



BEDFORD
BOROUGH COUNCIL

Bedford Borough Draft Pharmaceutical Needs Assessment 2018-2021

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The Bedford Borough Health and Wellbeing Board would like to acknowledge contributions of the Bedford CCG, Local Pharmaceutical Committee, Local Medical Committee, Community Pharmacies, Dispensing Practices, Healthwatch, other stakeholders and members of the public, for their input in consultation and development of the PNA.

2 Contents

1	Acknowledgements	2
2	Contents.....	3
3	Executive summary	7
3.1	Introduction	7
3.2	Pharmaceutical services	7
3.3	Key findings and recommendations.....	8
3.4	Opportunities to enhance local community pharmacy services	9
3.5	Conclusion	10
4	Introduction	11
4.1	What is a Pharmaceutical Needs Assessment (PNA)?	11
4.2	What is the purpose of the PNA?	11
4.3	Legislative background.....	12
4.4	What are the NHS pharmaceutical services?	13
4.5	Local pharmacy services.....	14
4.6	Public Health services and enhanced services.....	15
4.7	What are the pharmaceutical lists?.....	16
4.8	Information contained in this PNA	17
5	Local Health Needs	18
5.1	Bedford Borough Health and Wellbeing Strategy priorities	18
5.2	Bedfordshire Clinical Commissioning Group (BCCG) Priorities	18
5.3	Sustainability and Transformation Plan (STP)	19
5.4	Localities in Bedford Borough.....	20
5.5	The Demographics of Bedford Borough	21
5.5.1	Population.....	22
5.5.2	Ethnicity, Nationality and Race.....	23
5.6	Deprivation.....	27
5.7	Education.....	29
5.8	Transport.....	29
5.9	Car ownership.....	30
5.10	New housing development.....	30
6	Current Provision of pharmaceutical services in Bedford Borough.....	33
6.1	Service providers	33
6.1.1	Community pharmacies.....	33
6.1.2	Dispensing Doctors	33
6.1.3	Dispensing Appliance Contractors	34
6.1.4	Comparison of pharmaceutical service provision in Bedfordshire with England....	36
6.2	Other providers of pharmaceutical services.....	37

6.2.1	Out of Hours Services	37
6.2.2	Hospital Pharmacy	37
6.2.3	EPUT Community Health Services	38
6.3	Opening Hours of Community pharmacies	38
6.4	Accessibility by foot/by car and public transport	40
6.4.1	Access for people with disability	41
6.5	Community Pharmacy Essential Services	41
6.6	Community Pharmacy Advanced services	44
6.6.1	Medicines Use Reviews and Prescription Intervention Service	44
6.6.2	New Medicines Service (NMS)	45
6.6.3	Appliance Use Reviews (AUR)	46
6.6.4	Stoma Appliance Customisation (SAC)	46
6.7	Community Pharmacy enhanced and additional services	47
6.7.1	Pharmacy Rota service	47
6.8	Pharmaceutical services commissioned by Bedfordshire CCG	47
6.8.1	End of Life Care Medicines service	47
6.9	Healthy Living Pharmacy (HLP)	48
7	Local Health Needs	49
7.1	Life Expectancy	49
7.2	Mortality	50
7.3	Sexual Health & Contraceptive services	51
7.3.1	Local Health needs	52
7.3.2	Current services	53
7.4	Smoking	56
7.4.1	Local health needs	56
7.4.2	Current services	57
7.5	Drug Misuse	59
7.5.1	Local health needs	59
7.5.2	Current services	60
7.6	Alcohol Misuse	63
7.6.1	Local health needs	63
7.6.2	Current services	64
7.7	Excess weight	65
7.7.1	Local health needs	65
7.7.2	Current services	66
7.8	Long Term Conditions	68
7.8.1	Local health needs	69
7.8.2	Diabetes	69

7.8.3	Respiratory Disease.....	70
7.8.4	Cardiovascular disease.....	71
7.8.5	Current services.....	72
7.9	Cancer.....	73
7.9.1	Local health needs.....	73
7.10	Mental Health.....	74
7.10.1	Local health needs.....	74
7.10.2	Current services.....	75
7.11	Older people.....	76
7.11.1	Local health needs.....	76
7.12	Older people in Domiciliary and Residential Care.....	77
7.12.1	Care Home Residents.....	77
7.12.2	Identified needs.....	78
7.12.3	Current provision.....	78
7.12.4	People in Domiciliary Care.....	79
7.12.5	Identified need.....	80
8	Gap Analysis and Recommendations.....	81
8.1	Gap Analysis of Pharmaceutical Services in Bedford Borough.....	81
8.2	Recommendations.....	90
9	Process of updating the PNA.....	93
9.1	Summary of the process followed in updating the PNA.....	93
9.2	Steering group and governance framework.....	95
9.3	Local community pharmacy survey summary of pharmaceutical services in Bedford Borough.....	96
9.4	Dispensing Doctors survey report on current pharmaceutical service provision in Bedford Borough.....	103
	Table of Appendices.....	107
	Appendix 1: Directory of Pharmacies in Bedford Borough.....	107
	Appendix 2: Directory of Dispensing Doctors in Bedford Borough.....	112
	Appendix 3 Bedford Borough Demographics.....	114
	Appendix 4: Life Expectancy in Bedford Borough.....	116
	Appendix 5 Sexual health services supporting data.....	118
	Appendix 6: Stop Smoking Service – list of community pharmacy providers.....	120
	Appendix 7: Substance Misuse Service.....	122
	Appendix 8: Distribution of Older People in Bedford Borough.....	124
	Appendix 9: Pharmacies providing End of Life Care Medicines service.....	126
	Appendix 10: Legislative requirements for developing PNAs.....	128
	Appendix 11: Summary of the Public consultation.....	133
	Appendix 12: Glossary and abbreviations.....	154

12.1 Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations 154
12.2 List of abbreviations 156

3 Executive summary

3.1 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.

3.2 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.

3.3 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.

3.4 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.

3.5 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 be 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.

4 Introduction

From 1 April 2013, every HWB in England has a statutory responsibility to publish and keep an updated statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”), a person who wishes to provide NHS pharmaceutical services must generally 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.

The PNA will help in the commissioning of pharmaceutical services in the context of local priorities, and will be used by NHS England when making decisions on applications to open new pharmacies. As these decisions may be appealed and challenged via the courts, it is important that PNAs comply with regulations and that mechanisms are established to keep the PNA up-to-date. This PNA describes the needs for the population of Bedford Borough Local Authority.

4.1 What is a Pharmaceutical Needs Assessment (PNA)?

The PNA is a structured approach to identifying unmet pharmaceutical need. It can be an effective tool to enable HWBs to identify the current and future commissioning of services required from pharmaceutical service providers. The Department of Health (DH) published an Information Pack to help HWBs undertake PNAs.¹

4.2 What is the purpose of the PNA?

This PNA will serve several key purposes²:

- 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 and enable planning, development and delivery of pharmaceutical services for the population.
- It will inform commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs).

¹ Department of Health. ‘Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.’ May 2013. Available at:

<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

² Primary Care Commissioning. ‘Pharmaceutical needs assessments.’ March 2013. <http://www.pcc-cic.org.uk/>

4.3 Legislative background

Section 126 of the 2006 Act places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the 2006 Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription. The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. Bedfordshire PCT published their first PNA in 2011.

The Health and Social Care Act 2012 (The 2012 Act) amended the 2006 Act. The 2012 Act established HWBs and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.³

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. The development of PNAs is however a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents but can be annexed to them.

The PNA must be published by the HWB by April 2018, and will have a maximum lifetime of three years. As part of developing their first PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult,⁴ and this list includes:

- Any relevant Local Pharmaceutical committee (LPC) for the HWB area.
- The local CCG.
- Any Local Medical Committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

The 2012 Act also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used

³ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: <http://www.legislation.gov.uk/uksi/2013/349/made> (Accessed 26 May 2017)

⁴ Ibid.

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. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners such as CCGs.

The PNA plays a significant role in the determination of applications it is therefore important that due process is followed its development and that the information is kept updated.

HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response⁵. HWBs therefore need to establish systems that allow them to:

- Identify changes to the need for pharmaceutical services within their area.
- Assess whether the changes are significant.
- Decide whether producing a new PNA is a disproportionate response.

HWBs need to ensure they are aware of any changes to the commissioning of public health services by the local authority and the commissioning of services by CCGs as these may affect the need for pharmaceutical services. HWBs also need to ensure that NHS England and its Area Teams have access to their PNAs.

4.4 What are the NHS pharmaceutical services?

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 and NHS Flu vaccination service; 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.

⁵ Ibid.
13

4.5 Local pharmacy services

Local pharmacy services are services which are commissioned locally and fall outside of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Local pharmacy services do not impact on the commissioning of new pharmacy contracts.

The 2013 Regulations set out the enhanced services which may be commissioned from pharmacy contractors. It is important to note that the definition of 'Enhanced services' has changed, and the current commissioning arrangements can now be seen as more complex since pharmacy services previously commissioned by one organisation (PCTs) can now be commissioned by at least three different organisations (CCGs, local authorities and NHS England) and the responsibility for commissioning some services is yet to be resolved.

4.6 Public Health services and enhanced services

The changes to enhanced services are summarised in the following excerpt from PCC⁶:

Public health services

The commissioning of the following enhanced services which were listed in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2012 transferred from PCTs to local authorities with effect from 1 April 2013:

- Needle and syringe exchange
- Screening services such as chlamydia screening
- Stop smoking services
- Supervised administration service
- Emergency hormonal contraception services through patient group directions
- NHS vaccination services.

Where such services are commissioned by local authorities they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services. However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors where asked to do so by a local authority. Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services. Only local pharmaceutical services commissioned directly by NHS England can be termed 'Enhanced Services'.

Enhanced services

The following enhanced services may be commissioned by NHS England from 1 April 2013 in line with pharmaceutical needs assessments (PNAs) produced by PCTs up to 31 March 2013 and by Health and Wellbeing Boards (HWBs) thereafter:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service.

⁶ Primary Care Commissioning. Pharmacy Enhanced Services from 1 April 2013. 25 April 2013. Accessed 26 May 2017 at: <http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013>

Clinical Commissioning Groups (CCGs)

CCGs now have a role to commission most NHS services locally, aside from those commissioned by NHS England such as GP core contracts and specialised commissioned services. CCGs involve clinicians in their area to ensure commissioned services are responsive to local needs. CCGs will be able to commission services from pharmacies but similar to public health services these services will be known as local services and therefore fall outside the definition of enhanced services, and so have no bearing on pharmacy applications to provide essential pharmaceutical services.

4.7 What are the pharmaceutical lists?

Pharmaceutical lists are compiled and maintained by NHS England.

Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, if a person (a pharmacist, a dispenser of appliances or in some circumstances and, normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to NHS England to be included on a relevant pharmaceutical list. This is commonly known as the NHS 'market entry' system.

The person must generally prove that they are able to meet a pharmaceutical need as set out in the relevant PNA. There are however exceptions to the applications to meet a need, such as applications for needs not foreseen in the PNA or to provide pharmaceutical service on a distance-selling (internet or mail order only) basis.

The following may be included in a pharmaceutical list:

- *Pharmacy contractors*: a person or body corporate who provides NHS Pharmaceutical Services under the direct supervision of a pharmacist registered with the General Pharmaceutical Councils.
- *Dispensing appliance contractors*: appliance suppliers are a 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 known as 'controlled localities'.
- *Local pharmaceutical services (LPS) contractors* also provide pharmaceutical services in some HWB areas.

4.8 Information contained in this PNA

The information to be contained in the PNA is set out in Schedule 1 of The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. Briefly, this PNA includes information on:

- 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 local pharmaceutical services, such as dispensing GP surgeries.
- Relevant maps relating to Bedford Borough and providers of pharmaceutical services in the area.
- Services in neighbouring HWB areas that might affect the need for services in Bedford Borough
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The PNA is aligned with the JSNA and HWB Strategy for Bedford Borough as discussed in the next section.

5 Local Health Needs

5.1 Bedford Borough Health and Wellbeing Strategy priorities

Bedford Borough Health and Wellbeing Strategy – refreshed March 2014

1. Give every child the best start in life. Primary objective: Strengthen the early help offer, including tackling the 'toxic trio' of domestic violence, alcohol and substance misuse and mental ill health
2. Support mental health and wellbeing throughout life. Primary objective: Strengthen emotional mental health and children and young people
3. Reducing premature mortality, by helping people to live longer and more healthy lives. Primary objective: Support healthy lifestyle choices:
 - Reduce smoking
 - Encourage a healthy weight
 - Encourage healthy levels of physical activity
 - Reduce alcohol and substance misuse
 - Promote sexual health
4. Create a thriving and sustainable environment in which communities can flourish. Primary objective: Work in partnership to address fuel poverty
5. Helping older people to maintain a healthy, independent life for as long as possible. Primary objective: Ensure integration of health and social care services.

5.2 Bedfordshire Clinical Commissioning Group (BCCG) Priorities

The strategic vision in Bedfordshire Clinical Commissioning Group's Plan for Patients in Bedford Borough is - 'To ensure, through innovative, responsive and effective clinical commissioning that our population has access to the highest quality healthcare providing the best patient experience possible within available resources.'

