

# **Herefordshire Pharmaceutical Needs Assessment 2022**

**Draft for consultation**

**August 2022**

Produced in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013

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## INTRODUCTION

This is the third Pharmaceutical Needs Assessment (PNA) prepared on behalf of the Herefordshire Health and Well-being Board (HWB).

### ***What is a Pharmaceutical Needs Assessment?***

A Pharmaceutical Needs Assessment (PNA) is a process of reviewing pharmaceutical service need and provision within counties in England. The development of this PNA was achieved through various engagement activities to ensure input from key stakeholders (ensuring the 2013 regulations for engagement were met). These activities included:

1. Regular working group meetings
2. Distribution of public questionnaires
3. Distribution of contractor questionnaires
4. Formal consultation with statutory consultees

Local pharmaceutical services are provided by community pharmacies, dispensing doctors and other providers. Details of pharmaceutical service providers were obtained from NHS England and Herefordshire and Worcestershire Local Pharmaceutical Committee (LPC).

The main aim of the PNA is to establish and review the current NHS pharmaceutical services provided to the local population ensuring that they are of good quality, are easily accessible, meet local health and pharmaceutical needs and provide good use of NHS financial resources. The report identifies unmet needs and provides recommendations to the Health and Wellbeing Board and NHS England/Improvement.

The content of PNAs is set out in Regulation 4 and Schedule 1 of The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The minimum content requirements for PNAs are:

1. The pharmaceutical services provided that are necessary to meet needs in the area

2. The pharmaceutical services that have been identified by the Health and Wellbeing Board (HWB) that are needed in the area, and are not provided (gaps in provision)
3. The other services that are provided, which are not needed, but have secured improvements or better access to pharmaceutical services in the area
4. The services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services
5. Other NHS services provided by a Local Authority (LA), NHS England, a CCG or a NHS Trust, which affect the needs for pharmaceutical services
6. Explanation of how the assessment has been carried out (including how the consultation was carried out)
7. Maps of pharmaceutical service providers

### ***Roles and responsibilities***

The responsibility for producing PNAs transferred from Primary Care Trusts (PCTs) to HWBs in 2012. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 state that HWBs must produce their first PNA by no later than 1st April 2015, and every 3 years thereafter. The last Herefordshire PNA was published in March/April 2018. However, in light of the COVID-19 pandemic, NHS England has extended the publication deadline to October 2022.

HWBs became statutory bodies from April 1, 2013. Each LA has a HWB. HWBs do not commission services directly but oversee the system for local health commissioning. The HWB must produce a Joint Health and Well-being Strategy (JHWS) based on the findings of a local Joint Strategic Needs Assessment (JSNA). The JSNA also informs the preparation of the PNA.

The HWB has delegated responsibility for the development of the PNA to a working group. Members include representatives of:

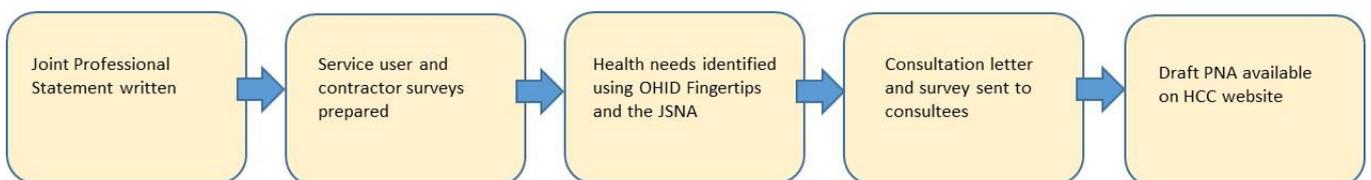
- Herefordshire County Council (HCC): Responsible for ensuring that services the Council provides meet the needs of residents and those who work in the county.
- NHS England West Midlands Region: NHS England is responsible for commissioning services under the national community pharmacy contract, for determining applications

for pharmacy contracts, the commissioning of enhanced services for pharmacy, contract monitoring, pharmacy opening hours and Electronic Prescription Service (EPS) support.

- Herefordshire and Worcestershire Local Pharmaceutical Committee (LPC): This is the local statutory representative committee (LRC) representing community pharmacies in Herefordshire and Worcestershire, working with others to improve the quality of health and well-being of the people in the two Counties.
- Herefordshire Local Medical Committee (LMC): LMCs are statutory representative committees of general practitioners (GPs) who plan and provide health care in the community.
- Clinical Commissioning Groups (CCGs): Formerly had responsibility for planning and commissioning health services.
- Local Professional Networks (LPNs): The LPNs are intended to provide clinical input into the operation of NHS England West Midlands Region and local commissioning decisions. They help to develop the community pharmacy role in supporting self-care, managing long term conditions, promoting medicines optimisation and developing services commissioned locally by local authorities and CCGs and highlighting inappropriate gaps or overlaps.
- Healthwatch Herefordshire: Healthwatch Herefordshire is the independent consumer champion for the public, patients and users of health and social care services in Herefordshire.
- For a full list of members and the Terms of Reference of the PNA working group see Appendices 1 and 2.

### ***The Process of PNA Development***

**Figure 1: Process of PNA Development**



Part A of the PNA presents current pharmaceutical service provision. Part B looks at local health needs and priorities. Part C considers the summary of current provision of pharmaceutical services alongside the health needs of the population and identifies where needs could be met by the development or extension of existing pharmaceutical services. In this way, the PNA informs the planning and commissioning of future services.

**Relevant policy framework and strategic direction**

A number of national strategies, frameworks, guidelines and local priorities support pharmacy involvement in meeting the population health needs that will be described in Part B. These are summarised in table 1.

**Table 1: Relevant policies and strategies**

National strategies and frameworks	Key points
Community Pharmacy Contractual Framework 2019-24	Describes new services which will be offered through community pharmacy  Underlines the critical role of community pharmacy as an agent of improved public health and prevention
NHS Long Term Plan (NHS LTP)	Focusses on 5 areas: <ul style="list-style-type: none"> <li>- <b>A new service model for the 21st century</b> (Pharmacists able to support the timely discharge of patients from hospital through the Discharge Medicines Service to help hospital flow and bed capacity)</li> <li>- <b>More NHS action on prevention and health inequalities</b> (Local pharmacies actively promote healthy lifestyle initiatives on priority areas such as smoking, obesity, and alcohol, alongside prescription-linked support)</li> <li>- <b>Further progress on care quality and outcomes</b> (Pharmacists can support early detection of serious conditions and improved survival by signposting patients to appropriate services)</li> <li>- <b>NHS staff will get the backing they need</b> (Pharmacies can serve as training locations for pharmacy students and newly qualified pharmacists)</li> </ul>

	<ul style="list-style-type: none"> <li>- <b>Digitally-enabled care to go mainstream across the NHS</b> (Pharmacies support the NHS LTP through repeat dispensing, most of which is carried out by the Electronic Prescription Service)</li> <li>- <b>Taxpayers' investment to be used to maximum effect</b></li> </ul>
Pharmacy Integration Fund	<p>The pharmacy integration programme will pilot and evaluate new services with the intention of incorporating them into the national framework depending on pilot evaluations</p> <p>Priorities are determined by the NHS LTP</p>
NICE guideline: community pharmacies, promoting health and wellbeing (2018)	<p>Encourages partners to consider:</p> <ul style="list-style-type: none"> <li>- Work to help all community pharmacies become health and wellbeing hubs</li> <li>- Overarching principles of good practice for community pharmacy teams</li> <li>- Awareness raising and providing information, advice and education, behavioural support (based on relevant NICE guidance)</li> <li>- Referrals and signposting</li> </ul>
<b>Local strategies and priorities</b>	<b>Key points</b>
Integrated Care System strategy	<p>The ICS has 4 core objectives:</p> <ul style="list-style-type: none"> <li>- To ensure healthier, well connected and more resilient communities with targeted support to reduce health inequalities and inequities, preventing ill health</li> <li>- To provide high quality services through improving access to clinically effective treatments</li> <li>- To make the best use of resources, being exemplar employers and strengthening the local economy by employing local people, and investing in local businesses wherever possible</li> <li>- To promote a healthier physical environment, reducing our carbon footprint through positive action around our buildings, working practices and digital transformation</li> </ul>
Herefordshire Joint Health and Wellbeing Strategy (JHWS) 2017 (currently being updated)  Joint Strategic Needs Assessment (JSNA) 2017	<p>The Health and Wellbeing Board identified four priorities based on the 2017 JSNA:</p> <ul style="list-style-type: none"> <li>- Giving our children a good start in life by maintaining a healthy weight and looking after their teeth.</li> </ul>

Joint Strategic Needs Assessment (JSNA) 2021	<ul style="list-style-type: none"> <li>- 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.</li>   <li>- Supporting the development of resilient communities, where people help each other to remain independent and in control of their own lives.</li>   <li>- Keeping people warm so they are less likely to develop enduring health problems and become acutely ill when it is cold.</li> </ul>
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***Information to be contained in pharmaceutical needs assessments (Regulations 2013)***

NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (reg.4, schedule 1) provisions require certain assessments to be made within the PNA. These are described in the following summary statements:

**Statement 1: Current provision of necessary services**

A statement of the pharmaceutical services that the HWB has identified as services that are provided:

- In the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- Outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services)

It has been assessed that there is currently sufficient provision of pharmacies and dispensing GP practices in Herefordshire, delivering essential pharmaceutical and dispensing services. There are 27 pharmacies and 10 dispensing GP practices, serving a mixed urban and rural population of 193,615 people (ONS 2020 mid-year estimate). This equates to one pharmacy per 7,171 people, compared to the England average of one pharmacy per 5,056 people. When GP dispensing practices are included the gap with England is reduced, with one contractor per 5,233 people compared to one contractor per 4,605 people in England.

### **Statement 2: Gaps in provision of necessary services**

A statement of the pharmaceutical services that the HWB has identified as services that are not provided in the area of the HWB but which the HWB is satisfied:

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

Travel time analysis indicates good access to services by car (the entire population lives within a 20-minute journey by car to a pharmacy or GP dispensing practice) but poorer access on foot or by public transport, particularly in more rural areas. On Sundays 7 of the 27 pharmacies in the county are open.

### **Statement 3: Current provision of other relevant services**

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

- In the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- Outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- Inside or outside the area of the HWBB and, whilst not being services of the types described here, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area

With respect to Advanced Services, based on pharmacy survey results (covering 61% of pharmacies), 2 pharmacies provide appliance use review service and stoma appliance customisation and this is linked to contractor supply issues and so further analysis is not possible at this stage. Nearly all responding pharmacies indicated that they provide a Community Pharmacist Consultation Service (CPCS), which includes the Urgent Medicines Supply Service" where there is an urgent need for a supply of regular repeat medicines; flu vaccination service and New Medicine Service.

Most of the pharmacies reported that they would provide the advanced, additional, disease specific, screening and vaccination services if they were to be commissioned.

#### **Statement 4: Improvements and better access, gaps in provision**

A statement of the pharmaceutical services that the HWB has identified as services that are not provided in the area of the HWB but which the HWB is satisfied:

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

This assessment identified the following services to be considered for commissioning, based on the health needs of the Herefordshire population:

- Weight management
- Behavioural support for smoking cessation in conjunction with pharmacotherapy support for patients. It should be noted that NHS England plan to commission a Smoking Cessation Service on discharge from hospital as well as a community based offer for patients to stop smoking. These need to be considered together in order to, as a system,

influence and promote delivery of stop smoking services from pharmacies to ensure sufficient capacity and patient choice.

- Diabetes prevention initiative
- NHS Health Checks, which are currently only available at GP practices, and therefore only available for those who are registered with a GP.

### **Statement 5: Other NHS services**

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

- The need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- Whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area

Locally commissioned Services include:

NHSE Extended Care – NHS England and Improvement (NHSE&I) Midlands has extended the Local Enhanced Service (LES) agreements for Tier 1 and 2 of the Extended Care Services for the financial year 2022/2023. The service will be provided through Community Pharmacies contracted to NHSE&I Midlands Region who have signed this local enhanced service agreement.

Herefordshire County Council commissions the following services from local designated pharmacies:

- Needle and Syringe Exchange (through Turning Point)
- Supervised Methadone and Buprenorphine Consumption, Needle Exchange, Naloxone (through Turning Point)
- Emergency Hormonal Contraception (under Patient Group Direction (PGD) through the Herefordshire sexual health services provider, Solutions 4 Health, who have an SLA in place for each pharmacy delivering EHC for which they are reimbursed by the provider.

Herefordshire and Worcestershire CCG commissions the following services:

- Herefordshire Worcestershire Community pharmacy palliative care medicines hubs
- Urgent Access Medicines Scheme

- Access to Antiviral medicines for outbreaks of flu in the out of season period
- Support for the safe management of medicines in quarantine/ isolated settings
- Transportation of COVID-19 vaccines within NHS Herefordshire and Worcestershire ICS

Analysis indicates adequate provision of most services across the county (see Section A). There are some areas currently under development or consideration where progress will be welcome. These include: hypertension case-finding (which is currently not available in North and West PCN;) needle and syringe exchange (only one pharmacy is providing this in Hereford City although this pharmacy is open 7 days a week;) and sharps disposal (not currently commissioned in Herefordshire pharmacies but being explored regionally in order to develop a more accessible, appropriate service for patients with a need for a quantitative system approach to understanding how much of medicines waste and sharps waste is safely and appropriately disposed of for which pharmacies can play a part.

The pharmacy survey indicated that most pharmacies would be willing to provide the following additional services if commissioned: Chlamydia Testing Service, Chlamydia Treatment Service, Not Dispensed Scheme, Gluten Free Food Supply Service (not via FP10), NHS Health Check (Vascular Risk Assessment Service), Healthy Start Vitamins, Schools Service, prescriber Support Service and Phlebotomy Service.

#### **Statement 6: How the assessment was carried out**

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

- How the localities were determined;
- How it has taken into account (where applicable) the different needs of different localities in its area, the different needs of people in its area who share a protected characteristic, and a report on the consultation that it has undertaken.

The 2022 PNA has assessed pharmaceutical needs and service provision within Herefordshire at county and PCN level where possible. Needs of different PCNs have been considered where

possible, and information has been reported on protected characteristics. A consultation report summary will be included in the final version of this PNA.

**Statement 7: Map of provision**

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

Part B contains maps showing pharmaceutical services in relation to travel times and rurality.

## PART A

Part A comprises the following elements:

1. Current Herefordshire pharmacy and dispensing practice coverage and travel times
2. NHS pharmaceutical services

***Current Herefordshire pharmacy and dispensing practice coverage and travel times***

This sub-section contains tables and maps to illustrate pharmacy and dispensing practice coverage and travel times for the Herefordshire population. Strategic Health Asset Planning and Evaluation (SHAPE) has been used to produce maps showing various travel times to pharmacies and dispensing practices in Herefordshire. SHAPE is a web-enabled, evidence-based application that informs and supports the strategic planning of services and assets across a whole health economy. SHAPE is managed by the Office for Health Improvement and Disparities (OHID) within the Department of Health and Social Care. For each map provided, the areas shaded in green have access to a pharmacy or dispensing practice within each time period stated. Each number represents the total number of pharmacies/dispensing practices within that geographical area.

Table 2 shows population coverage for pharmaceutical services by Primary Care Network (PCN). Herefordshire has 27 pharmacies, providing an average of one pharmacy per 7,171 people per pharmacy, compared to 5056 in England. When GP dispensing practices are included the gap with England is reduced, with an average of one contractor per 5,233 people compared to 4605 in England. North and West PCN has the lowest population per contractor (facilitated by the presence of dispensing practices), and South and West PCN has the highest population per contractor. Complete lists of pharmacies and dispensing practices in Herefordshire are provided in appendix 3 and 4. It should be noted that 3 of the 10 dispensing practices have more than one branch:

- Mortimer Medical Practice has two branches; Leintwardine & Orleton
- Weobley Surgery has one branch: Staunton-On-Wye
- Golden Valley Practice has one branch: Peterchurch

**Table 2: Pharmaceutical service population coverage by Primary Care Network**

				2020 Mid-Year Estimates	
Primary Care Network	Pharmacies	Dispensing Practices	Total Contractors	Population per pharmacy (England=5056)	Population per contractor (England=4605)
East	4	2	6	7,461	4,974
Hereford City	15		15	5,438	5,438
North and West	5	4	9	8,391	4,662
South and West	3	4	7	13,413	5,748
<b>Total</b>	<b>27</b>	<b>10</b>	<b>37</b>	7,171	5,233

*Travel time by car*

**Table 3: Population within 5/10/15/20 minutes travel time by car to pharmacies/dispensing practices within Herefordshire**

Travel time by car	Estimated Herefordshire population with access to a community pharmacy	Estimated Herefordshire population with access to a community pharmacy or dispensing practice
5 minutes	111,617 (58%)	128,878 (67%)
10 minutes	156,439 (81%)	176,899 (91%)
15 minutes	180,199 (93%)	188,477 (97%)
20 minutes	186,860 (97%)	193,615 (100%)

**(Based on ONS 2020 mid-year estimate, total population 193,615)**

According to this analysis, the whole of the population of Herefordshire live within a 20 minute car journey to a pharmacy or GP dispensing practice. The following maps show the populations within a travel time of 5 or 10 minutes.



