

Equality Analysis Report

Title of activity / Budget Proposal title and number Pharmaceutical Needs Assessment (PNA) 2018	Committee meeting (decision maker) and date Bedford Borough Health and Wellbeing Board
Service area Public Health	Lead officer Jackie Golding Public Health Manager (Head of Public Health Programmes)
Approved by Ian Brown Chief Officer for Public Health	Date of approval 6 February 2018
Description of activity: <p>The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013</p> <p>The Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across Bedford Borough and whether this meets the needs of the population and identifies any potential gaps to service delivery.</p> <p>The PNA includes information on:</p> <ul style="list-style-type: none"> • Pharmacies in Bedford Borough and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users. • Other pharmaceutical service providers such as dispensing GP surgeries. • Maps relating to Bedford Borough and providers of pharmaceutical services in the area. • Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs. <p>Pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and include:</p> <ul style="list-style-type: none"> • Essential services which every community pharmacy providing NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the 2013 Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care. • Advanced services which community pharmacy contractors and dispensing appliance contracts can provide subject to accreditation. These are currently Medicines Use Reviews and the New Medicines Service from community pharmacists; Appliance Use Reviews and the Stoma 	

Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.

Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.

Please refer to the Equality Analysis Template Notes for guidance on completing this form.

Relevance Test

1. The outcomes of the activity directly and significantly impact on people, e.g. service users, employees, voluntary and community sector groups.	Yes	<input type="checkbox"/>	No	X
2. The activity could / does affect one or more protected equality groups.	Yes	X	No	<input type="checkbox"/>
3. The activity could / does affect protected equality groups differently.	Yes	<input type="checkbox"/>	No	X
4. One or more protected equality groups could be disadvantaged, adversely affected or are at risk of discrimination as a result of the activity.	Yes	<input type="checkbox"/>	No	X
5. The activity relates to an area where there are known inequalities.	Yes	X	No	<input type="checkbox"/>
6. The activity sets out proposals for significant changes to services, policies etc. and / or significantly affects how services are delivered.	Yes	<input type="checkbox"/>	No	X
7. The activity relates to one or more of the three aims of the Council's equality duty.	Yes	X	No	<input type="checkbox"/>
8. The activity relates to the Council's Corporate Plan objectives, is a significant activity and / or presents a high risk to the Council's public reputation.	Yes	X	No	<input type="checkbox"/>
9. An equality analysis of this activity is required.	Yes	X	No	<input type="checkbox"/>
This activity has no relevance to Bedford Borough Council's duty to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations. An equality analysis is not needed.				<input type="checkbox"/>
Explanation why equality analysis is not needed				

Scope of equality analysis

Who is / will be impacted by the activity's aims and outcomes?	<p>The Pharmaceutical Needs Assessment:</p> <ul style="list-style-type: none"> • will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. • will help the Health and Wellbeing Board (HWB) to work with providers to target services at areas
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	<p>where they are needed and limit duplication of services in areas where provision is adequate.</p> <ul style="list-style-type: none"> • will inform interested parties of the pharmaceutical needs in Bedford Borough and enable planning, development and delivery of pharmaceutical services for the population. • It will inform commissioning decisions by local commissioning bodies including Bedford Borough Council (public health services from community pharmacies), NHS England and Bedfordshire Clinical Commissioning Group (BCCG).
Which particular protected equality groups are likely / will be affected?	The PNA is aligned with the evidence in the Bedford Borough Joint Strategic Needs Assessment (JSNA) and the Bedford Borough Health and Wellbeing Strategy and as such has taken account of a range of evidence relating to health inequalities. The gap analysis should help ensure that inequalities are minimised.