Working in partnership with local hospitals, community health services, GP practices, Bedford Borough Council, patient groups and the public, the CCG has developed a set of priorities for the healthcare they commission. Over the next two years, BCCG wants local health services to:

- help children and young people receive a healthy start to a healthy life
- enable adults and older people to remain healthy
- support mental health and wellbeing for everyone in Bedfordshire.

As well as meeting the CCG's aim for the people of Bedford Borough, these aims will help to fulfil the vision of the Bedford Borough Health and Wellbeing Board, of which BCCG is a member, to make Bedford Borough a place where everyone can enjoy a healthy, safe and fulfilling life.

BCCG has also developed a set of health outcomes or targets against which the organisation can be measured and which will help deliver their aim.

These cover:

- preventing people from dying prematurely from physical and mental health conditions that are treatable such as heart disease
- enhancing the quality of life for people with long term conditions, including diabetes and dementia
- reducing the amount of time people spend in hospital that is avoidable with better and more joined up care in the community
- increasing the number of older people living independently at home following discharge from hospital
- ensuring people have a positive experience of care, whether it is in hospital, the community or through their GP practice
- reducing the number of deaths in hospital that are the result of poor or inappropriate care
- reducing emergency admissions as part of end of life care, enabling more people to die at home if that is their wish.

5.3 Sustainability and Transformation Plan (STP)

Delivering the Forward View: NHS Planning Guidance 2016/17- 2020/21 describes the requirement to develop a Sustainability and Transformation Plan (STP). Covering the period between October 2016 and March 2021, STPs will become the local blueprint for accelerating the implementation of the Forward View, to deliver the triple aim of better health, transformed quality of care delivery, and sustainable finances.

The local STP footprint includes Bedfordshire, Luton and Milton Keynes CCGs (BLMK) and has been defined based on existing working relationships, patient flows and other programmes of work. It is made up of 16 organisations including local authorities, CCGs, GPs, and Hospitals and is led by the Chief Executive of Central Bedfordshire Council.

The Bedfordshire, Luton and Milton Keynes health and care communities have come together to formulate a Sustainability and Transformation Plan (STP), as part of a national drive to improve health and well-being, care quality, and affordability across the NHS. There are five priorities, which are:

- Priority 1: Illness prevention and health promotion: Preventing ill health and promoting good health by giving people the knowledge and ability, individually and through local communities, to manage their own health effectively
- Priority 2: Primary, community and social care: Delivering high quality and resilient primary, community and social care services across Bedfordshire, Luton and Milton Keynes
- Priority 3: Secondary care: Delivering high quality and sustainable secondary (hospital) care services across Bedfordshire, Luton and Milton Keynes
- Priority 4: Digital programme: Working together to design and deliver a digital programme, maximising the use of information technology to support the delivery of care and services in the community and in primary and secondary care

- Priority 5: Demand management and commissioning: Working together to make sure the right services are available in the right place, at the right time for everyone using health and social care in Bedfordshire, Luton and Milton Keynes

5.4 Localities in Bedford Borough

Bedfordshire CCG divides itself into five areas, which are referred to as 'localities'. These are: Bedford, Chiltern Vale, Leighton Buzzard, Ivel Valley and West Mid Bedfordshire.

The Bedford Locality covers approximately the same area as Bedford Borough Council with the exemption of Cranfield surgery which is aligned with Bedford Locality but located in Central Bedfordshire. The other four Localities form the area covered by Central Bedfordshire Council. Due to the use of the term 'Localities' as defined by BCCG should not be confused with the selected locality boundaries (as described below) used for assessing local health needs by this PNA.

For the purpose of the PNA, localities have been defined within Medium Super Output Area (MSOA) boundaries. These have an average population of 7,200. The localities were selected to aid local decision making that takes into account the needs for the population in these areas.

Considerations made in defining localities

In considering how to define localities within Bedford Borough, the HWB considered using Electoral Wards, District Council Areas, and Super Output Areas.

Electoral wards

These are key building blocks of UK administrative geography and have been used in this report. The population size can vary from 100 to 30,000 residents.

Super Output Area (SOA)

This is a method of collecting and publishing small area statistics developed by the Office of National Statistics (ONS).⁷ They are of a more consistent size than electoral wards, which facilitates an assessment of needs for the local populations. They are not subject to frequent boundary change, so may be more suitable for comparisons over time. In addition, they will build on the existing availability of data for census output areas. SOA data are increasingly used for health needs assessment, health planning and assessing health inequalities.

SOAs come in two levels. Lower Layer Super Output Areas (LSOAs) have a minimum population size of 1,000 people and the average size is 1,500 people. Additionally, LSOAs can be grouped into Middle Layer Super Output Areas (MSOA). The MSOAs population size is minimum 5,000 people and the average is 7,200 people. All MSOAs are contained within a local authority (LA) and do not cross LA boundaries.

⁷ Office for National Statistics: Super Output Areas (SOAs). <http://www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/census/super-output-areas--soas-/index.html> accessed 18.5.17

MSOAs were selected as the localities used for the PNA. MSOAs were chosen by the Public Health Observatories for JSNAs because they are well established, durable, small enough to produce a range of results for almost every LA and sufficiently large for many results to be reliable. MSOAs have an average population of 7,200 people, which generally produces sufficient numbers of cases to prevent disclosure of information about identifiable individuals. MSOAs have been used in the JSNA to determine health needs across Bedford Borough. The JSNA is a continually updated resource and so using MSOAs for the localities means that data for these localities is always available.

5.5 The Demographics of Bedford Borough

Bedford Borough covers an area of 476 sq. km and is home to an estimated 168,751 people (mid 2016) comprising 83,442 males and 85,309 females. Almost two-thirds of the population (63%) live in the urban areas of Bedford and Kempston, and 37% in the surrounding rural area which comprises 45 parishes.

Population Density

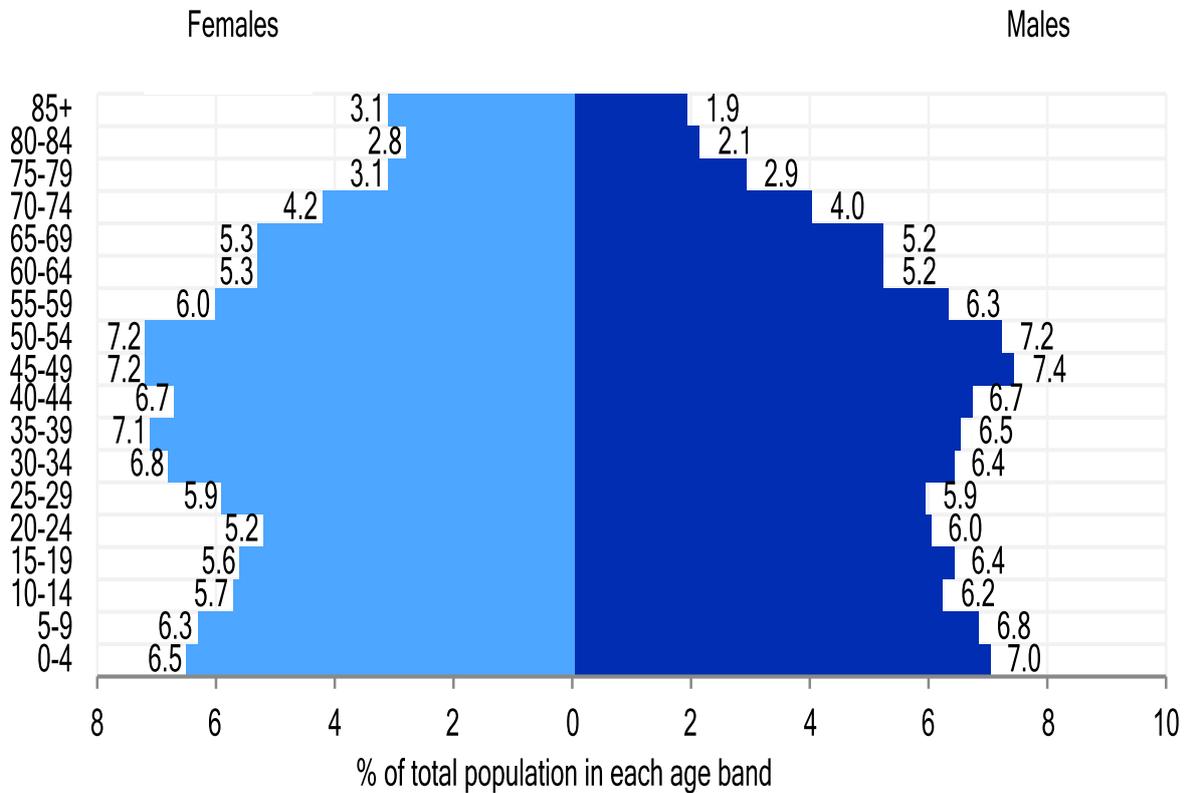
Table 15 in Appendix 3 shows estimated Town and Parish Output Area populations, based on 2011 census data, created specifically for the output of census estimates. This shows that between 2001 and 2011:

- The population in Bedford town 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 ward in April 2015.

5.5.1 Population

Bedford Borough has a similar age profile to England with a median average age of 39.6 (2013) compared to 39.7 in England, but a much younger profile than the East of England, which has a median age of 41.2.

Figure 1: Age Profile by Sex 2016, Bedford Borough compared to England

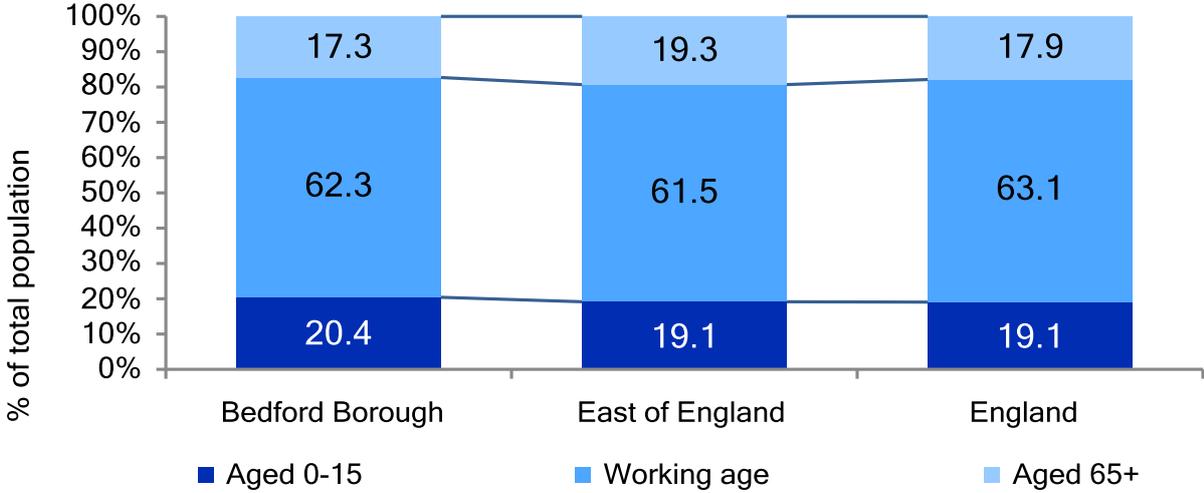


Source: Mid-year estimates, ONS, 2016

There are major differences between the age structures of the Borough’s urban and rural areas. 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.

While the Borough’s total population rose by 9.0% between 2001 and 2013, older age groups increased at a significantly higher rate.

Figure 2 (below) shows the age breakdown of the population in Bedford Borough, East of England and England by broad age band.



Source: Mid-year estimates, ONS, 2016

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%.

5.5.2 Ethnicity, Nationality and Race

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 main BME groups in Bedford Borough are White Other and Indian, with substantial populations of Black Caribbean, Black African, Pakistani, Bangladeshi, White Irish and mixed White and Black Caribbean. In most of these groups, the Borough has higher proportions than both England and the East of England.