Figure 3: 10 minute travel time (car) to pharmacies/dispensing practices within Herefordshire

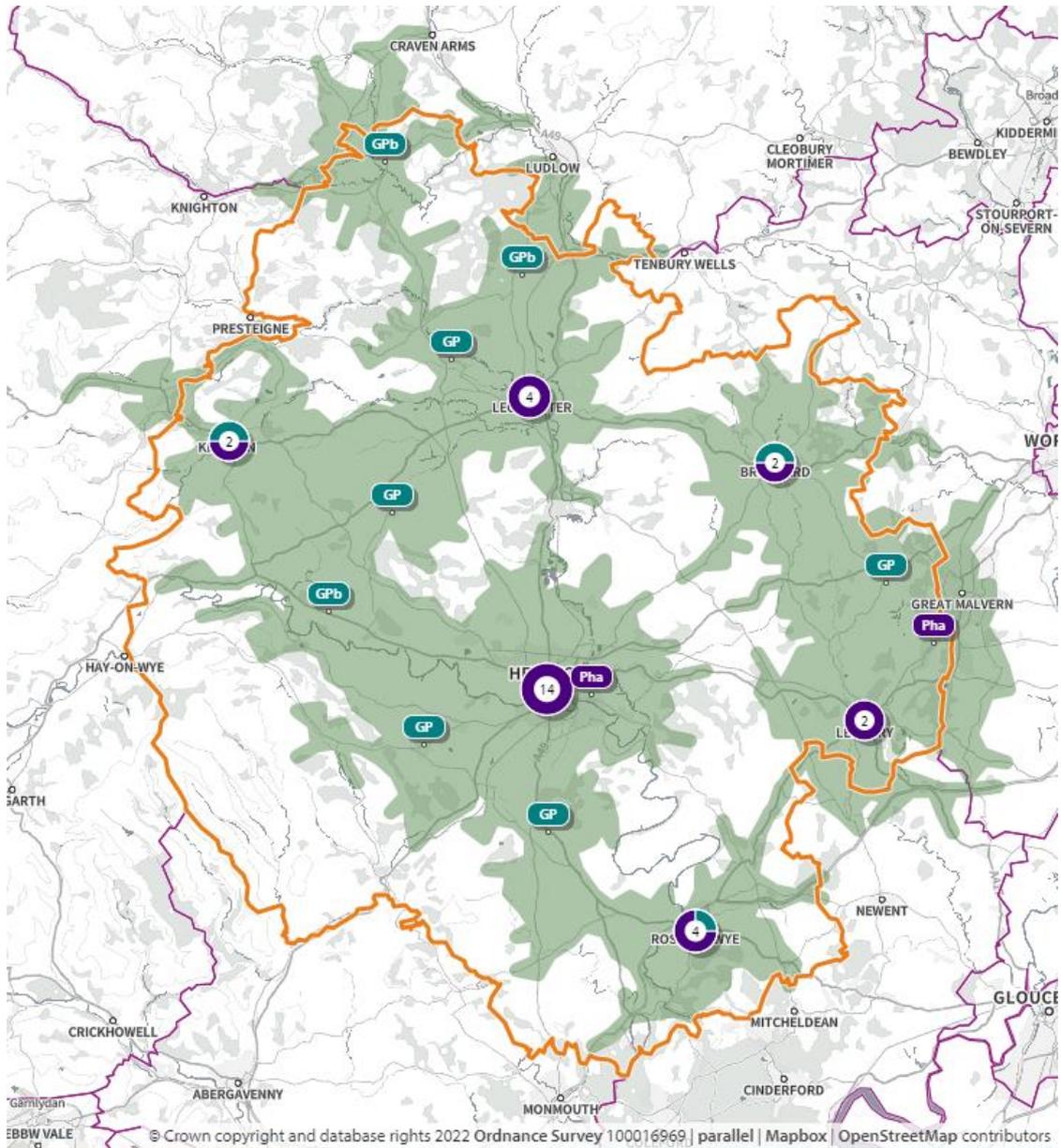
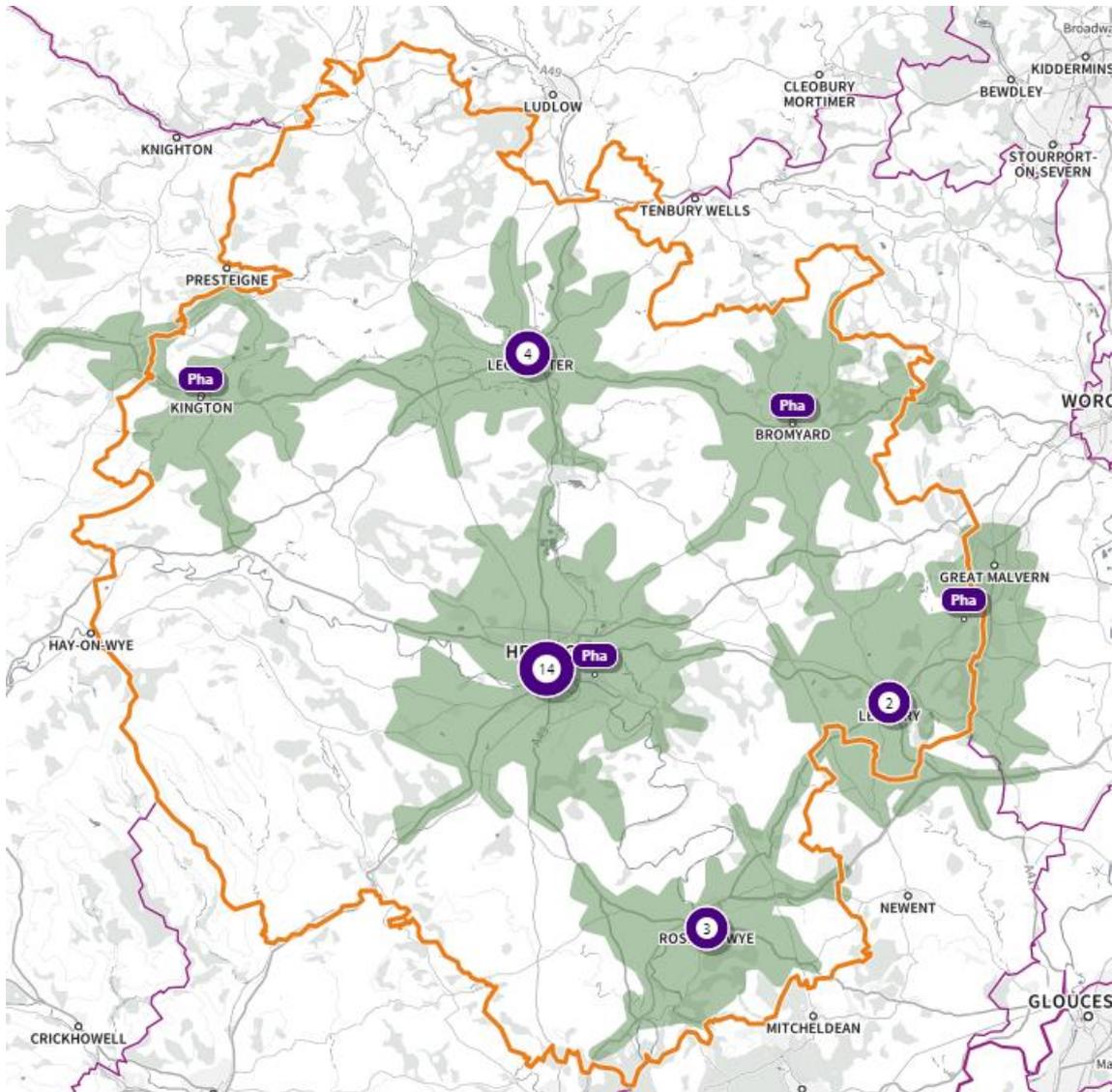


Figure 4: 5 minute travel time (car) to pharmacies within Herefordshire



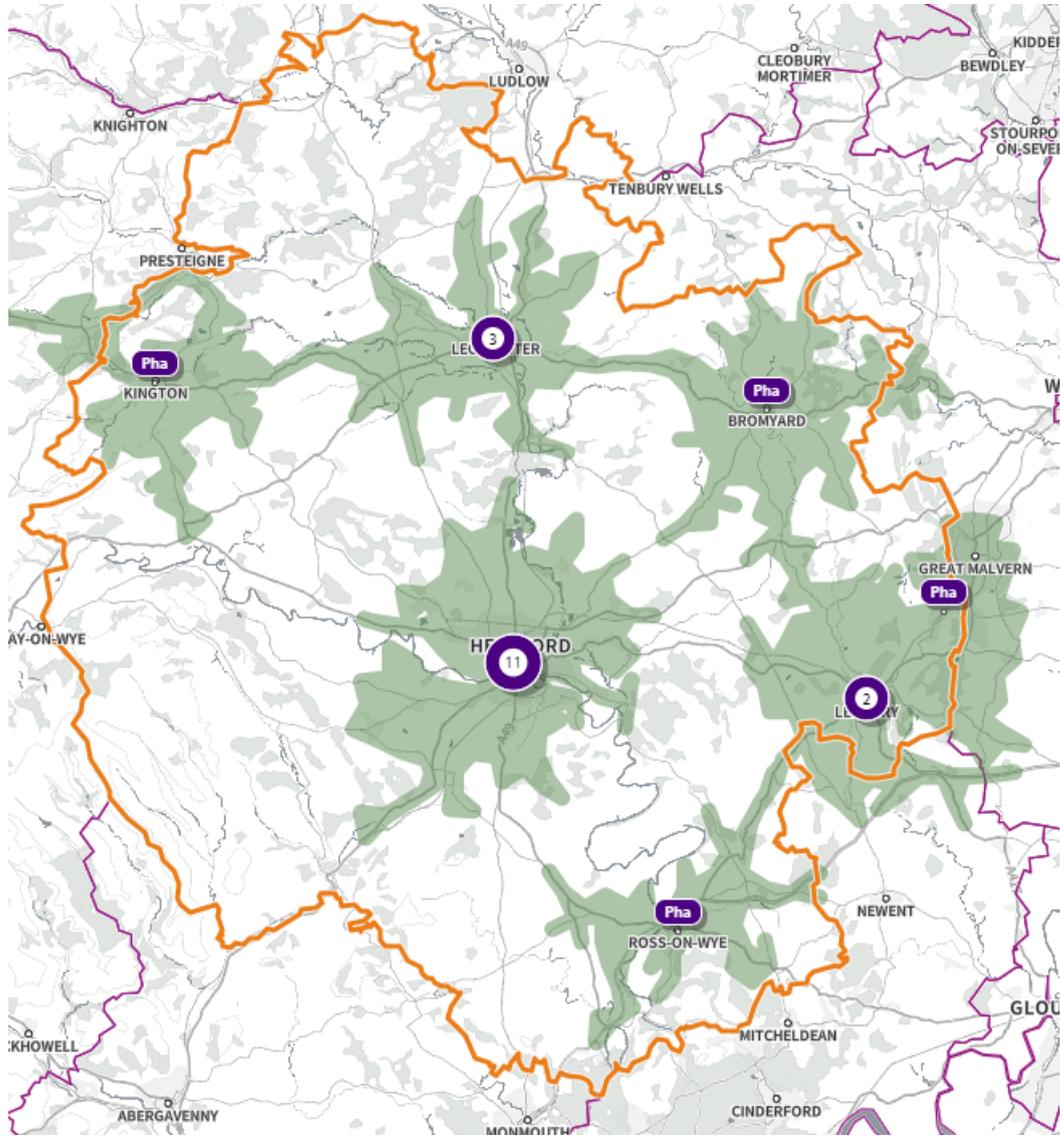
**Figure 5: 10 minute travel time (car) to pharmacies within Herefordshire**



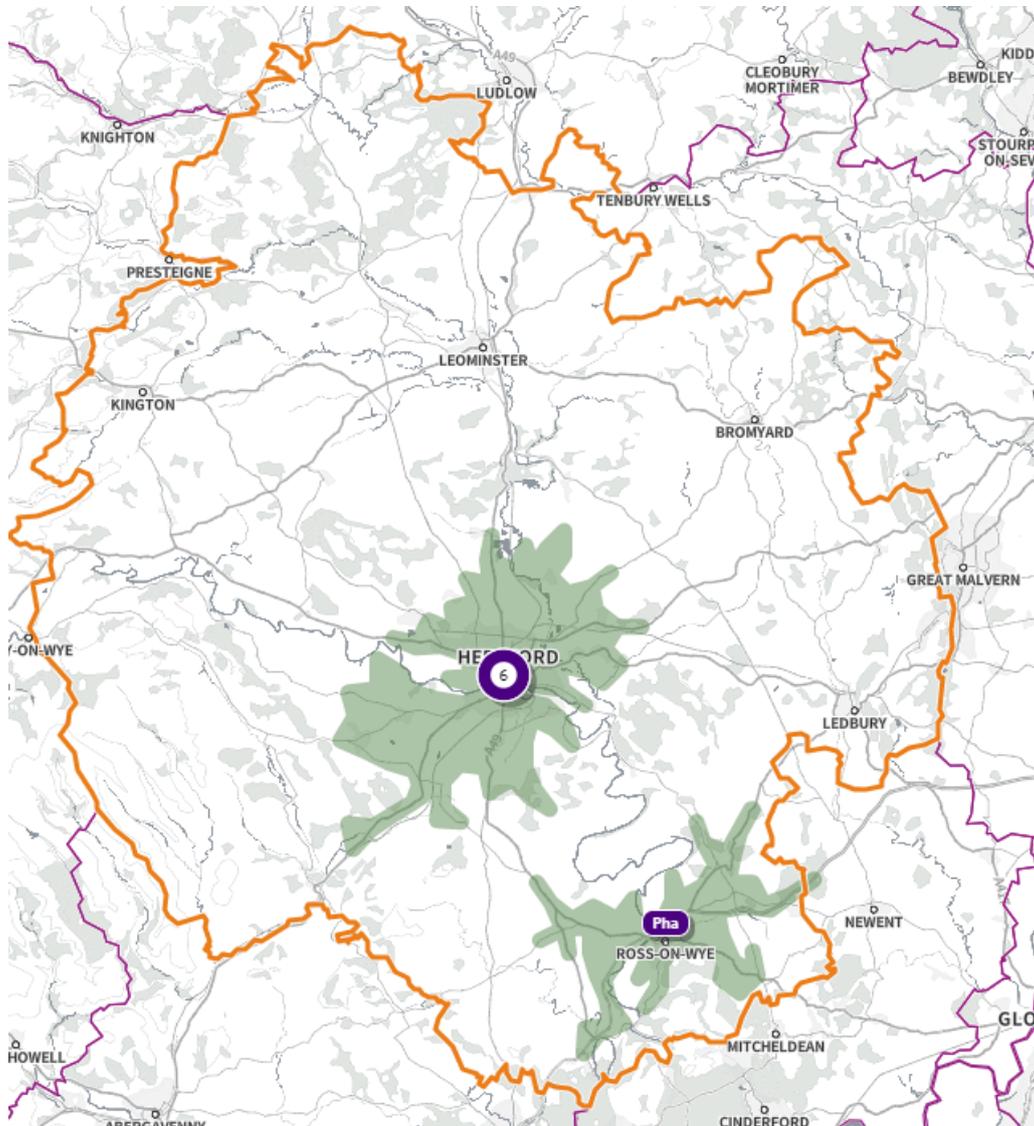
*Weekend travel time by car*

A total of 150,731 (78%) people live within 10 minutes travelling time by car of pharmacies/dispensing practices that open on Saturdays, and 92,914 (48%) on Sundays, compared with 176,899 (91%) during the week.

Figure 6: Pharmacies open on Saturdays within 10 minutes travelling time by car



**Figure 7: Pharmacies open on Sundays within 10 minutes travelling time by car**



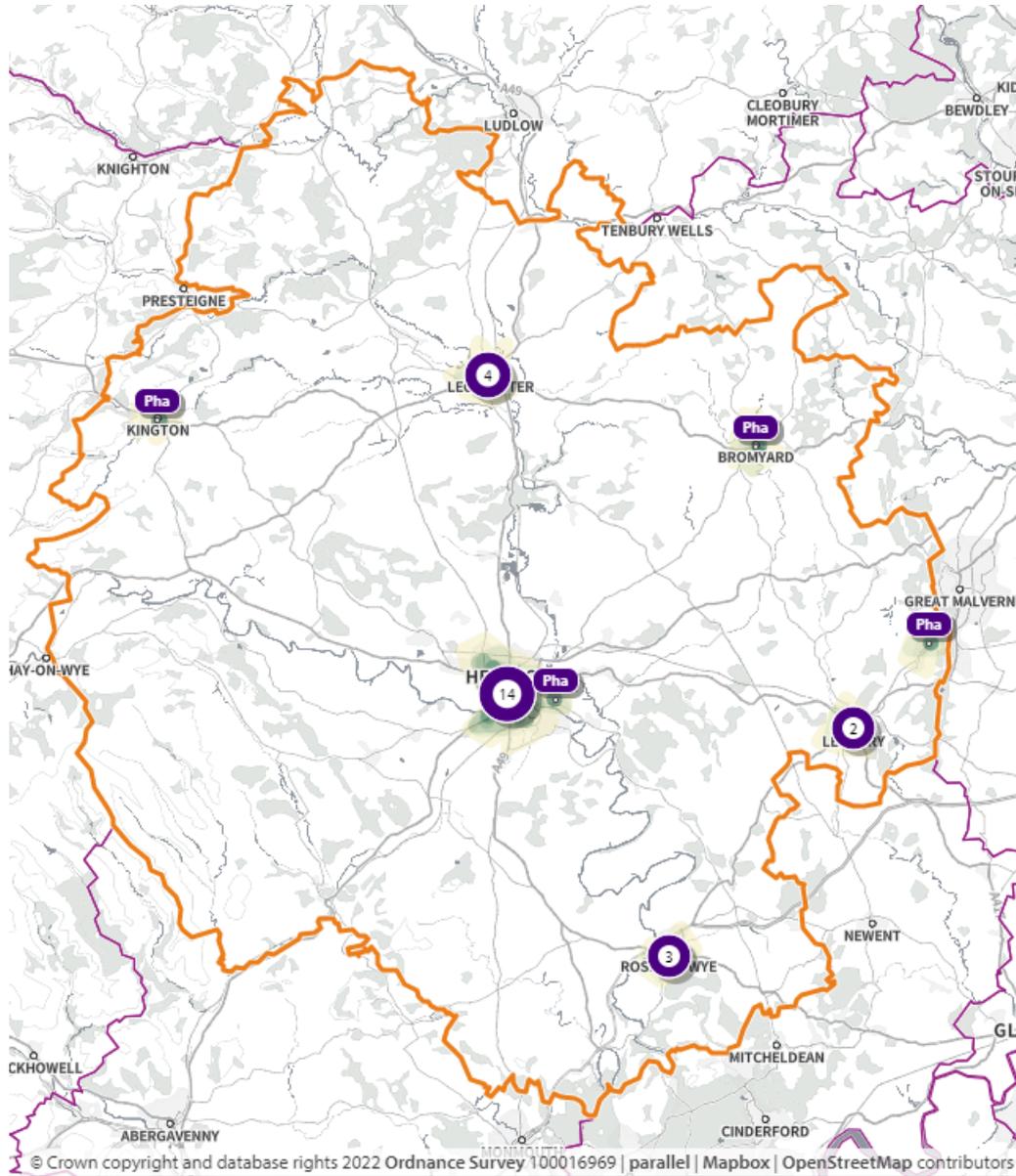
*Travel time on foot*

As one would expect, people living in or around urbanised or town areas generally have the best access to community pharmacy/dispensing practices on foot. Table 4 illustrates the population with access to a community pharmacy within each walk time period. It shows that around 64% of the total population of Herefordshire live within a 30 minute walking distance of a pharmacy of GP dispensing practice.

