self care. A pilot commenced and is showing a return on investment in prescribing costs plus safety interventions. **At this stage we the service secures improvement to pharmaceutical Services but requires further development on key interventions by the CCG and wider delivery by pharmacies.**

3. Locally Commissioned Services

7. Summary of Locally Commissioned services Herefordshire CCG

CCG Pharmacy First NHS Minor Ailment Scheme

Financial Year 16 17 saw 68 consultations across 12 providers who provided advice and a medicine under NHS terms within the specification of this Service. 10 conditions are currently included within the service specification and 30 formulary medicines are included to treat if necessary minor self limiting conditions e.g. contact dermatitis, hay fever, thrush, indigestion as examples. By far the highest clinical presentation is for hay fever with various antihistamines both oral and topical.

Patients reported that they would have consulted their GP practice had the service not been available. At the time of writing DH is consulting on Availability of over the counter medicines on NHS prescriptions. Whilst the outcomes of this are awaited there will be a need to re-model this service towards provision of advice and supply of medicines for specific patient where over the counter provision would be excluded. **We conclude that this service improves access but requires updating with improved uptake by pharmacies across the County when commissioned.**

CCG On demand availability of specialist medicines including antivirals.

Herefordshire CCG commissions a service in which selected community pharmacies keep in stock medicines which enhance access to these medicines which would not be expected to be routinely kept in stock e.g. rarely used medicines used in palliative care. This service also allows enhanced stock levels of antiviral medicines to be kept in stock to support prompt access in the event of an out of season outbreak of flu for example. At the time of writing the 100 hour pharmacy is a reference point for this service but in our questionnaire further pharmacies would be willing to stock these medicines. **Therefore, at this stage we deem this to be a necessary service in order to avoid unplanned admissions. This could be further expanded to support Primary Care Home initiatives In line with the CCG and Joint Drugs Formulary medicines and appliances. Community pharmacy provision of antivirals is pivotal to Hereford Council pandemic flu multiagency arrangements.**

ONPOS (Online Non-Prescription Ordering System) allows nurses to order stock dressings that are not patient specific so may be used for any patient, reducing waste. ONPOS enables nurses access to first line formulary dressings in a timely manner to deliver better patient care

Workload efficiencies are seen in District Nurse, Nursing Home and Practice Nurse teams with reduced processing of prescriptions by GPs and practice admin staff

Improved formulary adherence from 50% with FP10 model to >90% in teams that are using ONPOS and utilisation of ONPOS for dressing ordering enables immediate implementation of formulary changes.

Community pharmacy was chosen as the preferred supply route for ONPOS on the basis of timely ordering, procurement knowledge and nurse confidence in the pharmacists' ability to advise on product availability and potential alternatives. Alternative supply routes used for ONPOS in other areas include NHS Supply Chain and appliance contractors.

Currently community pharmacies supply all 7 District Nursing teams, 12 Care Homes (Nursing) and 18 GP practice sites in Herefordshire.

Herefordshire CCG will continue to monitor outcomes of this service.

Summary of CCG commissioned services

Since the production of the previous PNA all commissioned services through pharmacy regardless of which commissioner have been transferred to an electronic platform PharmOutcomes. This has been possible through close working between NHS England, NHS Herefordshire CCG and Herefordshire Council. As a result it is now possible to have rich real time outcome data on service provision which can then be reflected towards more sensitive commissioning arrangements. However, this does mean that although there is richness of outcomes data for pharmaceutical services it can only be compared with comparable data of other service providers when commissioning arrangements are in development.

It also highlights the need for equitable pharmaceutical service provision across the County regardless of where you are registered with a GP practice or postcode. **Therefore we conclude that the use of an electronic platform has and continues to improve service outcome data quality assurance of service provision.**

4.The Assessment
4.1 Pharmacy Survey Findings

Additional comments are summarised where possible or alternatively as reported by respondents to the questionnaire.

The pharmacy based survey provided 311 responses with rich qualitative data. 84% overall satisfaction of pharmaceutical services being described as "excellent" or "good". Top level results are included in Appendix F which demonstrate 97% were from individuals. Key headers:

Level of access to pharmaceutical services in Herefordshire

68% of responses indicated that people use a pharmacy at least once a month in the main for their own care but also 51% replied for a family member. Reasons for visiting on behalf of another person predominantly were because of disability, transport problems or for children. 89% reported using the same pharmacy all the time primarily because of friendly, knowledgeable staff and because they offer a delivery service (19%). Proximity to the GP practice and near to home were the primary reasons reported for choice of pharmacy.

Locations and travel times

98% of respondents reported being able to travel to the pharmacy in less than 20 minutes but 18% reported some parking difficulties.

Opening times

A slight increase on the previous PNA was noted in that 63% knew of longer opening hours of pharmacies in Herefordshire however 61% did not know specific locations of these pharmacies. 9% were not satisfied with current opening hours but this would require further work on understanding which sites had prompted this answer. Sensitivity around lunch hours was expressed for those working and using the pharmacy in their lunch hour which was during a lunchtime closing of the pharmacy.

Waiting times 79% reported "excellent" or "good" in terms of waiting times, availability of medicines with 81% reporting they received sufficient supporting information on their medicines. A suggestion of better notification of availability of medicines would be helpful when they had to be ordered in, for example.

A number of responses noted particularly useful opening times of pharmacies would be on Saturdays, Sundays, before 9am and after 8pm. Again it would be necessary to be able to identify where these responses had been generated.

Equality No specific issues with access were identified currently for people of a particular race or culture, who are pregnant or who are a particular gender. However 2 comments related to understanding that under 18s may want to obtain pharmacist advice and may not necessarily have presented with an adult; that medicines suitability for under 18s may be different to that when "adult" and care needs to be taken in managing persons presenting whose first language is not English.

Extra pharmaceutical services which could be provided (81 replies):

- *Suitable availability of medicines re packaged into Monitored Dosage Systems (MDS) for mental health patients but not reliance on this facility by e.g. care agencies so that the patients most likely to benefit could receive their medicines in this way. (Currently patients with some degree of carer support would not be eligible for a MDS but this is raised several times in our responses received.*
- *Access to full medical history of patients would facilitate further public health type interventions e.g. weight management but would require patient consent and further IT developments to Summary Care Record.*
- *A sharps deposit service – a pharmacy based would be preferable rather than a separate drop off and collection arrangement.*
- *General medical advice rather than having to wait for a GP appointment*
- *A lack of ability to have a prescription dispensed at a pharmacy or online when registered with a dispensing practice was expressed and consequent inability to collect prescription when working. (PNA response: a patient is able to have their prescription dispensed according to their choosing and is not prohibited from using a pharmacy based service.)*
- *Notable differences between pharmacy based service to that of dispensing practice in standards of staff employed, pharmacist being present at all times and ability to seek advice on self care with medicines over the counter and pharmacist led medication reviews.*
- *Alter dispensing practices to pharmacies as registered pharmacy premises and standards of staff training with superintendent pharmacist.*
- *Utilising pharmacies far more in preventative health based services e.g. diabetes screening services.*
- *More advertising of self care including rural practice options for purchasing medicines and availability on Saturdays.*
- *More choice and equal access to electronic prescriptions and electronic repeat prescriptions and summary care record but this needs practice uptake.*

4.1 Pharmacy Survey Summary contd

- *More access to patient Summary Care Record by the pharmacist*
- *More joining up of surgery to pharmacy communications to reduce Lost prescriptions*
- *More public health messages spread via pharmacies such as healthy living and eating etc. Active signposting to other organisations where 'regulars' disclose a need such as being isolated or access to benefits. A laptop/computer/tablet where people can be shown ways of finding out information for themselves, possibly with assistance from staff if needed, e.g WISH or the NHS websites*
- *More public health based service to support weight loss including teenagers*
- *Smoking cessation programmes for those patients using nebulisers with chest disease*
- *NHS Health Checks provided at Community Pharmacies, with appointment times convenient to people who work full time, with Pharmacists having full access to the EMIS Medical Records (with patient consent). GP Practices that I know of only provide NHS Health Checks appointments during the day-time on specific week days, which is not convenient for people working full time (especially relevant as Health Checks are targeted at 40 to 74 years)*
- *No I like my pharmacy local because it's accessible and the people are nice- maybe more leaflets about 16 year olds procuring medicine in the future*
- *Rather than waiting two weeks to see a GP for minor issues would want a trained pharmacist to become first point of call. If prescriptions could be issued could alleviate pressure on GP services (104 replies)*
- *There may be some pharmacies open in the evening or on Sundays but they are mostly in Hereford city which is 15 miles away. This level of service should be available in every market town in Herefordshire.*
- *Try opening in the market towns on Sunday*
- *Would like to see all their products on the their shelves prices in black in on white background; and,*
- *Various complimentary comments on providers of pharmaceutical services.*

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Additional comments received from individuals, health professional at the synthesis stage of developing the PNA.

- *Provision of pharmacy based minor ailment clinics without the need to refer back to the GP practice.(PNA response –this would need to be in line with the licensing arrangements of medicines brought over the counter since many have strict patient eligibility attached to them e.g. use in pregnancy.)*
- *Access to pharmaceutical services before 10am on Sundays and after 4pm on Sundays was felt to be a useful option (currently out of hours providers would use stock to provide urgent medicines to the patient)*
- *.Extension of sexual health services to include C-card and condom distribution schemes. Furthermore, provision of azithromycin under PGD for chlamydia positive test and also emergency supplies of regular oral contraceptives should be enabled.*
- *Smoking cessation for patients with mental health problems is inadequate and needs to be commissioned*
- *Provision of medicines in MDS systems for mental health systems would enable some patients to be discharged and managed better in community settings.*
- *Provision of flu vaccinations to care home and domiciliary care staff is now available NHS funded – explore a domiciliary pharmacist based service for care homes in Herefordshire to increase uptake particularly in staff groups which is emerging as a gap in early 2018.*
- *Systematic medicines assessment before discharge with MDS an option for short term support when patients arrive home and medication review services built in thereafter.*
- *Interface between secondary care and primary care with electronic communication options to benefit health and social care commissioned services involving medicines e.g. advanced SCR read write access or Transfer of Care platform using PharmOutcomes.*
- *Interface Gap across primary and secondary care and local authority for optimising medicines use to ensure patients have all the support they need*

4.1 Pharmacy Survey Summary contd

Additional comments received from individuals, health professional at the synthesis stage of developing the PNA- contd

- *There is a gap in pharmaceutical supply and advice support for community*
  services i.e. community hospitals, DNs , community physios etc., rehab clinics for falls HF, respiratory, diabetes
- *Provision of MDS are a gap where there is no formal assessment for the need for MDS for patients on discharge from hospital and in re-enablement centres e.g. community hospitals nor at home currently in Herefordshire .*
  This leads to over use of MDS as requested by patients or carers even when outside good practice guidance e.g. care homes where self admin would be preferable to keep patients independent.
  This leads to more unfunded work for community pharmacies which is often done as good will even for patients which have had this service turned down by their usual dispenser e.g. 2 dispensing practice patients in last few months noted
- *There is a lack of equity of patient and also Lack of staff awareness of medicines optimisation in the discharge process .*
- *As part of the community services review comments on pharmaceutical services included:*
- *Ensure that pharmacies have adequate sized consultation rooms*
- *Ensure that these are well signposted for private conversations*
- *There are particular gaps for dispensing practice patients where they do not have equal access to medicines electronically for various reasons some of which are due to the limitations of IM&T and some because they have not be made aware of the right to choose a dispenser.*
- *This will affect patients if they need to access medicines out of hours or whilst on holiday. Whilst we await EPS4, which will include all contractors community pharmacy and dispensing practices, it'd be useful to ensure all appropriate patients have been given a choice.*