Table 1: Bedford Borough ethnic composition 2011

Ethnic Group		Ethnic Group Category	Bedford Borough		England
			Number	%	%
All usual residents			157,479		
White	English/Welsh/Scottish/Northern Irish/British		112,588	71.5	79.8*
	Irish		1,683	1.1	1.0
	Gypsy or Irish Traveller		115	0.1	0.1
	Other White		12,460	7.9	4.6
Mixed/multiple ethnic groups	White and Black Caribbean		2,396	1.5	0.8
	White and Black African		587	0.4	0.3
	White and Asian		1,366	0.9	0.6
	Other Mixed		1,037	0.7	0.5
Asian/Asian British	Indian		8,122	5.2	2.6
	Pakistani		3,270	2.1	2.1
	Bangladeshi		3,225	2.0	0.8
	Chinese		905	0.6	0.7
	Other Asian		2,410	1.5	1.5
Black/African/Caribbean/Black British	African		2,741	1.7	1.8
	Caribbean		2,843	1.8	1.1
	Other Black		618	0.4	0.5
Other ethnic group	Arab		331	0.2	0.4
	Any other ethnic group		782	0.5	0.6

Source: ONS, 2011 Census, Table KS201EW

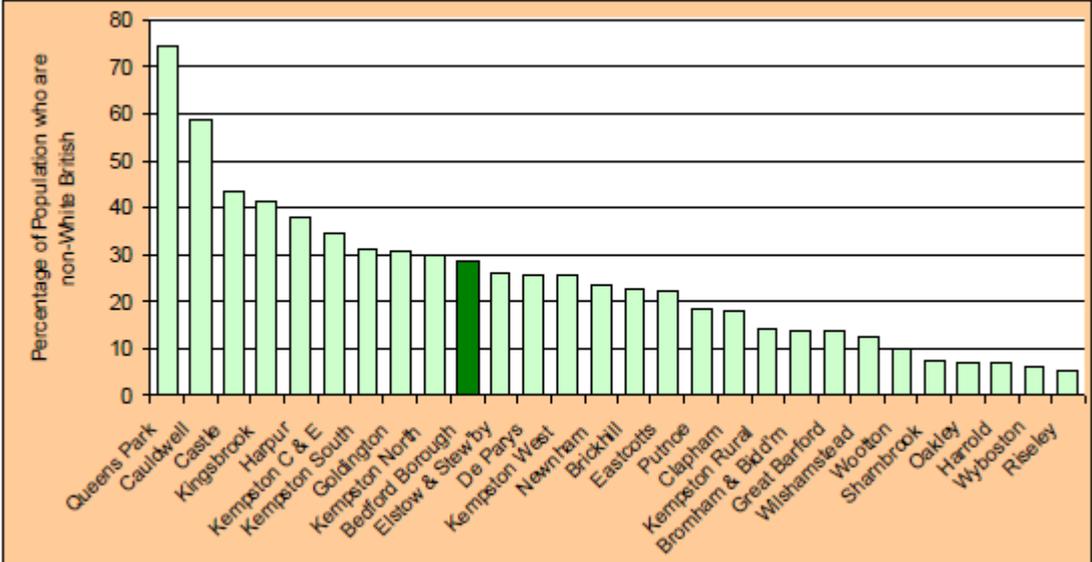
*Excluding London, 86.1% of the England population is White British

Bedford Borough's non-White British (BME) population is concentrated in the urban areas of Bedford and Kempston (37.2%) with much lower levels in the rural areas (12.7%).

The BME population is concentrated in a number of Bedford Town 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.

Figure 3: Ethnic composition of Bedford Borough wards, 2011



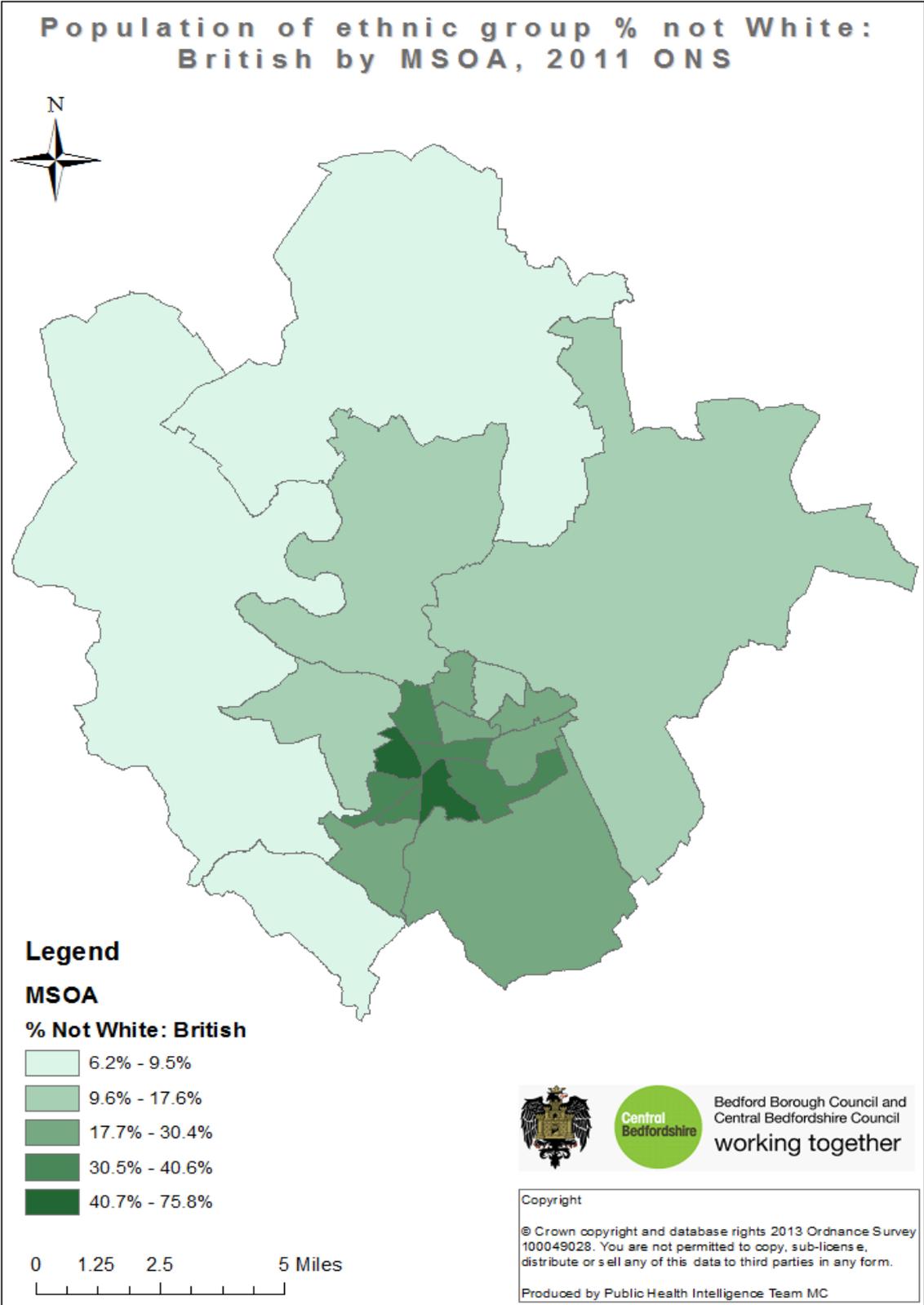
Source: ONS, 2011, Based on Table KS201EW

ONS estimates from 2011 census data show that non-White British population increased by approximately 16,400 from 19.2% to 28.5% between 2001 and 2011. The White British population declined by almost 6,900. There were substantial increases in all BME groups.

In-migration from the EU Accession countries has accounted for a large proportion of the growth in Bedford Borough’s BME population between 2001 and 2011, but there has also been significant in-migration from many other countries. This includes people from countries such as India and Pakistan where new migrants have added to already well-established communities, but also arrivals from countries such as Afghanistan and Zimbabwe.

The 2011 Census indicates that 27,700 people in Bedford Borough were born outside the UK, representing 17.6% of the total population. This was a substantial increase over 2001 (18,100 – 12.2%). Of these residents, 12,900 have arrived in the UK since 2001. The largest number of residents born outside of the UK registered by national insurance number were Romanian and Polish. Growing Romanian and Bulgarian populations may exceed Polish migrants.

Figure 4: Population of Ethnic Groups by MSOA in Bedford Borough



5.6 Deprivation

High deprivation levels are associated with low economic activity, high unemployment, unhealthy lifestyles, high levels of limiting long-term illness and disability, low life expectancy, poor educational attainment, poor housing quality and overcrowding, and high levels of crime and anti-social behaviour.

Deprivation is more than just poverty of income: whether the residents of an area experience deprivation is also influenced by education, skills, health, housing, crime, access to essential services, environmental quality, and a myriad of other factors.

The Indices of Deprivation 2015 provide a national ranking of local deprivation levels using a series of Domains (income, employment, crime, etc.) which are then weighted and combined to form the most commonly referenced measure of deprivation, the Index of Multiple Deprivation (IMD) 2015.

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.

It is important to recognise that not everyone living in a deprived area is deprived – and that not all deprived people live in deprived areas.

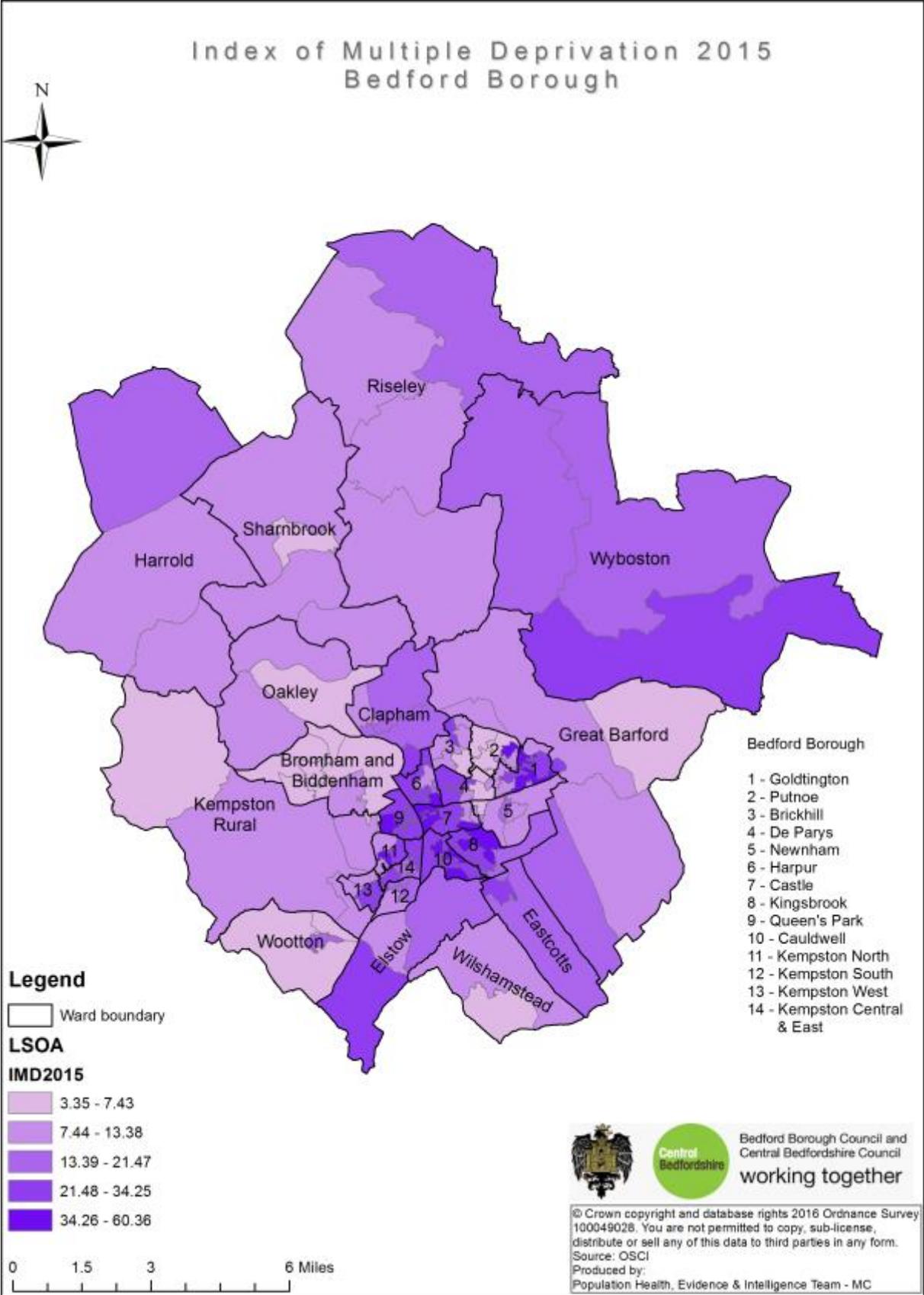
Although Bedford Borough is ranked in the middle of all local authorities on national Deprivation levels, of the 102 Lower Super Output Areas (LSOAs) in Bedford Borough, five are among the 10% most deprived areas in England and a further nine are among the 10-20% most deprived nationally.

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%.

Figure 5 is a map showing the Index of Multiple Deprivation of Bedford Borough by LSOA including ward details.

Figure 5: Index of Multiple Deprivation 2015 by LSOA



5.7 Education

Attainment 8 and Progress 8 are two new measures which were implemented in secondary schools in 2016. Attainment 8 measures the average grade of a pupil across 8 subjects including mathematics (double weighted) and English (double weighted), 3 further qualifications that count in the English Baccalaureate (EBacc) measure and 3 further qualifications that can be GCSE qualifications. Progress 8 aims to capture the progress a pupil makes from the end of primary school to the end of secondary school.

A Progress 8 score is calculated for each pupil by comparing their Attainment 8 score with the average grade of all pupils nationally who had a similar starting point, or 'prior attainment', calculated using assessment results from the end of primary school. The greater the Progress 8 score, the greater the progress made by the pupil compared to the average of pupils with similar prior attainment.

A school's Progress 8 score is calculated as the average of its students' Progress 8 scores. A score below zero means pupils made less progress, on average, than pupils across England who got similar results at the end of key stage 2.

The Progress 8 score for Bedford Borough is 0.14, which is above the national score of 0.00 and the Statistical Neighbour score of -0.03. This means that students in Bedford Borough, with the same prior attainment, make more progress than their peers nationally and in terms of Statistical Neighbour Local Authorities.