**Table 4: Estimated population living within 5-30 minute travel time (on foot) to pharmacies and dispensing practices within Herefordshire**

Walk time	Estimated Herefordshire population with access to a community pharmacy	Estimated Herefordshire population with access to a community pharmacy or dispensing practice
5 minutes	42,463 (22%)	53,661 (28%)
10 minutes	69,984 (36%)	81,182 (42%)
15 minutes	101,357 (52%)	113,939 (59%)
20 minutes	106,094 (55%)	118,676 (61%)
30 minutes	108,814 (56%)	123,523 (64%)

**Figure 8: 5-30 minute travel time (on foot) to pharmacies and dispensing practices within Herefordshire**



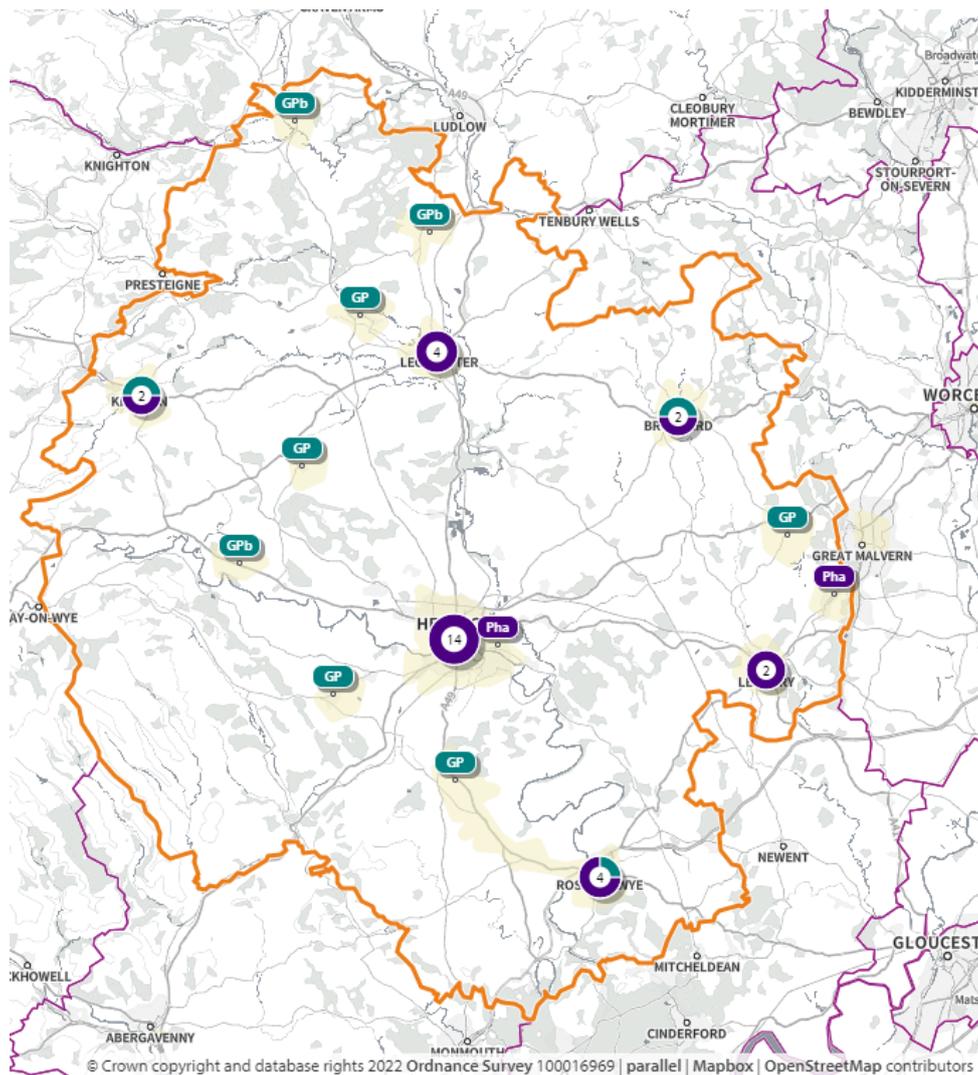
*Travel time by public transport*

Table 5 shows the population that can travel by public transport within 20-45 minutes on a weekday morning. 66% of the population can access a community pharmacy or dispensing practice within 45 minutes.

**Table 5: 20-45 minute travel time by public transport (weekday morning) to pharmacies and dispensing practices within Herefordshire**

Travel Time	Estimated Herefordshire population with access to a community pharmacy	Estimated Herefordshire population with access to a community pharmacy or dispensing practice
20 minutes	106,094 (55%)	118,676 (61%)
30 minutes	108,814 (56%)	123,075 (64%)
45 minutes	110,493 (57%)	128,619 (66%)

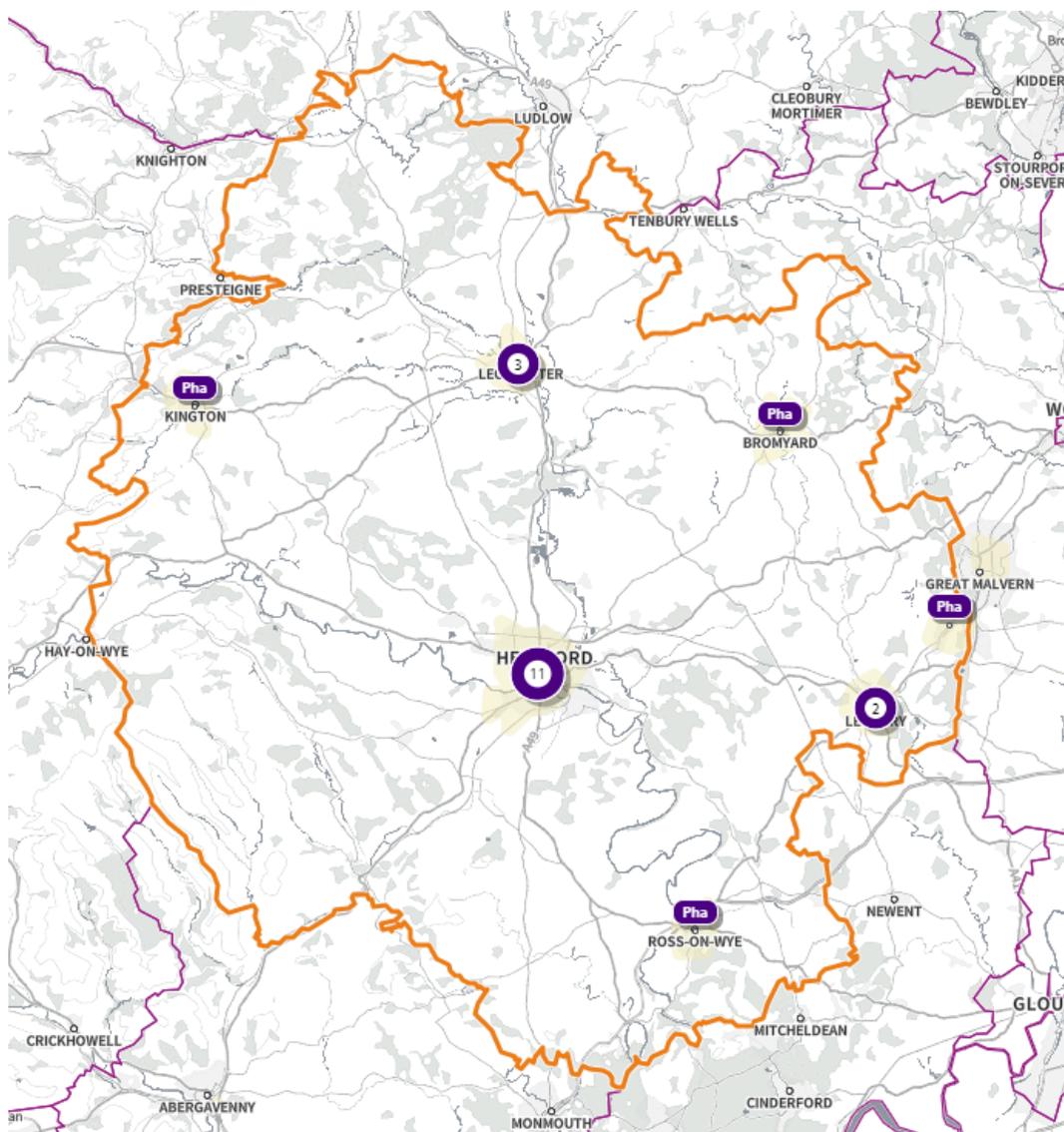
**Figure 9: Up to 30 minute travel time by public transport (weekday morning) to pharmacies and dispensing practices within Herefordshire**



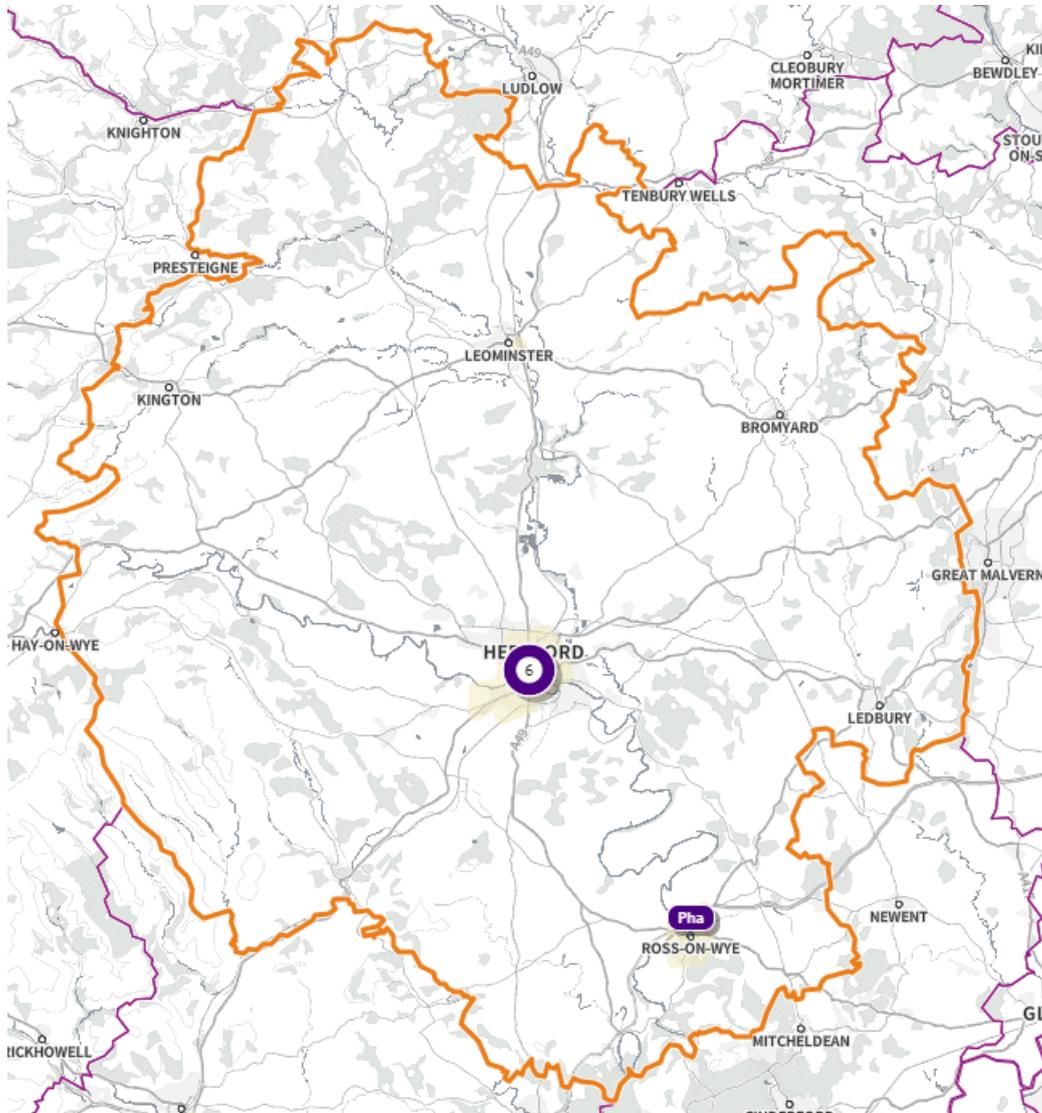
*Weekend travel time by public transport*

A total of 107,342 people live within 30 minutes travelling time by public transport of pharmacies that open on Saturday mornings, and 73,982 on Sunday mornings, compared with 123,075 during the week.

**Figure 10: Pharmacies open on Saturday mornings within 30 minutes travelling time by public transport**



**Figure 11: Pharmacies open on Sunday mornings within 30 minutes travelling time by public transport**

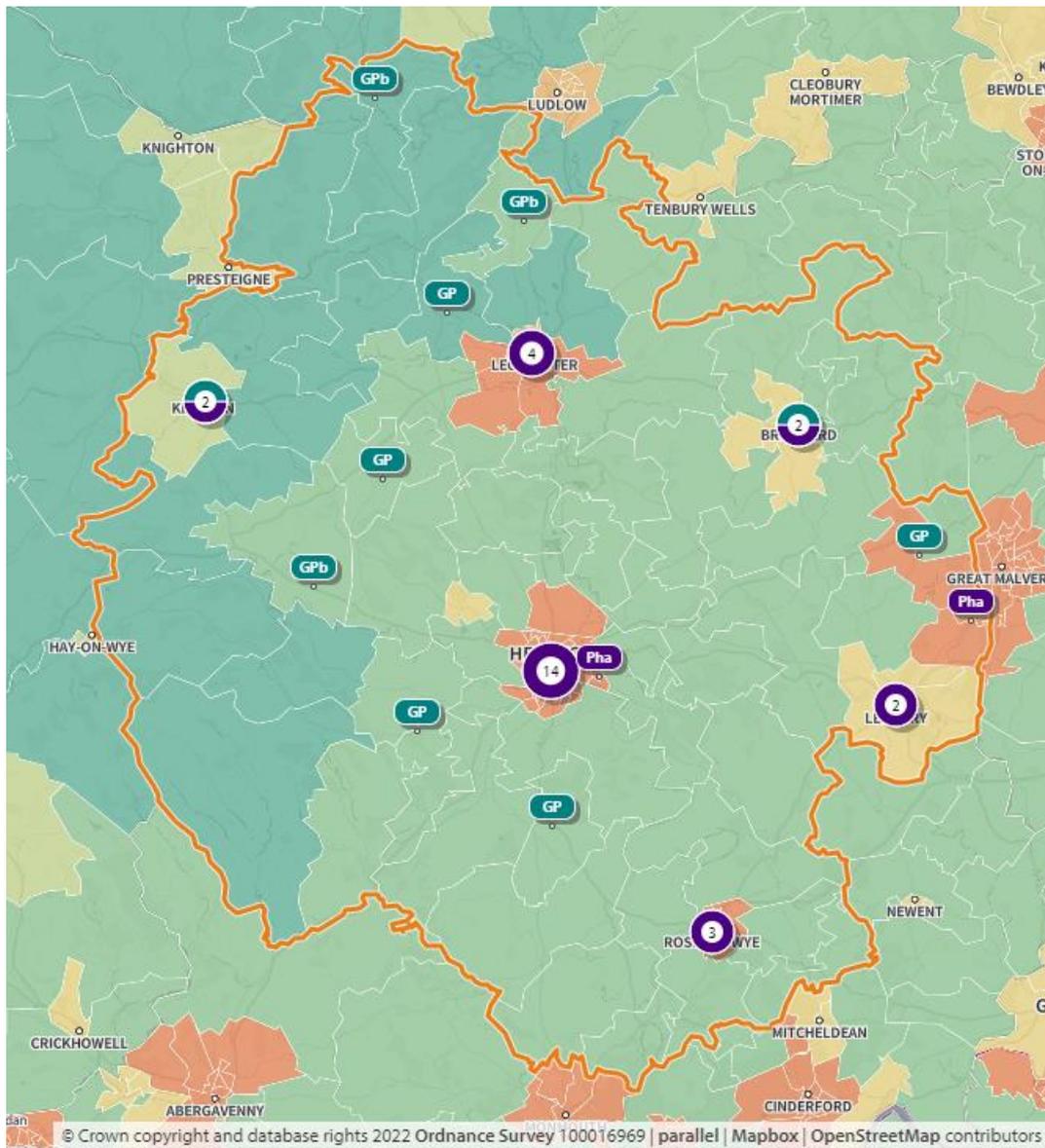


### *Rurality*

Figure 12 illustrates how dispensing practices help to cover the more rural areas of Herefordshire, as community pharmacies tend to be located in more urban areas for dispensing services. For figure 12, rurality has been determined according to the ONS 2011 Rural Urban Classification. The NHS England Determination of Rurality delineate the areas in Herefordshire that are rural in character (also known as ‘controlled localities’). The Rurality Review Regulations

prevent the awarding of community pharmacy contracts unless in exceptional circumstances and enable the provision of dispensing doctors.

**Figure 12: Pharmacy or dispensing practice by urban rural classification**



## ***NHS Pharmaceutical Services***

Pharmaceutical services are provided under arrangements made by NHS England for:

- The provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- The provision of local pharmaceutical services under a Local Pharmaceutical Service (LPS) scheme. The LPS contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements.
- The dispensing of drugs and appliances by a person on a dispensing doctors list

### *Pharmaceutical lists*

If a pharmacist, a dispenser of appliances, or dispensing doctor, wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS “market entry” system.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations, a person who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis.

The following are included in a pharmaceutical list. They are:

- Pharmacy contractors (individuals or companies)
- Dispensing appliance contractors (DACs); appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.
- Dispensing doctors - medical practitioners authorised to provide drugs and appliances in designated rural areas only known as “controlled localities”.

### *Dispensing Doctors*

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 service 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 remotely from a community pharmacy and so dispensing doctors are allowed to dispense prescribed medicines.

### *Distance selling (internet) pharmacies*

Distance selling pharmacies do not have a local presence in the community as they do not have a community pharmacy premises that service users can readily access. They are internet-based and as a result provide a service to users across the country irrespective of the locality in which the pharmacy is based.

A distance selling pharmacy must not provide Essential Services to a person who is present at the pharmacy. However, the pharmacy must be able to provide Essential Services safely and effectively without face-to-face contact with staff on the premises. The pharmacy will receive prescriptions via the post or by electronic means (EPS) and then, after dispensing, will send items via courier or a delivery driver to the patient. The pharmacist can talk to the patient via the telephone. A distance selling pharmacy may provide Advanced and Enhanced Services on the premises, as long as any Essential Service is not provided to persons present at the premises.

### *Dispensing Appliance Contractors*

Dispensing Appliance Contractors supply appliances such as stoma bags and accessories, continence bags and catheters and wound management dressings. They do not dispense medicines.

## ***The Community Pharmacy Contract***

Community pharmacies, still often referred to colloquially as “chemists”, provide pharmaceutical services under the NHS Community Pharmacy Contractual Framework (contract). This consists of three sets of services:

1. **Essential Services**
2. **Advanced Services**
3. **Locally Commissioned and Enhanced Services**

Pharmacies must provide all Essential Services, but they can choose whether or not they wish to provide Advanced and Enhanced services.

Pharmacies nationally are a well-used part of the NHS system at community level. A recent audit by the Pharmaceutical Services Negotiating Committee showed that pharmacies in England provide 65 million consultations a year (PSNC, 2022). More than 1.2 million consultations a week take place in community pharmacies, for advice about symptoms or pre-existing medical conditions.

### ***Essential services***

#### ***Healthy Living Pharmacy***

The Healthy Living Pharmacy (HLP) concept was developed by the Department of Health with the aim of achieving consistent delivery of a broad range of health improvement interventions through community pharmacies, to meet local needs, improve the health and well-being of the local population and to help reduce health inequalities. In 2020/21 as agreed in the 5-year CPCF, it is now an Essential Service requirement for community pharmacy contractors to become a HLP.

HLP is an organisational development framework underpinned by three enablers of:

1. Workforce Development – A skilled team to pro-actively support and promote behaviour change and improve health and wellbeing, including a qualified Health Champion who has undertaken the Royal Society for Public Health (RSPH) Level 2 Award ‘Understanding Health Improvement’, and a team member who has undertaken leadership training.
2. Engagement – Local stakeholder engagement with other health and care professionals (especially general practice), community services, local authorities and members of the public; and
3. Environment (Premises Requirements) – Premises that facilitate health promoting interventions with a dedicated health promotion zone.