With regards to the community pharmacy service and osteoporosis the following points would be very helpful:

- *Administration technique for oral bisphosphonates- reiterating continued compliance*
- *Explanation that Calci D 1 OD is not a 'lesser' dose of supplement compared to Adcal D3 !*
- *Those on long term oral bisphosphonates should be reassessed after 5 years (as per NICE guidance)*
- *Long term conditions/ drug therapy ie: epilepsy, long term PPI's, glucocorticoids inhaled and ingested – patients need a bone health review with GP / FRAX*
- *Community Pharmacy could have a role in the monitoring of some of the NICE requirements as per Quality Standards*

4.2 Looking to the Future

Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we describe our vision and ambition for how community pharmacy may support the delivery of our local strategic priorities and public health outcomes as set out in section 2.4
- In determining our vision (summarised in the table on the right), we have reflected on the strengths of community pharmacy in terms of its:
  - **Accessibility**, often during extended hours and without an appointment
  - **Knowledge and skills**, both in relation to medicines expertise and healthcare more generally
  - **Broad customer base**, who use pharmacies for a variety of health and non-healthcare reasons
  - **Under-utilisation**, of our existing network of pharmacies which provides a real opportunity to expand the role and services provided
- The use of medicines is the most common intervention in primary care. In this respect we have recognised the need to see pharmacy more closely integrated into patient pathways, as well as a wider role in medicines optimisation This would help to promote seamless care, as well as potentially facilitating improved outcomes.
- It is our intention that the potential service developments, set out on page 92 onwards, will be considered alongside other priorities by Hereford Council and our partner organisations when developing future commissioning strategy
- However, because local strategy is still emerging and we are redesigning various services and pathways, it is not possible to set out the specific circumstances under which such services will be commissioned (*if at all*)
- Finally, procurement rules are such that where it is determined that community pharmacy has a role to play in the delivery of an existing or new service then this may be subject to a formal tendering process, to which pharmacies will be invited to participate

Our Vision for Pharmacy	
An established 'first port of call'	*We wish to see community pharmacy widely recognised, and used, as a first port of call, reducing demand on other services particularly General Practice and unscheduled care providers. We envisage that this may include building upon existing, and potentially commissioning new, pharmacy based services.*
An enhanced role in Self Care	*Pharmacy is well placed to support Herefordshire residents with self-care. There are opportunities to enhance the role of pharmacists in helping people to manage long term conditions and facilitating them living independently at home*
A wider role within primary care	*There are opportunities to maximise the role which community pharmacy undertakes within primary care, with a view to enhancing choice for our residents, providing care closer to home and optimising use of skill mix. This may include commissioning a wider range of pharmacy-based services to be provided by pharmacists (or their staff) and/or through other healthcare professionals from working within pharmacy premises e.g. NHS Health Checks*
A network of Public Health Practitioners	*A key ambition is to create a network of public health practitioners, using the concept of Healthy Living Pharmacies as a solid foundation upon which to deliver, and potentially expand, the range of public health activities undertaken within pharmacy. Through a more integrated offering, that we will maximise opportunities to make "Every Contact Count" and "Healthy Living Network" local initiative.*
Taking pharmacy to Herefordshire Residents	*We believe there are opportunities to provide more pharmacy services on an outreach basis – whether this is directly to people in their own homes or in other settings e.g. the work place*

4.2 Looking to the Future

4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care & Patient Voice
Public Health Prevention: **1.Stop Smoking Service** Ensure pharmacies are commissioned to provide both behavioural support and pharmacotherapy services i.e. one stop service. Key interventions are males, those with respiratory conditions, pregnancy but potential exists for outreach work with younger patients e.g. college based, employer based.	**In general:** • An established "first port of call" • An enhanced role in self- care • A network of public health practitioners – *"Making Every Contact Count"*	• Emphasis on prevention • Encourage and support smokers to quit smokers	• Improve inequalities in Health • Prepare children & young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates • Self management • Long Term Conditions (people aged 55 – 65)	• Investment in prevention and self-management as the key to maximising wellbeing and independence • Stop smoking service articulated through pharmacy survey particularly for working persons and also mental health conditions. • Observation of increased number of public comments in relation to health prevention agenda upon previous PNA.
2. Blood Pressure Checks Information is emerging through Care Navigation of the number of persons requesting blood pressure checks e.g. prior to operations and also opportunitstically. This could also be offered through an integrated multidisciplinary approach on a locality basis or integrated into NHS Health Checks.	• A wider, defined and acknowledged role in primary care	• Improve inequalities in Health e.g. reduce under 75 cardiovascular mortality rate		
3. Weight Management Scope could include: a) Advice & brief interventions on weight management, healthy eating & exercise, b) Pharmacy-based weight management service	• Support people who are overweight and obese to lose weight	• Support people who are overweight and obese to lose weight		

4.2 Looking to the Future
4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care & Patient Voice
Public Health: **4. Domiciliary Flu Vaccination Service** • Flu vaccination -eligible cohort groups are now increased to include staff working in care homes/ domiciliary care staff.	• An established "first port of call" • An enhanced role in self- care • A network of public health practitioners – *"Making Every Contact Count"* • Domiciliary provision of flu vaccination to ensure uptake of care home residents – nursing and residential, housebound plus their staff is developed during 2018. • A co-ordinated multi-disciplinary plan for dealing with both out of season and in season outbreaks including provision of flu vaccinations and antivirals for both treatment and prophylactic use.	• Emphasis on prevention • Improved uptake of vaccinations especially vulnerable groups e.g. care home residents plus the staff looking after them • Provision of medicines in and out of flu season in a timely manner through multi agency working to ensure prompt access where necessary. • Support people who are overweight and obese to lose weight	• Improve inequalities in Health • Prepare children & young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates • Self management • Long Term Conditions (people aged 55 – 65) • A co-ordinated multi-disciplinary plan for dealing with both out of season and in season outbreaks including provision of flu vaccinations and antivirals for both treatment and prophylactic use.	• Investment in prevention and self-management as the key to maximising wellbeing and independence
5. Healthy Living Pharmacies • Complete foundation level 1 for delivering public health services (2 remaining pharmacies @ January 2018) to 100% delivery. • Exploration of HLP Level 2 with Herefordshire CCG, NHS Local Professional Network.	• An established "first port of call" • An enhanced role in self- care • A network of public health practitioners – *"Making Every Contact Count"*	• Emphasis on prevention • Increasing accessibility to primary care based services • Supporting GP Forward View	• Increasing accessibility to primary care based services • Supporting GP Forward View • Increasing knowledge and awareness of community pharmacy based services.	• Investment in prevention and self-management as the key to maximising wellbeing and independence • Increasing knowledge and awareness of community pharmacy based services.

4.2 Looking to the Future

4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care & Patient Voice
Public Health: **6. Healthy Living Network** • Integration of HLP Level 1 pharmacies in to Hereford Council "Healthy Living Network" programme	• An established "first port of call" • An enhanced role in self- care • A network of public health practitioners – *"Making Every Contact Count"*	• An established "first port of call" • An enhanced role in self-care • A network of public health practitioners – *"Making Every Contact Count"*	• Prepare children & young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates • Self management • Long Term Conditions (people aged 55 – 65)	• Investment in prevention and self-management as the key to maximising wellbeing and independence
7. Provision of Naloxone through commissioned Council Provider of Drugs and Alcohol Services	• An established "first port of call" • An enhanced role in self- care • A network of public health practitioners – *"Making Every Contact Count"*	• An established "first port of call" • An enhanced role in self-care • A network of public health practitioners – *"Making Every Contact Count"*	Support for users to understand options on mainstream services to support rehabilitation model.	Support for users to understand options on mainstream services to support rehabilitation model.
8. Raising profile of public information on community pharmacy based services: a) Inclusion of community pharmacy based services into WISH Council website	• Provision of information & support on range of leisure, health, housing and support issues	• An established "first port of call" • An enhanced role in self-care • A network of public health practitioners – *"Making Every Contact Count"*	• Prepare children & young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates • Self management • Long Term Conditions (people aged 55 – 65)	• Investment in prevention and self-management as the key to maximising wellbeing and independence
b) Evaluating the impact and activity of "Care Navigation" initiative in Hereford with pharmacies as a key signpost for advice on self care.	• An established "first port of call" • An enhanced role in self- care • A network of public health practitioners – *"Making Every Contact Count"*			
c) Pharmacy Provision of Healthy Start Vitamins				

4.2 Looking to the Future
4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care & Patient Voice
Pharmacy First Minor Ailments Service • Re- design the current Herefordshire Pharmacy First Minor Ailment Scheme when DH intentions are known on the status of prescribing of medicines OTC status This could include supply of prescription only medicines under patient group directions	• An established 'first port of call' = "Pharmacy First" message • A wider role within primary care with this role embedded into locality working. • An enhanced role in self- care • Continue to develop **Care Navigation** and utilise early results to inform closer working relationships with GP practices.	• Keeping Independent & promoting self-care • Making health & wellbeing a personal agenda • Developing local community capacity	• Right care, in the right place, at the right time • GP Forward View and STP alignment towards joint working and improved communications between primary care providers. • Develop and improve IT communications.	• Investment in prevention and self-management as the key to maximising wellbeing and independence
Screening & Diagnostics • Pharmacy based screening and/or diagnostics e.g. ○ NHS Health Checks ○ Blood-borne virus testing ○ Spirometry • These could be undertaken by pharmacists or other healthcare professionals working within pharmacies.	• A wider, defined and acknowledged role in primary care	• Emphasis on prevention • Early identification and actions to reduce the impact of disease and disability	• Improve inequalities in Health e.g. NHS Health Checks to reduce under 75 cardiovascular mortality rate • Capacity for NHS Health Checks (particularly where performance issues with existing providers)	• Frail and Elderly (aged 65+) • Long Term Conditions (people aged 55 – 65) • People living with Dementia • End of Life Care
Diabetes Prevention Programme • Integration of community pharmacy base into National Diabetes Prevention Programme. Hereford is a pilot site for this programme.	• Optimal use of the benefits of Healthy Living Pharmacy network in order to further develop the skills of the designated Health Champion within these pharmacies.	• Emphasis on prevention • Early identification and actions to reduce the impact of disease and disability	• Raise awareness of the modifiable factors in developing Type 2 diabetes through increasing public awareness of risk factors. • Referral of eligible persons into the Diabetes Prevention Programme	• Investment in prevention and self-management as the key to maximising wellbeing and independence

4.2 Looking to the Future

4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care
Integrated medicines Optimisation Information Technology • Reduce the variation in the options for patients to order and receive their medicines. • Ensure choice is offered to patients across the County in the way that they order and receive their pharmaceutical advice and supply of medicines. • Wider role in relation to Summary Care Record with options for read write access when this becomes available to pharmacies. **NHs net address:** • Community pharmacies need to universally ensure that they have nhs net addresses.	• An enhanced role in self-care • A wider role in primary care • Taking pharmacy to Herefordshire Residents • Safe exchange of information between contractors will be secured through use of nhs net communication.	• Joining up services to ensure timely and effective solutions to individual problems • Early identification and actions to reduce the impact of disease and disability • Support a comprehensive pathway that spans health and social care with IT services integrated as far as possible.	• Right care, in the right place, at the right time e.g. acute medicines management; • reduce unplanned admissions; • increase percentage of people aged 65+ who are still at home 91 days after discharge	• Self management • Frail and Elderly (aged 65+) • Long Term Conditions (people aged 55 – 65) • People living with Dementia • Articulated as part of review of Community Services Re-design work
Develop integrated medicines optimisation services for people who are cared for in more than one setting ○ Support for patients to improve adherence e.g. aide memoires, text messages, domiciliary services	• Opportunities may include: Patients identified as high risk, with regards to medicines e.g. post discharge referred into community pharmacy for follow up using "Transfer of Care " PharmOutcomes platform to highlight new medicines , significant changes to medicines or opportunities to support patients to stop smoking.	• Joining up services to ensure timely and effective solutions to individual problems • Early identification and actions to reduce the impact of disease and disability • Support a comprehensive pathway that spans health and social care with IT services integrated as far as possible.	• Facilitate exchange of medicines information between clinical settings • Identification, & notification to prescribers, of people not taking preventative medicines e.g. those at high risk of CVD	• Appropriate safe and consented access to individual patient held information in order to support safe and timely provision of medicines advice.