Evidence, data, information and consultation

What evidence have you used to analyse the effects on equality?	<p>Various data has been analysed from a variety of national and local sources. For example; Demographic Profiles – Census & ONS, Population forecast POPPI/PANSI, analysis of service outcomes for different groups, Consultation with Community / Voluntary Sector, expert views of stakeholders representing diverse groups</p> <p>Population</p> <p>Bedford Borough’s population is estimated to increase to approximately 186,200 by 2025, an increase of 9% between 2017 and 2025. However, the older population is forecast to increase at a much higher rate, with the 65+ population rising by 20% and the 85+ population is forecast to increase by an even higher level of 38%.</p> <p>There are major differences between the age structures of the Borough’s urban and rural areas</p> <ul style="list-style-type: none"> • The population in the urban areas of Bedford Borough grew by approximately 2,300 with growth concentrated in Queens Park and Cauldwell Wards. • The population of Kempston Town was largely unchanged. • The parishes which experienced significant population increase are Ravensden (1,251), Renhold (1,001), Wilshamstead (1,000), Clapham (910) and Eastcotts (799). It should be noted that most of the increase in Ravensden occurred in the new development known as Woodlands Park; this became part of Brickhill
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ward in April 2015.

The population of Bedford and Kempston Towns is much younger on average, with only 45% of the population aged 40+ compared to 55% in rural areas.

Average life expectancy in 2013 to 2015 for Bedford Borough is 79.9 years for men and 83.5 years for women. At 3.6 years, this gradually closing gap is the smallest it has been since 2006-2008, due to faster improvement in male life expectancy. This compares to 80.3 years for men and 83.7 years for women in the East of England.

In 2016, Bedford Borough achieved a Chlamydia detection rate of 2,424 per 100,000 for the population aged between 15 and 24 years, which is significantly better than the England average of 1,882 per 100,000 and the East of England rate of 1,361 per 100,000 resident 15-24 year olds which confirms Bedford Borough has an effective approach to Chlamydia screening locally and targeting an appropriate cohort whilst retaining open access.

With the prevalence of HIV being higher in Bedford Borough 2.37% (2015) than the England average 2.26% (2015), proactive campaigning by community pharmacy teams can raise awareness, improve uptake of HIV screening and increase early detection.

Disability: *e.g. Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement*

Mortality rates in Bedford Borough, East of England and England & Wales

Mortality Rate	Bedford Borough	East of England	England and Wales
Crude*	8.0	8.8	8.6
Standard**	94	95	100

The main cause of premature death in Bedford Borough was due to cancer (28.7%). The level of incidence can be reduced though improved lifestyle, screening and early detection. Community pharmacists are currently involved in raising awareness through national campaigns.

Incidence of cancer is however slowly increasing and in 2014 the main cancers were:

- Men: Prostate (35%) and Colorectal (12%)

- Women: Breast (34%) and Colorectal (11%)

In 2015 57.5% of cancers in Bedford Borough were diagnosed at an early stage (stages 1 and 2 compared to total at stage 1-4)

- The crude Mortality rate has declined slightly over recent years in line with the national and regional rates, as has the standard rate. The gap between the highest and lowest areas of deprivation within Bedford Borough has remained largely constant with a significantly greater rate of mortality in the 20% most deprived areas compared to the 20% least deprived areas.
- Smoking and obesity are the biggest risk factors for poor health and diseases that reduce life expectancy.
- In 2015/16 LTC prevalence rates GP practices in Bedford Borough are generally in line with national rates; however rates vary between practices.

Prevalence of LTCs in Bedford Borough GP practices

Long Term Condition	Bedford(%)	National (%)	Min (%)	Max (%)
Coronary Heart Disease	3.0	3.2	0.8	4.1
Cardiovascular Disease – Primary Prevention	1.2	1.1	0.5	2.3
Heart Failure	0.6	0.7	0.1	1.4
Stroke or Transient Ischaemic Attacks (TIA)	1.4	1.7	0.5	2.1
Hypertension	12.5	13.8	9.2	18.0
Chronic Obstructive Pulmonary Disease (COPD)	1.2	1.9	0.4	2.0
Cancer	2.8	2.4	0.7	3.9
Asthma	6.3	5.9	4.7	9.2

Source: QOF 2015/16 & Public Health Outcomes Framework

- In 2015/16 the prevalence of diagnosed diabetes in adults (aged 17 years and older) in Bedford Borough was 6.4% (23,661 patients) which is similar to the rest of NHS England (6.5%). An estimated 10% of those have Type 1 diabetes.
- At least one in four people (approximately 40,000 people in Bedford Borough) will experience a mental

health problem at some point in their life and around half of people with lifetime mental health problems experience their first symptoms by the age of 14.