The adoption of HLPs marked a significant development for community pharmacy and its contribution to health promoting interventions. The HLP framework aims to improve people’s health, help reduce health inequalities and ensures community pharmacy can continue to contribute to the Government’s ambition of putting prevention at the heart of the NHS, as set out in the NHS Long Term Plan. It provides a mechanism for community pharmacy teams to utilise their local insight and experience in the delivery of high-quality health promoting initiatives. By requiring contractors to have trained Health Champions on site who pro-actively engage in local community outreach within and outside the pharmacy, HLPs have cemented the idea that every interaction in the pharmacy and the community is an opportunity for a health promoting intervention.

The HLP framework is primarily about adopting a change in culture and ethos within the whole pharmacy team. The HLP framework means community pharmacies can supplement their medicines optimisation role with an enhanced commitment to health promoting interventions in the pharmacy setting and engagement in community outreach activities.

### *Dispensing Medicines*

Pharmacies are required to maintain a record of all medicines dispensed and any interventions made which they judge to be significant. The Electronic Prescription Service (EPS) is being

implemented as part of the dispensing service. Patients across England can also now choose to download the NHS App which will allow them to order repeat prescriptions, check their patient record or book and manage GP appointments.

### *Discharge Medicines Service*

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021. This service, which all pharmacy contractors have to provide, was originally trialled in the 5-year CPCF agreement, with a formal announcement regarding the service made by the Secretary of State for Health and Social Care in February 2020.

The DMS is a priority for implementation for the Herefordshire Worcestershire ICS with the potential to achieve significant system savings for those patients who can be followed up by the community pharmacist with their new prescription details and medicines management, following discharge. Patients who receive this service are less likely to be readmitted (5.8% vs 16% at 30 days) and spend fewer days in hospital when they are readmitted (7.2 days on average compared to 13.1 for patients who did not receive the service) (NHS England, 2022).

National Digital Integrated Care System (ICS) monies have funded Hospital NHS Trust Pinnacle Licenses enabling patient referrals for the DMS service. This step is not yet integrated into the hospital discharge systems, and patient information requires manipulation before sending the copy Electronic Discharge Summary (EDS) to the community pharmacy. Therefore, since the benefits of the DMS to the Herefordshire and Worcestershire system are incremental, it is important that secondary care based pharmacy colleagues begin to incorporate this into their discharge processes. The focus should be on discharges for frail patients, those on high risk medicines and those whose primary diagnosis is shown to be a frequent cause of readmission before 30 days.

### *Dispensing Appliances*

Pharmacists may dispense appliances regularly, infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-Part XVIII A listed) medicine “with reasonable promptness”, for appliances, the obligation to dispense arises only if the pharmacist supplies such products “in the normal course of business”.

#### *Disposal of unwanted medicines*

Pharmacies and dispensing services are obliged to accept back unwanted medicines from patients. The local NHS England and NHS Improvement team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

The pharmacy must, if required by NHS England and NHS Improvement (NHSE&I) or the waste contractor, sort them into solids (including ampoules and vials), liquids and aerosols. Additional segregation is also required under the Hazardous Waste Regulations.

#### *Public Health (Promotion of Healthy Lifestyles)*

Each financial year (1st April to 31st March), pharmacies are required to participate in up to a maximum of six national health campaigns at the request of NHSE&I. This generally involves the display and distribution of leaflets provided by NHSE&I. Needs to be clear that this is a total of 6 max as determined by NHSEi nationally. Additional local campaigns may be agreed by the Local Pharmaceutical Council and contractors can participate voluntarily.

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation. Opportunistic one-to-one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing.

Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity. In 2021/22, all pharmacies nationally participated in the following campaigns: Covid-19 vaccination campaign, winter vaccines, smoking cessation and weight management.

### *Repeat Dispensing/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 CPCF.

Under the repeat dispensing service pharmacy teams will:

- Dispense repeat 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 but is only suitable for those patients who are on regular repeat medicines which are not subject to frequent changes for whatever reason.

### *Managed repeats*

The provision of regular medicines to patients is facilitated by a variety of different mechanisms and these repeat medication services offer choice and flexibility to patients. In recent years, there has been much discussion by Clinical Commissioning Groups (CCGs) and general practices around medicines waste and the mismanagement of non-NHS repeat medication services such as “managed repeats”. Whilst a “managed repeats” service is not part of the Essential Services set out in the Community Pharmacy Contractual Framework nor is it in the terms of service, community pharmacy contractors regularly offer this type of service as a matter of goodwill and without charge to their patients, particularly those who are vulnerable, time poor and/or require assistance.

### *Signposting*

NHS England provide pharmacies with lists of sources of care and support in the area. Pharmacies will be expected to help people who ask for assistance by directing them to the most appropriate source of help, for example, other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national support groups.

### *Support for Self-Care*

Pharmacy staff provide advice to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service. Pharmacies help manage minor ailments and common conditions, by the provision of advice and the sale of medicines. This includes assisting referrals from NHS 111. Records will be kept where the pharmacist considers it relevant to the care of the patient.

### ***Advanced Services***

Data for the provision of Advanced Services is currently only available on a Sustainability and Transformation Plan (STP) footprint. It should be noted that the data presented below includes both Herefordshire and Worcestershire pharmacies, with 80% of the pharmacies located in Worcestershire.

During 2022/23, NHSE is requiring a new Smoking Cessation Discharge Service for patients, and this will be a new area for Advanced Services. The NHS Smoking Cessation Service in community pharmacy will allow NHS trusts to refer patients to a pharmacy of their choice so they can receive continuing treatment, advice and support with their attempt to quit smoking when they are discharged. The Smoking Cessation Service connects acute NHS trusts with primary care by using the accessible network and skills available within community pharmacies that have registered to deliver the service.

**Table 6: Activity data for Pharmacy and Appliance Contractors by STP for Advanced Services for April - December 2021, Herefordshire and Worcestershire STP**

Advanced Service	Number of activities - Pharmacy contractors	Number of activities - Appliance contractors
New Medicine Service (NMS) interventions declared	14332	0
Appliance Use Reviews (AURs) conducted in user's home	0	84
Appliance Use Reviews (AURs) conducted at premises	0	57
Stoma Customisation Fees (this service is largely linked to the supplier of choice of these products i.e. through a dispensing appliance contractor but can be provided by a pharmacy)	88	10279
Community Pharmacist Consultation Service (CPCS) Fees	5364	0
Community Pharmacy Hepatitis C Antibody Testing Service Fees	0	0
Community Pharmacy Completed Transactions for Covid-19 Lateral Flow Device Distribution Service	221366	0
Community Pharmacy Clinic Blood Pressure checks	11271 (started Oct 2021)	0
Community Pharmacy Ambulatory Blood Pressure Monitoring (ABPM)	59 (started Oct 2021)	0
Community Pharmacy Seasonal Influenza Vaccination Advanced Service Fees	40203	0
Community Pharmacy Claims associated with initial local engagement in preparation for delivering GP referral pathway of the CPCS	0 (started late 2021, data to follow)	0

**NB: 80% of pharmacies are in Worcestershire**

### *New Medicine Service*

This service provides support for people with long-term conditions (LTCs), who are newly prescribed a medicine, to help improve adherence. It is focused on specific patient groups and conditions and is designed to improve patients' understanding of a newly prescribed medicine. Research has shown that after 10 days, two thirds of patients prescribed a new medicine report problems, including side effects, difficulties taking the medicine and a need for further

information. The New Medicine Service (NMS) has been designed to fill this identified gap in patient need.

The conditions eligible for the service are:

- Asthma and COPD
- Diabetes (Type 2)
- Hypertension
- Hypercholesterolemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation
- Long term risks of venous thromboembolism/embolism
- Stroke / transient ischemic attack
- Coronary heart disease

The service is split into three stages, which are:

**1. Patient engagement** – Following the prescribing of a new medicine for the management of a LTC, patients will be recruited to the service by prescriber referral or opportunistically by the community pharmacy staff.

**2. Intervention** – The pharmacist and patient will have a discussion either face-to-face in the pharmacy's consultation room or via telephone or video consultation. The pharmacist will assess the patient's adherence to the medicine(s), identify problems and determine the patient's need

for further information and support. The NMS intervention interview schedule will normally be used to guide this conversation. The pharmacist will provide advice and further support and where no problems have been identified, will agree a time for the follow up stage, typically between 14 and 21 days after the intervention stage. If problems are identified and it is the clinical judgement of the pharmacist that intervention by the patient's prescriber is required, the issue will be referred to them.

**3. Follow up** – The pharmacist and patient will again have a discussion either face-to-face in the pharmacy's consultation room, or via telephone or video consultation, covering similar areas as in stage 2. The NMS follow-up interview schedule will normally be used to guide this conversation. The pharmacist will provide advice, further support or referral where necessary.

#### *Appliance Use Review (AUR)*

Appliance Use Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation.

AURs should help patients better understand and use any specified appliance by:

1. Establishing the way the patient uses the appliance and the patient's experience of use
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance
3. Advising the patient on the safe and appropriate storage of the appliance; and
4. Advising the patient on the safe and proper disposal of appliances that are used or unwanted

#### *Stoma Appliance Customisation Service (SAC)*

This service involves the customisation of stoma appliances, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

If on the presentation of a prescription for such an appliance, a community pharmacy contractor is not able to provide the service, the prescription must be referred to another pharmacy contractor or provider of appliances. If the patient does not consent to the referral, the patient must be given the contact details of at least two pharmacies or suppliers of appliances who are able to provide the appliance or the stoma appliance customisation service. The local NHS England team may provide this information, or it may be established by the pharmacist.

### *NHS Community Pharmacist Consultation Service (Minor Illness and Urgent Repeat Medicines Supply Pathways)*

Since 2016, the Pharmacy Integration Fund has funded and tested several operational service models throughout England that can be used to enhance a community pharmacy's role in urgent care provision. Using the evidence from these pilots, the Community Pharmacist Consultation Service (CPCS) was commissioned as an Advanced Service from 29 October 2019, with the expectation that additional strands to the service would continue to be tested and developed in the future.

When the service commenced, referrals to community pharmacies were made by NHS 111 or Integrated Urgent Care Clinical Assessment Services (IUC CAS). Further referral routes have been piloted for inclusion in the service and will continue to be developed. In line with the ambitions set out in the NHS Long Term Plan, this service is expected to relieve pressure on urgent and emergency care (UEC), by referring patients to a consultation with a community pharmacist where otherwise they would have attended a GP appointment, GP out of hours appointment or A&E, having run out of regular medicines or requiring support with minor illness. The service will also help to tackle elements of existing health inequalities by providing urgent access to patients who are not registered with a GP.

### *Hepatitis C Testing Service*

The Community Pharmacy Hepatitis C Antibody Testing Service was added to the CPCS in 2020, commencing on 1st September. The introduction of this new Advanced Service was originally trialled in the 5-year CPCS agreement, but its planned introduction in April 2020 was delayed by five months because of the COVID-19 pandemic.

The service is focused on provision of point of care testing for Hepatitis C (Hep C) antibodies to people who inject drugs (i.e. individuals who inject illicit drugs, e.g. steroids or heroin), but who have not yet accepted treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment.

### *Hypertension Case-Finding Service*

The Hypertension case-finding service was commissioned as an Advanced Service from 1st October 2021. The 5-year CPCF agreement included a plan to pilot case finding for undiagnosed cardiovascular disease. In 2020, NHSE&I commenced a pilot whereby pharmacies offered blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24 hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension.

Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of a new Hypertension case-finding service, as an Advanced Service, in the Year 3 negotiations.

Participating Community Pharmacies provide 2 levels of service:

**Stage 1:** Pharmacy "clinic check" – checks those who self-present or are referred to identify people at risk of hypertension

**Stage 2:** Pharmacy 24hour ambulatory blood pressure monitoring (ABPM) for those who require this second stage

#### **Eligibility criteria:**

- Adults  $\geq$  40 years with no diagnosis of hypertension
- By exception, < 40 years with family history of hypertension (pharmacist's discretion)
- Approached or self-requested 35-39 years old (pharmacist's discretion)
- Adults specified by a general practice (clinic and ambulatory blood pressure checks)

**Exclusion criteria:**

- Those unable to give consent, under 40 years old, or people who have their blood pressure regularly monitored by a healthcare professional

**10 Pharmacies in Herefordshire provide this service (1 East Herefordshire, 7 Hereford City, 0 North and West, 2 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 5.**

*Flu Vaccination Service*

Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. Each year (September through to March), the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

During 2020 to 2021, in response to the COVID-19 pandemic, an expanded offer was made which enabled those aged 50 to 64 years to receive the flu vaccine as part of an NHS funded programme. This offer continued for this age group, as a temporary measure, for the 2021 to 2022 programme.

In 2021/22 the following groups were eligible for flu vaccination:

- All children aged 2 to 15 (but not 16 years or older) on 31 August 2021
- Those aged 6 months to under 50 years in clinical risk groups
- Pregnant women
- Those aged 50 years and over
- Those in long-stay residential care homes
- Carers
- Close contacts of immunocompromised individuals

- Frontline health and social care workers (HSCWs) should receive a vaccination provided by their employer

For 2022/23, the NHS flu vaccination programme will only be offered to patient groups eligible in line with pre-pandemic recommendations specifically:

- all children aged 2 or 3 years on 31 August 2022
- all primary school aged children (from reception to Year 6)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over
- those in long-stay residential care homes
- carers
- close contacts of immunocompromised individuals
- frontline staff employed by the following types of social care providers without employer led occupational health schemes:
  - a registered residential care or nursing home
  - registered domiciliary care provider
  - a voluntary managed hospice provider
  - Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants

### ***Locally commissioned services***

Pharmaceutical services for the purpose of a PNA do not include any services commissioned directly from pharmaceutical contractors by LAs or CCGs. However, a decision was made by the PNA Working Group to include in the PNA all additional services that were provided by local pharmacies to provide a complete picture of commissioning and to help guide future local commissioning decisions.

It must be stressed that these services cannot be taken into account when considering applications for entry onto the pharmaceutical list. Such services may have been commissioned locally by CCGs and LAs in order to meet the needs of their population.

#### *Smoking Cessation Pharmacotherapy Service*

This service has been designed to enable NHS trusts to refer consenting patients to a community pharmacy, to continue their smoking cessation treatment. Medication is provided by the pharmacy and behavioural support and support is provided by the Healthy Living Service. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking. The objective is to ensure that any patients referred by NHS trusts to community pharmacy for the Smoking Cessation Service receive a consistent and effective offer, in line with NICE guidelines.

**In Herefordshire, 13 pharmacies currently provide pharmacotherapy via an e-NRT voucher service (2 East Herefordshire, 7 Hereford City, 3 North and West, 1 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 6.**

#### *Sexual Health - Emergency Hormonal Contraception (under Patient Group Directive)*

Accredited community pharmacies currently offer emergency hormonal contraception (EHC). This service provides consultation and a free supply of Levonorgestrel under a Patient Group Directive (PGD). The service aims to reduce the number of unwanted pregnancies and terminations for eligible women aged 13 years and over and also provide advice on STIs and contraception and signposting to other sexual health services. When dispensing EHC, a practitioner is required to discuss long-acting reversible contraception (LARC), ongoing contraception and chlamydia testing at two weeks post unprotected sex.

**14 pharmacies in Herefordshire currently provide this service (3 East Herefordshire, 7 Hereford City, 3 North and West, 1 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 6.**

#### *Needle and Syringe Exchange Service*

The service provides managed access to sterile needles and syringes, sharps containers and associated materials (including citric acid and swabs), in exchange for the return of used injecting equipment, wherever reasonably practicable. This increases the availability of the service across the area and greater flexibility in terms of the hours that the service is available.

The service will help reduce the transmission of blood borne viruses (BBVs) such as HIV and Hepatitis C amongst injecting drug users by providing service-users with convenient access to sterile injecting equipment and a facility for the safe disposal of used equipment. There is also an opportunity for the pharmacy staff to provide advice on harm reduction. The service aims to reduce the rate of needle sharing, promote safe injecting practices, ensure safe disposal of used injecting equipment, and provide a point of referral into the specialist drug and alcohol service.

**6 pharmacies in Herefordshire currently provide this service (2 East Herefordshire, 1 Hereford City, 2 North and West, 1 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 6.**

#### *Supervised Consumption Service*

Methadone and Buprenorphine are suitable substitutes for withdrawal from opiates and are beneficial in terms of harm reduction. This service allows pharmacists to supervise the consumption of methadone and buprenorphine to service-users at the point of such medicines being dispensed by the pharmacy. This ensures that the correct dose has been administered to the service user and that it has been consumed in its entirety.

The aims of the service are to:

1. Increase service-user compliance with the prescribing regime they are on as part of the agreed treatment plan
2. Increase retention in structured drug treatment
3. Reduce the overuse or underuse of prescribed opiates substitutes
4. Reduce the diversion of prescribed medications onto the illicit drug market
5. Advise the service user and liaise with the Drugs and Alcohol teams

**22 pharmacies in Herefordshire currently provide this service (3 East Herefordshire, 13 Hereford City, 4 North and West, 2 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 6.**

#### *Disposal of patient used sharps*

The aims of the service are to: reduce the risk of needle stick injury in the community, reduce the inappropriate disposal of used sharps and to provide a safe, secure and convenient means of disposal. Participating Service Providers accept sharps containers from patients and store them safely until collected by the nominated disposal service in accordance with the Environment Agency Waste Regulations. **This service is not currently commissioned in Herefordshire through community pharmacies.**

There are several options available to Local Authorities who are responsible for the collection and safe disposal of used sharps but pharmacy can be a key element of the service since pharmacies are well accepted for this service in general. Regionally at the time of writing there is a review of waste medicines and including sharps into revised arrangements for waste medicines disposal and used sharps disposal which are subsequently collected from community pharmacies ( as one option for the sharps element) . The follow up to this PNA must ensure a revised service meets the needs of local population and must take an improved quantitative approach in general to understanding and is commissioned appropriately.

### ***Herefordshire and Worcestershire Formerly CCG commissioned services***

#### *Herefordshire and Worcestershire Community Pharmacy Palliative Care Medicines Hubs*

All NHS community pharmacies stock medicines commonly used in palliative care. NHS Herefordshire Worcestershire CCG has commissioned 35 NHS community pharmacies to keep in stock an agreed list of medicines which may be accessed urgently if required. Having convenient access to these medicines may enable patients to remain at home if they choose.

The list of medicines which pharmacies are asked to keep in stock are agreed with the CCG and in line with the Herefordshire Worcestershire Drug Formulary and current Prescribing Guidance. Equitable access across both counties is a key factor in the number and location of the pharmacies that are commissioned to provide these services.

**12 pharmacies in Herefordshire currently provide this service (2 East Herefordshire, 6 Hereford City, 2 North and West, 2 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 7.**

#### *Antiviral Medicines Access (Out-Of-Season Flu Outbreaks)*

Early outbreaks of flu are frequent in care home settings. Before the national prescribing arrangements permit routine prescribing through GP practices, a specific clinical assessment of the patient is undertaken and arrangements made to access these medicines via pharmacies. Equitable access across both counties is a key factor in the number and location of the pharmacies which are commissioned to provide these services.