4. Looking to the future

4.2.1 Pharmacy Services and Premises

Our Aspiration for Pharmacy Services and Premises

- Throughout the document, we have reflected upon both the gaps and the areas for improvement as described within our PNA; and our vision and ambition for pharmacy
- In doing so, we have identified the HWB aspirations for pharmacy premises and services, for existing contractors. These are summarised in the table on the right
- It follows that we would anticipate that these aspirations be priorities for future applications
- Healthy Living Pharmacy Level 1 and progressing towards Level 2
- Appendix C outlines the current non- NHS commissioned services which are provided by some community pharmacies
- National contractual changes in the core pharmacy contract with reduction in income and fluctuating income as drug prices currently fluctuate considerably may mean that some of these services are reviewed by community pharmacies.
- However, Appendix C also demonstrates community pharmacies in Herefordshire willingness to consider new services to meet the needs of the population including a number of preventative interventions towards promoting self- care and maintaining good health.
- The local near 100% achievement of Healthy Living Pharmacy Status Level 1 is to be commended and should provide a platform for further work in the time line of this PNA.

Element	Aspiration for Pharmacy Services & Premises

Pharmacy opening hours	• 7 day a week opening
	• Extended hour opening as part of core hours:
	  ○ Weekdays (which ever is longest):
	  • Open by 8am (or earlier) and not closing before 7pm; or
	  • As a minimum, opening at the same time as GP surgeries and closing 30 minutes later
	  ○ Saturday, open from 9am–5pm as a minimum; ideally open until 7pm or later; and co-ordinated with GP opening where applicable
	  ○ Sunday, open for a minimum of 6 hours and co-ordinated with GP opening, where applicable

Advanced services	• Accredited & prepared to offer MURs, NMS, AURs & SACs • Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval)
Enhanced services	• Accredited and prepared to offer all currently commissioned services, relevant to the needs of the local population • Prepared to seek accreditation for & offer future enhanced services (if required)
Locally commissioned services	• Accredited and prepared to offer all locally commissioned services relevant to the needs of their population • Prepared to seek accreditation for & offer future locally commissioned services (if required) • Actively seek to improve standards of care

Consultation Area	• Minimum of one area, fully compliant with the Regulations and with the following additional characteristics:
	  ○ Space for a chaperone and/or a wheel chair
	  ○ Sink with hot water
	  ○ Equipped with a telephone, computer, secure IT connection & access to NHS.net email
	  ○ Access to patient medication records
	  ○ Security measures i.e. panic button & CCTV
	  ○ Patient toilet nearby

Meeting the needs of those with a disability	• Premises and services should be suitably adapted to meet the needs of those with a disability including:
	  ○ Wheelchair access to all public areas within the pharmacy
	  ○ Hearing loop, including within the consultation area
	  ○ Provision of support for people with cognitive impairment
	  ○ Provision HLP Level 1 including a ‘dementia friendly’ environment

5. The Assessment
5.1 Conclusions – Summary of Gaps

	Summary of Needs and Improvements
Current Need	• **Essential Services** ○ Additional pharmacy provision is required to be considered on all Bank Hholidays in Hereford City, Leominster and Ross market towns and information needs to be disseminated in a timely way to all parties including the public. ○ Up to date information on pharmacy opening hours and services, is needed in a variety of forms (not just via on NHS Choices)
Future Need	• **Essential Services** ○ Additional pharmacies may be required, in the South Wye locality, Ledbury , Bromyard to meet the future pharmaceutical needs arising as a result of population growth and the local housing programmes. We have estimated that current 3 pharmacies would be sufficient to maintain the South Wye locality (assuming that estimated population growth and housing developments come to fruition) but this may need to be reviewed in the next PNA. We have set out our aspirations for pharmacy services and premises and would anticipate any new pharmacies will meet these particularly in relation to extended hour opening and willingness to offer the full range of pharmaceutical and locally commissioned services. However population change, growth within the next 3 years is not likely to impact upon current service provision at the build rates outlined. However, supplementary statements to this PNA will ensure that the PNA remains current. ○ Although a 7 day service is provided in Herefordshire the numbers of patients who are seen post 4pm on a Sunday for example are not available but may inform the need for later opening pharmacies on a Sunday. Currently we are not made aware through this exercise of any patient complaints in accessing medicines in a timely manner.
Improvements or Better Access	• **All services (essential, advanced, enhanced and locally commissioned)** ○ In all localities, extending opening hours on weekday mornings (before 9am), weekday and Saturday evenings (after 7pm) and on Sundays, would improve access, convenience and choice to all pharmaceutical and locally commissioned services. This would be beneficial for the working population of Herefordshire **Meeting the needs of those with disabilities** ○ There are opportunities for more pharmacies to provide support for people with disabilities particularly those with hearing impairment ○ We anticipate that all pharmacies will take reasonable steps to meet the minimum requirements of the Equality Act 2010 • **Advanced services** ○ MURs and NMS – we wish to see all pharmacies providing these services (unless there is a valid reason not to do so) ○ Providing MURs (subject to NHS England approval) in the domiciliary setting would improve access for the housebound and those less able to visit a pharmacy without support; it would also facilitate service provision by those pharmacies which do not have a consultation area ○ We wish to see all pharmacies targeting MURs and NMS reviews at people who will benefit the most. This will support pharmacies delivering the maximum number of MURs per annum as well helping to improve outcomes. There are locality differences observed currently in both MUR and NMS delivery. ○ An integrated approach to NMS delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for our residents ○ Pharmacy Influenza Vaccination Service: We wish to see this service commissioned from as many pharmacies as possible to support increased uptake of seasonal influenza vaccine; and to consider on a locality based domiciliary service for care home / domiciliary care workers in particular but also housebound persons in conjunction with locality GP practices arrangements.

5. The Assessment

5.1 Conclusions – Summary of Gaps

	Summary of Needs and Improvements
Improvements or Better Access (cont…)	• **Locally commissioned services** ○ **Stop Smoking Service:** Residents should have access to a one stop pharmacy based service to include behavioural support and pharmacotherapy. Improved IT referral options should enable targeted groups e.g. post discharge from hospital, those pregnant or with chest disease or males should be explored and enabled. Outcomes of a new Council led service will need to be monitored closely. ○ **EHC:** Residents should have access to EHC, within their own localities, every day of the week. This is important because EHC needs to be taken as soon as possible after unprotected intercourse and certainly within a maximum of 72 hours ○ **Supervised consumption:** Commissioning the service from a wider range of pharmacies which open for extended hours and at weekends, would improve access for service users and enhance the level of supervision at weekends which is particularly important for high risk patients. ○ **Needle & Syringe programme:** Commissioning the service from a wider range of pharmacies which open for extended hours and at weekends, would improve access and choice for service users but this is integrated into provision of non pharmacy sites ○ **Advice to Care Homes Scheme** needs to be updated and integrated into new NHS England Care Homes Pharmacist initiative 2018 and other primary case based support for care home residents. • **Current CCG commissioned services** deliver quality based cost effective outcomes and will be updated / revised according to commissioning intentions.
Future Improvements or Better Access	• **All services (essential, advanced, enhanced and locally commissioned)** ○ In all localities, extending opening hours on weekday mornings (before 9am), weekday and Saturday evenings (after 7pm) and on Sundays, would improve access, convenience and choice to all pharmaceutical and locally commissioned services. This would be beneficial for the working population of Herefordshire and would facilitate ensuring there is sufficient capacity to meet the future pharmaceutical needs of a growing population. • **Advanced services** ○ MURs and NMS – we wish to see all existing, and any new, pharmacies providing these services (unless there is a valid reason not to do so) since there are differences observed between locality provision. • **Locally commissioned services** ○ For all locally commissioned services, we need to understand why some pharmacies are more active than others ○ **Stop Smoking services:** we need to ensure that pharmacies are provided with the appropriate support on the aims and intentions of the Council towards supporting people to stop smoking and receive IT integrated referrals but will now need to wait for outcomes of new Council service. ○ **Substance misuse (supervised consumption and needle & syringe programme):** Continued evaluation of service will need to ensure that community pharmacy based services meet the need of the population including those rural based patients. ○ **EHC:** This service needs to be commissioned from all available pharmacies and delivered consistently with particular reference to HR2 and also Leominster area. • **Meeting the needs of those with a disability** ○ We would wish to ensure that new pharmacies have taken appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille where requested. **All commissioners** need to acknowledge the PNA not only in assurance on the breadth of services currently provided by community pharmacies but also realise the further potential of service delivery noting the willingness to provide services locally.