Table 2: KS4 – Attainment 8 and Progress 8 scores by gender

	Number of Eligible pupils			Attainment 8 Score			Progress 8 Score		
	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls
Bedford	1862	942	920	49.4	47.3	51.5	0.14	0	0.28
Statistical Neighbours				50.0	47.7	52.5	-0.03	-0.18	0.11
SN Rank				5	5	5	1	1	1
England (state-funded)				50.1	47.8	52.4	-0.03	-0.17	0.11
England (ALL)*				48.5	46.0	51.1	.	.	.
East of England				50.4	48.2	52.6	0.03	-0.10	0.16

5.8 Transport

Bedford Borough road network reflects that of many historic market towns with arterial routes from surrounding population centres such as Luton, Northampton, Milton Keynes, Cambridge, Hitchin and Rushden converging on Bedford. There are good road links to the strategic road network and recent improvements to the national road network make both the A1 and M1 accessible from Bedford within 10 minutes.

The Borough is well connected by rail with four stations within the Borough area – Bedford Midland, Bedford St Johns, Kempston Hardwick and Stewartby. The opening of

a new station at Wixams, on the Thameslink line to London and the South coast has been delayed.

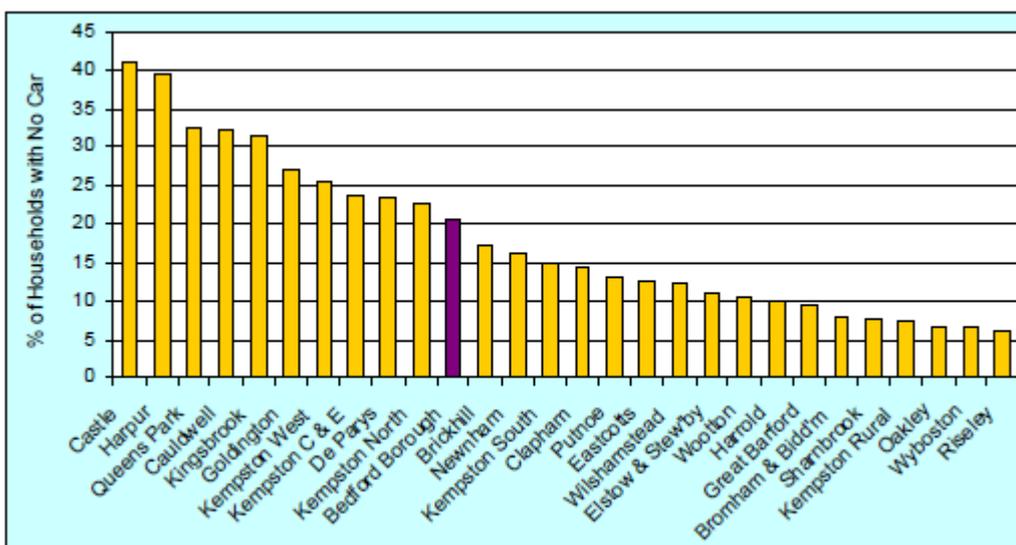
Bedford Borough town centre area is covered by a network of routes with relatively high operational frequencies during the day. The rural network is less comprehensive and is focused on linking communities to key service areas rather than on encouraging modal shift. A regular and frequent Express coach service operates between Oxford and Cambridge, calling at Bedford.

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

5.9 Car ownership

In 2011, 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%).

Figure 6: Households with a car by Bedford Borough ward, 2011



Source: 2011 Census, ONS, Table KS40EW

5.10 New housing development

The Council has an adopted Allocations and Designations Local Plan which makes provision for substantial housing development in the Bedford Growth Area (Bedford, Kempston and northern Marston Vale). Provision of housing continues to be focused in the Growth Area with 96% of supply focussed here. The Allocations and Designations Local Plan includes development allocations to meet growth requirements to 2021 so work on a new local plan has started which will plan further ahead to 2035. The new strategy may include the allocation of one or more new settlements to help deliver the Borough’s growth requirements. 19,000 new dwellings and 11,400 jobs must be planned for between 2015 and 2035 however a significant proportion of the land required to meet these targets (about 50%) is already allocated in adopted plans or has planning permission. The Local Plan 2035 will identify those additional development sites that are

needed (predominantly for housing) and is scheduled for adoption by the Council in 2019. Sites to deliver around 8,000 homes remain to be allocated in the Local Plan 2035.

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 to this pattern of growth with more development allocated in larger villages north of the town than has been the case in recent years.

This PNA takes into consideration the proposed residential development in the Growth Areas in Bedford Borough and the current capacity for pharmaceutical provision. Should the population increase significantly before the PNA is revised in 3 years' time, the pharmaceutical needs for the growth areas will be reviewed.

The table below provides a snap shot view of current pharmaceutical provision in the proposed areas of growth in the 2012 – 2013 Monitoring Report.

Table 1: Pharmaceutical provision in Bedford Borough Growth Area

Growth Area	Number of dwellings built in the monitoring period of April 2012 to March 2013	Current Pharmaceutical provision	Comments
Great Denham	71	There is a pharmacy at Great Denham which is located very close to the GP surgery. This area is also within close proximity of Kempston and Bromham, where there are another 5 pharmacies, one of these being a 100 hour pharmacy.	The pharmacy at Great Denham has the capacity to accommodate the needs of the growing population at a rate of 71 homes a year.
West of Kempston and Marston	144	Accessible pharmacies include 4 in Kempston, 1 in Marston, 1 in Wootton and 1 in Bromham. Included in these is a 100 hour pharmacy.	There appears to be adequate provision of pharmaceutical services for the area West of Kempston and Marston
Shortstown	34	There is 1 pharmacy in Shortstown.	The estimated annual growth of 34 dwellings can be accommodated by the pharmacy in Shortstown.
Wixams	113	Residents at Wixams have access to pharmacies in Wilstead, Marston and Ampthill	609 dwellings so far have been developed in Wixams and their provision is included in this pharmaceutical needs assessment. Wixams is located on the border with Central Bedfordshire and some residents access pharmaceutical needs in that area.

6 Current Provision of pharmaceutical services in Bedford Borough

6.1 Service providers

Pharmaceutical services are those provided from community pharmacies, dispensing doctors and appliance contractors. This document also considers services from other service providers such as GPs, hospitals and Sexual Health Clinics, as it is recognised that “need” may be met in ways other than via pharmaceutical service provision.

This PNA identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until 31 July 2017. The details and opening hours of pharmaceutical service providers are found in appendices 1 and 2.

Figure below is a map of the geographical locations of all the pharmaceutical service providers in Bedford Borough and indicates the locations of providers outside the borders of the Borough which can be readily accessed by residents.

6.1.1 Community pharmacies

In Bedford Borough there are 33 pharmacies (as of 31 July 2017) registered to provide pharmaceutical services under the NHS pharmacy contract providing a range of dispensing and other services, with business models varying from multiple store organisations to independent contractors. The registered pharmacies can be broken down by the type of services provided:

- 27 Community pharmacies
- 3 Community pharmacies with 100 hour opening contract
- 1 Distance selling pharmacies (which deliver all Essential Services remotely, i.e. not face to face, they may deliver Advanced Services on the premises provided they fully meet the requirements)

6.1.2 Dispensing Doctors

In areas rural areas (designated as controlled localities⁸) where a community pharmacy is more than 1 mile (1.6km) away from a patient's residence, dispensing practices may dispense prescriptions to their patients. However, dispensing doctors cannot supply over the counter medicines to patients as there may be a perceived conflict of interest.

Dispensing services provided by these practices are governed under a voluntary Dispensary Services Quality Scheme (DSQS). Practices signed up to this scheme are able to demonstrate a commitment to achieving standards around governance, training and review of the use of medicines by patients.

In Bedford Borough there are 7 Dispensing GP practices (a list of these practices can be found in Appendix 2. Dispensing doctors may only dispense to patients on their dispensing list and these are patients who live within designated controlled localities in Bedfordshire, and who do not live within 1 mile (1.6km) of a community pharmacy. Applications for patients wishing to be included on the list of a dispensing practice are made to NHS England Area Team for approval.

In the financial year 2016-17, 385, 595 prescription items⁹ were supplied by dispensing practices and the total number of patients on GPs' dispensing lists that year was 17,274¹⁰.

6.1.3 Dispensing Appliance Contractors

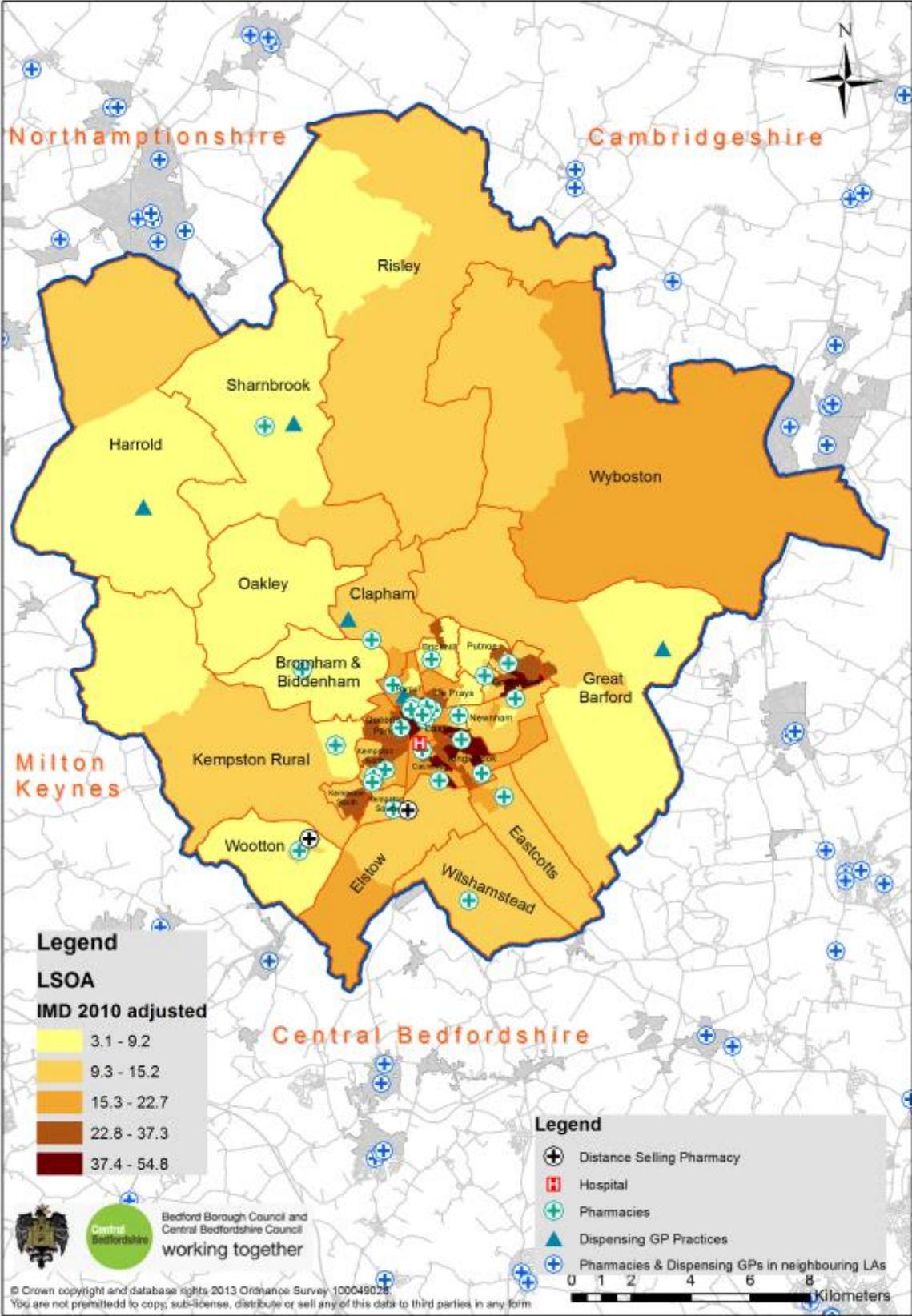
There are no Appliance Contractors in Bedford Borough.

⁸ The National Health Services (Pharmaceutical Services) Regulations 2005, Para 31.(7)(a) states that 'any area determined to be rural in character by the Primary Care Trust or, on appeal under regulation 32, by the Secretary of State, shall be a controlled locality'.

⁹ePACT Data, NHSBSA. Accessed 29 May 2017.

¹⁰ NHS England Herts and South Midlands Area Team data source.

Figure 7: Map of Pharmaceutical service providers in Bedford Borough



6.1.4 Comparison of pharmaceutical service provision in Bedfordshire with England

The table below provides information on dispensing activity in England and at NHS England Regional level in 2015-16.

Table 4: Community pharmacies on the pharmaceutical list, prescription items dispensed per month and population by NHS England Region, 2015/16

		Number of community pharmacies	Prescription items dispensed per month (000s)	Average monthly items per community pharmacy	ONS Population (000s) mid 2014	Pharmacies per 100,000 population
England		11,688	82,940	7,096	54,317	22
Y54	North of England	3,723	28,542	7,666	15,259	24
Q72	Yorkshire & Humber	1,275	9,709	7,615	5,468	23
Q73	Lancashire & Greater Manchester	1,089	7,810	7,172	4,238	26
Q74	Cumbria & North East	727	6,441	8,860	3,123	23
Q75	Cheshire & Merseyside	632	4,582	7,249	2,430	26
Y55	Midlands & East	3,446	24,642	7,151	16,487	21
Q76	North Midlands	775	5,514	7,114	3,591	22
Q77	West Midlands	980	6,402	6,533	4,123	24
Q78	Central Midlands	890	6,706	7,535	4,518	20
Q79	East	801	6,020	7,516	4,255	19
Y56	London	1,853	10,455	5,642	8,539	22
Q71	London	1,853	10,455	5,642	8,539	22
Y57	South	2,666	19,301	7,240	14,032	19
Q70	Wessex	511	3,752	7,343	2,742	19
Q80	South West	637	4,818	7,563	3,171	20
Q81	South East	880	6,210	7,056	4,540	19
Q82	South Central	638	4,522	7,087	3,578	18
	Bedford*	37	236	6,378	164	23

Sources: NHS Prescription Services, Population estimates - Office for National Statistics, NHS Digital

* The data showed in this row has been recalculated to reflect prescribing activity for both pharmacies (30) and dispensing doctors (7) excluding distance selling pharmacies.

