

**Herefordshire Health and
Wellbeing Board
Pharmaceutical Needs
Assessment (PNA) 2025**

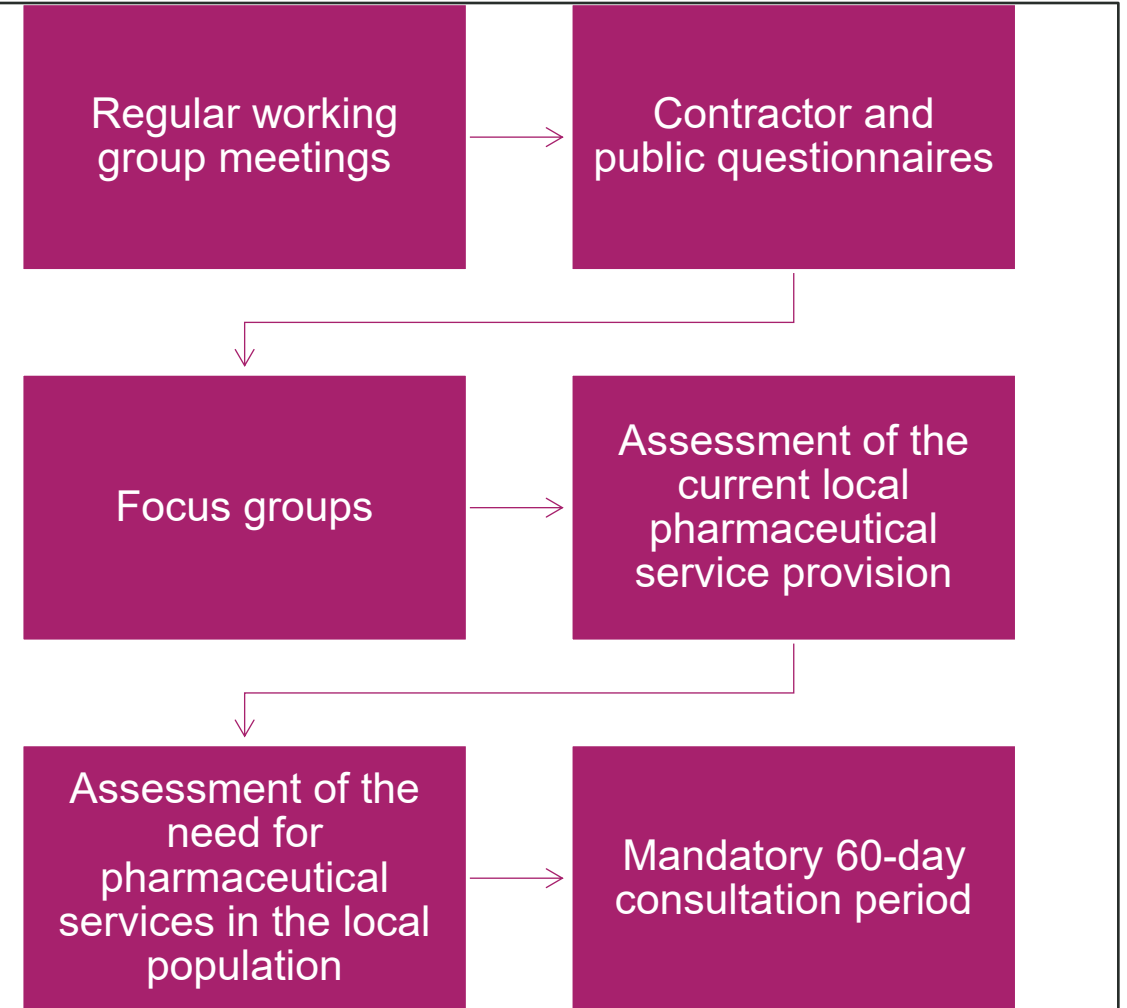


September 2025

Context

- PNA is a 3 yearly statutory requirement of HWBs
- Aim is to establish and review the current NHS pharmaceutical services provided to the local population
- Used to assess new pharmacy applications and guide commissioning decisions
- Herefordshire PNA last published Oct 2022