6. Consultation Report

Consultation Approach

- Herefordshire Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was issued and managed electronically:
  - All stakeholder groups, as stated within the Regulations, were invited to participate; in addition, a wider audience was invited to participate. Full details are summarised in the table below
  - Stakeholders were notified by email to provide advance notification that they were being invited to participate in the consultation; a hard copy letter was sent as back up
  - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required. All paper copies were provided within 14 days, in accordance with the Regulations
  - Respondents were required to complete a standard response form and return this electronically; however, consultation feedback was accepted in different formats providing that this was submitted in writing
- The consultation was initiated on 05/03/2018 and ended at midnight on the 04/05/2018. This period was in accordance with the minimum 60 day consultation required by the Regulations

Consultation Outcome

- Following 60 day consultation period there were 9 on line responses received and 2 direct responses to the PNA Steering group from organisations.
- 9 on line responses comprised 3 patients:2 patient/ patient representatives; 2 community pharmacy contractors; 1 health and social care professional and 1 dispensing practice.
- There were no responses to the questionnaire that disagreed with the explanation or key findings or overall conclusions (apart from 1 recorded as No but no explanation offered).
- 2 points of disagreement within the questions were observed and responded to in Appendix H (points 3 and 20).
- Responses were received from 3 male/ 6 female , one person with a long term condition and another one as a carer and one with limited activity capacity.4 persons were 45-64 years; 3 persons 25-44 years; and 1 in each age band 65-74 and 75+ years.
- Eight persons described themselves as White British and 1 Chinese.
- All comments were consolidated into a document for review by the PNA Steering Group on May 2018 HWB Board meeting.
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix H. Where applicable, the draft PNA was updated to reflect the decisions of the PNA Steering Group

Stakeholder Groups invited to Participate in the Consultation

Stakeholders Specified Within the Regulations	Other Stakeholder Groups
• Healthwatch Hereford • Herefordshire and Worcestershire Local Pharmaceutical Committee • Herefordshire and Worcestershire Local Medical Committee • Herefordshire NHS Pharmaceutical Services Contractors (27 pharmacies) • 2G Mental Health Trust • Wye Valley NHS Trust • Taurus GP Federation and Primecare Services Ltd • Neighbouring Health & Wellbeing Boards (Worcestershire, Shropshire, Gloucestershire plus Powys Health and WellBeing Board)	• NHS Herefordshire Clinical Commissioning Group • Members of the Herefordshire Health & Wellbeing Board • NHS England • NHS Herefordshire Clinical Commissioning Group

Annex A
References

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5. *"Improving Health and Patient Care through Community Pharmacy - A Call to Action"*. NHS England, December 2013
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8. *"The NHS's role in the public's health - a report from the NHS Future Forum" [Date of publication not stated]*
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19. *"Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception". Edinburgh, Scottish Government Social Research. 2011. Kerins, M et al.*
20. *"From community pharmacy to healthy living pharmacy: Positive early experiences from Portsmouth" .* Research in Social and Administrative Pharmacy 2014; 10(1): 72-87 ; Brown D et al

Annex B
Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LPC	Local Pharmaceutical Committee
AUR	Appliance Use Reviews	LSOA	Lower Layer Super Output Area
BAME	Black, Asian and Minority Ethnic	LTC	Long Term Condition
CCG	Clinical Commissioning Group	MAS	Minor Ailments scheme
CCTV	Closed Circuit Television	MenC	Meningogoccal C
CIPFA	Chartered Institute for Public Finance & Accountability	MMR	Measles, Mumps and Rubella
CNS	Central Nervous System	MURs	Medicines Use Reviews
COPD	Chronic Obstructive Pulmonary Disease	NHSE	NHS England
CPD	Continuing professional development	NICE	National Institute for Health & Care Excellence
CPPE	Centre of Pharmacy Postgraduate Education	NMS	New Medicine Service
CVD	Cardiovascular Disease	NRT	Nicotine Replacement Therapy
DACs	Dispensing Appliance Contractors	NSAID	Nonsteroidal anti-inflammatory drugs
EHC	Emergency hormonal contraception	OCU	Opiate / Crack Cocaine User
EPS	Electronic prescription services	ONS	Office of National Statistics
FP10	NHS Prescription Form	PCV	Pnemococcal Conjugate Vaccine
FY	Financial Year	PGD	Patient Group Direction
GP	General practitioner	PHE	Public Health England
GPhC	General Pharmaceutical Council	PI	Prescription Intervention
GUM	Genito-urinary medicine	PMR	Patient Medication Record
Hib	Haemophilus Influenzae Type B	PNA	Pharmaceutical Needs Assessment
HIV	Human Immunodeficiency Virus	PPV	Pneumococcal Polysaccharide vaccine
HLP	Healthy living pharmacy	PSNC	Pharmaceutical Services Negotiating Committee
HPA	Health Protection Agency	PURM	Pharmacy Urgent Repeat Medication
HPV	Human Papillomavirus	QoF	Quality and Outcomes Framework
HWB	Health & Wellbeing Board	RPSGB	Royal Pharmaceutical Society of Great Britain
IBA	Identification and Brief Advice	SACS	Stoma Appliance Customisation Services
IMD	Index of multiple deprivation	SHLAA	Strategic Housing Land Availability Assessment
JHWS	Joint Health & Wellbeing Strategy	STIs	Sexually transmitted infections
JSNA	Joint Strategic Needs Assessment	UPSI	Unprotected Sexual Intercourse
LAs	Local Authorities	WHO	World Health Organisation
LMC	Local Medical Committee	WIC	Walk-in Centre

APPENDIX 2a

Exit Logged in as: Alison Rogers from Herefordshire County Council

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Help

Service Design

- **Browse Service Library**
- **View service accreditations**
- **Edit Service Design**
- Preview Claim for this service

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA
Please complete this questionnaire **ONCE** only to report the facilities and services offered by your pharmacy.

In the event of any query arising regarding this questionnaire please contact Alison Rogers Herefordshire CCG by email for advice on local arrangements regarding the PNA process

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

Community Pharmacy PNA Questionnaire (2017) (Preview)

Date of completion 30-Jan-2018

Premises Details

Trading Name

Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

PAS scheme payments? ○ Yes ○ No ○ Possibly

Is this pharmacy a 100 hour pharmacy?

100 hour pharmacy? ○ Yes ○ No

Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract?

Hold Local Pharmaceutical Services contract? ○ Yes ○ No
(i.e. it is not the "standard" Pharmaceutical Services contract)

Is this a Distance Selling Pharmacy? ○ Yes ○ No
(i.e. it cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address
If no email write no email

Pharmacy nhs net address

Pharmacy telephone

Pharmacy fax
If no fax write no fax

Pharmacy website address
If no website write no website

Which Hfd locality is the pharmacy situated?

- ○ North
- ○ South
- ○ East
- ○ West

Can the Council store the above information and use this to contact you?

Consent to store ○ Yes ○ No

Core hours of opening

Please complete your core hours of opening.
Please enter this in a 24 hour format, e.g. 09:00, or 18:30

Monday Open
e.g. 09:00, or 18:30

Monday Close
e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Tuesday Open e.g. 09:00, or 18:30 | Tuesday Close e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Wednesday Open e.g. 09:00, or 18:30 | Wednesday Close e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Thursday Open e.g. 09:00, or 18:30 | Thursday Close e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Friday Open e.g. 09:00, or 18:30 | Friday Close e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Saturday Open e.g. 09:00, or 18:30 | Saturday Close e.g. 09:00, or 18:30

If not open please enter 00:00

Closed for lunch? ○ Yes ○ No

Sunday Open e.g. 09:00, or 18:30 | Sunday Close e.g. 09:00, or 18:30

If not open please enter 00:00

Closed for lunch? ○ Yes ○ No

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening.
Please enter this in a 24 hour format, e.g. 09:00, or 18:30

Monday Open e.g. 09:00, or 18:30 | Monday Close e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Tuesday Open e.g. 09:00, or 18:30 | Tuesday Close e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Wednesday Open e.g. 09:00, or 18:30 | Wednesday Close e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Thursday Open e.g. 09:00, or 18:30 | Thursday Close e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Friday Open e.g. 09:00, or 18:30 | Friday Close e.g. 09:00, or 18:30

Closed for lunch? ○ Yes ○ No

Saturday Open
e.g. 09:00, or 18:30

Saturday Close
e.g. 09:00, or 18:30

If not open please enter 00:00

Closed for lunch? ○ Yes ○ No

Sunday Open
e.g. 09:00, or 18:30

Sunday Close
e.g. 09:00, or 18:30

If not open please enter 00:00

Closed for lunch? ○ Yes ○ No

Pharmacy inc Consultation Facilities

Is there an approved consultation area?

- ☐ Available (including wheelchair access) on the premises
- ☐ Available (without wheelchair access) on premises
- ☐ Planned within next 12 months
- ☐ No consultation room available
- ☐ There are times when there is >1 pharmacist on duty?
- ☐ The premises is approved for pre- reg training
- ☐ Consultation area has a working computer
- ☐ Consultation room computer is linked to dispensary PMR
- ☐ Consultation room computer allows access to internet for e.g. signposting
- ☐ There is a hearing loop in the pharmacy
- ☐ Other

If Other please specify

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

- ☐ Handwashing in consultation area
- ☐ Hand washing facilities close to consultation area
- ☐ Have access to toilet facilities
- ☐ None

Tick all that apply

Off-site arrangements

Off-site arrangements

- ☐ Off-site consultation room approved by NHS
- ☐ Willing to undertake consultations in patients home/ other suitable site
- ☐ None apply
- ☐ Other

If Other please specify

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues please answer the following question:

What languages other than English are spoken in the pharmacy

IT Facilities

Select any that apply

☐ Electronic Prescription Service Release 2 enabled
☐ NHSmail being used
☐ NHS Summary Care Record enabled
☐ Up to date NHS Choice entry including Bank Holiday/ rota opening

EPS R2: Electronic Prescription Service Release 2

Healthy Living Pharmacies (HLP)

Select the option that applies

- ○ The pharmacy has achieved HLP Level 1 status
- ○ The pharmacy is working towards HLP Level 1 status
- ○ The pharmacy is not currently working toward HLP status

Services (appliances)

Does the pharmacy dispense appliances?

Does the pharmacy dispense appliances?

- ○ Yes - All types, or
- ○ Yes, excluding stoma appliances, or
- ○ Yes, excluding incontinence appliances, or
- ○ Yes, excluding stoma and incontinence appliances, or
- ○ Yes, just dressings, or
- ○ None
- ○ Other

If Other please specify

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.
Please tick the box that applies for each service.

Yes - Currently providing
Soon - Intending to begin within the next 12 months
No - Not intending to provide

Medicines Use Review service	○ Yes	○ Soon	○ No
New Medicine Service	○ Yes	○ Soon	○ No
Appliance Use Review service	○ Yes	○ Soon	○ No
Stoma Appliance Customisation service	○ Yes	○ Soon	○ No
NHS Flu Vaccination Service	○ Yes	○ Soon	○ No
NHS Urgent Medicine Supply Advanced Service (NUMSAS)	○ Yes	○ Soon	○ No

Pharmacy Rota Service ○ NHS ○ CCG ○ LA ○ WP ○ NA

Enhanced and Other Locally Commissioned Services

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services.
Please tick the box that applies for each service.

NHS - Currently providing under contract with the local NHS England Team
CCG - Currently providing under contract with CCG
LA - Currently providing under contract with Local Authority

WP - Willing to provide if commissioned
NA - Not able or willing to provide

Anticoagulant Monitoring Service ○ NHS ○ CCG ○ LA ○ WP ○ NA

Anti-viral Dispensing Service ○ CCG ○ LA ○ WP ○ NA

Care Home Advice Service ○ NHS ○ CCG ○ LA ○ WP ○ NA

Chlamydia Testing Services ○ CCG ○ LA ○ WP ○ NA

Chlamydia Treatment Service ○ CCG ○ LA ○ WP ○ NA

Contraception Service ○ CCG ○ LA ○ WP ○ NA
(not an EHC service)

Alzheimer's/dementia ○ NHS ○ CCG ○ LA ○ WP ○ NA

Asthma ○ NHS ○ CCG ○ LA ○ WP ○ NA

CHD ○ NHS ○ CCG ○ LA ○ WP ○ NA

COPD ○ NHS ○ CCG ○ LA ○ WP ○ NA

Diabetes type I ○ NHS ○ CCG ○ LA ○ WP ○ NA

Diabetes type II ○ NHS ○ CCG ○ LA ○ WP ○ NA

Epilepsy ○ NHS ○ CCG ○ LA ○ WP ○ NA

Heart Failure ○ NHS ○ CCG ○ LA ○ WP ○ NA

Hypertension ○ NHS ○ CCG ○ LA ○ WP ○ NA

Parkinson's disease ○ NHS ○ CCG ○ LA ○ WP ○ NA

Other (please state)

Emergency Hormonal Contraception Service ○ CCG ○ LA ○ WP ○ NA

Emergency Medicines Supply Service ○ CCG ○ LA ○ WP ○ NA

Independent Prescribing Service ○ CCG ○ LA ○ WP ○ NA

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

Therapeutic areas covered (if providing)

Language Access Service ○ NHS ○ CCG ○ LA ○ WP ○ NA

Medication Review Service ○ NHS ○ CCG ○ LA ○ WP ○ NA
Note: This is not the NMS or MUR service.