- Bedford Borough has a higher rate for hospital admissions for schizophrenia, schizotypal and delusional disorders when compared to both the national and regional rates. Approximately 7,000 people have two or more psychiatric disorders
- There are strong links between social deprivation and mental ill health. The Indices of Deprivation 2010, measures deprivation at the Lower Super Output Area (LSOA), and the Mental Illness Needs Index 2000 shows that six wards in Bedford Borough recorded MINI scores greater than the England score. These include three wards with LSOAs in the top 10% nationally for deprivation – Castle, Harpur and Cauldwell.

Carers: *A person of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem*

- The 2011 Census identifies 3,191 carers in Bedford Borough. .
- The Carers Partnership Board promotes the contributions of carers to the communities they live in, ensures the views of carers are heard, acted on and feedback is given and its mission is to make Bedford Borough a place where carers are clearly valued, supported and cared for.
- Supporting carers helps to prevent breakdown of caring situations, provides help in a manner that families appreciate and avoids far greater cost for the provision of more expensive care packages or other services.
- Carers can experience barriers accessing health services - carers providing round the clock care are more than twice as likely to be in bad health as non-carers.

Gender Reassignment: *People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex*

- Estimates of the prevalence of gender dysphoria range from a lower estimate of 0.05% in the Netherlands and Belgium (Conway 2008) to 1.2% in New Zealand (Clark *et al*,2014).
- Trans people may also be at greater risk of isolation, alcohol abuse, suicide, self-harm, substance abuse and HIV infection, although these issues require further investigation. (Equality and Human Rights Commission)

Pregnancy and Maternity: *e.g. pregnant women / women who have given birth & women who are breastfeeding (26 week time limit then protected by sex discrimination provisions)*

- In 2015 the under 18s conception rate for Bedford was 18.6 per 1000 (actual number 55) which is a continued decrease from 2014 when the rate was 24.7 per 1000 (actual number 75).
- In every local authority there are wards where under 18 conception rates fall within the top 20% highest in the country. These are termed teenage pregnancy 'Hot Spot' wards. From 2013-15 data, Castle, Kingsbrook, Eastcotts, Harpur, Cauldwell and Kempston West were all significantly higher than the England average. These wards include some of the most deprived LSOAs in Bedford Borough, and some in the 10% most deprived areas in England on the Index of Multiple Deprivation (IMD).

Race: *e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other*

- Bedford Borough is one of the most ethnically diverse authorities in the East of England, with up to 100 different ethnic groups living within its boundaries. The 2011 Census indicates that 28.5% of the population was from Black and Minority Ethnic (BME) groups, compared to 20.2% in England (though only 13.9% when the London Boroughs are excluded) and 14.7% in the East of England.
- The BME population is concentrated in a number of Bedford urban wards, particularly Queens Park (74.8%) and Cauldwell (59.0%), whilst more rural wards, for example Riseley (5.3%) and Wyboston (6.1%) have relatively low proportions. The BME population is significantly higher among younger age groups. Among the 0-4 population, 41% of the Borough's population is from non-White British communities, and the BME 0-4 population forms a majority (51%) in the urban area.
- People from black and minority ethnic communities can often experience multiple inequalities. 70% live in the 88 most deprived neighbourhoods in the United Kingdom and they are more likely to be poor, with lower incomes spread across larger household sizes

Religion or Belief: *e.g. Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other*

- The 2011 Census included a voluntary question on religion and belief. The majority of population in Bedford Borough (59.3%) identified themselves as Christian.
- The main change since 2001 has been a decrease in the number of people identifying themselves as Christian, and a corresponding increase in the number of people stating they have No religion.
- There have been increases in some of the other religions, but these remain small as a proportion of the

overall population.