The number of pharmacies per 100,000 population at NHS England Regional level ranges between 18 and 26 with an average of 22. It must be noted that this will vary widely across the country as some areas have dispensing doctors accounting for some of the dispensing activity. This makes a significant difference in Bedford Borough, as 12% of prescriptions are dispensed by dispensing doctors, thereby increasing access to pharmaceutical service providers in the area.

The figures in table 4 show that Bedford Borough has 23 pharmaceutical providers per 100,000 which are within the range shown across the country and higher than the

England average. Provision by community pharmacy providers alone is also in line with the regional average.

Another measure to consider in assessing the level of adequacy of pharmaceutical service provision in comparison to national statistics is the number of prescription items dispensed per pharmacy per month. In England, there was an average of 7,096 prescription items per month. The figure for Bedford Borough, adjusted to include dispensing doctors was 6,378 prescription items per month, which is below the England average.

Based on these findings the level of provision of dispensing services in Bedford Borough is deemed to be adequate for the population.

6.2 Other providers of pharmaceutical services

6.2.1 Out of Hours Services

There is an Out of Hours (OOHs) service 'Herts Urgent Care providing an Integrated Urgent Care (HUC IUC) service which is accessible to patients requiring emergency GP services outside of normal surgery opening hours. The Out of Hours services will issue prescriptions to be dispensed from community pharmacies when pharmacies are still open (e.g. late opening pharmacy and pharmacies open at weekends). However, the service keeps a stock of 'out-of-hours' drugs which patients are able to access when pharmacies are shut.

Walk-in-centre – this facility is available at the Putnoe Medical Centre in Queens Drive, Bedford. This centre is open seven days a week from 8am to 6:30pm. The walk-in-centre maintains stocks and supplies pre-packaged urgent medicines for patient access out of hours.

6.2.2 Hospital Pharmacy

- Patients under the care of Bedford Hospital Trust (in Bedford Borough) and those attending other neighbouring acute trusts will receive dispensing services from the hospital pharmacy. In-patients are supplied with medication whilst on admission and will receive at least 14 days' supply of medication on discharge. Out-patient services will also supply medication (or issue a prescription to be dispensed in the community) for their out-patient care.

The hospital pharmacy will dispense some medicines that are more difficult to obtain in the community pharmacy or where there are particular risks associated with medications e.g. cytotoxics for treatment of cancer.

- Dispensing service to Short stay units in the community: Medicines for residents at the Archer Unit, Bedford are supplied by Bedford Hospital Pharmacy under a Service Level Agreement with Essex Partnership University NHS Foundation Trust (EPUT).

6.2.3 EPUT Community Health Services

Essex Partnership University NHS Foundation Trust (EPUT) provides some pharmaceutical services as part of their community health services in Bedfordshire.

In Bedford Borough, EPUT provides the following services:

- HMP Bedford – EPUT Pharmacy services runs the in-house pharmacy and dispenses medicines to both GMS (General Medical Services) and IDTS (Integrated Drug Treatment Services) patients.
- Archer Unit, Bedford (an in-patient rehabilitation unit) - EPUT provides medicines optimisation under the supervision of a pharmacist.

6.3 Opening Hours of Community pharmacies

Core hours: Each pharmacy is required to be open for a minimum of 40 hours (or 100 hours for 100 hour pharmacies) a week as part of the requirement for providing 'essential' pharmacy service. Contractors cannot change their core hours without approval from NHS England.

Supplementary hours: These are provided as an addition to the pharmacy's contracted core hours and pharmacies must state at the time of application to NHS England what the supplementary opening hours will be. Contractors can alter their supplementary hours by giving 90 days' notice of the change to NHS England.

Out of Hours Service: This service is commissioned as a Local Enhanced Service by NHS England in Bedford Borough and ensures that there is a pharmacy open on special public holidays.

A list of community pharmacy contractors and dispensing doctors providing pharmaceutical services and their opening hours can be found in Appendices 1 and 2.

There is good provision of community pharmacy services from Sunday through to Saturday.

Weekday provision

From Monday to Friday pharmacies opening hours range from 7am through to 11pm, with 100 hour pharmacies providing these extended hours. 2 in 3 pharmacies do not close for lunch and are open throughout the working day.

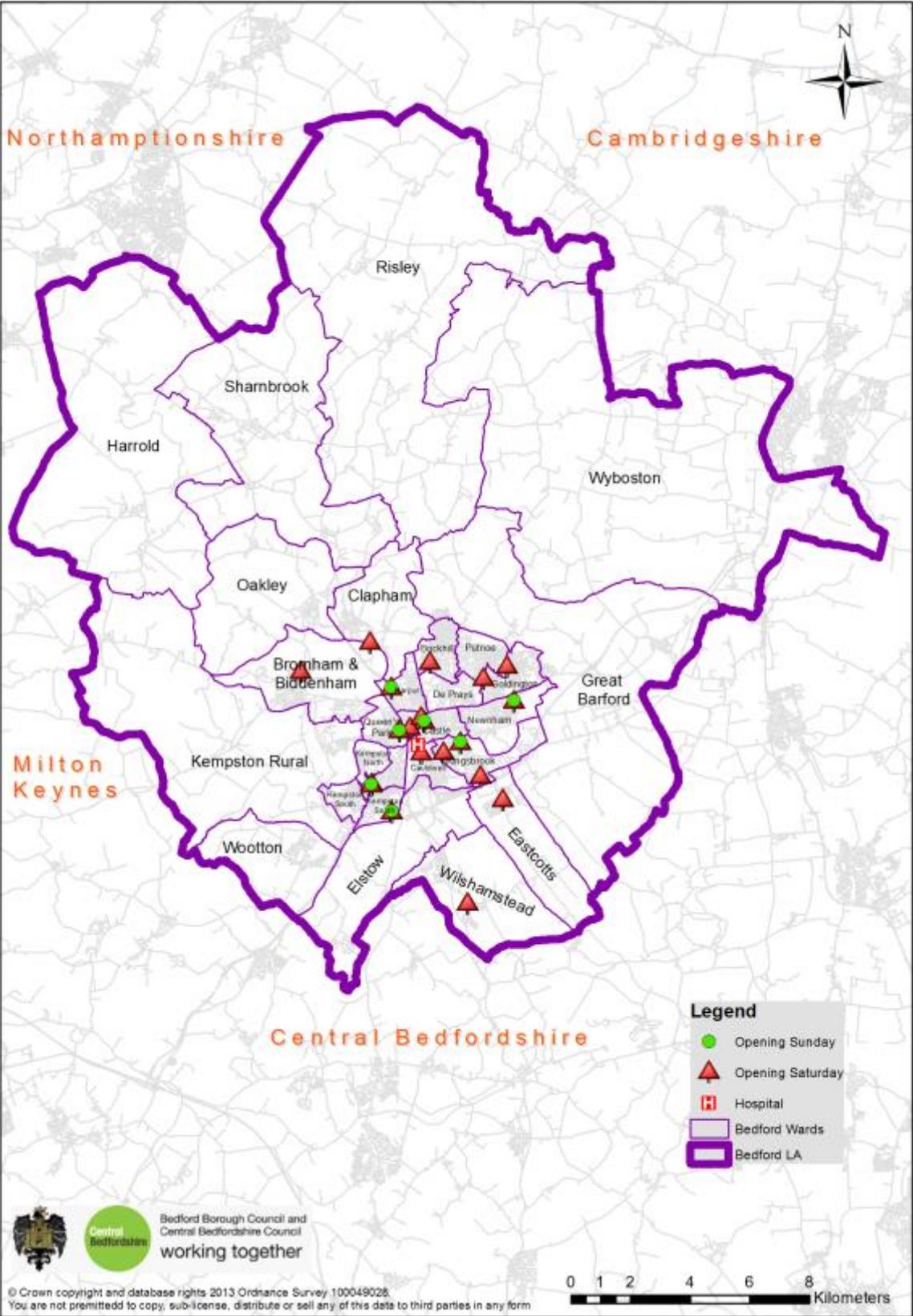
Saturday provision

21 pharmacies are open on Saturdays – opening hours range from 7am to 10pm; with 8 pharmacies only open until between 12 noon and 2pm.

Sunday provision

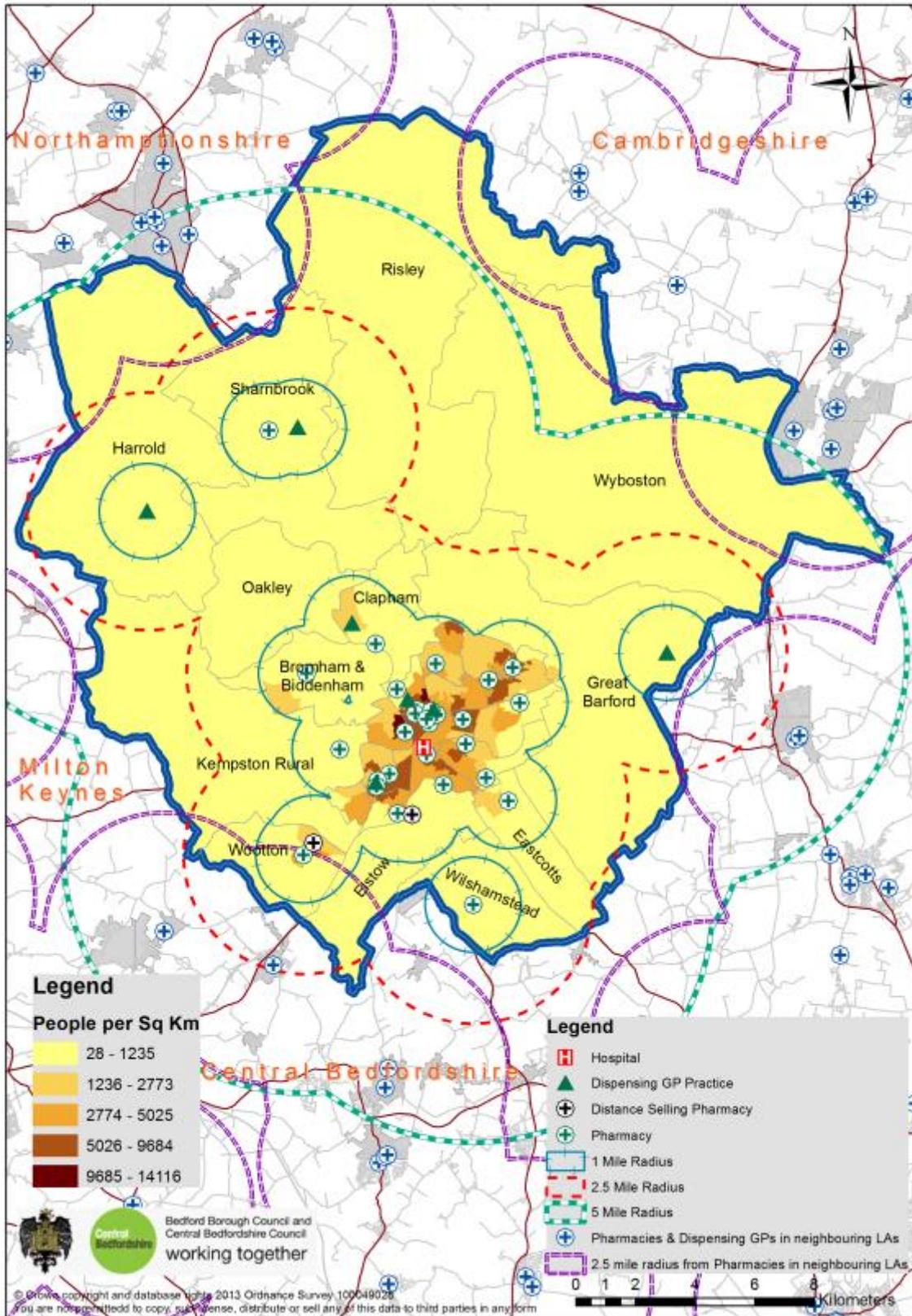
7 pharmacies are open on Sundays with opening hours ranging from 9am to 5pm. One of these pharmacies is open until 1pm.

Figure 8: Map showing the distribution of pharmacies that are open on Saturdays and Sundays in Bedford Borough



6.4 Accessibility by foot/by car and public transport

Figure 9: Map showing access of residents in Bedford Borough to pharmacy services



The map above demonstrates that there is good access to pharmaceutical services across Bedford Borough. In particular all areas with a population density higher than 1,235 people per sq. Km can access a pharmacy within 1 mile. There is also good access from the providers in the neighbouring local authority areas.