Process

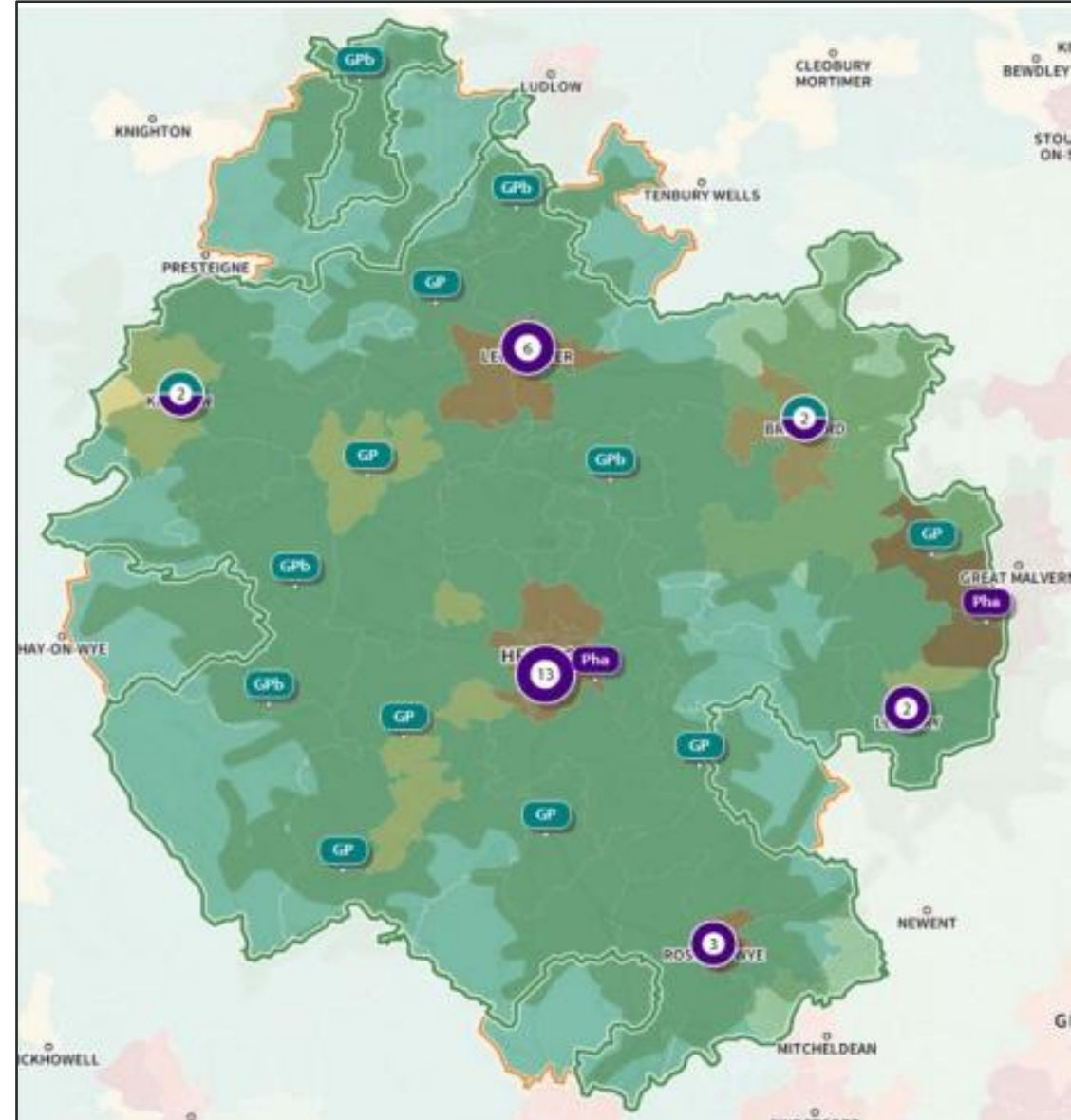


Gap Analysis

Working Group Agreed Criteria:

1. Most residents should be within a 20-minute drive of a pharmaceutical provider that is open during usual hours (Monday-Friday, 0900-1700hrs).
2. Most residents should be able to access a pharmaceutical provider within a 20-minute drive in the evening and on Saturdays. 30 mins for rural areas.
3. Most residents should be able to access a pharmaceutical provider within a 30-minute drive on a Sunday. 40 mins for rural areas.