- **Sex:** *e.g. Women / Girls / Men / Boys*

- In Bedford Borough there are large inequalities in life expectancy at birth for both males and females in Bedford Borough. The difference in life expectancy between the least and most deprived is 8.6 years for males and 7.8 years for females.
- The average life expectancy in 2013 to 2015 for Bedford Borough is 79.9 years for men and 83.5 years for women. At 3.6 years, this gradually closing gap is the smallest it has been since 2006-2008, due to faster improvement in male life expectancy. This compares to 80.3 years for men and 83.7 years for women in the East of England.

Other: *e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership*

Nationally, Bedford Borough is in the mid-range on overall deprivation, ranking 148 out of 326 local authorities in England (where 1 is the most deprived) on the 2015 Index of Multiple Deprivation (IMD). However, this average rating masks pockets of significant deprivation affecting many residents in Bedford and Kempston Towns.

Although Bedford Borough is ranked in the middle of all local authorities on national Deprivation levels, of the 102 Lower Super Output Areas (LSOAs) in Bedford Borough, five are among the 10% most deprived areas in England and a further nine are among the 10-20% most deprived nationally.

All 14 of these LSOAs are in Bedford or Kempston towns, with the greatest deprivation centred on Castle, Cauldwell, Goldington and Kingsbrook wards. Areas of high deprivation in Bedford and Kempston generally have a much higher proportion of Black and Minority Ethnic (BME) groups than the Borough as a whole.

However, it is important to note that White British form a majority of the population in 7 of the 11 LSOAs which are among the 20% most deprived nationally, and that in 2011 just over 50% of the total population in these 11 LSOAs was White British – this represents a major decline from 2001 when it was over 70%.

In general the health of people in Bedford Borough is good and similar to the average in England. Life expectancy is rising for both men and women overall, death rates from cancer, heart disease and stroke have

fallen and the number of adults who smoke is now lower than the national average. Despite Bedford Borough enjoying an average level of affluence and average life expectancy overall, there are large inequalities in life expectancy at birth for both males and females in Bedford Borough. The difference in life expectancy between the least and most deprived is 8.6 years for males and 7.8 years for females¹. Although the gap in life expectancy, particularly for females, has narrowed in recent years, life expectancy is poorer for people living in the most deprived areas in Bedford Borough compared to the rest of the East of England.

Whilst people are living longer in general, they are also spending more years at the end of their life in poor health. Many of the leading causes of ill health in Bedford Borough are preventable, and healthy lifestyles are crucial for effective prevention. The Health and Wellbeing Board is responding to the call to action issued by the Director of Public Health's 2013 report "Inequalities in Bedford Borough" by setting a goal to reduce inequalities, and to do so through a focus on prevention and early intervention.

Accessibility

Bedford town centre area is covered by a network of routes with relatively high operational frequencies during the day. The rural network is less comprehensive and is focused on linking communities to key service areas rather than on encouraging modal shift.

There is a network of approximately 75km of cycle routes in Bedford Borough.

Car ownership in Bedford Borough in 2011 was that 41.8% of all households in the Borough had one car, 28.3% had two, 6.8% had three, and 2.6% had four or more. However, 20.6% had no car, which is below the national level of 25.8%, but higher than the East of England (18.5%). The proportion of households without a car is much higher in the urban area (26.9%) than in the rural (9.3%).

