



Title of report: Herefordshire Pharmaceutical Needs Assessment 2025

Meeting: Health and Wellbeing Board

Meeting date: Monday 15 September 2025

Report by: Public Health Training Specialist Registrar

Classification

Open

Decision type

This is not an executive decision

Wards affected

All Wards

Purpose

This report seeks the approval of members for the publication of the 2025 Herefordshire Pharmaceutical Needs Assessment (PNA) on 1 October 2025 (the statutory deadline). The statutory 60-day consultation period for this PNA ended on 2 September 2025. Members are asked to note the consultation report (appendix 1) and to delegate final approval for publication to the PNA working group.

Recommendation(s)

That the board:

- a) **note the Pharmaceutical Needs Assessment (PNA) Draft Main Document (appendix 3) and its key statements and recommendations;**
- b) **note the Consultation Report (appendix 1); and**
- c) **approve the PNA for publication on 1 October 2025 in principle, with final approval delegated to the PNA working group.**

Alternative options

It is a statutory requirement of the Health and Wellbeing Board to publish a PNA on a 3-yearly basis.

Key considerations

1. The PNA provides an assessment of the current provision of pharmaceutical services across Herefordshire and whether this meets the needs of the population, identifying any potential gaps in service delivery.

Further information on the subject of this report is available from
Ryan Davies, ryan.davies@herefordshire.gov.uk

2. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 state that health and wellbeing boards (HWBs) must produce a PNA every 3 years. The last Herefordshire PNA was published in October 2022.
3. The development of the 2025 PNA was achieved through various engagement activities to ensure input from key stakeholders, including:
 - Regular working group meetings
 - Public Survey and Focus Groups
 - Distribution of Contractor Surveys (Community Pharmacies and Dispensing Practices)
 - Formal consultation with statutory consultees
4. The summary findings of the **Regulatory Statements** from the PNA are as follows:
 - 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. This is the same total number as the 2022 PNA but includes one 'bricks and mortar' pharmacy closure and replacement by a Distance Selling Pharmacy.
 - No gaps were found in provision of necessary services. 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 in weekdays up to 1800hrs. On Saturdays the entire population are within a 30-minute journey by car, and this only drops slightly to 97% on Sundays. There is also good access by foot for most of the urban population during weekdays. However, access on foot is poorer out of hours and at weekends. Public Transport is also more limited, particularly in rural areas. 18 of the 27 Pharmacies in the county are open on Saturdays and 6 of the 27 are open on Sundays.
 - Overall, there is good coverage of Advanced Services. Pharmacy First is offered at nearly all pharmacies (96%). Flu Vaccination Service is offered at 89%, Hypertension Case Finding at 81% and Lateral Flow Devices at 81%. Contraception services are slightly lower, however, and only offered by just over half of pharmacies (59%). The lowest coverage is for smoking cessation services (for patients discharged from hospital), which is only offered by a third of pharmacies (29%). Additionally, geographical variation in these services exists, both by PCNs and between more deprived and affluent areas.
 - Weekday evening provision after 1900hrs is now reliant on a single pharmacy in Hereford City. Therefore, the consideration of commissioning of a rota is included in the recommendations (see below). Additionally, increasing smoking cessation services is an area that would secure future improvements.
 - In terms of other NHS Services, Herefordshire Council currently commissions Emergency Hormonal Contraception via Solutions 4 Health (Sexual Health Herefordshire) and Needle Exchange and Supervised Consumption via Turning Point. Additionally, the recommissioning of Smoking Cessation services via Stop Smoking Herefordshire is currently ongoing. Herefordshire and Worcestershire ICB currently commissions Palliative Care Medicine Hubs and Antivirals for Pandemics. Analysis indicates adequate provision of most services across the county. Services with reduced coverage include needle and syringe exchange, where Hereford City and North and West PCNs are both reliant on provision from single pharmacies.
 - The 2025 PNA has assessed pharmaceutical needs and service provision within Herefordshire at County and PCN level where possible. Needs of different PCNs have been considered in terms of population size, rurality, access and levels of deprivation.

Information has been reported on protected characteristics within the Joint Strategic Needs Assessment (JSNA) summaries and public surveys.