Medicines Assessment and Compliance Support Service ○ NHS ○ CCG ○ LA ○ WP ○ NA

Pharmacy First Minor Ailments Scheme ○ NHS ○ CCG ○ LA ○ WP ○ NA

End of Medicines Assessment and Compliance Support options.

MUR Plus/Medicines Optimisation Service ○ CCG ○ LA ○ WP ○ NA

If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?

Therapeutic areas covered (if providing)

Needle and Syringe Exchange Service ○ NHS ○ CCG ○ LA ○ WP ○ NA

Obesity management (adults and children) ○ CCG ○ LA ○ WP ○ NA

Not Dispensed Intervention Scheme ○ CCG ○ LA ○ WP ○ NA

On Demand Availability of Specialist Drugs Service ○ NHS ○ CCG ○ LA ○ WP ○ NA

Pharmacy base for Out of hours services ○ NHS ○ CCG ○ LA ○ WP ○ NA

Patient group directions

Many Local Services involve the supply of a POM using a PGD. please list those provided by the pharmacy in the text box below

Patient Group Direction Service ○ NHS ○ CCG ○ LA ○ WP ○ NA
Not including EHC (see separate question)

Please list the names of the medicines/conditions available if providing PGD services

Medicines available

Leave blank if not able or willing to provide (NA)

Phlebotomy Service ○ CCG ○ LA ○ WP ○ NA

Prescriber Support Service ○ NHS ○ CCG ○ LA ○ WP ○ NA

Advice to Schools Service ○ NHS ○ CCG ○ LA ○ WP ○ NA

NHS - Currently providing under contract with the local NHS England Team
CCG - Currently providing under contract with CCG
LA - Currently providing under contract with Local Authority
WP - Willing to provide if commissioned
NA - Not able or willing to provide

Screening Service:

Alcohol ☐ NHS ☐ CCG ☐ LA ☐ WP ☐ NA

Cholesterol ○ NHS ○ CCG ○ LA ○ WP ○ NA

Diabetes ○ NHS ○ CCG ○ LA ○ WP ○ NA

Gonorrhoea ○ NHS ○ CCG ○ LA ○ WP ○ NA

H. pylori ○ NHS ○ CCG ○ LA ○ WP ○ NA

HbA1C ○ NHS ○ CCG ○ LA ○ WP ○ NA

Hepatitis ○ NHS ○ CCG ○ LA ○ WP ○ NA

HIV ○ NHS ○ CCG ○ LA ○ WP ○ NA

Other Screening (please state)

End of screening service options

Private Seasonal Influenza Vaccination Service ○ CCG ○ LA ○ WP ○ Company led ○ Other
Non Advanced Service

Other vaccinations

Childhood vaccinations ○ CCG ○ LA ○ WP ○ NA

Hepatitis ○ CCG ○ LA ○ WP ○ NA
(at risk workers or patients)

HPV ○ CCG ○ LA ○ WP ○ NA

Travel vaccines ○ CCG ○ LA ○ WP ○ NA

Other (please state)

End of Other vaccinations options

Sharps Disposal Service ○ CCG ○ LA ○ WP ○ NA

Stop Smoking Service-Behavioural Support ○ NHS ○ CCG ○ LA ○ WP ○ NA

Stop Smoking - Pharmacotherapy Support ○ NHS ○ CCG ○ LA ○ WP ○ NA

Supervised Administration ○ NHS ○ CCG ○ LA ○ WP ○ NA
Of methadone,buprenorphine etc.

Which therapy area

Vascular Risk Assessment Service ○ CCG ○ LA ○ WP ○ NA
NHS Healthchecks

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries ○ Yes ○ No

Request px on behalf of patient i.e. managed repeat px system ○ Yes ○ No

Delivery of dispensed medicines - Free of charge on request ○ Yes ○ No

Delivery of dispensed medicines - Selected patient groups
List criteria

Delivery of dispensed medicines - Selected areas

List areas

Delivery of dispensed medicines - chargeable ○ Yes ○ No

Monitored Dosage Systems - Free of charge on request ○ Yes ○ No

Monitored Dosage Systems - chargeable ○ Yes ○ No

MDS- only following assessment ○ Yes ○ No

MAR chart - free on request ○ Yes ○ No

Are other complaince aids provided? ○ Yes ○ No

Describe compliance support aids

Almost done

Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why.

Other

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone

For person completing the form, if different to pharmacy number given above

Thank you for completing this PNA questionnaire.

Test Values

Herefordshire Council

Dispensing Doctors Pharmaceutical Needs Assessment Questionnaire 2017

GENERAL

1. Details of person completing this survey	
Full name	
Email address	
Contact number	

2. Surgery Details	
GP Practice Code	
Practice Name	
Address	
Branch Surgery*	Yes No
Email address (one that is checked regularly	
Telephone number	
Fax number	
Practice public facing website address	
Herefordshire GP practices Locality	West: East: North: South

- **A Questionnaire needs to be completed for each branch site if a dispensing practice operates from more than one site.**

ACCESS

3. Please select the transport facilities that are available within 100 metres of the surgery	
Bus Stop	
Train Station	
Cycle Track	
Free Parking	
Disabled Parking	
Paid Parking	
Motorcycle parking	
Onsite parking	
Other – please specify:	

4. Premises details		
	Yes	No
Is the door to the premises accessible for prams, buggies, Wheelchairs and walking frames?		
Are there any steps to climb when entering the premises?		
Do the premises comply with the 2010 Equalities Act		
Have any adjustments or alterations been made to the premises to enable physical access e.g. automatic doors or ra mps? If so, please give details		

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OPENING HOURS

5. Dispensing Hours

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

6. Surgery Opening Hours

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

WORKFORCE

7. How many people dispense medicines	Full Time Part Time Regular Locum
8. Please advise the total number of hours worked by the following	Dispensing Assistant(s) (NVQ Level2 or equivalent) Dispensing Technician(s) (NVQ Level 3) GPhC Registered Technician(s) Other please state title and hours
9. What languages are spoken by dispensary staff in addition to English?	

Herefordshire Council

FACILITIES

10. Is there are hearing loop or equivalent in the dispensary area	
11. Are there any planned improvements due to be completed over the next 6 months?	
12. Is the site subject to any of the following development constraints?	Listed Building Conversation Area Limited room for expansion Other: please specify below

IT

13. Is the Dispensary:	Electronic Prescription Release 2 Enabled Intending to become enabled in the next 6 months Not intending to become enabled Other – Please Describe:
14. Does the dispensary have the facility to open documents in the following formats:	Microsoft Word Microsoft Excel Microsoft Access PDF
15. Does the dispensary access emails on a daily basis when the premises are open?	

Services

16. Does the dispensary dispense appliances? (please tick appropriate box)	Yes – all types Yes – excluding stoma appliances Yes – excluding incontinence appliances Yes - excluding stoma and incontinence appliances Yes – just dressings Yes – just hosiery None
17. Non-NHS Funded Services – Does the dispensary provide any of the following:	Free delivery of dispensed medicines Chargeable delivery of dispensed medicines Delivery of dispensed medicines – only for selected patient groups
18. Does the dispensary provide a monitored dosage system service?	Yes – free of charge upon request Yes – chargeable Yes- only after compliance assessment. Please state

	which assessment tool is used.....
19. Does the dispensary provide MAR charts?	Yes- upon request Yes – chargeable Yes – only after compliance assessment. Please state which assessment tool is used.....
20. Does the dispensary provide any other medication compliance aids?	Please provide details if yes
21. Do the dispensary staff undertake any interventions while working in the dispensary and make records of these interventions? E.g. Healthy lifestyle interventions or prescription linked healthy lifestyle interventions	Yes – please describe: No
22. Have you completed a survey of patients using your dispensary in last 12 months?	No Yes- Please describe any outcomes/ changes made to the dispensing service as a result
23. DSQS- is your practice signed up to the NHS England DSQS for 17 18?	Yes No
24. DSQS- Which members of the practice undertake DRUM reviews?	GPs Practice Nurses Dispensary Staff Other – please state
25. For DRUM, do you target patients from particular groups or with specific diseases?	Yes – Please state which target groups: No
26. Do you have a private/ semi-private counselling consultation area attached to the dispensary?	Yes No Plan to develop
27. Are patients provided the opportunity to order their repeat medicines using EMIS Access?	Yes No If no, are there plans to introduce this facility for patients in the next 6 months?
28. Do you have any other arrangements in place to help patients in rural areas access their medicines?	Please state:
29. Are there any other pharmaceutical services provided by the dispensary that you would like to be considered in PNA?	Please state:

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Please complete and return electronically to Alison.rogers@herefordshireccg.nhs.uk by 31st October 17

Pharmaceutical Needs Assessment

Non-NHS Services & Willingness to Provide New Services

Appendix C

Community pharmacy contractors, in Herefordshire may provide a range of services directly to their patients, which are not commissioned by NHSE, the LA, the CCG or other NHS Services. These are referred to as 'Non-NHS' services within the PNA and are described in **Table 1.** As well as this information the PNA also asked pharmacists for views on their willingness to provide new services and what areas they thought would be important which are described in **Table 2.**

The table below provides a flavour of these non-NHS services, although the scope of the service offered varies from pharmacy to pharmacy.

Customers may be required to pay for some for some of these services; however, others may be provided 'free of charge' as a value added service.

Table 1

Service	Description of service
Repeat Prescription Services	Ordering repeat medication from the GP on behalf of the patient (includes a check as to what is required rather than ordering all repeat medicines) Collecting the repeat prescription from the GP Home delivery service of medicines – some are bound by e.g. 5-10 miles radius of the pharmacy, south/ north of the river, only to care homes
Health Assessments and Diagnostic Testing	Blood pressure checks Cholesterol tests Blood glucose tests Body mass index calculation
Travel Services	Advice on keeping healthy on holiday Sale of 'Over the counter' anti-malarial medication Supply of 'prescription only' anti-malarial medication under a PGD Travel vaccines
Vaccination	Seasonal influenza vaccine (e.g. for people who do not meet NHS criteria)
Support for Long Term Conditions	Asthma
Weight management services	Advice on healthy eating, exercise and weight management
Independent Living Aids	Supply of aids to support independent living at home
Incontinence Support	Supply of non-prescribed incontinence products
Podiatry services	Foot care and other podiatry services from within the pharmacy
MCA support	○Supplies of additional support to enable day to day management of medicines

Table 2 Willingness to Provide New Services which would need defining and commissioning from the appropriate commissioner

Service	Description of service (Number of pharmacies in brackets indicating they would be willing to provide such a service if commissioned)
Prescription Services	Collecting the repeat prescription from the GP – most pharmacies Home delivery service of medicines – free (24) Independent Prescribing – service involving (14) Emergency Medicines Supply of Time critical medicines (20) PGD based services – including emergency supplies (20)
Health Assessments and Diagnostic Testing	Blood pressure checks (22) Cholesterol tests (19) Blood glucose tests + diabetes screening (19) Body mass index calculation (27) NHS Health Checks (22) H.Pylori Testing (19) Chlamydia screening and treatment service (20)
Self Care & Travel Services	Advice on keeping healthy on holiday (all pharmacies) Advice on 'Over the counter' anti-malarial medication (all pharmacies) Supply of 'prescription only' anti-malarial medication under a PGD (18) Travel vaccines within a travel service (15)
Vaccination	Seasonal influenza vaccine (e.g. for people who do not meet NHS criteria) – (20) Childhood vaccinations *(15) Travel vaccinations via travel clinics (15)
Support for Long Term Conditions	Antcoagulant based services (18) Asthma - advanced support for (22) Alzheimers (20) Care home patients – advanced services (15) Coronary Heart Disease Service (19) COPD (22) Diabetes Type 1 and 2 (23) Epilepsy (18) Heart Failure (20) Hypertension (Blood Pressure) Service (22) Parkinsons Disease (20) Urgent Emergency Medicines Service (25) Independent Prescribing Service (14) Advanced Medication Review Service or MUR+ Service (20) Needle Exchange (15) Weight Management Service (21) Phlebotomy Service (10)
Additional Services	Advice to Schools Service since schools can now stock certain emergency medicines. (18) Emergency Pandemic Flu Plans involving advice and supply of antivirals (20)

Pharmaceutical Needs Assessment

Potential Pharmaceutical Needs Across the Lifecourse

Appendix D

Potential Pharmaceutical Needs Across the Lifecourse

Part 1 - All Ages

The public health issues of dental health and healthy weight extend right across the lifecourse.