The Council's Housing Monitoring Report 2016/17 shows that at 31 March 2017 the available housing supply is around 9,500 dwellings. About 8,600 of these have planning permission and about 900 are identified in adopted plans or are waiting for legal agreements to be finalised. Key growth locations are currently Land West of Kempston, Biddenham Loop/Gt Denham, Wixams, New Cardington, Wootton, Stewartby and Land North of Bromham Road, Biddenham. Over the last five years completions across the Borough have averaged 938 per year with 2016/17 recording the highest completions on record at 1248 net additional dwellings. Most recent completions have been in and around the urban area, though large sites are also being built out close to the A421 at Wootton and Stewartby. The Local Plan 2035 strategy may see a change

¹ <http://www.phoutcomes.info/search/life%20expectancy#pat/6/ati/102/par/E12000006> accessed 27/06/2017

	<p>to this pattern of growth with more development allocated in larger villages north of the town than has been the case in recent years.</p> <ul style="list-style-type: none"> • In 2015/16 there were 509 adult alcohol specific hospital admissions per 100,000 in Bedford Borough, which is worse than the East of England region (420), and better than England (583). • Bedford Borough is not significantly different to the England average for Opiate and/or crack users. Those injecting is significantly lower than the England average. • In Bedford Borough the latest data modelling 2013-15 suggests an adult excess weight prevalence of 66.0%. This equates to approximately 27,000 obese adults and 45,000 overweight adults, a total of 84,705 adults with excess weight in Bedford Borough. As a comparison, the East of England average for excess weight is 65.6% and the England average is 64.8%.
<p>What consultation did you carry out with protected equality groups to identify your activity's effect on equality?</p>	<p>Public Consultation running from 16 October to 15 December 2017.</p>
<p>What does this evidence tell you about the different protected groups?</p>	<p>The proposal covers the population of Bedford Borough as a whole, but takes account of the need to ensure that differing requirements are considered in relation to specific localities and also risks to the health or wellbeing of specific groups.</p> <p>In the process of undertaking the PNA the Bedford Borough HWB sought the views of a wide range of key stakeholders to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities.</p> <p>A statutory consultation was undertaken from 16th October to 15th December 2017 to seek the views of members of the public and other stakeholders, on whether they agreed with the contents of this PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services.</p> <p>The list of stakeholders consulted included the following groups:</p> <ul style="list-style-type: none"> • Bedfordshire LPC

	<ul style="list-style-type: none"> • Bedfordshire and Hertfordshire LMC Bedfordshire Clinical Commissioning Group • Community Pharmacy Contractors in Bedford • General Practice Dispensing Practices in Bedford • Bedford Healthwatch • NHS England Hertfordshire & South Midlands Area Team • Neighbouring Health and Wellbeing Boards
What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the activity?	One of the purposes of the public consultation is to identify any gaps that we may not be aware of.

General Equality Duty

Which parts of the general equality duty is the activity relevant to?			
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity	Foster good relations
Age	The PNA helps to advance equality of opportunity by considering: <ul style="list-style-type: none"> • Comparison of pharmaceutical service provision in Bedford Borough with England • Other providers of pharmaceutical services • Opening Hours of Community Pharmacies • Accessibility by foot/by car and public transport • Access for people with disability • Pharmaceutical services commissioned by BCCG Gap Analysis of Pharmaceutical services 		
Disability			
Gender reassignment			
Pregnancy and maternity			
Race			
Religion or belief			
Sex			

Sexual orientation	
Marriage & civil partnership	

Impact on equality groups

Based on the evidence presented what positive and negative impact will your activity have on equality?				
	Positive impact	Negative impact	No impact	Explanation
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The total population of Bedford Borough is forecast to increase by 9% between 2017 and 2025. The 65 plus age group is forecast to increase by 20% in 2025 and 38% in 2030. With an aging population the prevalence of Long Term Conditions increases
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Currently 100% of the pharmacy contractors provide MUR and 83% provide NMS in Bedford Borough, the level of provision varies widely. In 2015-16 the number of MUR consultations ranged from 7 to 400 per pharmacy
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	X	
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	X	
Race	<input type="checkbox"/>	<input type="checkbox"/>	X	
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	X	
Sex	<input type="checkbox"/>	<input type="checkbox"/>	X	
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	X	
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	X	
Other relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With the exception of residents living in the least dense quintile (28– 1235 people per sq.