6.4.1 Access for people with disability

The Equality Act 2010 includes anti-discrimination laws that are applicable to all businesses and service providers in the UK. Under the law, service providers are legally required to make changes to improve service for disabled customers wherever disabled customers would be at a “substantial disadvantage” compared with non-disabled people. They must:

- Make reasonable changes to the built environment – for example, making changes to a building to improve access.
- Provide auxiliary aids and services – for example; provide an induction loop for people with hearing aids.
- Make reasonable changes to the way things are done – for example, change a policy

6.5 Community Pharmacy Essential Services

The following services form the core service provision required of all pharmacies as specified by the NHS Community Pharmacy Contract 2005:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Public health promotion
- Signposting
- Self-care promotion
- Clinical Governance

Dispensing

This is the supply of medicines and devices ordered through NHS prescriptions together with information and advice to enable safe and effective use by patients. There are sometimes challenges with maintaining stock which is outside the control of the pharmacy.

Pharmacists advise patients on how to take prescribed medication effectively and warn them of potential side effects. They can adjust their services to suit the individual needs of the patient e.g. large print on prescription labels, easy-open tops and devices to facilitate the firing of inhalers and administration of eye drops.



Repeat dispensing

Repeat Dispensing is the management of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and prescriber. This service is available through all pharmacies in Bedford Borough. Repeat dispensing allows patients to collect their repeat prescriptions directly from the pharmacy, reducing unnecessary visits to the surgery. In rural areas this can improve access for patients who do not have their own transport, as pharmacies will then often deliver the medicines to the patients at home. Originally the service was carried out using paper prescriptions, however as the Electronic Prescription Service has developed, Repeat Dispensing is increasingly carried out via electronic prescriptions.

Disposal of unwanted medicines

Pharmacies are required to accept, from patients, unwanted medicines which require safe disposal. This does not include sharps. NHS England (who hold the responsibility for community pharmacy contracts) is obliged to put collection services in place for such waste medicines. This service is available through all pharmacies in Bedford Borough.

Public health promotion

Pharmacies can provide opportunistic advice on lifestyle and public health issues to patients receiving prescriptions and pro-active participation in national or local public health campaigns.

All pharmacies in Bedford Borough display public health leaflets and posters. Bedford Borough Public Health team in conjunction with the NHS England Area Team have encouraged pharmacies to target particular patients groups for each campaign and has offered support to staff on how to approach customers pro-actively. Pharmacies are asked to report back on general activity for each campaign at year end.

Signposting

The pharmacies have a duty to provide information to people visiting the pharmacy that require further support, advice or treatment which cannot be provided by the pharmacy, about other health and social care providers or support organisations who may be able to assist the person.

Support for Self-care (call to action not part of the Essential service)

Pharmacists have welcomed the ambitions expressed for GPs by NHS England, their own profession's call to action, and they suggest that the network of England's community pharmacies is more than ready to step up to the plate.

The pharmacy call to action, which closed in mid-March, 2014 asked pharmacists and other professional stakeholders to comment on four areas that have the potential to see community pharmacy become an effective alternative to over-subscribed primary care services – particularly GP practices – and act as an important triage to emergency services. The areas are:

- creating a “pharmacy first” culture
- ensuring patients get the best from their medicines
- integrating community pharmacy into the patient pathway
- increasing safety of dispensing.

Done well, self-care can have a leading role in the expected direction of NHS care over the next five years: by focusing on healthy living, minimising preventable ill health, enabling the self-management of long term conditions, encouraging early diagnosis and making every contact with the NHS count. As a result, the need for acute secondary care will be reduced.

Understanding self-care and the fact that it is not a fixed, single act is key to understanding how it can be adopted more effectively in the NHS. Self-care is a continuum of activity that at one end supports people as they take individual responsibility for their daily lifestyle choices, for example, eating healthily or choosing to do exercise. Moving along the continuum, self-care can be applied to the care of minor ailments or long term conditions where people often self-manage without intervention from a health professional.

Pharmacy staff can provide advice and support to enable people to derive maximum benefit from caring for themselves and their families.

Clinical Governance

Pharmacies are required to have an identifiable clinical governance lead and achieve a number of clinical governance standards, including participating in clinical audit, undertaking a patient survey, having Standard Operating Procedures, training staff, having confidentiality policies in place and dealing with complaints.

6.6 Community Pharmacy Advanced services

6.6.1 Medicines Use Reviews and Prescription Intervention Service

Medicines Use Reviews (MURs) are a face to face conversation between patients and pharmacists and are designed to improve compliance, adherence and safe use of medicines. The underlying purpose of MUR service is, with the patient's agreement, to improve his or her knowledge and use of drugs by, in particular:

- a) Establishing the patient's actual use, understanding and experience of taking drugs;
- b) Identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient;
- c) Identifying side effects and drug interactions that may affect the patient's compliance with instructions given to him or her by a health care professional for the taking of drugs; and
- d) Improving the clinical and cost effectiveness of drugs prescribed to patients thereby reducing the wastage of such drugs.

The service provides an opportunity to improve the patient's use of their medicines, reduce wastage, improve their health and reduce unnecessary hospital admissions. The Prescription Intervention service is similar to an MUR and will be triggered by the pharmacist identifying a potential clinical issue from a prescription handed in at the pharmacy which is then investigated further by in an MUR consultation.

The service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. In the course of this consultation the pharmacist has the opportunity to also discuss medicines purchased by the patient over the counter as these have a potential to interact with prescribed medication or have an impact on underlying conditions.

Where a pharmacist has concerns about a patient's medication in the course of an MUR a referral is made to the GP with the patient's consent. Pharmacists must have the necessary accreditation in order to provide this service and the pharmacy must also have premises which meet the national standards to ensure the MURs take place in a confidential environment.

Patients are expected to have no more than one MUR within 12 months unless an exceptional need necessitates this. In 2015-16 8,753 MUR Consultations were conducted in Bedford Borough. The average number of MURs per accredited pharmacy was 250. The service was provided by 100% of pharmacies in Bedford Borough. The number of consultations ranged from 9 to 400. 10 pharmacies achieved their annual maximum of 400 consultations which has increased from 7 in 2013-14. 18 pharmacies provided more than 300 consultations in the year which has increased from 16 in 2013-14.

Medicines Use Review service is very useful for patients, particularly for older people and for people with long term conditions. This service can be maximised by ensuring that healthcare professionals across all sectors are informed of the service to allow them to refer patients appropriately. The service can be incorporated into treatment pathways for the management of long term conditions e.g. diabetes, cardiovascular disease, respiratory disease.

6.6.2 New Medicines Service (NMS)

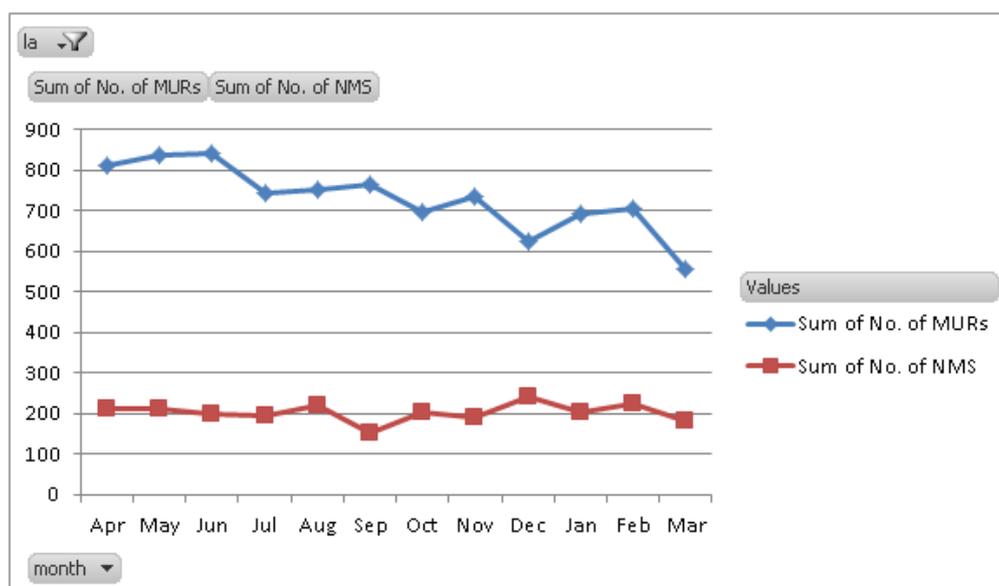
Following the prescribing of a new medicine for the management of a Long Term Condition (LTC) (within the specified criteria), patients will be recruited to the service by prescriber referral (which could include referral for medicines prescribed to the patient as a hospital inpatient or outpatient) or opportunistically by the community pharmacy. These patients will then be advised on the appropriate use of the newly prescribed medication and also followed up either by a face to face consultation or telephone within 14 to 21 days.

The service is designed to provide support and empower patients in the management of their LTC by helping improve their adherence to their newly prescribed medicine(s). This coupled with advice on lifestyle changes and other non-drug interventions, can promote patient well-being and healthy living. Participation in this service will not only offer benefits to patients but also local primary care services and the NHS by savings through a reduction in medicines wastage and drug-related hospital admissions.

In 2015-16 2,435 New Medicines Services were conducted in Bedford Borough. The average number of NMS per accredited pharmacy was 70. The number of consultations ranged from 2 to 295. 83% of pharmacies provided NMS consultations in the year.

The figure below shows the level of activity across pharmacies in Bedford Borough for MUR and NMS services. Whilst most pharmacies are performing well for the MUR service, availability of NMS is widely varied and can be improved on.

Figure 10: MUR and NMS service provision in 2015-16 from pharmacies in Bedford Borough by Month



6.6.3 Appliance Use Reviews (AUR)

Appliance Use Reviews can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by:

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

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business. In 2013-14 no pharmacy provided the Appliance Use Review service.

6.6.4 Stoma Appliance Customisation (SAC)

Stoma Appliance Customisation involves the customisation of a quantity of more than one stoma appliance, 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. Pharmacies that are unable to provide this service are required, with the patient's consent, to refer the prescription to another pharmacy or an appliance provider.

6.6.5 Community Pharmacy Season Flu Vaccination service

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and protecting the population's health through both individual and population immunity.

Each year from September through to end of 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. These include people aged 65 years and over, pregnant women and those with certain health conditions.

For the first time in 2015/16 NHS England also commissioned pharmacies to provide the NHS flu vaccination services to those people aged 65 years and over, pregnant women and those with certain health conditions. The service has since been recommissioned in 2016/17 and 2017/18. As an advanced service pharmacies have the option to deliver the service. These services sit alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

6.7 Community Pharmacy enhanced and additional services

The services listed below are currently commissioned from community pharmacies in Bedford Borough and details of service provision for the first five can be found under 'Current Provision' for Local Health Needs.

- 1 Stop smoking service
- 2 Sexual Health services
- 3 Supervised administration
- 4 Needle exchange
- 5 Out of Hours service (pharmacy rota for Christmas and Easter holidays).

6.7.1 Pharmacy Rota service

A Rota service is commissioned by NHS England Area Team in Bedford Borough to ensure that there is access to pharmaceutical service on special public holidays such as Christmas day and Easter Sunday when there would normally be no pharmacy open. Details of the pharmacies on Rota and the available hours are circulated to key healthcare professionals for sign-posting. **NHS England may direct pharmacies to open on these days**

6.8 Pharmaceutical services commissioned by Bedfordshire CCG

6.8.1 End of Life Care Medicines service

The End of Life Care Medicines Service is a service commissioned by the Bedfordshire Clinical Commissioning Group from community pharmacies. It aims to ensure that patients receiving palliative care in the community have access to specialised drugs

when these are required in an emergency. This access is required in-hours only as the Out of Hours services are equipped to meet the demand outside normal pharmacy opening hours.

A selected number of community pharmacies, providing geographic coverage across Bedfordshire are commissioned to provide this service Appendix 9. These pharmacies maintain a running stock of selected medicines used in palliative care and to ensure that service users have prompt access to these medicines. This list is not intended to be comprehensive however it provides sufficient choice for local prescribers to be able to meet the needs of the patient in an emergency.

6.9 Healthy Living Pharmacy (HLP)

Healthy Living Pharmacy is a voluntary, nationally recognised concept enabling pharmacies to help reduce health inequalities within the local community. HLPs have the public's health at the heart of what they do and have a proven track record of commissioned service delivery in public health need areas such as smoking, obesity, sexual health, alcohol and harm reduction. By offering a range of high quality services, HLPs can contribute towards reducing health inequalities by improving health and wellbeing outcomes in their communities.

Before being awarded the HLP 'quality mark' a pharmacy must have at least one qualified Health Champion and demonstrate that they meet quality criteria which are set around workforce development, premises and engagement. The pharmacy also has to show consistent delivery of NHS commissioned services.

A pharmacy must demonstrate a healthy living ethos and proactive approach to health before being issued their HLP status. The HLP concept provides a framework for becoming a Healthy Living Pharmacy.

It is also an organisational development framework underpinned by three enablers of:

- workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing;
- premises that are fit for purpose; and
- engagement with the local community, other health professionals (especially GPs), social care and public health professionals and Local Authorities.

During 2016/17 the local Public Health team and Bedfordshire Local Pharmaceutical Committee (LPC) have worked closely in establishing a local network of HLPs. This has included training of Health Champions, provision of "Making Every Contact Count" training for pharmacy teams and provision of support for portfolio development.