Everyone will experience minor illness at some time of their life, and the pharmacy has been promoted as the 'first port of call'.

A long-term condition may be diagnosed at any age; although more prevalent in later life, the effects are profound on individuals and families at any stage of life. Sadly, some conditions in childhood may also be life-limiting and so end-of-life care should also be a priority across the lifecourse.

Age group	Need	Relevant Pharmacy Service/s
All ages	Dental health	• Sale of dental health aids e.g. toothpaste, floss, mouthwash • Advice about sugar-free medicines
	Management of long-term conditions	• Screening services • Medicines Use Review • New Medicines Service • Prescription intervention • Condition-specific services e.g. inhaler technique • Repeat dispensing service • Influenza vaccination
	Treatment of minor ailments	• Minor ailments services • Sale of non-prescription medicines •
	Healthy weight	• Weight management
	End of life care	• Palliative therapy services

Part 2 - Pre-Conception & Pregnancy

Possibly, the first time that a previously healthy young woman has interacted with the health services. An anxious time where fertility or an unplanned pregnancy may equally be the issue. A crucial time for making connections and supporting new parents (mothers and fathers). Parental health behaviours have a profound effect on their children (e.g. research on smoking).

There is some research to suggest that once a young woman becomes pregnant, less attention is paid to future unsafe sex and the risk of STI transmission so these are important ongoing messages. The risk of a further quick unplanned pregnancy is also there, so ongoing contraceptive needs should be assessed if this is not desired.

Pregnancy in the context of a long-term condition, especially where potentially teratogenic medicines are being taken (e.g. epilepsies), need specialist advice and the pharmacist can make that link.

Pharmacies sell many pregnancy and early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s
Pre-conception and Pregnancy	Pre-conception health	• Sale of folic acid • Weight management • Alcohol IBA / referral to services • Smoking cessation • Advice for drug misusers – referral to specialist services • STI testing
	Pregnancy confirmation	• Sale of pregnancy tests • Pregnancy test service • Referral to midwife • STI testing
	Effects of long-term medicines taken by the mother	• Clinical medication review • Medicines Use Review • New Medicines Service • Prescription Intervention • Advice for drug misusers – referral to specialist services and supervised consumption
	Vaccination	• Vaccination services – advising on
	Birth planning	• Hire of TENS machines • Signposting to antenatal classes

Part 3 - Childhood (Birth – 11 years)

This can be an anxious time for new parents. Self-medication for minor ailments, and distinguishing between the minor and major is a new and onerous task. Research has shown that parents can be vague about the correct dosage of basic children's medicines like paracetamol, and that they may not engage with dosage changes as the child grows. Dosing for children who were premature babies should also be carefully calculated.
Having a child diagnosed early with a long-term condition is also stressful, and support from the pharmacist could be appreciated alongside specialist care.
Early health behaviours could set a pattern for life, so healthy teeth and healthy weight are good areas of discussion during this stage.
There is an intensive vaccination schedule associated with childhood, and pharmacy may be able to provide information and encourage uptake. Parental mental and physical health should also be monitored as the relationship allows.
Pharmacies sell many early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s
Birth-12 months	Breastfeeding / Nutrition	• Sale of infant formula • Sale of treatments for breastfeeding side-effects • Signposting to groups and advice • Healthy Start Vitamins
	Infant deaths / Stillbirth	• Minor ailments service • Advice about SIDS (sleeping position, smoking)
	Prematurity	• Advice on medicines use in pre-term babies, including non-prescription medicines
	Contraceptive advice for mother	• Emergency contraception • Contraception advice • Provision of condoms
	Parental mental health (e.g. postnatal depression)	• Signposting from sale of relevant non-prescription medicines (sleep aids, complementary therapies) • Referral to specialist services
Preschool Up to 5 years	Nutrition	• Healthy Start Vitamins
	Sports injuries	• Minor ailments services • Sale of non-prescription medicines
Primary School 5-11 years	Sports injuries	• Minor ailments services • Sale of non-prescription medicines

Need across Childhood	Relevant Pharmacy Service/s
Accidental injury	• Medicines disposal • Needle exchange • Sale of child safety aids • Minor ailments services • Sale of non-prescription medicines
Family Smoking	• Smoking cessation
Growth and Development	• Signposting to advice
Healthy weight (parents)	• Weight management
Parenting support	• Signposting to community resources • Advice about non-prescription medicines
Vaccination	• Influenza vaccination services • Signposting

Part 4 – Adulthood (12-59 years)

Adolescence - most young people thrive and take on adult responsibilities but some have more health service needs due to:

- Unintentional Injury (principally road traffic accidents)
- Diagnosis of a long-term condition
- Development/emergence of a mental health problem
- Adoption of health risk behaviours (which often cluster) e.g. smoking, alcohol use, unsafe sex

Young Adulthood – major transitions into work, new relationships and parenthood – but more young adults now stay with parents for longer, and adolescence may be prolonged

Middle Adulthood – consolidation of families, new parenting challenges as children move through adolescence and young adulthood, and middle adult's own health risk behaviours or hereditary risk factors may start to manifest in long-term conditions e.g. high cholesterol, smoking-related disease, hypertension

Age group	Need	Relevant Pharmacy Service/s
Adolescence 12-19 years	Accidental injury	• Signposting • Medicines Use Review (medicines and driving)
	Sports injuries	• Minor ailments services • Sale of non-prescription medicines
	Transfer of responsibility for medicine-taking	• Medicines Use Review • New Medicines Service
	Vaccination	• Signposting for boosters • HPV vaccination
Young Adulthood 20-35 years	Accidental injury	• Signposting • Medicines Use Review (medicines and driving)
Middle Adulthood 36-59 years	Healthy families	• For parents – drug misuse, smoking, alcohol advice
	Sexual health	• STI testing (including chlamydia • Contraceptive advice • Sale of condoms • Erectile dysfunction counselling • Menopause counselling
	Cardiovascular risk	• Signposting and counselling

Need across Adulthood	Relevant Pharmacy Service/s
Alcohol use	• Alcohol IBA • Referral to specialist treatment • Signposting and advice
Drug misuse	• Advice and signposting • Needle exchange • Supervised consumption
Exercise	• Signposting to community resources
Mental health	• Signposting from sale of relevant non-prescription medicines (sleep aids, complementary therapies) • Referral to specialist services
Sexual Health / Pregnancy	• Emergency Contraception • STI testing (including chlamydia) • Sale of Folic Acid • Sale of pregnancy tests • Pregnancy test service
Smoking	• Smoking cessation

Part 5 – Older Adulthood (over 60 years)

The opportunities to assist with managing multiple long-term conditions and polypharmacy increases with patient age. The maintenance of independence and continued home living may depend on creating a manageable medication regimen and paying close attention to side-effects (thus e.g. preventing falls). Carers in all settings must be included as partners in care.

Visits to hospital are more likely. End-of-life care is a concern.

The challenges of medication administration in care homes are well documented, and pharmacists could provide advice and systems to optimise this.

Age group	Need	Relevant Pharmacy Service/s
Older Adulthood 60+ years	Care home engagement	• Pharmacist advice (medicines storage etc.) • Independent prescribing • Medicines Use Review • Clinical Medication Review
	Carer engagement	• Medicines Use Review • Clinical Medication Review • Signposting to services
	Dementia screening & management	• Medicines Use Review • Clinical Medication Review • Signposting to services
	Falls prevention	• Medicines Use Review • Clinical Medication Review • New Medicine Service
	Maintaining independence	• Home delivery service • Hosiery fitting service • Sale of incontinence aids • Sale of mobility aids • Minor ailments service
	Medication adherence	• Home delivery service • Compliance aids e.g. Monitored Dosage Systems (care home or community) • Medicines Use Review • Clinical Medication Review • New Medicine Service
	Sexual health	• STI testing • Sale of condoms • Erectile dysfunction counselling
	Smoking	• Smoking cessation behavioural support and pharmacotherapy

References:

PHE plan of work for children and young people
https://publichealthmatters.blog.gov.uk/wp-content/uploads/sites/33/2014/01/life-course-approach.png

Healthy Child Programme 0-5 (DH England, 2009)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

National Service Framework for Older People (DH England 2001)
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4071283.pdf

National Service Framework for Children, Young People and Maternity Services (DH England and DfES 2004)
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090523.pdf

Appendix Dispensing Doctor Practice Opening Hours

Bromyard

ID	Page	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Lunchtime closing
G	34	Nunwell Surgery	10 Pump Street	HR7 4BZ	01885 448 785	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	Closed	Closed	12- 2pm

Golden Valley

ID	Page	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Lunchtime closing
M	34	Golden Valley Practice	Ewyas Harold	HR2 0EU	01981 240 320	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	Closed	Closed	No
N	34	Golden Valley Practice – Peterchurch Surgery	Closure Place	HR2 0RS	01981 550 322	09:00-12:00	09:00-13:00	09:00-18:00	09:00-13:00	09:00-18:00	Closed	Closed	No

Kingstone Surgery

ID	Page	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Lunchtime closing
L	34	Kingstone Surgery	Kingstone	HR2 9HN	01981 540 310	08:00-13:30 & 14:00-18:30	08:00-13:30 & 14:00-18:30	08:00-13:30 & 14:00-18:30	08:00-13:30 & 14:00-18:30	08:00-13:30 & 14:00-18:30	Closed	Closed	No

Much Birch Surgery

ID	ID	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Lunchtime closing
K	34	Much Birch Surgery		HR2 8HT	01981 250 215	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	Closed	Closed	No

Fownhope

ID	ID	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Lunchtime closing
J	34	Fownhope Medical Centre	Lower Island Orchard, Fownhope	HR1 4PZ	01432 860 235	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	08:00-18:30	Closed	Closed	12-1pm

Kington

ID	Page	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Lunchtime closing
A	34	Kington Medical Practice	Eardisley Road	HR5 3EA	01544 230 302	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed	No