**3 pharmacies in Herefordshire currently provide this service (0 East Herefordshire, 1 Hereford City, 1 North and West, 1 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 7.**

### *Support for the safe management of medicines in quarantined/isolated settings*

NHS Herefordshire and Worcestershire CCG commissioned a service whereby patients in a self-contained setting could receive pharmaceutical advice and supplies of medicines for short term conditions.

This has included support in the following circumstances:

1. An outbreak of COVID-19 on an isolated agricultural farm with a number of agricultural workers affected
3. Persons residing under refugee status, seeking asylum or from specific countries in closed settings.

Working closely with other healthcare professionals, community pharmacy has provided pharmaceutical advice and supplied medicines over the counter, within a governance framework (including secure handover and advice on use in the quarantine setting). **One Herefordshire and one Worcestershire-based pharmacies were commissioned to provide this service for both counties.**

### *Transportation of COVID-19 vaccines within NHS Herefordshire and Worcestershire ICS*

To maximise the uptake and availability of vaccinations of COVID-19 a community pharmacy has transferred vaccine stocks between vaccination sites in line with national directives on COVID-19 vaccination movements thereby maintaining detailed cold chain requirements for vaccine integrity. This is a specific service commissioned by NHS Herefordshire and Worcestershire CCG which has played a significant role within the vaccine programme in both counties. **One Worcestershire-based pharmacy was commissioned to provide this service for both counties.**

## ***Nationally Commissioned Services***

### *Community Pharmacy Extended Care Service*

NHS England Midlands commission this Enhanced Service from pharmacies who have signed up to provide pharmaceutical advice and treatment through a PGD for specific conditions.

The Community Pharmacy Extended Care Service (Tier 1) aims to provide eligible patients who are registered with a GP contracted to NHSE&I Midlands Region with access to treatment for the following:

- Simple UTI in Females (for those aged 16-64 years)
- Treatment of Acute Bacterial Conjunctivitis (for children aged 3 months to 2 years)

**12 Pharmacies in Herefordshire provide this service (2 East Herefordshire, 7 Hereford City, 2 North and West, 1 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 8.**

The Community Pharmacy Extended Care Service (Tier 2) aims to provide eligible patients who are registered with a GP practice contracted to NHSE&I Midlands Region with access to treatment for the following:

- Treatment of Impetigo
- Treatment of Infected Insect Bites
- Treatment of Infected Eczema

**12 Pharmacies in Herefordshire provide this service (2 East Herefordshire, 7 Hereford City, 2 North and West, 1 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 8.**

The following features apply to these services:

- Consultation is free, patients may be asked to purchase OTC products as per NHS Guidelines.

- Pharmacists can supply prescription only medicines as part of the service where clinically indicated under the terms of a PGD. If patients receive medication, it will be free to those exempt from prescription charges (including those with a pre- payment certificate), whilst those who pay for prescription will need to pay an NHS Levy.
- The PGDs have strict inclusion and exclusion criteria. Pharmacist will refer onwards for treatment when necessary.

#### *Community Pharmacy Clostridium Difficile Management Hubs*

NHS Herefordshire and Worcestershire has commissioned 35 community pharmacies to keep in stock a particular antibiotic (vancomycin) required to treat infection with C. Difficile. This allows the patient to remain at home where appropriate, by prompt access to this specific antibiotic which is required to be started promptly in therapy.

**12 Pharmacies in Herefordshire provide this service (2 East Herefordshire, 6 Hereford City, 2 North and West, 2 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 8.**

#### *COVID-19 Vaccination Service*

This service has been provided by pharmacies across Herefordshire and Worcestershire, delivering in excess of 131,000 COVID-19 vaccinations this year (in addition to providing influenza vaccinations). Further pharmacy sites are being proposed to add capacity to the COVID-19 vaccination programme for autumn 2022.

**3 Pharmacies in Herefordshire have provided this service (1 East Herefordshire, 2 Hereford City, 0 North and West, 0 South and West). A list of pharmacies signed up to provide this service is shown in Appendix 8.**

## PART B

### ***Local Need***

Part B of the PNA summarises the current and future health and well-being needs of the Herefordshire population, focussing on issues where there may be an opportunity for community pharmacies to meet needs.

Part B is comprised of the following sections:

1. Overview of Herefordshire population health needs
2. Public and service user views on current pharmaceutical service provision
3. Pharmacy contractor survey
4. Dispensing practice survey

### **Overview of Herefordshire population health needs**

The following information was identified from within the 2021 Joint Strategic Needs Assessment (JSNA) and the regional health profile produced by the Office for Health Improvement and Disparities (OHID).

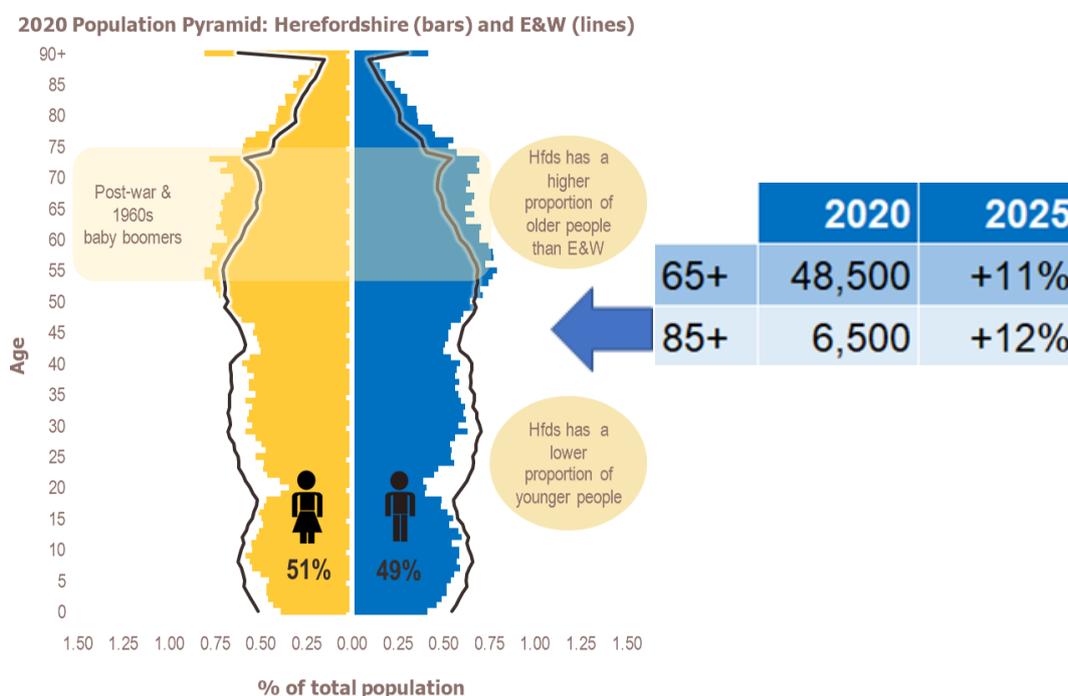
### ***Characteristics of Herefordshire***

The Office for National Statistics (ONS) released the first results from the Census 2021 on 28 June 2022. This reported that **Herefordshire's resident population was 187,100 in 2021** (ONS, 2022). This was 3,600 more people than in 2011 (up by 2.0%), which is a slower rate of growth than England & Wales (6.6%). With 86 people per square kilometre, Herefordshire had the fourth lowest population density out of all county level authorities in England.

Over half of the population live in areas defined as 'rural'. Just under a third of the population live in Hereford city (61,500 people), and just under a fifth in one of the three largest market towns of Leominster (12,400), Ross (11,200) and Ledbury (9,900).

The county has a relatively older age structure compared with nationally with a quarter of the population aged 65 or over. The county also has higher proportions of older working age adults (mid-forties to the age of 64), but lower proportions of younger working age adults (from the age of 16 to mid-forties). Hereford city has a much younger profile than the county as a whole, with relatively high proportions of young adults and young children. The most rural areas have relatively more people of older working and early retirement age (50-70 year olds). The market towns and other areas (including larger villages like Colwall and Credenhill) have a profile more similar to the county overall. Numbers of older people are set to continue growing at a higher rate than the younger age groups.

**Figure 13: Herefordshire 2020 population pyramid (source: Herefordshire Council Intelligence Unit)**



In 2019, Herefordshire council commissioned Edge Analytics to develop estimates of the future population of Herefordshire considering the impact of planned house-building. This presented the findings from two scenarios of how the future population of the county might develop - (i) a population projection which assumes that recent trends in births, deaths and migration will

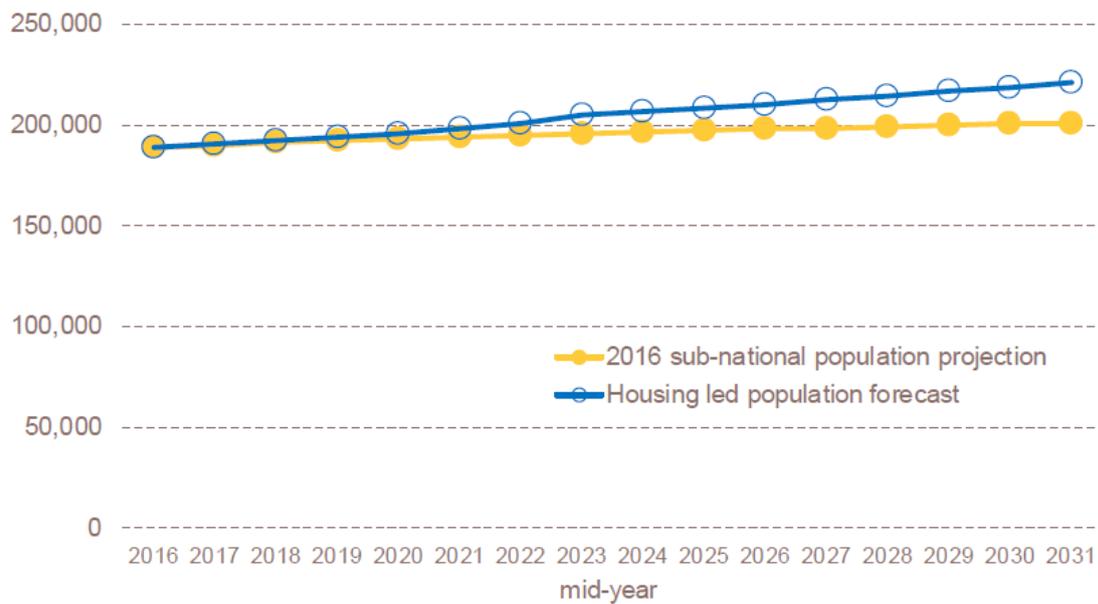
continue over the projection period and (ii) a housing development-led scenario that considers the impact of planned house-building on the population. (The former is referred to as a **projection** and the latter as a **forecast**).

According to this analysis, if recent trends in births, deaths and migration were to continue, the total population of Herefordshire was projected to increase from 189,500 people in 2016 to 201,200 by 2031 (an increase of six per cent) - this is equivalent to around 800 additional residents per year over 15 years (see figure 14).

However, there are more deaths than births in Herefordshire, and so migration is the sole driver of population growth. This is largely driven by housing and other national policies. Incorporating the impact of assumed housing development on population growth, the total population of the county is forecast to be 221,500 people by 2031 – an estimated 19,800 more people than in the absence of housing development. This is a forecast increase of 17% between 2019 and 2031, equivalent to around 2,100 additional residents per year.

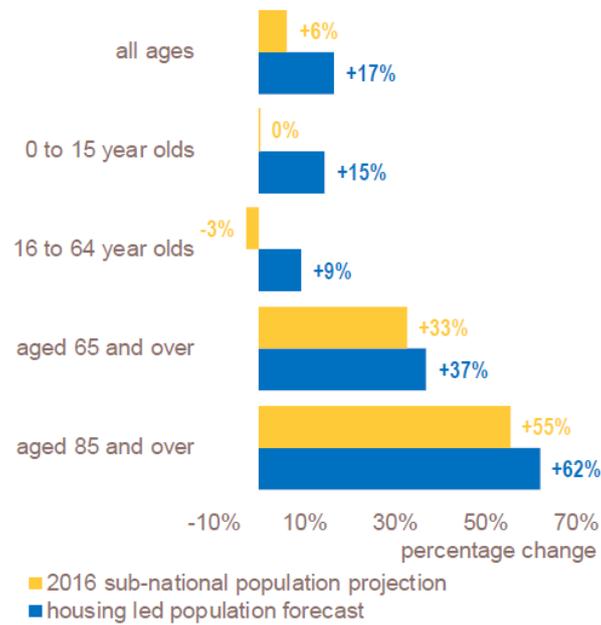
However, it should be noted that the recently released results from the 2021 Census suggest that current population numbers are lower than predicted and differ to the mid-year 2020 estimate (ONS, 2022). Further uncertainty is introduced by the inward migration of refugee and other migrant populations (e.g. Afghan, Syrian, and Ukrainian).

**Figure 14: Herefordshire population growth (source: Herefordshire Council Intelligence Unit)**



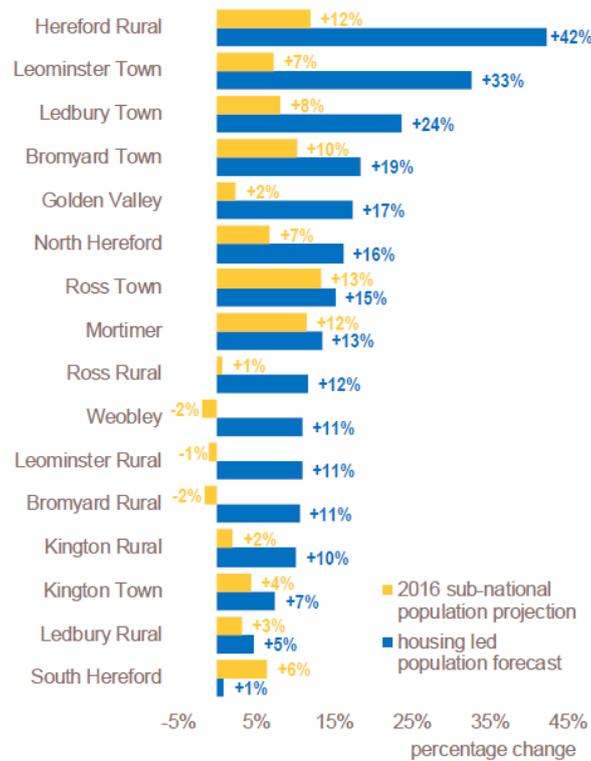
Although the overall population of Herefordshire is expected to increase, if the recent trends in births, deaths and migration were to continue, the numbers of children are expected to remain relatively static and the working age population is predicted to decrease slightly, while the numbers of people aged 65 and over are set to increase. However, the ensuing increase in levels of net inward migration to meet extra housing supply over this 15-year period may have a greater impact on the future numbers of children and working age people, with forecast increases of 15% and 9% respectively between 2016 and 2031. Assuming that housing growth targets will be met, all age groups are forecast to increase; however, the county will still have a similarly ageing profile.

**Figure 15: Age stratified anticipated population growth by 2031 (source: Herefordshire Council Intelligence Unit)**



Levels of population change will vary across the county and are closely related to the level of house building activity in an area relative to the size of the population within that area. The Hereford rural locality will yield the largest growth by 2031, both in terms of numbers of new dwellings and relative change in the population (+42%). Leominster town and Ledbury town are also expected to see relatively large increases in the population (+33% & +24% respectively).

**Figure 16: Locality-specific anticipated population growth by 2031 (source: Herefordshire Council Intelligence Unit)**



### Ethnicity

The most recent ethnicity data source available remains the 2011 Census, until new data emerges from the 2021 Census later this year. In 2011, Herefordshire had a higher proportion of individuals who identify as being White British (93.7%) compared to England and Wales (80.5%). The largest ethnic groups in Herefordshire apart from the White British were the Black, Asian and Minority Ethnic group at 6.4% and the White Other group at 4.5%.

**Table 7: Summary of 2011 Herefordshire ethnicity data (source: 2011 Census)**

Persons	Herefordshire		England & Wales
	Number	%	%
All residents	183,477	100	100
White English, Welsh, Scottish, Northern Irish, British	171,922	93.7	80.5
White other (incl. Irish, Gypsy & Traveller)	8,247	4.5	5.4
Black, Asian and minority ethnic	11,555	6.4	19.5
Non-white	3,308	1.8	14.1
Mixed/multiple ethnic group	1,270	0.7	2.2
Asian/Asian British	1,439	0.8	7.5
Black/African/Caribbean/Black British	331	0.2	3.4
Other ethnic group	268	0.1	1.0

### *Deprivation*

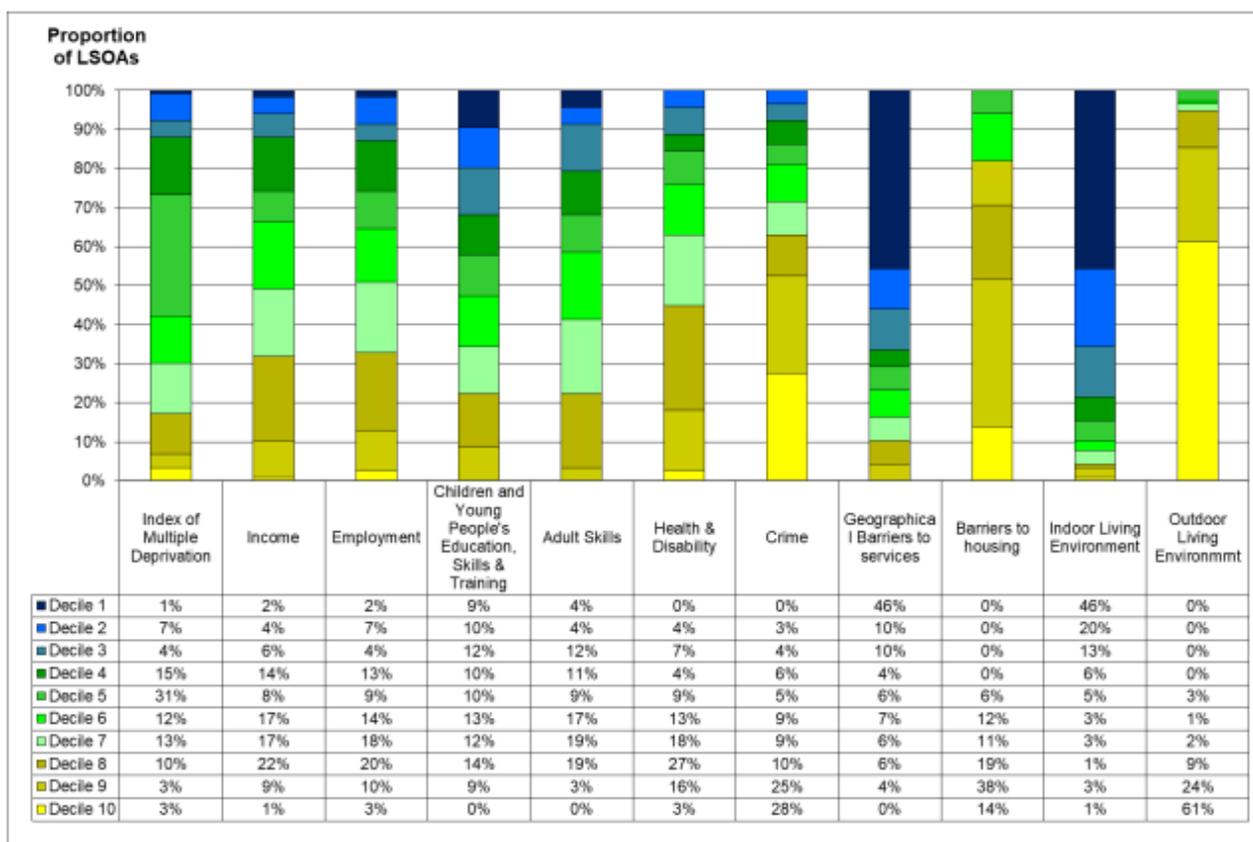
Herefordshire has on average, relatively low levels of overall multiple deprivation. However, Herefordshire is one of England's most rural counties and rural areas pose different types of challenges for the people who live there compared to urban areas. The Index of Multiple Deprivation is known to be skewed towards identifying deprivation in an urban context (e.g. Burke and Jones, 2019). In rural areas, the most common types of deprivation relate to housing and physical access to services. Deprivation can be a hidden feature of rural communities as it is often dispersed amongst more affluent households.