7 Local Health Needs

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 females¹¹. 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.

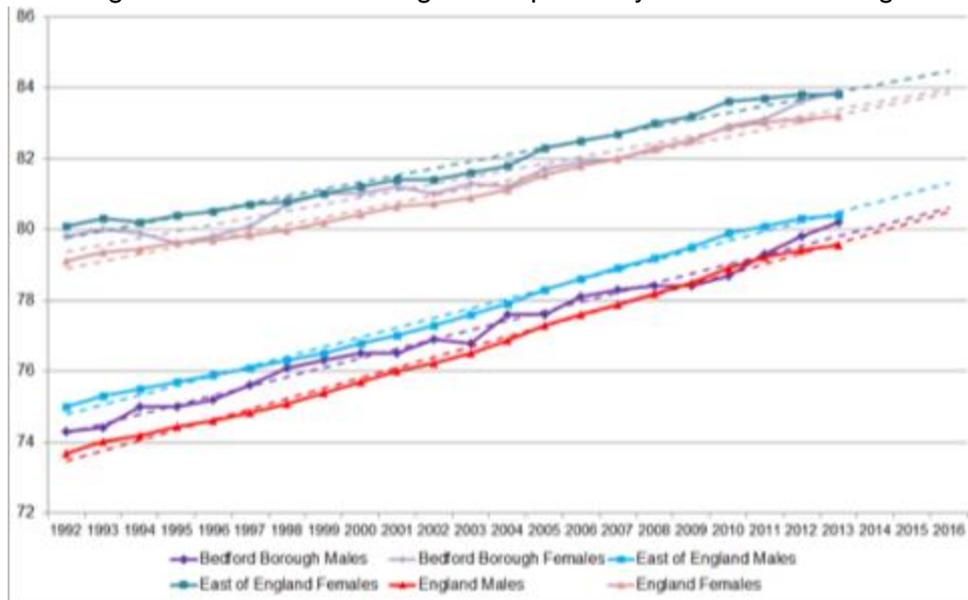
7.1 Life Expectancy

The overall health of a population can be measured using life expectancy at birth. Life expectancy at birth is a summary measure, which describes in a single number the average length of life of babies born now if they experience current death rates at each age throughout their lives. It reflects the current death rates of people living in the area, whether they were born in the area or not.

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.

¹¹ <http://www.phoutcomes.info/search/life%20expectancy#pat/6/ati/102/par/E12000006> accessed 27/06/2017

Figure 11: Trends showing Life Expectancy in Bedford Borough



Source of data: NHS Digital

- There are variations in life expectancy within Bedford Borough associated with social class, deprivation and gender.
- For small areas within Bedford Borough life expectancy varies from 77.2 to 91.9 years for women and from 71.3 to 83.5 years for men (2009-2013 data).
- Cancer, heart disease and stroke are the biggest causes of premature death which reduce life expectancy.
- Smoking and obesity are the biggest risk factors for poor health and diseases that reduce life expectancy.

7.2 Mortality

Table 5: 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

Source: National Statistics, 2016

* Crude Mortality Rate is the number of deaths per 1,000 population

**Standard Mortality Rate is the number of observed deaths as a % of the expected deaths if the population of an area experienced the same age specific deaths as England and Wales

Table 5 shows that mortality rates in Bedford Borough are lower than those in the East of England and in England and Wales.

The crude 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.

According to ONS, neoplasms (cancer) are responsible for over a quarter of deaths. A further quarter of deaths are caused by diseases of the circulatory system including heart disease and stroke. Other main causes of death include pneumonia, bronchitis, emphysema and other COPD, and accidents.

7.3 Sexual Health & Contraceptive services

How can Pharmacy help?

Pharmacy staff offer advice on safe sexual health opportunistically as well as more pro-actively during monthly campaigns. 14 pharmacies have been accredited to provide sexual health services including supply of emergency contraception, chlamydia screening and chlamydia treatment. There is a need for more pharmacies to engage with these Local Enhanced Services especially in the wards identified as teenage pregnancy hotspots.

Through public health campaign programs, pharmacies can also run outreach programs for example, in secondary school, educating the youth about the risks of sexually transmitted infections and promoting healthy lifestyles.

Good sexual health is important to individuals and to society. It is therefore important to have the right support and services to promote good sexual health.

Building upon the first National Strategy for Sexual Health and HIV¹². A Framework for Sexual Health Improvement in England was launched in March 2013. The Government's ambition for this framework is to improve the sexual health and wellbeing of the whole population by:

- reducing inequalities and improving sexual health outcomes
- building an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex; and
- recognising that sexual ill health can affect all parts of society.¹³

The Framework should support the achievement of the Public Health Outcomes Framework indicators:

- To reduce rates of teenage conceptions amongst under 18's
- To increase the diagnostic rate for Chlamydia among those aged 15-24 years
- To reduce the number of people presenting with HIV at a late stage of infection
- To reduce the rate of Sexually Transmitted Infections (STIs), excluding chlamydia

¹²DH 2001 (Department of Health) The National Strategy for Sexual Health and HIV. London, DH

¹³DH 2013 (Department for Health). A Framework for Sexual Health Improvement in England. DH and Cross Government.

7.3.1 Local Health needs

Teenage pregnancy

Teenage Pregnancy is a complex issue affected by personal, social, economic and environmental factors. If a young woman experiences multiple risk factors, evidence has shown that she has a 56% chance of becoming a teenage mother compared with a 3% chance for young women experiencing none of these risk factors.¹⁴ Girls most at risk of a pregnancy under 18 are eligible for free school meals, persistently absent from school in year 9 and showed slower than average academic progress in Years 7 and 9. Other risk factors include being in care and experiencing sexual exploitation and abuse.

The following risk factors are also associated with teenage pregnancy:

- Limited knowledge of where to access contraception and sexual health advice
- Alcohol and substance misuse
- Early onset of sexual activity
- Leaving school at 16 with no qualifications

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).¹⁵

In Bedford the percentage of under 18s conception leading to abortion also increased from 54.7% in 2014 to 58.2% in 2015, the percentage increase is due to a reduced number in under 18 conceptions. Since 1998-2014 there has been a reduction of 47.6% in Bedford Borough compared to 46.7% in the East of England and 51.1% in England.

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, Harpur and Kingsbrook 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.

Sexually Transmitted Infections

Public Health England recommend that local areas screen to achieve a diagnostic rate of at least 2,300 cases of chlamydia per 100,000 resident 15-24 year olds, to contribute to a national reduction in chlamydia prevalence. Since 2013, the diagnostic rate for chlamydia in Bedford Borough has been steadily rising. In 2016, Bedford achieved a detection rate of 2,424 per 100,000, which is significantly higher than the England average of 1,882 per 100,000 and the East of England rate of 1,361 per 100,000.

¹⁴Kiernan. K (1995) Transition to Parenthood: Young mothers, Young Fathers – Associated Factors and Later Life Experiences. Welfare State Programme. Discussion Paper WS/113. London: School of Economics

¹⁵ <http://www.phoutcomes.info/> accessed 27/06/2017

For other sexually transmitted infections data to 2016 shows:

- Since 2013, rates of gonorrhoea have fallen in Bedford Borough, and in 2016 rates of the infection were below the national rate although still marginally higher than the regional rate.
- The rate of infection for genital herpes fell in 2016 and is now marginally lower than the national rate although still marginally higher than the regional rate.
- Cases of syphilis in Bedford Borough are very low with 4 cases per 100,000 diagnosed in 2015. This is similar to regional and lower than national rates of infection.
- Genital warts are the second most commonly diagnosed sexually transmitted infection after chlamydia. The rate of genital warts diagnoses in Bedford Borough has fallen since 2013. In 2016 the infection rate was significantly lower than the national rate and similar to the regional rates.

HIV

Data from Public Health England shows that in 2016 the prevalence of HIV across Bedford Borough was 2.34 per 1,000 (aged 15-59) compared to 2.31 per 1,000 in England. Public Health England classifies Bedford Borough as a high prevalence area as the prevalence of HIV exceeds 2 per 1,000.

Between 2014 and 2016 a total of 23 people were diagnosed with HIV at a late stage of infection, representing 52.3% of the total infections diagnosed in that period. The rate of late diagnosis in Bedford Borough is not significantly different from the regional or national rate.¹⁶ HIV continues to disproportionately affect men who have sex with men and men and women from the Black African community.

7.3.2 Current services

Teenage pregnancy

a) Brook and THT Contraceptive and Sexual Health Services

As part of an integrated service Brook and Terence Higgins Trust (THT) provide contraceptive and sexual health services to young people under the age of 25 across Bedford Borough. The clinic locations have been guided by local under 18 conception data to ensure that services are reaching the most vulnerable and at risk young people. Current activity is focused on targeted work with young people exhibiting risky behaviour, however, the sexual health and contraception services are universally available to all young people in Bedford Borough. Brook also provides on-site nurse-led clinics in the majority of upper schools in Bedford Borough, including all upper schools within the current higher conception rate areas.

¹⁶ <https://fingertips.phe.org.uk/profile/sexualhealth> accessed 15/01/2018

b) Outreach Sexual Health Nurse

Brook have a peripatetic nurse who offers contraceptive advice, support and contraception fittings for all teenage mothers, and also for young women under the age of 25 who have had a termination of pregnancy (abortion). Access to contraception post birth and post termination of pregnancy is a key factor in reducing subsequent unintended pregnancies.

c) Targeted Intervention programmes for Vulnerable Young People (ASPIRE)

ASPIRE programmes have been run in four schools in Bedford Borough in 2015-16, delivering 2 programmes in each school for up to 10 boys and 10 girls. The programmes are aimed at young people who are at a higher risk of poor outcomes, such as teenage pregnancy, to help them reach their full potential. The programmes are currently targeted at schools that are resident in, or have students from, the higher under 18 conception wards.

d) School Nurse Practice Development Team

The Essex Partnership University NHS Trust (EPUT) 0-19 Team provide a School Nursing Service across Bedford Borough Schools. This includes a School Nurse Drop-In service in each middle/upper or secondary school for pupils in Year 7 and above (aged 11+ years). There are a range of emotional health and wellbeing issues and concerns a young person can bring to the School Nurse, including contraception and sexual health.

e) Condom Card Scheme

The local authority commission the current sexual health provider to offer a free condom scheme. This scheme supports young people under the age of 25 to easily access free condoms in a variety of settings across Bedford Borough. Young people can register for the scheme at any Brook Clinic and at other registration sites in Bedford Borough.

f) Improving the Health and Wellbeing of Identified Vulnerable Groups

Looked After Children and those leaving care have been identified as being particularly at risk of becoming teenage parents. The Promoting Health and Wellbeing of Looked After Children Group is in place in Bedford Borough that coordinates support for this vulnerable group on a range of issues which include, general health and wellbeing, sexual health, mental health and drugs and alcohol issues.

Sexual Health

a) Integrated Contraceptive and Sexual Health Services (iCaSH)

Cambridgeshire Community Services iCaSH together with Terence Higgins Trust (THT) and Brook provide a range of contraceptive and sexual health services, for all ages, for the population of Bedford Borough. The services are delivered from a hub location in Bedford Borough.

The services include:

- STI and HIV testing
- Comprehensive contraceptive services

- Treatment and partner notification for a full range of sexually transmitted infections
- A range of sexual health information and health promotion
- Psychosexual Therapy
- Outreach testing and promotion and one to one intervention

The clinics aim to offer easy access to services including both drop in and pre-booked appointment clinics. There is a website providing advice and information and a single telephone number to book an appointment www.icash.nhs.uk. The appointments include early and late appointments and specific clinics for young people under 25 years.

School based sexual health services are available in the majority of upper schools in Bedford Borough, however, in recent years the number of attendances has decreased and therefore, these will be under review to see if there is a preferred venue young people would like to attend to access services. Targeted outreach work is delivered to those young people identified as vulnerable, such as looked after children, young people from areas of higher teenage pregnancy rates and young people not in employment, education or training.

b) Sexual Health Services in Primary Care

Most GP Practices offer access to long acting reversible contraceptives for their registered practice population. In addition, a small number of practices are commissioned to offer enhanced sexual health and contraceptive services, providing clinics which are free, confidential and open to anyone in Bedford Borough even if they are not registered to that practice. These services include sexual health information, testing and advice, a full range of contraceptive service, and treatment and partner notification for sexually transmitted infections. For further details of these clinics visit www.icash.nhs.uk.

c) National Chlamydia Screening Programme

The National Chlamydia Screening Programme provides sexually active young people aged 15-24 with access to chlamydia screening and treatment through a variety of settings including contraceptive and sexual health services, GPs, pharmacists and termination of pregnancy providers. Young people can also request a screening kit anonymously via 'www.freetest.me' a chlamydia screening website.

d) Community Pharmacy services

Emergency Hormonal Contraception (EHC), chlamydia screening and treatment are available from a number of pharmacies across Bedford Borough. Those pharmacies that sign up to the enhanced sexual health contract receive an annual update on sexual health which also includes pathways and information on safeguarding.

e) Other local services include:

Abortion services, sexual assault referral centre and HIV Free Postal Self- Sampling Kits.

7.4 Smoking

How can Pharmacy help?