groups				<p>km) in Bedford Borough, most residents can access a pharmacy within 1 mile of their home. There are very few pockets of areas that cannot access a pharmacy within 2.5 miles, again areas of low population and all residents can access a pharmacy within a 5 miles radius. This access is supplemented by providers in the neighbouring local authority areas</p> <p>The Community Pharmacy Team are best placed to proactively promote the healthy life style messages of the Making Every Contact Count (MECC) National Campaign, as well as sign-posting to local support services</p>
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Commissioned services

<p>What equality measures will be included in Contracts to help meet the three aims of the general equality duty?</p>	<p>Where Public Health commissions future services such as Emergency Hormonal Contraception and Chlamydia Screening from pharmacy equality measures are considered and an EIA completed to assess impacts.</p>
<p>What steps will be taken throughout the commissioning cycle to meet the different needs of protected equality groups?</p>	<ul style="list-style-type: none"> • It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. • It will help the HWB to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate. • It will inform interested parties of the pharmaceutical needs in Bedford Borough Council and enable planning, development and delivery of pharmaceutical services for the population. • It will inform commissioning decisions by local commissioning bodies including Bedford Borough Council (public health services from community pharmacies), NHS England and Bedfordshire Clinical Commissioning Group.

Actions

	What will be done?	By who?	By when?	What will be the outcome?
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Actions to lessen negative impact				
Actions to increase positive impact				
Actions to develop equality evidence, information and data				
Actions to improve equality in procurement / commissioning				
Other relevant actions				

Recommendation

No major change required	<input checked="" type="checkbox"/>	
Adjustments required	<input type="checkbox"/>	
Justification to continue the activity	<input type="checkbox"/>	
Stop the activity	<input type="checkbox"/>	

Summary of analysis

In preparing this report, due consideration has been given to the Borough Council's statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149(1) of the Equality Act 2010.

The Pharmaceutical Needs Assessment (PNA) looks at the current provision of pharmaceutical services across Bedford Borough and whether this meets the needs of the population and identifies any potential gaps to service delivery.

The PNA includes information on:

- Pharmacies in Bedford and the services they currently provide, including dispensing, providing advice on health, medicines reviews

and local public health services, such as stop smoking, sexual health and support for drug users.

- Other pharmaceutical service providers such as dispensing GP surgeries.
- Maps relating to Bedford and providers of pharmaceutical services in the area.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

Pharmaceutical services as defined in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and include:

- Essential services which every community pharmacy providing NHS pharmaceutical services must provide (as described in Schedule 4, Part 2 of the 2013 Regulations) which includes the dispensing of medicines, promotion of healthy lifestyles and support for self-care.
- Advanced services which community pharmacy contractors and dispensing appliance contracts can provide subject to accreditation. These are currently Medicines Use Reviews and the New Medicines Service from community pharmacists; Appliance Use Reviews and the Stoma Customisation Service which can be provided by dispensing appliance contracts and community pharmacies.

Enhanced services are commissioned directly by NHS England. These could include anti-coagulation monitoring, the provision of advice and support to residents and staff in care homes in connection with drugs and appliances, on demand availability of specialist drugs, and out-of-hours services.

Monitoring and review

Monitoring and review

The PNA is a statutory requirement to be reviewed and revised every 3 three years, this will be due again in 2021, any major change to the pharmaceutical landscape in between this time then a supplementary statement can be made. The process of review takes approximately 1 year as it involves a wide range of stakeholders that require input, also a Pharmacy consultation, a GP dispensing consultation and Public consultation along with detailed data and information and sign off

Review date
January 2020

process by the Bedford Borough Health and Wellbeing board. http://www.legislation.gov.uk/ukxi/2013/349/regulation/7/made	
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