5. The **Recommendations** of the report are as follows (note the first 4 are shared across HWICS):
 - 1) Increase public confidence, awareness and uptake of pharmacy services, particularly Pharmacy First.
 - 2) Increase strategic oversight and alignment of services with health priority areas.
 - 3) Ensure sustainability of current services and staff morale.
 - 4) Improve joint working with Local Authority Public Health Teams and PCNs. Particularly, with regards Population Health Management, Neighbourhood Health Plans, information sharing and data capture.
 - 5) Consideration for commissioning a rota to allow for increased out of hours provision beyond 1900hrs during weekday evenings.
 - 6) Aim to ensure Hypertension Case Finding and Smoking Cessation services are provided within areas of greatest need. This may be by levels of deprivation, or ideally, identified using local data and intelligence.
 - 7) Consideration of commissioning a new sharps' disposal service.
 - 8) Increase partnership working with regards Public Health (Promotion of Healthy Lifestyles) as an essential service. This should be through collaboration with the Public Health Team, PCNs and local Health Champion initiatives.
 - 9) Use of local data intelligence to inform services This should also be two-way and links to data capture and sharing of pharmacy data, as above.
 - 10) Alignment with local health priorities and key performance indicators. Particularly, vaccination coverage and promotion, hypertension and smoking in early pregnancy.
 - 11) Consideration of streamlining the existing local commissioning process. With the aim of increasing uptake of services by pharmacies who are under significant workload pressures and may be otherwise put off by the time taken to complete this.
 - 12) Consideration of the environment, crowding and queuing systems within community pharmacies. This is to allow for greater customer privacy and inclusivity to those neurodivergent individuals. This may also increase uptake of pharmacy first and other services.
 - 13) Finally, greater accountability for tracking and enabling these recommendations should occur through the creation of a PNA Recommendation Action Matrix. This should be used for updates at subsequent PNA working groups.
6. Note the last recommendation, that these are to be detailed further by responsibility, key activities, barriers and timeline (SMART) via the associated action matrix. This is the responsibility of the PNA working group to implement and allows continued tracking of progress. It is also suggested that the Health and Wellbeing Board review this annually.

Community impact

7. The Herefordshire PNA 2025 will be used by commissioners to consider new pharmacy applications as well as any additional advanced or locally enhanced services. Given the critical role community pharmacies have on the health and wellbeing of the population they serve, the

impact of decisions related to services is significant. This is reflected throughout the PNA and its recommendations and should be considered by members of the HWB.

Environmental impact

8. The recommendations in this report would not have a significant environmental impact. However, ensuring adequate provision of pharmaceutical services promotes good stewardship of medicines. Medicines account for 25% of NHS greenhouse gas emissions.

Equality duty

9. The Public Sector Equality Duty requires the Council to consider how it can positively contribute to the advancement of equality and good relations and demonstrate that it is paying 'due regard' in our decision making in the design of policies and in the delivery of services.
10. The detail in the PNA pays due regard to this duty and the recommendations seek to deliver appropriate support, access and services for those with protected characteristics under the 2010 Equality Act.
11. The mandatory equality impact screening checklist has been completed (appendix 2) for this decision and it has been found to have low impact for equality. Therefore, a full Equality Impact Assessment is not required. However, the following equality considerations should be taken into account when making a decision:
 - The demographic characteristics and feedback from both the public survey and focus groups.
 - Access and disability considerations and reporting of statutory requirements.
 - Recommendations regarding mental health and reasonable adjustments.
 - Service provision relating to pregnancy and maternity.

Resource implications

12. Accepting the recommendations does not have direct resource implications. Commissioners will need to consider the recommendations balanced against other budget priorities.

Legal implications

13. In accordance with the provisions of the Health and Social Care Act 2012, the council's constitution (paragraph 3.5.27 (h)) identifies that it is a function of the board 'To prepare and publish a local Pharmaceutical Needs Assessment under S206 of the 2012 Act'.

Risk management

14. There is significant reputational risk attached to non-publication of the PNA by 1 October 2025. Mitigation is through accepting the recommendations of this paper and continued delegation of the final publication decision to the PNA Working Group.

Consultees

15. NHS (Pharmaceutical & LPS) Regulations 2013 require a 60-day consultation as part of the statutory duty around production of a PNA. The statutory consultation period for the Herefordshire PNA ran from 4 July to 2 September 2025.
16. The email to consultees contained an invitation letter and a link to the webpage on the Herefordshire Council website with PDF copies of the full draft PNA report, appendices and link

for survey comments/feedback. The regulations also state the required consultees. The following organisations, and contacts therein, were therefore notified via email on 4 July:

- Herefordshire Local Pharmaceutical Committee (LPC)
- Herefordshire Local Medical Committee (LMC)
- Herefordshire Pharmacies
- Herefordshire Dispensing GP Practices (Practice Managers)
- Healthwatch Herefordshire
- Wye Valley Trust
- HWICB
- NHSE West Midlands Region
- Office for the West Midlands (OWM)
- Neighbouring LPCs (Gloucester and Shropshire)
- Neighbouring HWBs and DPHs (Gloucester, Shropshire and Worcestershire)
- PNA Working Group Members

17. There were only 4 responses to the consultation. The full consultation report, including the regulations, invitation letter, survey questions and response log is at appendix 1.

Appendices

Appendix 1: Consultation Report

Appendix 2: Equality Impact Screening Checklist

Appendix 3: Herefordshire PNA 2025 – Draft Main Document

Appendix 4: Herefordshire PNA 2025 – Draft Main Document Appendices

Appendix 5: Herefordshire PNA 2025 – Presentation to the Health and Wellbeing Board

Background papers

None identified.