1 Executive summary

1.1 Introduction
It is a statutory requirement for Health and Wellbeing Boards (HWB) to carry out a Pharmaceutical Needs Assessment (PNA) every 3 years.

The aim of the Bedford Borough PNA is to describe the current pharmaceutical services, systematically identify any potential gaps in provision that could be met by providing more pharmacy services, and to anticipate future community pharmacy needs. The PNA 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 existing regulatory requirements.

In the process of developing the PNA, the views of a wide range of stakeholders, including the public, were gathered to identify issues that affect the commissioning of pharmaceutical services and to highlight local health needs and priorities.

1.2 Pharmaceutical services
This PNA is undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

In the process of undertaking the PNA the views of a wide range of key stakeholders were sought to identify issues that affect the commissioning of pharmaceutical services and to ensure that local health needs and priorities continue to be met.

A public consultation was undertaken from 16 October to 15 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 they considered relevant to the provision of pharmaceutical services.

There are currently 30 community pharmacies in Bedford Borough and one distance selling pharmacies (these dispense prescriptions to individuals indirectly, such as via a courier).

For the purpose of pharmaceutical needs assessments the four main categories of pharmaceutical services can be summarised as:

1. Essential Services
These are services that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service. These include: the dispensing of medicines and appliances, disposal of unwanted medicines, repeat dispensing, signposting, clinical governance, promotion of healthy lifestyles and support for self-care.
2. Advanced Services
These are services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.

3. Enhanced Services
These are services commissioned directly by NHS England. These could include for example anti-coagulation monitoring and the provision of advice and support to residents and staff in care homes in connection with drugs and appliances.

4. Locally Commissioned Services
These are services community pharmacy contractors could potentially be commissioned to provide by other commissioning organisations for example local authority public health teams.

1.3 Key findings and recommendations

Recommendation
There are currently a sufficient number of community pharmacies providing essential and advanced services in Bedford Borough.

Findings
This recommendation is based on the following indicators used in assessing the level of adequacy of pharmaceutical service provision in comparison to national statistics (as described in the regulations). The findings were:

- The number of community pharmacies in Bedford Borough registered to provide pharmaceutical services under the NHS pharmacy contract has increased from 29 in 2011 to 30 in 2017. Among the 30 community pharmacies three are 100 hour pharmacies which has decreased from 5 in 2014.

- There are 7 dispensing doctors in Bedford Borough providing dispensing services to 17,274 patients on their dispensing lists.

- Bedford Borough has 23 pharmaceutical providers per 100,000 population which is within the range of provision across the country and is higher than the England average.

- The average number of prescription items dispensed per pharmacy per month in Bedford Borough was 6,378 dispensed items, which is less than the national average of 7,096.

- With the exception of residents living in the least dense quintile (28 – 1235 people per km²) in Bedford Borough, all residents can access a pharmacy or dispensing doctor within one mile of their home. All residents in Bedford Borough can access a pharmacy or dispensing doctor within a 5 mile radius.
The maps and data contained in this document show that services which are commissioned in addition to NHS pharmaceutical contract meet identified health needs.

1.4 Opportunities to enhance local community pharmacy services

A gap analysis was undertaken as part of the PNA. The key opportunities identified are summarised below.

1. Community pharmacy services should have a more targeted focus towards the needs of their local population to help prevent widening of inequality gaps.

2. Community pharmacy teams should promote healthy behaviours as part of the Making Every Contact Count (MECC) initiative, as well as sign-posting to locally commissioned health improvement services including excess weight management services.

3. Smoking prevalence is markedly higher routine and manual workers, some black and minority ethnic groups and people with mental illness. It is recommended that the commissioner and the community pharmacy providers work together to ensure that stop smoking services are accessible to these groups.

4. Community pharmacy can also contribute to sexual health improvement and reductions in teenage pregnancy by providing emergency hormonal contraception and chlamydia screening and treatment, with a particular need in the three Bedford Borough wards that have been identified as teenage pregnancy 'hotspots'.

5. There are currently 21 community pharmacies in Bedford Borough providing Supervised Administration service for drug misuse and only 2 offering needle exchange service. It is recommended that the commissioner considers whether the level of community pharmacy needle exchange provision is sufficient to meet current and future needs.

6. The commissioner should explore whether community pharmacies should be commissioned to deliver Identification and Brief Advice (IBA) services to support people with alcohol misuse problems.

7. The main cause of death in Bedford Borough from 2012 to 2014 was cancer. Cancer deaths can be prevented through healthy behaviours, screening and early detection. Community pharmacists should continue to promote national campaigns and use the Making Every Contact Count to raise awareness.

8. The Healthy Living Pharmacy (HLP) scheme, recently launched in Bedford Borough, provides a valuable opportunity to improve the health of the local population. The scheme ensures that pharmacy staff are trained and confident to effectively deliver public health initiatives including smoking cessation, flu
immunisation and Making Every Contact Count. It is recommended that more pharmacy contractors work towards achieving Healthy Living Pharmacy status.

9. It is recommended that community pharmacies proactively offer Medicines Use Review and New Medicines Services as well as advisory support for carers to enable them to administer medicines and to increase the uptake of these services by their local communities.

10. GPs and pharmacists should use the Repeat Dispensing services via Electronic Prescribing to reduce patients visiting GP practices for collection of their repeat prescriptions.

11. Older people in care homes could benefit establishing robust communication and ordering systems could help to ensure patient safety and reduce pharmaceutical waste. Agreement with dispensers to produce Medicine Administration Record sheets at the point of dispensing.

1.5 Conclusion
Overall, the level of pharmaceutical service (as described in the regulations) currently provided across Bedford Borough meets the health needs of the population and provision of pharmaceutical services is good in our areas of deprivation.

Community pharmacies are valued community assets and are easy to access. Their potential role should considered as part of strategies to improve health and reduce health inequalities.

The PNA will be reviewed during 2020 and republished in April 2021 unless there are significant changes to local need or provision in the interim.