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation for small areas of approximately 1500 residents called Lower Super Output Areas (LSOAs). It is a combined measure of deprivation based on a total of 37 separate indicators that have been grouped into seven

domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area.

11 of Herefordshire’s 116 LSOAs are in the most deprived 25% across England. The most deprived domains in Herefordshire are the **indoor living environment** and **geographical barriers** with 46% of LSOAs being amongst the 10% most deprived nationally (see figure 17). The next most deprived domains are the children and young people’s education and skills and adult skills sub-domains.

**Figure 17: Distribution of Herefordshire LSOAs by deprivation domains. (Source: Herefordshire Council Intelligence Unit)**

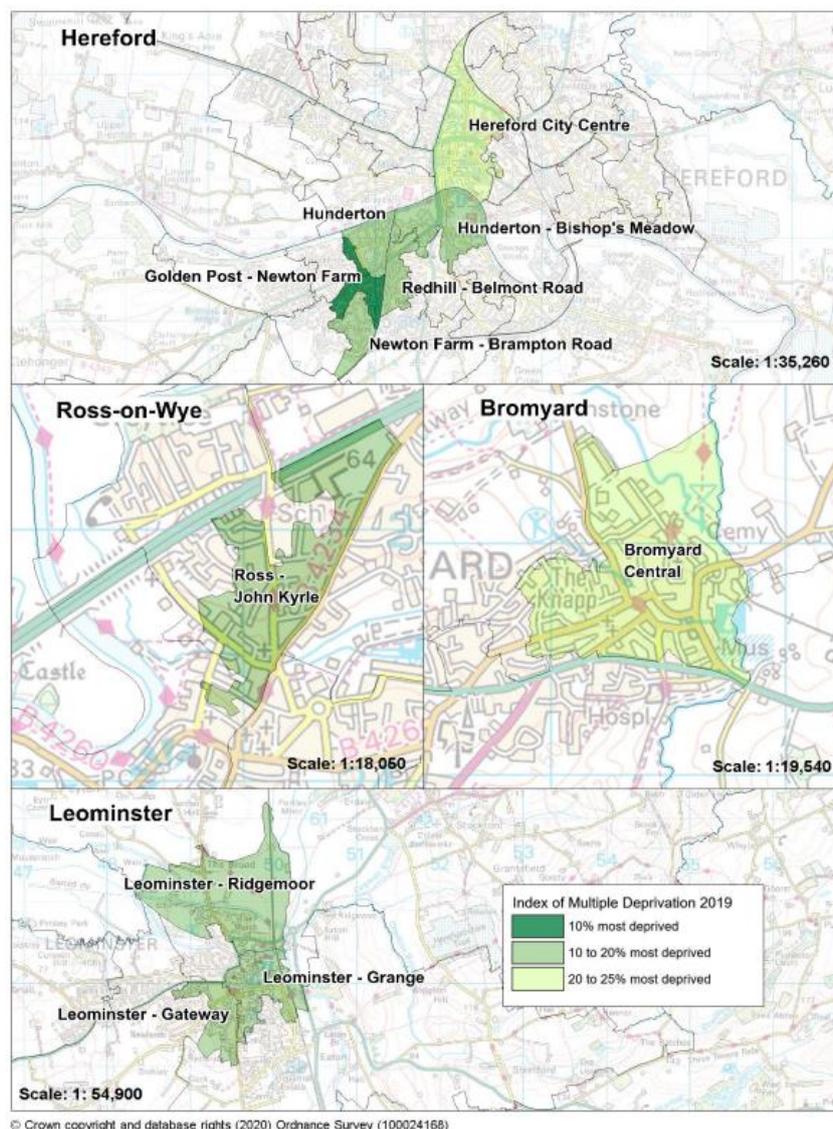


**Note: Percentages show the proportion of Herefordshire’s LSOAs within each national decile of deprivation. Deciles range from 1, representing the most deprived 10% of LSOAs up to decile 10, representing the least deprived 10%.**

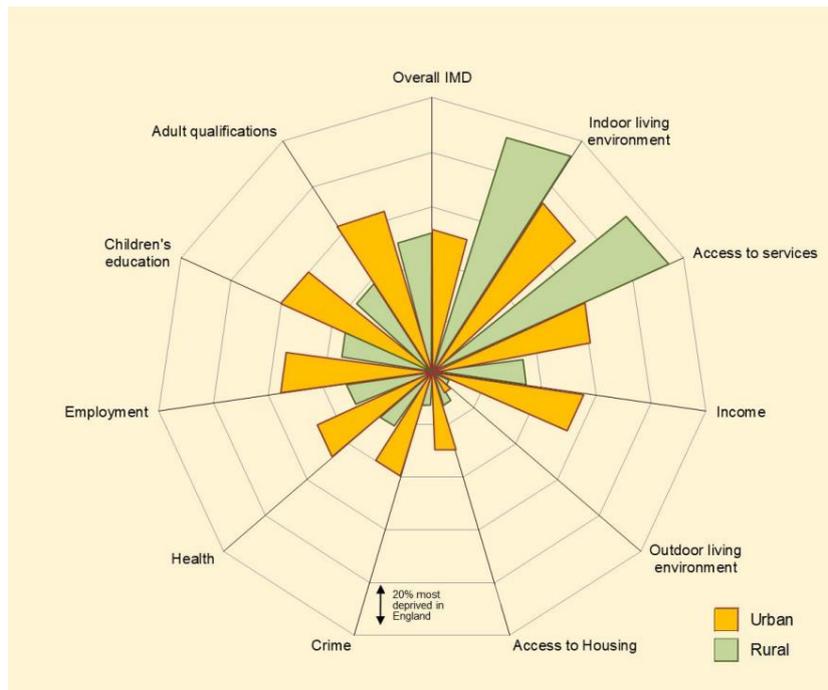
Excluding the indoor living environment and geographical barriers sub-domains, which largely affect the rural areas, the most deprived areas are urban (within Hereford city and the market

towns); south Hereford city contains more areas that feature within the top 25% most deprived areas in England for most of the domains/sub-domains than any other area, followed by north Hereford city and Leominster. LSOAs that feature most frequently include ‘Golden Post-Newton Farm’, ‘Hunderton’ and ‘Redhill-Belmont Road’ in south Hereford and ‘Leominster - Ridgemoor’ in Leominster. Golden Post – Newton Farm’ in south Hereford is the most deprived area in Herefordshire and is the only area of the county within the 10% most deprived in England. The least deprived areas are located north of the river within Hereford and in rural areas surrounding the city, in Ross-on-Wye, and Ledbury.

**Figure 18: Areas of highest deprivation in Herefordshire (Source: Herefordshire Council Intelligence Unit)**



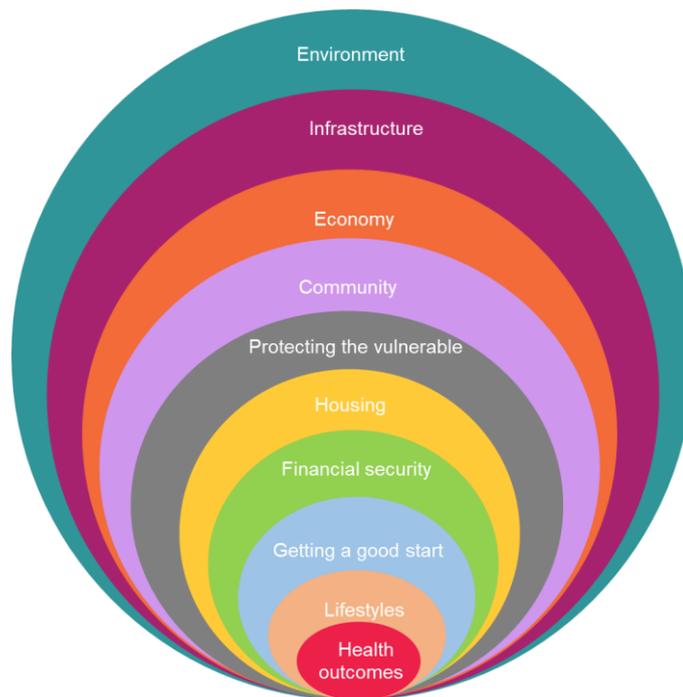
**Figure 19: Comparison of the types of deprivation affecting urban and rural Herefordshire: rural areas are amongst the most deprived in England in terms of indoor living environment and access to services (source: Herefordshire Council Intelligence Unit)**



### Health and Well-being Priorities

**The Joint Strategic Needs Assessment (JSNA)** is a continuous assessment of current and future health, care and well-being needs of the population drawing on many sources of evidence. The 2021 JSNA is structured such that it starts at the macro level of the environment, infrastructure and the economy, then moves on to community and individual circumstances like getting a good start in life, financial security and lifestyles (see figure 20).

**Figure 20: Structure of the Herefordshire 2021 JSNA, recognising the importance of the wider determinants of health (source: Herefordshire Council Intelligence Unit)**



This sub-section will aim to focus on health needs within the levels where local pharmacies hold potential for positive impact. The information provided is taken from the **2021 Herefordshire JSNA** and **regional profiles** provided by the **Office for Health Improvement and Disparities**. The whole regional health profile for Herefordshire can be found in appendix 9.

### **A. Protecting the vulnerable**

#### *Multiple Complex Vulnerabilities*

The JSNA highlights interconnections between many of the risks to both physical and mental well-being: generational, adverse childhood experiences (ACEs), substance misuse, exploitation, crime, financial insecurity. These multiple complex vulnerabilities (MCVs) increase the risk of leading chaotic lifestyles and dying prematurely. Although few in number, people with MCVs consume a disproportionately high amount of resources across multiple services. At the start of the pandemic around 150 individuals with MCVs were identified by strategic partners, most of whom will have had at least one adverse childhood experience.

## *Domestic Abuse*

An estimated 4,900 women and 2,400 men aged 16-74 were victims of domestic abuse in Herefordshire during the year April 2019 to March 2020. Domestic abuse offences have been increasing steadily over the last 3 years, and in 2020/21 there were almost 2,200 offences recorded in Herefordshire by the police. The majority of DA is between partners, with 4% of adults having experienced this type of abuse, and 1.9% of adults experiencing abuse from family members. Women are also most likely to be victims of all types of DA.

## **B. Housing**

### *Fuel poverty*

In 2019, 17% (14,000) of Herefordshire households suffered fuel poverty on the new 'low income, low energy efficiency' measure. This is higher than the national average of 13%. Rural households are at greater risk of the combination of excess cold and low income. In 2019, 27% of properties in the owner occupied sector and 25% in the private rented sector were rated as having a serious hazard, largely due to excess cold and presence of fall hazards.

Related to this, the excess winter deaths index for Herefordshire showed 27.7% more deaths occurring in the winter months than the non-winter months. This is higher than the regional and national rates (18% and 17.4% respectively).

## **C. Getting a good start**

### *Child health and wellbeing*

- The percentage of mothers who are smokers at the time of delivery in Herefordshire is 11.5%. This is higher than the regional and national rates (10.6% and 9.6% respectively)
- The infant mortality rate in Herefordshire is 6.4 per 1000. This is higher than the regional and national rates (5.6 and 3.9 per 1000 respectively)

- In 2019/20 26% of Reception children and 34% of Year 6 were overweight. Obesity doubled between Reception (10%) and Year 6 (20%). Children in the most deprived areas are twice as likely to be obese as those in the least deprived areas, but there are no areas of the county where fewer than 12% of 11 year-olds are obese.
- Child oral health is significantly worse than across England, with a third of 5 year-olds showing visible signs of decay in 2018/19. There has been little change over last 10 years and Herefordshire compares unfavorably even with other unflouridated areas. Poor oral health and oral diseases disproportionately affect people who are disadvantaged, vulnerable or socially excluded.
- The JSNA reported that only a fifth of children had 5+ portions of fruit and veg 'yesterday' according to survey results. Secondary pupils who are eligible for free school meals are less likely to eat vegetables most days (36% vs. 52%).
- Under 18s admission episodes for alcohol-specific conditions in Herefordshire is 41.6 per 100,000. This is higher than the regional and national rates (24.9 and 29.3 per 100,000 respectively).

#### **D. Healthy Lifestyles**

Lifestyles and associated health issues in Herefordshire are generally better than nationally, but there is significant variation, often linked to areas of multiple deprivation.

- The percentage of adults that are overweight/obese is 67%. This is higher than the regional and national rates (66.8% and 63.5% respectively)
- 20% of adults in Herefordshire are physically inactive
- Smoking rates are lower than nationally. However, there are still 20,000 smokers across the county, with those in the most deprived areas twice as likely to smoke, and to die from smoking related conditions, than those in the least deprived. Adult smoking

prevalence in routine and manual occupations is 28.6%. This is higher than the regional and national rates (23.3% and 24.5% respectively)

- Following the national trend, alcohol-specific hospital admissions continue to rise, with 600 seen in 2019/20.
- People from the most deprived areas remain twice as likely be admitted to hospital and 50% more likely to die prematurely due to alcohol than those in the least deprived.
- The estimated diabetes diagnosis rate in Herefordshire is 70.1%. This is lower than the regional and national rates (86.3% and 78.0% respectively)

### *Mental Health*

- The estimated dementia diagnosis rate in Herefordshire is 51.0%. This is lower than the regional and national rates (58.1% and 61.6% respectively)
- 10% of adults have a poor wellbeing score (on the Warwickshire Edinburgh Mental Wellbeing scale)
- 28% of Herefordshire adults rate their anxiety levels as 6-10 (where 10 is completely anxious). Covid-19 increased anxiety for 45% of adults and 40% of school-children locally. More likely amongst women, housing association renters and disabled people.
- 25% of primary and 48% of secondary/FE age pupils had low/medium-low mental well-being scores in summer 2021. Emotional well-being and resilience is lowest amongst teenage girls.
- Around 4,900 young people are living with a parent with severe mental health issues.
- 65% of those affected by flooding in 2019/20 said it had affected their mental health, and 85% were worried about being flooded again in the future.

- The number of Herefordshire patients diagnosed with depression increased by 13% (to 19,850) between March 2020 and November 2021.

### Public and Service-user Views on Current Provision of Pharmaceutical Services

The Pharmacy Services Public Questionnaire was published online and asked people who use the services about their experience. The questionnaire (see appendix 10) was open to the public from 10 November 2021 until 31 January 2022. From Herefordshire, there were a total of just 181 responses. Views expressed by this small self-selected sample **are not** representative of the wider Herefordshire population. For example, males, younger adults, unemployed adults and those living in rented accommodation are under-represented. Recommendations cannot be made exclusively on the basis of this survey. However, it is important to utilise these data to assess congruence with needs identified via other data sources.

**Please note that throughout the survey results, the proportion of respondents selecting each answer option may add up to greater than 100% for some questions, as respondents were able to select more than one option that applies to them.**

### *Respondent Characteristics*

- 68% of the respondents were female, 30% were male and 2% preferred not to say.
- 45% were aged 45-59 years, 48% were over 60 years and 19% were aged 18-44.
- 95% of respondents were from a White English/Welsh/Scottish/Northern Irish/British background.
- 19% had children under the age of 16 years who live with them.
- 85% either owned their home outright, or were purchasing on a mortgage. People living in rented accommodation were under-represented.
- 61% had a long term medical condition (e.g. diabetes) and 46% had a physical disability.
- 65% were employed, 31% were retired, 4% were 'other' or caring for family. Students and unemployed citizens were not represented amongst the respondents.

## **Access**

### *Why and when respondents use a community pharmacy/dispensing GP surgery*

By far the most common reason to access a pharmacy was for 'collecting prescription medicines' (94% of respondents), followed by 'buying over the counter (OTC) medicine' (55%) and 'getting advice and information on prescription or OTC medicines' (34%).

A total of 10 of respondents (8%) had used a pharmacy or dispensing GP at least once a week on average, 64% used one once a month and the rest (28%) used one less frequently.

### *Usage during COVID-19*

During Covid-19 restrictions, just over two thirds (68%) used a pharmacy as they normally would and a fifth (19%) used it in a different way, whilst 13% did not use a community pharmacy or a dispensing GP surgery at all.

Of the small number (42) who responded about how they accessed a pharmacy service during the period of lockdown restrictions 27% said they accessed the services 'by phone', 15% said 'online' and 77% 'in person'.

### *Distance, travel time and issues relating to access*

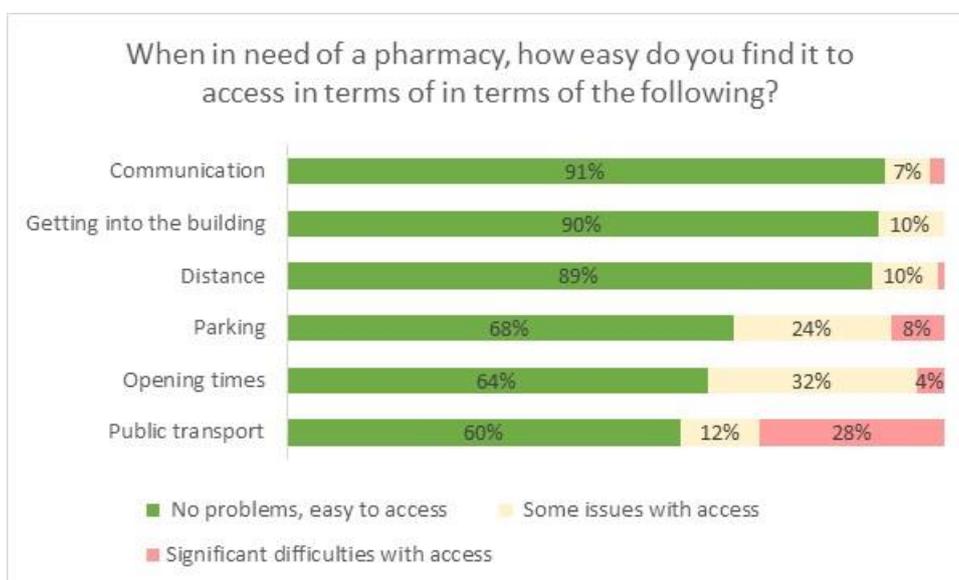
Around half of respondents (52%) accessed a pharmacy within two miles of their home or work, 31% travelled between two and five miles and 17% travelled more than five miles to get to the nearest community pharmacy or dispensing GP surgery.