Cradley

ID	Page	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Lunchtime closing
I	34	Cradley Surgery	Bosbury Road	WR13 5LT	01886 880 207	09:00-17:00	09:00-18:00	09:00-17:00	09:00-18:00	09:00-17:00	Closed	Closed	1-2pm (3 days)+ 1-4pm (2 days)

The Marches Bodenham

ID	Page	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Lunchtime closing
H	34	The Marches Surgery	Bodenham Surgery	HR1 3LR	01568 797 000	08:30-12:30	08:30-18:30	02:00-14:00	08:30-12:30	08:30-12:30	Closed	Closed	Tues 12:30-2pm

Mortimer

ID	Page	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Lunchtime closing
D	34	Mortimer Medical Practice	Croase Orchard Surgery,	HR6 9QL	01568 702 000	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed	
E	34	Mortimer Medical Practice	Leintwardine Surgery	SY7 0LG	01547 540 355	09:00 13:00 & 14:00-18:00	09:00-13:00 & 14:00-18:00	09:00-13:00 & 14:00-17:30	09:00-13:00 & 14:00-18:00	08:00-13:00 & 13:30-17:00	Closed	Closed	
F	34	Mortimer Medical Practice	Orleton Surgery	SY8 4HW	01584 831 300	08:30-13:00 & 14:00-18:00	08:30-13:00	08:30-18:00	08:30-13:00 & 14:00-18:00	13:30-17:00	Closed	Closed	Weds 1pm-2pm

Weobley

ID	Page	Dispensing Doctor Name	Address	Post code	Telephone No	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Lunchtime closing
B	34	Weobley Surgery	Weobley Surgery	HR4 8SN	01544 318 472	08:30 – 18:00	08:30-13:00	08:30-13:00	08:30-13:00 & 15:00-18:00	08:30-13:00 & 15:00-18:00	Closed	Closed	Mon, Thurs, Fri
C	34	Weobley Surgery	Staunton on Wye Surgery	HR4 7LT	01981 500 227	08:30-13:00	14:45-18:00	08:30-13:00	08:30-13:00	08:30-13:00	Closed	Closed	

Herefordshire Pharmaceutical Needs Assessment 2017 - public survey

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

100%

2. Are you responding as an individual or representing a group?

97% *Individual*

3% *Group/organisation*

If as a group/organisation please describe below: 9 comments

3. Where would you normally obtain any prescribed medicines?

71% *Community pharmacy*

29% *Dispensing GP practice*

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

5% *Yes*

95% *No*

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

2% *Yes, as a regular pharmacy*

3% *Yes, but only occasionally*

95% *No*

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

9% *Once a week*

20% *Once every couple of weeks*

39% *Once a month*

17% *Every couple of months*

16% *Less often*

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

92% *Yourself*

51% *A family member*

1% *Someone who is not a family member for whom you are a carer*

6% *Other, please specify* (17 comments)

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

36% *Access issues e.g. disability, lack of transport*

27% *Age of patient e.g. child under 16*

26% *Opening hours are not suitable for the patient*

20% *Other, please specify (40 comments)*

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

89% *Yes*

11% *No*

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

83% *The staff are friendly*

72% *The staff are knowledgeable*

31% *The staff speak my first language (please specify your first language below)*

38% *They offer a collection service*

19% *They offer a delivery service*

11% *They offer another service which I use*

Please specify your first language (86 comments)

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

19% *In the supermarket*

43% *Near to home*

12% *Near to work*

25% *In town/shopping area*

51% *Near to my doctors/It is my doctors*

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

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

58% *Car (driver)*

6% *Public transport*

4% *Cycle*

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

13% *Car (passenger)*

47% *Walk*

1% *Other*

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

50% *Less than 10 minutes*

13% *20 to 30 minutes*

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

35% *10 to 19 minutes*

1% *More than 30 minutes*

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

1% *Location of pharmacy/dispensing practice*
2% *Availability of public transport*
1% *Cost of public transport*
18% *Parking difficulties*
78% *No difficulties*
0% *Not applicable as I use an internet pharmacy only*

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

63% *Yes*
38% *No*

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

39% *Yes*
61% *No*

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

29% *Yes*
71% *No*

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

53% *Saturdays*
43% *Sundays*
14% *Before 9am*
33% *After 8pm*
28% *None of these*

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

44% *Excellent*
35% *Good*
13% *Average*
5% *Poor*
3% *Very poor*

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

81% *Yes*
7% *No*
12% *No opinion*

If no, how could this be improved? (23 comments)

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

56% *Excellent*
28% *Good*
11% *Average*
3% *Poor*
1% *Very Poor*

22. Are there any extra services you would like to see being provided by your community pharmacy/dispensing practice, or do you have other comments you would like to make?(81 comments)

If you use a community pharmacy or internet/distant selling pharmacy please also complete the questions 23-25.

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

	Very Important	*Important*	*Unimportant*	*Very unimportant*
Opening hours	60%	39%	1%	0%
Friendly staff	57%	39%	4%	0%
Knowledgeable staff	78%	21%	1%	0%
Location of pharmacy	57%	40%	3%	0%
Waiting/delivery times	46%	48%	6%	0%
Private consultation areas	36%	43%	19%	2%
The pharmacist taking time to listen and talk to you	57%	36%	6%	1%
The pharmacy having the things you need	72%	27%	1%	0%
Prescription collection service from your surgery	54%	30%	14%	2%
Home delivery of your medication	19%	23%	48%	10%

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

	Very satisfied	*Satisfied*	*Unsatisfied*	*Very unsatisfied*
Opening hours	48%	43%	7%	2%
Friendly staff	61%	35%	3%	0%
Knowledgeable staff	59%	37%	3%	1%
Location of pharmacy	61%	37%	2%	0%
Waiting/delivery times	48%	42%	8%	2%
Private consultation areas	42%	50%	5%	3%
The pharmacist taking time to listen and talk to you	50%	43%	5%	2%
The pharmacy having the things you need	48%	43%	6%	3%
Prescription collection service from your surgery	51%	42%	5%	2%
Home delivery of your medication	36%	50%	9%	5%

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

	No-I have not used this service at my pharmacy and am not interested in it	*No-but I would like to use this service at the local pharmacy*	*Yes-and this service met my needs*	*Yes-and this service met some of my needs*	*Yes-although this service did not address my needs at all*	*I don't know what this is*
Alcohol support services	93%	3%	0%	0%	1%	3%
Blood pressure check	43%	39%	15%	1%	1%	0%
Cancer treatment support services	62%	28%	2%	1%	2%	5%
Collection of prescription from my surgery	16%	11%	64%	8%	1%	0%
Delivery of medicines to my home	59%	23%	15%	1%	2%	0%
Diabetes screening	50%	38%	8%	1%	2%	1%
Early morning opening (before 9am)	50%	34%	14%	2%	0%	0%
Electronic prescription service	22%	20%	45%	5%	2%	5%
Emergency hormonal contraception (morning after pill)	76%	12%	8%	1%	1%	2%
Flu vaccination service	40%	25%	31%	3%	1%	0%
Health tests, e.g. cholesterol, blood pressure	35%	47%	13%	3%	1%	0%
Healthy weight advice	55%	33%	11%	0%	1%	0%
Late night opening (after 7pm)	44%	41%	9%	4%	0%	2%
Long term condition advice	49%	29%	17%	0%	2%	2%
Medicine use reviews	39%	30%	25%	2%	2%	2%
Access to advice on minor ailments to avoid a GP visit	18%	42%	33%	2%	3%	1%
Prescription dispensing	12%	16%	65%	5%	2%	0%
Private consultation room	23%	24%	47%	4%	1%	1%
Purchase travel medicines	41%	29%	24%	3%	0%	2%
Purchase over the counter medicines	15%	20%	59%	4%	1%	0%
Respiratory Services e.g. inhaler technique	60%	25%	11%	1%	1%	2%
Stop smoking service	83%	10%	2%	1%	2%	2%
Substance misuse service	89%	6%	1%	0%	0%	3%
Sunday opening	42%	38%	15%	3%	1%	2%

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

26. What is your gender?

31% *Male* 69% *Female*

27. What is your age band?

0%	*0-15 years*	14%	*25-44 years*	21%	*65-74 years*
8%	*16-24 years*	39%	*45-64 years*	18%	*75+ years*

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

19%	*Yes - limited a little*	12%	*Yes - limited a lot*	70%	*No*

If yes, please specify any particular requirements when using this service:(33 comments)

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

63%	*English*	1%	*Scottish*	25%	*British*
7%	*Welsh*	0%	*Northern Irish*	0%	*Irish*

3% *Other, please specify (6 comments)*

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

95% *White British/English/Welsh/Scottish/Northern Irish*

3% *Other White (please specify)*

2% *Any other ethnic group (please specify)*

Other White or any other ethnic group (Please specify) (8 comments)

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

3%	*Yes*	97%	*No*

If yes, please specify:(8 comments)

Thank you for your time

Pharmaceutical Needs Assessment Consultation response form

The Herefordshire Health and Wellbeing Board is undertaking a formal consultation on their draft Pharmaceutical Needs Assessment (PNA), co-ordinated by the research and intelligence team at Herefordshire Council. This consultation provides an opportunity to help shape the future of pharmacy services in Herefordshire. We want to make sure that pharmacies that provide high quality services people need and use, and we want to work with pharmacists, patients and customers to improve services that may need improving.

The draft PNA report can be accessed here. Please complete this questionnaire promptly and accurately to ensure that the final PNA report is as accurate and comprehensive as possible, and that it can support you to benefit from excellent pharmacy services in Herefordshire.

All feedback received by the closing date will be collated for consideration by Herefordshire Health and Wellbeing Board. A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how the comments have been acted upon.

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

If you have any queries, need help to complete the questionnaire or would like it in another format or language, please e-mail:researchteam@herefordshire.gov.uk

The questionnaire

1. Do you feel that the purpose of the PNA has been explained sufficiently? (Please refer to section 1 of the PNA for more detail)

Yes *No*

If no, please explain why:

2. Do you agree with the key findings about pharmaceutical services in Herefordshire? (Please refer to section 3 of the PNA for more detail)

Yes *No*

If no, please explain why:

3. Do you feel the information contained within the PNA adequately reflects the current provision by community pharmacies within Herefordshire?
(Please refer to section 3 of the PNA for more detail)

Yes *No*

If no, please explain why:

4.a 4a. Do you agree that the current and future needs of the population of Herefordshire are adequately reflected?

Yes *No*

If no, please explain why:

4.b Do you agree that the current pharmacy provision and services in Herefordshire are adequate?

Yes *No*

If no, please explain why:

5. Are there any pharmaceutical services currently provided that you are aware of that are not highlighted within the PNA?
(Please refer to section 3.2 of the PNA for discussion of current service provision)

Yes *No*

If yes, please let us know which service(s):

6. Do you think that pharmacy services are available at convenient locations and opening times in Herefordshire?

Yes *No*

If no, please explain why:

7. Question for Community Pharmacies only

Has the PNA given you adequate information to inform your own future service provision?

Yes *No*

If no, please explain why:

8. Question for NHS England only

Has the PNA provided adequate information to inform market entry decisions?

Yes *No*

If no, please explain why:

9. For all respondents

Is there any additional information that you feel should be included in the PNA?

Yes *No*

If yes, please provide details:

10. Do you agree with the conclusions reached in the PNA?
(Please refer to section 3 in the PNA)

Yes *No*

Please explain:

11. If you have any further comments please let us know in the box below.
(Please reference the section and page in the PNA report).