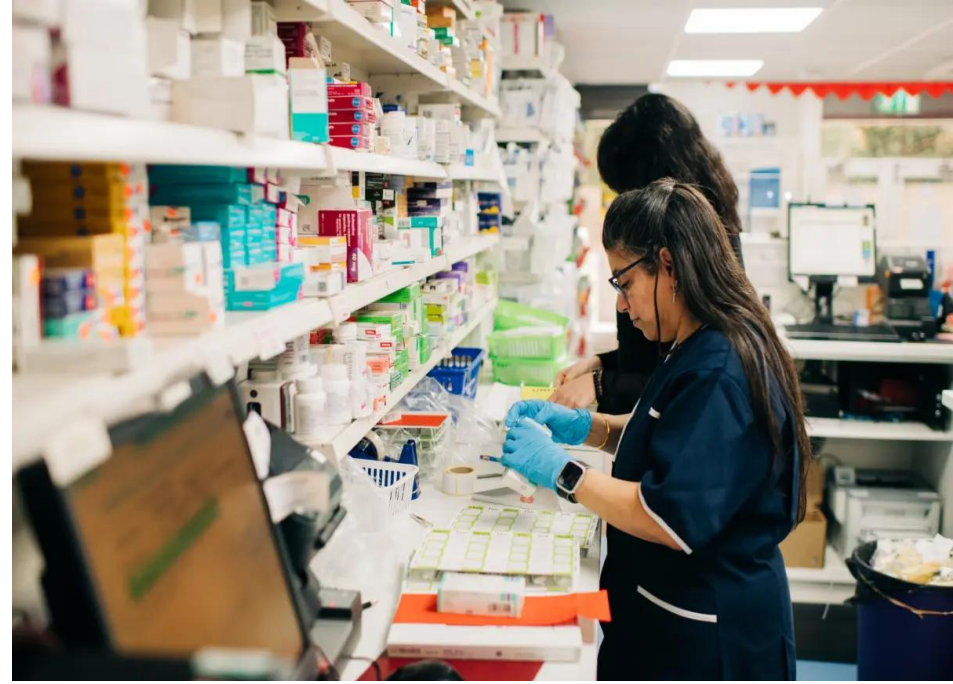
Outcome: No gaps identified by agreed measures



10min Travel Time by Car to Pharmacies and Dispensing Practices

Conclusions

- Same number of Pharmacies (27) & Dispensing Practices (10) as in 2022 PNA.
- One 'bricks and mortar' Pharmacy has closed and replaced by a DSP
- Small reductions in out of hours provision, both during weekday evenings & weekends.
- Weekday evening provision >1900hrs now reliant on 1 pharmacy.
- However, no gaps of access & travel times for essential services.
- Overall, good coverage of Advanced Services, however, geographical variation remains, particularly deprived and affluent areas.
- Smoking cessation coverage is low. The locally commissioned Stop Smoking Herefordshire is undergoing recommissioning



Conclusions

- Projected health burden & demand on pharmacies likely to increase.
- Good overall levels of public satisfaction with Pharmaceutical Services. However, awareness & confidence may be limiting uptake.
- Some specific access and service provision issues raised through engagement. However, these may not be generalisable to wider population.
- Some recommendations from 2022 PNA have been addressed. Others remain relevant issues and are incorporated into current recommendations.
- Many previous and proposed recommendations are reliant on partnership working with the ICB, local authority public health team and primary care. Therefore, not the sole responsibility of community pharmacy.



Recommendations

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 & PCNs, particularly with regards population health management.
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.
7. Consideration of commissioning a new sharps' disposal service.



Recommendations

8. Increase partnership working with regards Public Health (Promotion of Healthy Lifestyles) as an essential service.
9. Better use of local data intelligence to inform services.
10. Alignment with local health priorities & key performance indicators. Particularly, vaccination, hypertension & smoking in pregnancy.
11. Consideration of streamlining the existing local commissioning process, to increase uptake of offers by pharmacies.
12. Consideration of the environment, crowding and queuing systems within community pharmacies, to allow greater privacy and inclusivity to neurodivergent individuals.
13. Finally, greater accountability for tracking and enabling these recommendations through the creation of an Action Matrix.



Questions ?