80% of respondents usually travelled to the pharmacy by car, 31% walked and 7% cycled. Only one respondent used public transport (these options add up to greater than 100% as respondents were able to select multiple answers).

A large majority of respondents found accessing pharmacy services were easy in terms of communication, accessibility of building and distance (Figure 21). However, some respondents noted ‘some issues’ or ‘significant difficulties’ with access in terms of:

- Parking (32%)
- Opening times (36%)
- Public transport (40%)

**Figure 21: Ease of pharmacy access in Herefordshire**



### *Opening and visiting times*

The most popular times for visiting a pharmacy were between 9am and 1pm (45%) and between 1pm and 6pm (42%) on weekdays, or between 9am and 1pm on Saturdays (40%) (see table 8).

**Table 8: Pharmacy visiting times**

When do you generally visit a community pharmacy / dispensing GP surgery?	Monday - Friday	Saturday	Sunday
Before 9am	1%	2%	1%
Between 9am and 1pm	45%	40%	18%
Between 1pm and 6pm	42%	17%	5%
After 6pm	10%	2%	2%
Never on this day	2%	39%	74%

A majority of respondents were able to access a pharmacy when convenient most of the time (58%) or all of the time (28%), and 14% were sometimes able to access one at a convenient time. 16% found some issues or significant difficulties with finding information on pharmacy opening times but the majority (85%) did not have any problems.

#### *Access outside normal hours*

If they needed a pharmacy outside of normal hours, respondents looked out for information on opening times through:

1. Internet search (77%)
2. NHS.uk website (31%)
3. Pharmacy website (17%)
4. NHS 111 (8%)
5. Local directory, or local newspaper (less than 10%)

## *Advice and Information*

### *Pharmacy leaflet*

61% of respondents indicated that they were not aware that their pharmacy produces a leaflet about the services that they provide, 21% knew about this, but only 18% had actually seen a leaflet. This may have been influenced by guidance to reduce paper within the pharmacies to mitigate the spread of COVID-19 during 2021-2022.

### *Satisfaction with the service*

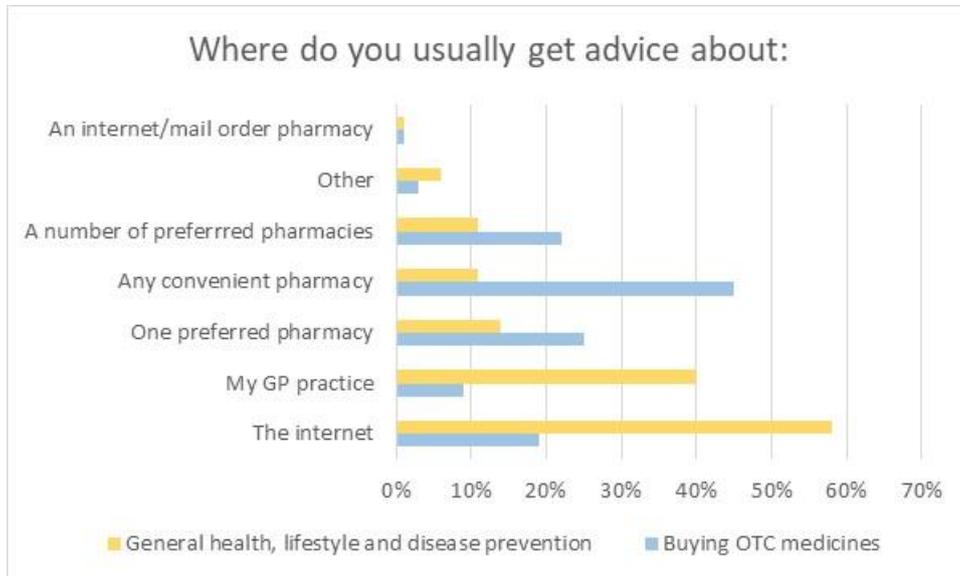
72% of respondents were very satisfied or fairly satisfied with the amount of information that they normally received about medication from their community pharmacy or dispensing GP surgery. 4% were either very or fairly dissatisfied.

Only 13 (7%) respondents had used a new medicine service provided by their pharmacy, 12 found it helpful.

### *Advice about over the counter (OTC) medicines*

Most respondents used pharmacies to obtain advice on buying OTC medicines. However, they reported that they usually get advice about health, lifestyle and disease prevention from the internet or GP practice, despite 83% being aware that pharmacists can provide this.

**Figure 22: Where respondents usually get advice about Over the Counter (OTC) medicines and general health**



*Confidence in your pharmacy team's advice and knowledge*

Respondents were asked to rate their confidence in their pharmacy team's advice and knowledge of services. The services that respondents had the highest levels of confidence in were: prescribed medicines (79%) and OTC medicines (68%). Respondents appear to have had the lowest levels of confidence in the pharmacy team's advice and knowledge relating to healthy lifestyle services (41%), however this should be treated with extreme caution since the survey made no distinction between dispensing and community pharmacies. Data may have been taken from respondents using a dispensing practice where there is no access to this advice.

**Figure 23: Extent of confidence in pharmacy team's advice and knowledge**



### *Contracted additional services*

Respondents were asked about their awareness and access of the additional services that some pharmacies may be contracted to provide in addition to dispensing services (see figure 24).

The additional services that were most frequently accessed were:

- NHS flu vaccinations (35%)
- Minor ailment advice to avoid a GP visit (31%)

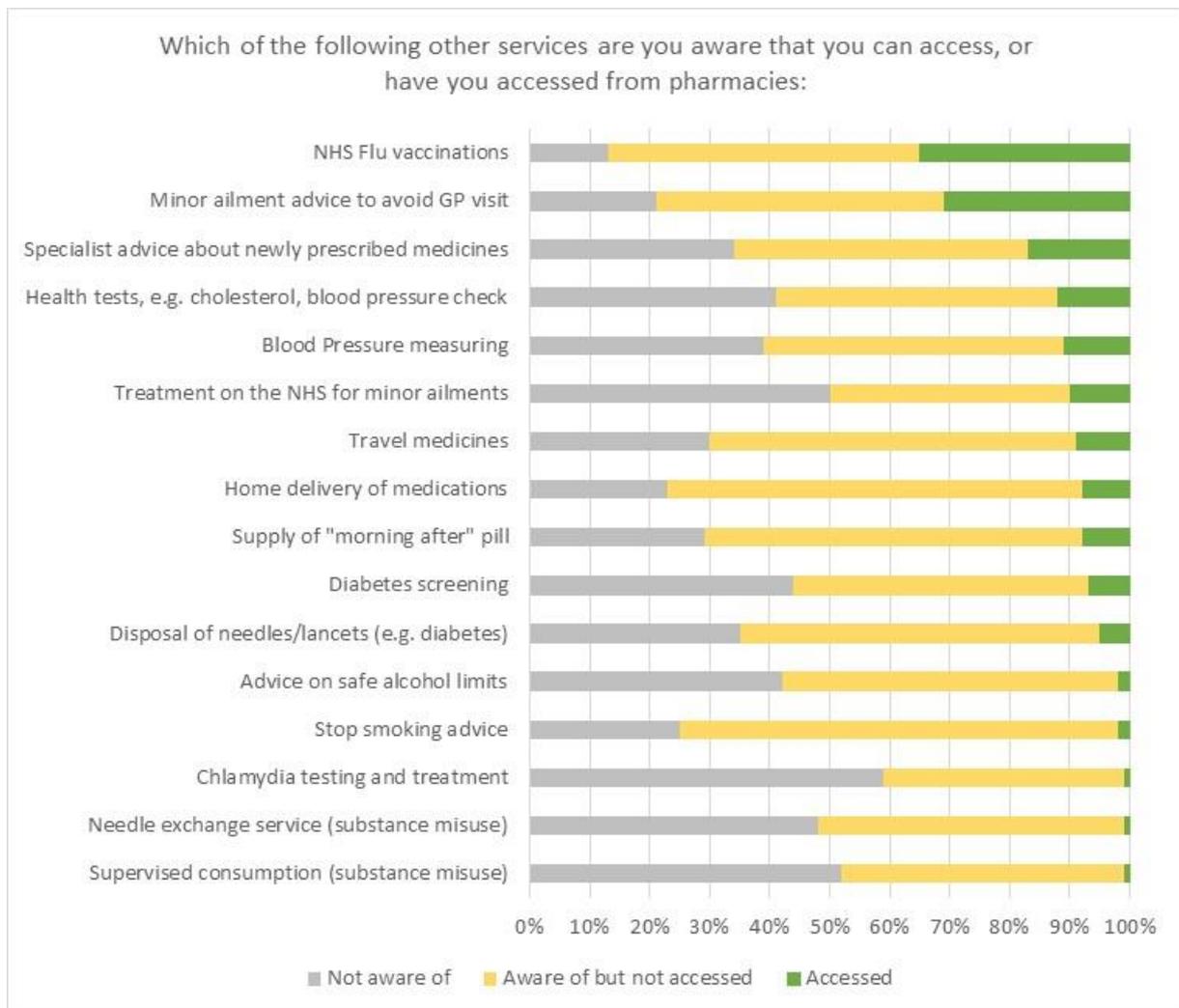
The additional services that respondents were most aware of but had not accessed were:

- Stop smoking advice (73%)
- Home delivery of medications (69%)

The additional services that respondents were least aware of were:

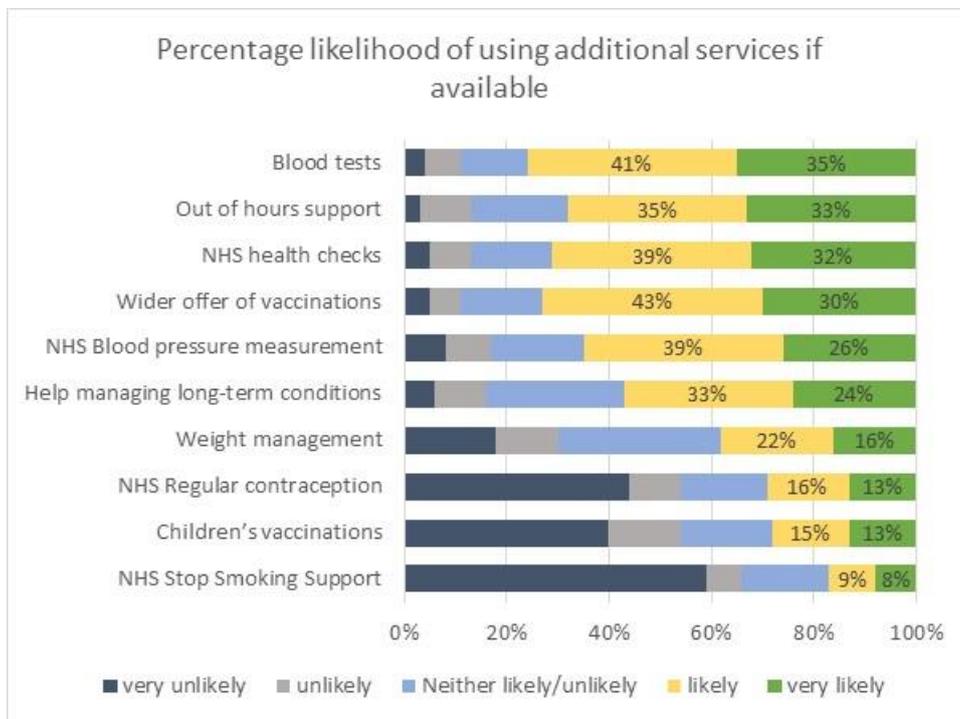
- Chlamydia testing and treatment (59%) (this service is not commissioned)
- Supervised consumption (for treatment of substance misuse clients) (52%)
- Treatment on the NHS for minor ailments (50%)

**Figure 24: Respondents' awareness and access of additional pharmacy services**



If made available from pharmacies, more than 50% of respondents said they would be very likely or likely to use blood tests, out of hours support, NHS health checks, wider offer of vaccinations, NHS blood pressure measurement and help managing long term conditions. More than 50% of respondents said they would be very unlikely or unlikely to use NHS stop smoking support, children's vaccinations and regular contraception. However, it is likely that these services are actually not applicable to a large proportion of the respondents and so finding should be treated with caution.

**Figure 25: Percentage likelihood of using additional services if available**



### *Unwanted medicine*

A large majority of respondents (88%) said that they know they can return any unused/unwanted medicines (except sharps) to either a community pharmacy or a dispensing GP surgery. However, although 72% return them, 25% throw them away with household rubbish and 7% dispose of them via the sink.

### **Pharmacy Contractor Survey**

Herefordshire County Council conducted an online Pharmacy Survey to gather information from local pharmacies to inform the Pharmaceutical Needs Assessment. The questionnaire was available from Monday 14th March to Sunday 29th April 2022 (see appendix 11).

### *Respondents*

- Responses were received from 17 (61%) pharmacies within Herefordshire.

- All of the pharmacies that responded were ‘standard contract’ pharmacies (6 pharmacies also had a Local Pharmaceutical Services (LPS) contract).
- Hereford city had the lowest response rate and is therefore under-represented in the survey results.

**Table 9: Survey response rates**

Primary Care Network	Number of pharmacies	Number of pharmacies responded
East	4	3
Hereford City	15	8
North and West	5	4
South and West	3	2
<b>Total</b>	<b>27</b>	<b>17</b>

### *Access and equality*

All of the pharmacies that responded to the questionnaire (17) said that the door to the pharmacy is accessible to all customers, including those who use pushchairs, wheelchairs and walking frames. There is disabled parking available outside at most of the pharmacies (15) and some pharmacies have free parking available for their patients (12). Two pharmacies said that there are steps to climb when entering the pharmacy.

Eleven pharmacies, including one of the two pharmacies that have steps to climb when entering have made adjustments or alterations to enable physical access such as automatic doors, ramps or wider and spacious entrances for wheelchair/mobility scooters. Fewer than half (8) pharmacies have a hearing loop installed. There are some pharmacies that have staff who can speak languages other than English.

**Table 10: Pharmacies with staff who speak languages other than English**

Language	PCN
Polish	Hereford City (6 pharmacies), East (1 pharmacy) and North and West (1 pharmacy)
Chinese	Hereford City (1 pharmacy)
Urdu, Pashto, Hindi, Romanian, Portuguese	Hereford City (1 pharmacy)
Welsh	Hereford City (1 pharmacy)
British Sign Languages	North and West (1 pharmacy)
Punjabi	East (1 pharmacy)
Spanish	East (1 pharmacy)

### *Consultation facilities*

#### *On site consultation facilities*

All the pharmacies that responded (17) have a closed room for consultation.

- 16 have a consultation room with wheelchair access
- 10 have hand-washing facilities inside the consultation area and 4 have these close by
- 6 have toilet facilities for patients attending for consultations

#### *Off-site consultation facilities*

- 8 pharmacies are 'willing to undertake consultations in patient's home/ other suitable site and one of these has access to an off-site consultation area.

### *Services*

#### *Advanced services*

All but one pharmacy (16) that responded to the survey provide 'new medicine' and 'community pharmacist consultation' services. 15 pharmacies provide 'flu vaccination service'. 'Hypertension case finding' service is provided by 6 pharmacies and a further 9 will provide this service within next 12 months. None of the pharmacies provide 'stoma appliance customisation service' currently, however, one pharmacy will provide this service in the next 12 months but activity is

noted through the supply route which in the majority is currently through Dispensing Appliance Contractors.

**Table 11: Number of pharmacies providing *advanced* services**

	No. providing	Will provide in the next 12 months
New Medicine Service	16	0
Appliance Use Review service	2	1
Stoma Appliance Customisation service	0	1
Flu Vaccination Service	15	2
Community Pharmacist Consultation Service (CPCS)	16	1
Hypertension Case Finding	6	9

#### *Other services*

The most popular services currently being providing by the surveyed pharmacies are:

- Home Delivery Service for prescribed products (13) (not an NHS commissioned service)
- Emergency Supply Service (11)
- Emergency Contraception Service and Extended Care Tier One (UTI) (9)
- Supervised Administration Service (9)

The following services are currently **not** provided by the pharmacies. However, if these services were to be commissioned most of the pharmacies indicated they would provide them:

- Chlamydia Testing Service – 16
- Chlamydia Treatment Service – 16
- Not Dispensed Scheme – 16
- Gluten Free Food Supply Service (not via FP10) -15
- NHS Health Check (Vascular Risk Assessment Service) -15
- Healthy Start Vitamins - 15
- Schools Service - 14
- Prescriber Support Service - 13

- Phlebotomy Service - 12

#### *Disease Specific Medicines Management Service*

- 1 Herefordshire pharmacy (located in Hereford City PCN) provides all services related to Disease Specific Medicines Management
  - 1 Herefordshire pharmacy (located in East PCN area) currently provides all services related to Disease Specific Medicines Management with the exception of Alzheimer's/dementia, Epilepsy and Parkinson's disease
  - 3 pharmacies currently provide Medicine Management Services for hypertension.
- 13 pharmacies said they would provide these services if commissioned.**

#### *Screening Services*

Pharmacies were asked about screening services for alcohol misuse, HIV, HbA1C, H. Pylori, and Gonorrhoea, hepatitis, cholesterol and diabetes.

- 2 pharmacies (one located in Hereford City and the other in North & west PCN) currently provide cholesterol and diabetes screening services.
- **At least 10 pharmacies would be willing to provide most of the screening services if commissioned (2 pharmacies would provide privately).**
- Hepatitis and HIV screening are the services that pharmacies would be least likely to provide if commissioned or privately.

#### *Vaccination services*

The number of pharmacies currently providing vaccination services are as follows:

- Seasonal Influenza Vaccination – 16
- Covid-19 – 3
- Hepatitis (at risk workers or patients)' – 3
- HPV – 1

- Pneumococcal – 4
- Travel vaccinations – 1
- Childhood vaccinations - 0
- Meningococcal - 0

**The majority of pharmacies indicated that they would be willing to provide these services if commissioned or privately.** However, pharmacies were least likely to say they would provide Hepatitis (at risk workers or patients), HPV, Meningococcal and Pneumococcal vaccination services.

#### *Other services*

None of the pharmacies that responded currently provide 'Independent Prescribing' or 'Medicines Optimisation' services. **Fourteen pharmacies said they would provide 'Independent Prescribing service' and 15 pharmacies would provide Medicines Optimisation service' if commissioned, 2 pharmacies would provide both of these services privately.**

#### *Non-commissioned services*

A number of pharmacies provide non-commissioned services:

- Collection of prescriptions from GP practices - 15
- Delivery of dispensed medicines and Monitored Dosage Systems (free of charge on request) - 15
- Delivery of dispensed medicines-with charge 6 pharmacies
- Monitored Dosage Systems, with charge, is not currently provided by any pharmacy

## **Dispensing Practices Survey**

Herefordshire County Council conducted an online Dispensing Practices Survey to gather information to inform the Pharmaceutical Needs Assessment. The survey was available from Monday 14th March to Sunday 29th April 2022 (see appendix 12).