About you

So that we can understand whether the responses to our questionnaire are representative of the local population and other key stakeholders, we would like you to complete the information below. All information will remain confidential and will not be used for any other purpose.

Please let us know whether you are responding as:

A patient

A health or social care professional

A community pharmacy contractor

A community service provider

A residential home

A nursing care home

On behalf of an organisation, please state which organisation below:

Other, please provide details below:

On behalf of an organisation, please state which organisation:

Other, please provide details:

What is your gender?

Male *Female*

What is your age band:

Less than 16 years *16-24 years*

25-44 years *45-64 years*

65-74 years *75+ years*

Do you consider yourself to have a long term condition or disability as defined under the Equality Act?
(The Equality Act defines a disability as a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities')

Yes *No*

Do you provide care for anyone (e.g. a parent, child, other) who has any form of disability, long-term condition, terminal illness or mental health problems related to old age or other age?

Yes *No*

Are your day to day activities limited because of any health problem or disability which has lasted or is expected to last at least 12 months?

Yes *No*

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

English	*Scottish*	*British*
Welsh	*Northern Irish*	*Irish*
Other (please specify):		

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

White British/English/Welsh/Scottish/Northern Irish

Other White (please specify below)

Any other ethnic group (please specify below)

Other White (please specify)

Any other ethnic group (please specify)

Thank you for taking the time to compete this questionnaire.

APPENDIX H - ANALYSIS OF PNA CONSULTATION RESPONSE where additional comments are recorded

Number	Response Date	Organisation/ Member of Public	Section of PNA	Actual Response	Comment from PNA Steering group	Decisional to amend the PNA? (Y/N)	Date amendment made
1	19/02/2018	Member of the Public	Section 4.2	I would like to collect my hearing aid batteries from a pharmacy on production of my NHS hearing aid record book	Comment noted by the PNA Steering Group but is not within the direct remit of the PNA but comments wil be forwarded to CCG commissioners	No	24/04/2018
2	19/02/2018	Member of the Public	Section 3.2	Bromyard has only 1 pharmacy now and a dispensing GP Practice. The Pharmacy is small and could do with moving to New premises or have another Chemist in the town. The population of Bromyard is growing.	Comment noted by the PNA Steering Group. Provision and conclusions on Bromyard drawn on Page 58.	Yes. Insertion of " There should if necessary be Supplementary Statements" generated to ensure that this is monitored closely within the timeframe of this PNA. Comment added to this effect on Page 58 and Page 61.	24/04/2018
3	08/03/2018	A patient/patient representative	Section 4.1	My dispensing practice does not have access to a pharmacist or pharmacy products. They will not send a prescription electronically to a pharmacy	Comment noted by the PNA Steering Group. See Point of Information below. .	Yes: Amendment made to pages 45 and 48: "There is a need to ensure that all patients know that they have choice of where their prescriptions are	24/04/2018

						dispensed and that IT functionality, paperless prescriptions are currently enabled."	
*__Point of Information__: All patients have the ultimate choice of where their prescriptions are dispensed. Rural dispensing practices are not registered pharmacies; do not have pharmacists providing a pharmaceutical service. To date, it has only been possible to issue an EPS prescription where the patient has nominated a pharmacy or other dispenser. EPS has therefore been most advantageous for patients who receive regular medication and who tend to get their prescriptions dispensed at the same pharmacy most of the time. Under Phase 4 of EPS, prescriptions would be sent via EPS by default, whether a patient has an EPS nomination in place or not. However, where certain criteria are met, a paper prescription would still be used, for example: •when a patient explicitly asks their GP for a paper prescription; or •when the medicine being prescribed is not listed in the NHS list of medicines (dm+d). Dispensing practices are able to send prescriptions electronically to a pharmacy of the patient's choice. Choice of where prescriptions are dispensed should be open and transparent so all patients are clear on their options							
4	09/03/2018	A dispensing doctor provider		No additional comments made			
5	12/03/2018	A community pharmacy contractor	Section 4.1	I feel it needs to be reviewed about dispensing doctors in rural areas are not open on weekends resulting in other community pharmacies potentially having to pick up the 'brunt' of this and referring to NHS 111 for emergency supplies.	Comment noted by the PNA Steering Group. Comment added to Page 48 that currently no dispensing practices are open on Saturdays/ Sundays.	Yes- amendment to Page 48 to this effect.	24/04/2018
6	12/03/2018	A community pharmacy contractor continued	Section 4.1	Not in relation to a specific section however as a central based community pharmacy it has been made aware to us that other community pharmacies may not be fulfilling their full NHS pharmacy contract therefore resulting in more work being placed on top of other pharmacies. The matter i am	Comment noted by the PNA Steering Group. The community pharmacy NHS contract is held and managed by NHS England who will quality assure pharmacy services. Patient are required to be assessed before provision of medicines within MDS trays and are required to respond	No	24/04/2018

				raising is about MDS trays and Lymphoedema products.	promptly to presentation of prescriptions for dispensing.		
7	17/04/2018	A patient/patient representative		No additional comments made			
8		Dispensing Doctor Representative	Section 4.1	We currently don't provide a delivery service but are certainly investigating and currently carrying out a business development plan to see if we can provide one in the future. We aren't currently using EPS but that is not by choice - the current model available is not suitable for dispensing practices and we could not uphold our business if we were to switch to the current model. It would not save any time as nothing would happen and we would still have to print out the scripts for patients to take away. We take receive advice from the Dispensing Doctors Association who are trying to get a viable model for dispensing doctors. Patients have the choice of where to take (inc us posting to a pharmacy) their prescription to.	Comment noted by the PNA Steering Group. The intention of the PNA is to identify access to pharmaceutical services and if there are any gaps. Home delivery is a non- NHS service. An aim of the PNA is to review access to pharmaceutical services (incl. dispensing, not financial viability).	No	24/04/2018
9		Dispensing Doctor Representative continued		Need for more pharmacies in the South but Ledbury is included in this- it is in the East.	Page 61. Brackets around Hereford City (South of the River Wye) will reduce the potential to mis-read this statement	Yes	24/04/2018

10		Dispensing Doctor Representative continued		Ledbury is not South of the Wye, it is East (included in conclusions as South). This concerns those of us (especially dispensing doctors) who are South. I do not feel that there is adequate provision for any more pharmacy services to be available in the South region as the current model stands. We understand that Ross on Wye is South and there are building developments, but Bromyard and Ledbury aren't part of the South region.	Page 61. Brackets around Hereford City (South of the River Wye) statement will reduce the potential to mis-read this statement	Yes	24/04/2018
11	23/04/2018	**Herefordshire PNA --- Herefordshire & Worcestershire LPC Feedback**		Generally, well received and very detailed.	Comment noted by the PNA Steering Group.		24/04/2018
12		ditto		*P28 – number of pharmacies* per 100,000 population– due to large number of dispensing practices that 'supplement' these numbers - might be useful background to have a map with the pharmacies and surgeries on and mark which are dispensing practices – we note that this has been recognised that the maps and dispensing numbers need updating and any revisions made accordingly.	Comment noted by the PNA Steering Group. Map inclusion on where both pharmacies and dispensing practices is included on Page 33 Second point refers to "maps and dispensing numbers" and the need to update the Determination of Rurality by NHS England which is noted in the document as observed by the respondent	No	24/04/2018

13		ditto		Page 57 - We envisage that with this proposed population increase there would not indicate the need for additional pharmacy sites for Herefordshire City. There is capacity to both manage the increase in housing proposed and a centralisation of a number of City practices in this development timescale of which indicates completion by early 2020	Comment noted by the PNA Steering Group.	Yes Page 57 - re- worded and re-position conclusions for City locality to read better (but no different conclusion reached).	24/04/2018
14		ditto		It should be highlighted that this shows no gaps in Pharmacy provision with current population being served and relocation of surgeries within Hereford City will not impact on this.	Comment noted by the PNA Steering Group.	Yes Page 57 - re- worded and re-position conclusions for City locality to read better (but no different conclusion reached).	24/04/2018
15		ditto		*P98 Conclusions... Additional Pharmacy provision needed* – Please clarify how the additional provision was determined re ROTA – is this on top of what NHSE commission or referring to the late notification and previous issues?	We believe this relates to comment on Page 61 and page 98 which are amended for better alignment. There is a need for NHS England to be mindful of the potential additional pharmacy rota on the minor Bank Holidays which are not currently commissioned in the 2 market towns i.e. May and Spring Bank, August Bank Holidays.	Yes: Clarification made to pages 61 and 98	24/04/2018

16		ditto		Ledbury situation could be a clearer – reference to supplementary statements if needed between PNAs. The number of houses planned is small and should not impact on service provision.	Comments and conclusions are made on pages 58 and 98 respectively.	Yes: Additional statement included on page 58 and 98 " There will be a need to monitor Ledbury Housing growth and produce Supplementary statement to this PNA" to further define whether the existing 2 pharmacies continue to meet the needs of the population noting the expected housing growth for this market town which proportionally than the other market towns and Hereford City."	24/04/2018
17		ditto		Opening Hours and other information is available on DoS and NHS Choices – where else would be useful? CCG or LPC websites potentially as long as kept up to date – NHSE accountability.	Page 98: Commissioners and Providers of Services need to co-ordinate with each other to ensure that patient facing information whether through e.g. CCG website/ Council WISH website provide up to date summaries of information on services.	Yes p.98 sentence re- written to this effect	24/04/2018
18		ditto		*7 day opening* - Currently we are not made aware through this exercise of any patient complaints in accessing medicines in a timely manner. What is the expectation and any increase would need to be funded?	Comment noted by the PNA Steering Group. Any developments in this respect would be discussed between Commissioners and LPC.	No	24/04/2018

19		ditto		P99 --- stop smoking Needs to be updated based on change to Contract to supply only	Page 99. Since production of DRAFT status Herefordshire Council have published commissioning intentions to support patients to stop smoking through a targeted population approach. Behavioural support service has been de-commissioned from community pharmacies. The PNA steering group would observe that the new outcome measures need to be monitored closely and community pharmacy as a provider need to be re-examined within the timeframe of this PNA when further outcomes are known.	Yes . Amendment made to Page 78 ,79 and 99 to this effect but remain regarded as "Essential"	24/04/2018
20	19/04/2018	A health or social care professional		a) Housing developments needs should be more closely addressed b) More free EHC needed 24/7 no restricted services depending on pharmacist	a) Comment noted by the PNA Steering Group. b) Whilst EHC formulations are legally classified as "POM" or "P" pharmacy only then the legal requirement is that they are sold or provided free of charge under the professional supervision of the pharmacist. Closure of the Walk in Centre, provision through current sexual health provider and community pharmacy activity is currently being collated to ensure access is not reducing and closely matches population need.	No	24/04/2018
21	23/04/2018	A community pharmacy contractor		Agreed on all points			24/04/2018

22	24/04/2018	NHS England		The PNA is fantastic – this is the most thorough I have seen! I think the key messages are appropriately balanced and have no further comments to add bar you may wish to include an "overall conclusions" box near the start summarising findings upfront for quick and easy reference, particularly that access to NHS pharmaceutical services provision is currently adequate to meet the needs of the population and that this is unlikely to change within the next 3 years.	Reference is made to the accompanying Executive Summary which will be published alongside the PNA document.	Yes Specific reference is made to the Executive Summary is now made on Page 3 of the PNA to be read in conjunction with the PNA document.	24/04/2018