### ***Respondents***

6 out of the 10 Herefordshire dispensing practices completed the online survey. Four of these are located in South and West PCN area. One is in the North and West and one is in the Hereford City PCN area.

### ***Access and equality***

- 5 dispensaries have a bus stop within 100 metres of the premises.
- All 6 have free on-site parking, disabled parking, and an accessible entrance for pushchairs, wheelchairs and walking frames.
- No dispensaries indicated that they are open on weekends
- 4 dispensaries have a hearing loop
- 1 dispensary has staff speaking Arabic (Fownhope Medical Centre in Hereford City PCN). 1 dispensary has staff speaking Polish (Weobley & Staunton-on-Wye Surgeries in North and West). 1 dispensary has staff speaking French and British Sign Language (Much Birch Surgery in South and West).
- All dispensaries indicated that they have the access to translation services.

### ***Services***

- 4 practices dispense all types of appliances. A further practice dispenses all but stoma and incontinence appliances.

- 5 have clinical pharmacists working at the practice for an average of 10 hours a week.

### ***Non-commissioned services***

The following non-commissioned services are provided:

- Delivery of dispensed medicines (free of charge on request) – 4 practices
- Monitored Dosage Systems (free of charge on request) – 4 practices
- No practices provide delivery of dispensed medicines (with charge) or Monitored Dosage Systems (with charge)

## **PART C**

### **Assessment to determine gaps in provision and opportunities for service development**

Parts A and B of this PNA have summarised the current position in terms of provision of pharmaceutical services by contractors and the local needs which might be met by pharmaceutical services. Part C aims to identify if there are any gaps in provision and opportunities for service development.

### ***Key areas of progress since the 2018 PNA and current recommendations***

The 2018 PNA made suggestions for potential future services that would optimise the ability of pharmacies to meet local health needs. A number of these suggestions have now been supported by national plans, some have been developed via local initiative, whilst others have not been developed further. The COVID-19 pandemic is likely to have affected progress in some areas. Table 12 shows the potential future services identified in the 2018 Herefordshire PNA and our current position.

**Table 12: Progress around potential future services suggested in the 2018 PNA**

2018 PNA suggested future services	Progress update
<p><b>Stop Smoking Service</b> Ensure pharmacies are commissioned to provide both behavioural support and pharmacotherapy services i.e. one stop service.</p>	<p>There is now a national effort to enable pharmacies to offer smoking cessation support. However, it needs to be ensured that sufficient behavioural support is available in the community, as well as pharmacotherapy, in line with evidence-based recommendations. Behavioural support is currently provided by the Healthy Living Service.</p>
<p><b>Blood Pressure Checks</b></p>	<p>NHS England commissioned a blood pressure check service in 2021. It will be important to facilitate delivery of this service through as many pharmacies as possible.</p>
<p><b>Domiciliary Flu Vaccination Service</b></p>	<p>NHS England flu service specification now permits domiciliary flu vaccinations for eligible groups. PCN Direct Enhanced Services contract requires community pharmacies and GP practices to work together on managing flu vaccinations together for their populations.</p>
<p><b>Healthy Living Pharmacies</b></p>	<p>All pharmacies are HLP as part of terms of service.</p>
<p><b>Healthy Living Network</b>  Integration of HLP Level 1 pharmacies in to Hereford Council “Healthy Living Network” programme</p>	<p>This is now part of the pharmacy core contract</p>
<p><b>Pharmacy First Minor Ailments Service</b></p>	<p>National Department of Health Policy on self-care and purchase of over the counter medicines has influenced next steps on this. GP CPCS and the extended PGD services for certain conditions e.g. insect bites/ impetigo should continue through local commissioned arrangements.</p>
<p><b>Integrated medicines Optimisation</b>  NHS Net addresses</p>	<p>NHS NET email addresses are in place for all pharmacies.  The Discharge Medicines Service is now the national lever towards supporting patients when they leave hospital. However there remain concerns over patients who require longer term support on re-packaged medicines.</p>

Develop integrated medicines optimisation services for people who are cared for in more than one setting	
<b>Raising profile of public information on community pharmacy based services</b>	Care Navigation Service (signposting service for self-care) has now been implemented. Further work is needed to increase the availability of information on services provided by pharmacies.
<b>Weight Management</b>  a) Advice & brief interventions on weight management, healthy eating & exercise, b) Pharmacy-based weight management service	This was not developed further
<b>Provision of Naloxone</b>	This was not developed further
<b>Screening &amp; Diagnostics</b> •Pharmacy based screening and/or diagnostics e.g.  -NHS Health Checks -Blood-borne virus testing -Spirometry	Pilot projects have been carried out, but this area has not yet been developed further.
<b>Diabetes Prevention Programme</b>	Pilot projects have been carried out, but this area has not yet been developed further.

#### Current recommendations in relation to the 2018 PNA:

- Whilst pharmacies are now contractually obliged to work with primary care to provide Flu vaccinations for their populations, we know that many vaccine inequalities remain. Pharmacies should promote the flu vaccine offer, particularly in deprived communities. Pharmacies should also contribute to other vaccination programmes.
- Blood pressure checks are now being commissioned throughout England and pharmacies in Herefordshire are beginning to implement this service. Pharmacies in areas of deprivation should be particularly encouraged to implement and promote this service.

- All pharmacies in Herefordshire are now Healthy Living Pharmacies (HLPs) with NHS net addresses. Each HLP is required to have a Health Champion who has undertaken the Royal Society for Public Health (RSPH) Level 2 Award ‘Understanding Health Improvement’. A communication network should be explored to ensure frequent communication between the Health Champions and the Herefordshire Local Authority Public Health Team.

**Key findings from public and contractor engagement and current recommendations**

Although the response rates to our surveys were low and not representative of the Herefordshire population, the findings around access and public confidence are informative and may support recommendations to maximise the potential of pharmacies to meet health needs.

**Table 13: Findings and opportunities suggested by public and contractor engagement**

Assessment of access	Opportunities/considerations
<p>Pharmaceutical services are provided by appropriately located contractors, delivering services over an appropriate period to allow reasonable access for the majority of people in Herefordshire.</p> <p>It has been assessed that there is currently sufficient provision of pharmacies and dispensing GP practices throughout Herefordshire who deliver essential pharmaceutical services. There are 27 pharmacies and 10 dispensing GP practices in Herefordshire, equating to one contractor per 5233 people (compared to one contractor per 4605 people in England as a whole).</p> <p>Mapping of locations of pharmacies and travel times by car to pharmacies has demonstrated that access to pharmacies is adequate across the county, where residents have access to a car. According to our analysis, the whole of the population of Herefordshire live within a 20 minute car journey to a pharmacy or GP dispensing practice. Around 64% of the total population of Herefordshire live within a 30 minute walking distance of a pharmacy or GP dispensing practice. 66% of the population can access a community pharmacy or dispensing practice within 45 minutes by public transport on a</p>	<p>The ratio of pharmacies to population is lower in Herefordshire than England and Herefordshire has a growing older population with greater need of these services. Services need to be aware of these changing demographics. NHSEi should consider this in relation to future applications for new services from the existing contractor base.</p> <p>There is demand and possible associated need with community pharmacies opening later and out of normal working hours. Flexibility around opening hours should be considered, including the option of extending existing contractors’ opening hours on a locally commissioned rota basis.</p> <p>Public transport, parking and opening times appear to be issues in some places at some times.</p>

<p>weekday morning, but this proportion is much reduced on weekends.</p> <p>A large majority of public survey respondents found accessing pharmacy services were easy in terms of communication, accessibility of building and distance. However, respondents noted ‘some issues’ or ‘significant difficulties’ with access in terms of:</p> <ul style="list-style-type: none"> <li>• Parking (32%)</li> <li>• Opening times (36%)</li> <li>• Public transport (40%)</li> </ul> <p>All of the pharmacies that responded to our questionnaire said that the door to the pharmacy is accessible to all customers, including those who use pushchairs, wheelchairs and walking frames. There is disabled parking available outside at most of the pharmacies and some pharmacies have free parking available for their patients.</p> <p>There is currently no sharps disposal service in pharmacies in Herefordshire.</p>	<p>Areas of high rurality are very dependent on dispensing practices although patient choice to travel exists. These contractors do not provide advanced and locally commissioned services. Access to these services is therefore likely to be sub-optimal for these populations.</p> <p>Clear pathways need to be established for the disposal of all sharps and this is currently being addressed at regional level through its review of waste medicines and sharps disposal.</p>
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Assessment of public awareness and confidence	Opportunities/considerations
<p>Most public survey respondents used pharmacies to obtain advice on buying OTC medicines. However, they reported that they usually get advice about health, lifestyle and disease prevention from the internet or GP practice, despite 83% being aware that pharmacists can provide this.</p> <p>Respondents were asked to rate their confidence in their pharmacy team's advice and knowledge of services. The services that respondents had the highest levels of confidence in were: prescribed medicines (79%) and OTC medicines (68%). Respondents had the lowest levels of confidence in the pharmacy team's advice and knowledge relating to healthy lifestyle services (41%).</p> <p>61% of respondents indicated that they were not aware that their pharmacy produces a leaflet about the services that they provide.</p>	<p>This evidence of patient choice in terms of seeking healthy lifestyle advice is likely to be due to the perceived role of pharmacies as being primarily experts in pharmaceutical medicines.</p> <p>Considerable work is needed to increase public awareness and confidence around the role of pharmacies to provide healthy lifestyle support in relation to smoking cessation, physical activity, achieving a healthy weight and alcohol consumption.</p> <p>The Herefordshire Public Health team could support pharmacies in their Healthy Living functions, encouraging professional networks and providing information to the HLP Level2 Health Champions about the current priority outcome metrics. This area of work has stalled through Covid-19.</p>

**Current recommendations in relation to the 2022 public and contractor engagement surveys:**

- Work should be undertaken to increase public awareness and confidence around the ability of pharmacies to provide healthy lifestyle support.
- Flexibility around opening hours should be considered, including the option of extending existing contractors' opening hours on a locally commissioned rota basis.
- Clear pathways need to be established for the disposal of all sharps.
- During COVID-19 lockdowns, volunteer agencies (e.g. Talk Community) assisted rurally dispersed communities with pharmacy access. Continuation of these efforts would facilitate access, particularly for those without car access. However, this requires a careful system response with pharmacist discretion; compliance with complex medicines regulations and patient safety paramount.

**Key findings relating to health needs identified within the 2021 JSNA and regional health profile (OHID) and current recommendations**

Part B of the PNA highlighted relevant information from the 2021 Joint Strategic Needs Assessment (JSNA) and the regional health profile produced by the Office for Health Improvement and Disparities (OHID) around health needs in Herefordshire. The JSNA includes important information about inequalities in the wider determinants of health, some of which cannot be directly influenced by pharmacies. However, for many issues, there is an opportunity for community pharmacies to meet needs. These have been selected and tabulated below.

**Table 14: Health needs and opportunities identified within the 2021 JSNA and regional health profile (OHID)**

Health Needs	Opportunities/considerations
<b>1. Protecting the vulnerable</b>	
Multiple Complex Vulnerabilities	A Complex Adult Referrals Matrix approach can contribute to positive outcomes for adults and greatly aids meaningful communication between services. Pharmacies must be aware of and able to refer to wider support services.
Domestic violence	Pharmacies can play an important role increasing awareness of the signs of domestic abuse, and providing a confidential safe space to enable signposting to vital support services.
<b>2. Housing</b>	
Fuel poverty	Pharmacies can play an important role identifying those who may be at risk of fuel poverty, awareness raising, and providing a confidential safe space to enable signposting to vital support services. This may help to reduce the excess winter deaths that occur in Herefordshire.
<b>3. Getting a good start</b>	
Smoking in pregnancy	Herefordshire Healthy Living Service provide behavioural support. Current access to maternity stop smoking services may be hindered by geographical barriers. There is a national effort to enable pharmacies to sign up to offer

	<p>pharmacotherapy and behavioural support services combined.</p> <p>Increasing the provision and awareness of stop smoking services in pharmacies could increase uptake and reduce the percentage of mothers who are smokers at the time of delivery in Herefordshire.</p>
Child oral health	If child oral health is not identified as a national priority, local resource should be provided to enable pharmacies to give this support and advice on a voluntary basis.
<b>4. Healthy lifestyles</b>	
<p>Overweight/obesity</p> <p>Physical inactivity</p> <p>Alcohol misuse</p> <p>Smoking</p>	<p>Pharmacies are an important community asset and their role in improving health and wellbeing could be maximised through the provision of targeted opportunistic advice to address these issues. Level 2 Health Champions could provide a network to promote good practice. The availability of commissioned services could also be increased. For example, there may be a need for pharmacies to provide behavioural support for smoking cessation. Pharmacies may also be commissioned to provide weight management services. These were recommended in 2018 PNA but not taken forward.</p> <p>NHS Health Checks for those aged 40 – 74 years are designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Many of these conditions are linked to lifestyle and the NHS Health Check provides an opportunity to deliver advice and signposting interventions as well as referral for medical consideration. Pharmacies may be commissioned to provide NHS Health Checks.</p>
Diabetes under-diagnosis and prevention	<p>Services could be commissioned provide blood glucose screening and subsequent referrals.</p> <p>Since the 2018 JSNA, Herefordshire pharmacies have worked on a pilot diabetes prevention project. This could be a potentially valuable service to deliver through a pharmacy-based programme, utilising the skill mix in pharmacy.</p>
<b>5. Mental health</b>	
Dementia under-diagnosis	The projected age structure of the population is likely to mean that under-diagnosis becomes more problematic. Pharmacies could have a valuable role in identifying and

	referring those who may be at risk. Relationships with customers who are carers may be an important enabler in this.
Poor mental well-being	Pharmacies must be aware of and able to refer to wider support services, such as social prescribing.

### Current recommendations in relation to the 2021 JSNA and regional health profile (OHID):

- Ensure that pharmacies have access to up-to-date information about non-medical service directories, for example, social prescribing. Pharmacies should also be aware of key local issues such as fuel poverty, domestic violence and mental health.
- Maximise the role of Healthy Living Pharmacies to support healthy lifestyles. For example, Level 2 Health Champions could provide a network that models and promotes good practice in relation to providing opportunistic, tailored healthy living advice.
- Pharmacies should provide tailored opportunistic advice about child oral health and consider this issue for awareness campaigns, particularly in areas of high deprivation.
- Increase the availability of commissioned services such as weight management and behavioural support for smoking cessation. This would reduce geographical barriers to these services and provide more convenient one-stop support, particularly in deprived communities.
- Consider commissioning blood-glucose screening and diabetes prevention programmes to address current under-diagnosis in Herefordshire.

## SUMMARY OF RECOMMENDATIONS AND CONCLUSIONS

This PNA has found that the level of access to pharmaceutical services currently commissioned across Herefordshire generally meets the needs of the population, as described in the findings. The pharmaceutical service in Herefordshire is provided by a variety of contractors that are appropriately located to meet the needs of the vast majority of the population. However, it is clear that the role of community pharmacies in preventing ill-health and supporting self-care could be strengthened through the existing pharmacy contractor base.

All pharmacies in Herefordshire are now Healthy Living Pharmacies (HLPs), ensuring that pharmacies have a workforce with the skills and opportunity to make an important impact on the health and wellbeing of the communities they serve. However, an interesting finding of this PNA is that some of the respondents to the small sample in the public survey currently report having less confidence in the ability of pharmacies to provide healthy living advice compared with the GP, highlighting the need for us to increase awareness about the skills and services on offer at pharmacies. It should be noted however, that we do not know the proportion of respondents who would usually use a dispensing practice rather than a community pharmacy. As dispensing practices are not commissioned to provide additional services, this may have influenced responses.

Dispensing practices are of utmost importance to reduce geographical barriers to dispensing services in areas of high rurality. However, these areas have reduced access to Advanced, Enhanced and Locally Commissioned Services that may be provided by community pharmacies.

Currently, the ratio of pharmacies to population is lower in Herefordshire than England and Herefordshire has a growing older population with greater need of these services. Services need to be aware of these changing demographics. Commissioners must also ensure that any additional services do not compromise the availability and quality of essential services.

**Table 15: Summary recommendations of the 2022 PNA**

Recommendation	Who
Pharmacies should work with partners in the system to reduce vaccine inequalities, promoting the flu vaccine offer, particularly in deprived communities. Pharmacies should also contribute to other vaccination programmes.	Pharmacies PCNs Taurus Healthcare Local Authority Public Health Team
Flexibility around opening hours should be considered, including the option of extending existing contractors' opening hours on a locally commissioned rota basis.	Pharmacies Pharmacy Commissioning Lead

Encourage secondary care based pharmacy colleagues to begin to incorporate DMS into their discharge processes. The focus should be on discharges for frail patients, those on high risk medicines and those whose primary diagnosis is shown to be a frequent cause of readmission before 30 days.	ICB/ICS and system partners
Pharmacies in areas of deprivation should be particularly encouraged to implement and promote blood pressure checks.	Pharmacies
Formation of a network of pharmacy Health Champions should be explored, in partnership with the local public health team. This could be utilised to achieve improved and consistent practice to maximise the health promoting role of community pharmacies.	Local Authority Public Health Team  Integrated Care System (ICS) Pharmacy Lead for Herefordshire  Local Pharmaceutical Committee
Clear pathways need to be established for the disposal of all sharps and waste medicines as part of a redefined service.	Pharmacy Commissioning Lead
Volunteer efforts initiated during COVID-19 lockdowns, to facilitate pharmacy access for those living in rural communities should continue where possible under the responsibility and discretion of the pharmacist/pharmacy.	Talk Community  Local Authority Public Health Team
Ensure that pharmacies have access to up-to-date information about non-medical service directories, for example, social prescribing. Pharmacies should also be aware of key local issues such as fuel poverty, domestic violence and mental health.	Local Authority Public Health Team  Health Champions Network
If child oral health is not identified as a national priority, local resource should be provided to enable pharmacies to give this support and advice on a voluntary basis.	Local Authority Public Health Team  Health Champions Network
Consider increasing the availability of commissioned services such as: <ul style="list-style-type: none"> <li>• weight management</li> <li>• pharmacotherapy and behavioural support for smoking cessation</li> </ul>	Commissioners across the system

<ul style="list-style-type: none"> <li>• NHS Health checks</li> <li>• This would reduce geographical barriers to these services and provide more convenient one-stop support, particularly in deprived communities.</li> <li>• Diabetes Prevention</li> </ul>	
<p>Consider and further explore the availability and use of translation services in pharmacies. NHSE do not currently commission translation services for pharmacies to access. This is important now and will become more important as more clinical services develop and our populations change.</p>	<p>PNA Working Group (see below)</p>

This PNA has identified important recommendations for change and has highlighted previous recommendations that were not taken forward in light of the COVID-19 pandemic and associated pressures. Going forward, it will be important to ensure that the findings of this PNA are acted upon, with clear governance in place on their review. We suggest that the Health and Wellbeing Board review progress annually, and that a Herefordshire PNA Working Group is set up to explore further and progress the findings and recommendations from this PNA.

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