There is a strong evidence base for the effectiveness of pharmacy-led stop smoking programmes. Abstinence rates from 1-2-1 services provided by pharmacy staff are similar to those of other primary care services. More pharmacies should sign up to provide commissioned stop smoking services.

There is an identified need in particular to target these services at patients with chronic diseases and pregnant women. These patient groups frequently visit pharmacies making them an ideal outlet for accessing stop smoking services.

Smoking-related disease is still the leading cause of preventable death in the UK. Just over 9 million people smoke in the UK. Despite smoking rates having halved since 1974 when 51% of men and 41% of women smoked, every day in England more than 200 people die from smoking related illnesses. In 2013 approximately 1 in 6 of all deaths among people aged 35 and over were attributable to smoking (HSCIC, 2014). There is no safe level of tobacco use. Smoking causes more deaths every year than obesity, alcohol, road traffic accidents, illegal drugs and HIV combined (ASH, 2014) It is estimated that illness and diseases associated with smoking costs the NHS £1.7 billion annually, including 462,900 hospital admissions, related to diseases attributable to smoking.

7.4.1 Local health needs

Smoking is the most important cause of premature death and a major factor to the mortality divide between the most and least deprived areas in Bedford Borough. Beyond the well-recognised effects on health, tobacco also plays a role in perpetuating poverty, deprivation and health inequalities.

Nationally some 80% of people start smoking as teenagers and it can be assumed that this will be the same for smokers living in Bedford Borough. Smoking prevalence

amongst adults in Bedford Borough in 2016 was 15.1%, slightly higher than the regional average and lower than the national average. Smoking prevalence based on Middle Super Output Areas (MSOAs) indicates a prevalence of approximately 20% in the 20% most deprived MSOAs, compared with approximately 14% in the least deprived. If this is not addressed the inequalities gap will widen.

Smoking prevalence is higher in certain groups:

- In 2016, smoking in Routine and Manual groups in Bedford Borough was estimated to be over 32.7% compared to 26.6% regionally and 26.5% nationally.
- Some Black and Ethnic groups also have high smoking prevalence rates compared to the general population. Rates are highest among the Bangladeshi, Irish and Pakistani males. (Health Survey for England, 2004) The 2011 Census indicated that 28.5% of the Borough's population was from Black and Minority Ethnic (BME) groups (defined as all ethnic groups other than White British).
- People with a mental illness and addictions:
 - 32% for those with a common mental disorder
 - 40% for those with probable psychosis and
 - 69% for those with illicit drug dependence,
 - Within psychiatric inpatient setting up to 70% are smokers
 - Just over 16% of people in England had a common mental disorder, such as anxiety or depression, when interviewed - an overall rate that has not changed since 2000. [The Adult Psychiatric Morbidity Survey 2007].
 - Mental disorders are the most significant risk factor in the uptake of smoking in children and adolescents 43% of smokers under 17 years old have emotional or conduct disorder .[Mental Health of Children and Young People in Great Britain 2004 ONS]
- It has been estimated that around 80% of the prison population smokes

7.4.2 Current services

a) Stop Smoking Service

Bedford Borough Stop Smoking Service provides a range of specialist evidence based interventions that consistently achieve 4 week quit success rates within the Department of Health guidance of 35% and 70% and comply with quality standards. Stop Smoking support is available across Bedford Borough through a variety of providers:

- GP practice staff
- Bedford Hospital
- Beds and Luton Mind
- The Stroke Association
- HMP Prison Bedford
- South Essex Partnership Trust
- Pharmacies

In 2016/17, the Bedford Borough Stop Smoking Service supported 1,098 people to set a quit date and of these 613 quit at 4 weeks which equates to a 56% quit rate. This is higher than the national average quit rate of 51% (NHS Digital).

Nationally, NHS Digital reported that the number of people that set a quit date through NHS Stop Smoking Services in 2016/17, declined by 13% from 2015/16. Local activity declined at a similar rate. It is not possible to pinpoint the exact reason as to why footfall is dropping. The general consensus is that it could be attributed to factors including an increasing proportion of smokers with complex needs and the rising popularity of e-cigarettes.

b) Community pharmacy service

Stop smoking services are commissioned from community pharmacies at two levels:

- Level 1 staff offer brief advice, and refer to the specialist stop smoking service and provide an NRT voucher service.
-
- Level 2 staff offer 5 weeks of 1-2-1 support from an advisor to discuss behavioural changes required to support their quit attempt and up to 12 weeks of nicotine replacement therapy. Currently 27 pharmacies offer stop smoking services, 22 of these at Level 2. The list of pharmacies offering stop smoking services is found in appendix 6.

7.5 Drug Misuse

How can Pharmacy help?

People who use illicit drugs are often not in contact with health care services and their only contact with the NHS may be through a needle exchange service within a community pharmacy. At a minimum, the pharmacy can provide advice on safer injecting and harm reduction measures including advice on sexual health and STIs, HIV and Hepatitis.

In addition, community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.

Once clients are being treated within the NHS, community pharmacies can provide supervised administration of drug therapies and instalment dispensing. Clients often need support to prevent them stopping treatment.

Drug misuse is associated with a wide range of physical and psychological conditions, and the detrimental consequences of this behaviour are often far reaching across society. The problem of illicit drug use has been one of the key concerns for society during the past 30 years. Many communities across England have experienced the debilitating effects of people using the most destructive substances, heroin and crack: crime, drug litter, the spread of blood-borne viruses and drug-related deaths.

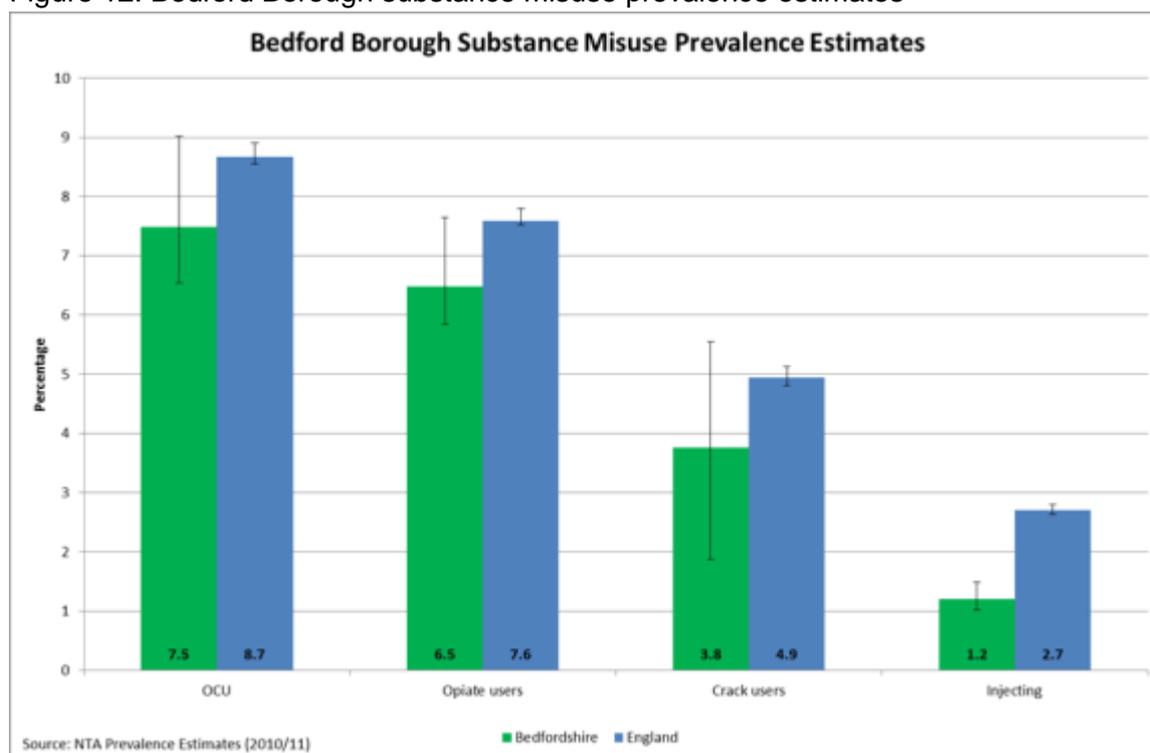
In addition, legal drugs can also be misused, including those prescribed by a clinician to control pain. There have recently been developments in the production and availability of synthetic drugs, notably cannabinoids (synthetic cannabis) and opioids (synthetic opiates). Some of these synthetic drugs are known as 'new psychoactive substances' (NPS).

7.5.1 Local health needs

Drug misuse can affect the whole of society. In addition to the effects on the physical and mental health of individuals who misuse drugs, it can impact negatively on their families' health and their relationships with friends, and families and wider society. Drug misuse also affects communities through drug-associated crime, and a large proportion of acquisitive crime in the UK is drug-related. Gangs who control the supply of illicit drugs, especially heroin, crack cocaine and cannabis often use vulnerable members of society as crucial points in their distribution networks.

Illegal drugs are categorised into three classes, partly based on their overall level of harm, with Class A drugs being viewed the most harmful. However drugs in all classes A to C are harmful and addictive. In addition, a growing number of people misuse legal drugs including' prescription and over the counter medicines, and NPS.

Figure 12: Bedford Borough substance misuse prevalence estimates



These data show that Bedford Borough is not significantly different to the England average for opiate and/or crack users (Figure 12). Those injecting is significantly lower than the England average.

Data shows that Bedford Borough has a smaller proportion of those in treatment that use prescribed or over the counter medication than Eastern England’s proportion:

Table 7: Proportion of people in treatment using prescribed or over the counter medication

	Bedford	National
Prescribed / over the counter drugs, cited no illicit drug use	15	6,591
Prescribed / over the counter drugs, cited illicit drug use	59	24,693
Individuals in treatment	682	203,344
Proportion of all clients citing	10.9%	15.4%
Proportion of clients citing Prescription	2.2%	3.2%

Source: NDTMS Prescriptions and Over The Counter Report, 2015-16

7.5.2 Current services

- a) Drug and Alcohol Treatment Services are commissioned by Central Bedfordshire Council on behalf of Bedford Borough Council to provide a range of interventions. These services are currently provided by Path 2 Recovery (P2R), part of the East London NHS Foundation Trust (ELFT), delivering through hubs in Bedford, Dunstable and Leighton Buzzard. P2R provides Tier 2 (early intervention) and

Tier 3 (specialist structured help and support), treatment services for residents who experience any harm caused by drugs and/or alcohol. Partly as a response to the national increase in opiate related deaths, P2R have made naloxone (an anti-opiate overdose drug) widely available both to service users and opiate users not in treatment. In the effort to minimise the harms caused by drug use, P2R work with pharmacists to offer a needle exchange programme, which is available to those in service and non-service users. There is a specialist service for young people, delivered by Aquarius, focusing on Tier 1, Tier 2 and Tier 3 support where necessary.

- b) P2R offers a range of interventions, focusing on the Recovery Model (i.e. aiming to support people to have a sustained recovery free from drugs and alcohol), including talking therapies, peer mentoring and support with education training and employment, and links closely with both social work and mental health services to help support the more complex and vulnerable individuals. Inpatient detoxification is provided in ELFT mental health services, spot purchased as required.
- c) HMP Bedford prison drugs services are commissioned by the NHS England East Anglia Area Team.
- d) Community pharmacies offer two main services in this area; supervised administration/consumption and needle exchange.

Supervised administration consumption

This service requires the pharmacist to supervise the consumption of methadone or buprenorphine (used for the management of opiate dependence) at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Contracted pharmacies aim to offer a user-friendly, non-judgmental, client-centred and confidential service. They provide support and advice to the patient, including referral to primary care or specialist centres where appropriate.

Terms of agreement are set up between the prescriber, pharmacist, patient, and patient's key worker (a four-way agreement) to agree how the service will operate, what constitutes acceptable behaviour by the client and what action will be taken by the Specialist Drug Treatment Service and pharmacist if the user does not comply with the agreement.

Needle exchange service

Participating pharmacies provide access to sterile needles and syringes, and sharps containers for return of used equipment.

The pharmacy provides support and advice to the user, including referral to other health and social care professionals, specialist drug and alcohol treatment services where appropriate and promotes safe practice to the user, including advice on sexual health, STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation. The contracted pharmacies provide a sufficient level of privacy and safety and have a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including allocation of a safe place to store equipment and returns for safe onward disposal.

Storage containers provided by the Specialist Drug Treatment commissioned clinical waste disposal service are used to store returned used equipment.

7.6 Alcohol Misuse

How can Pharmacy help?

Pharmacy can be commissioned to provide Identification and Brief Advice as this has been proven to be a cost-effective intervention. The demographics of people visiting pharmacies differ from those visiting GP practices allowing pharmacy staff to reach a wider target group. The service can be targeted at those who may be at high risk such as those who come in for hangover remedies, gastric problems or falls.

Alcohol is a complex public health problem. There is a general perception that individuals with alcohol problems are either alcohol dependent or regular binge drinkers. The biggest challenge for public health continues to be effective communication about the serious health impacts of regularly drinking above the recommended guidelines, a level of drinking which is usually regarded as socially acceptable.

Drinking alcohol above the recommended guidelines directly impacts on health; people are at increased risk of liver disease, cancer, stroke and heart disease. In addition, alcohol is involved in a range of other social and health issues; risky behaviours such as domestic violence; suicide and self-harm; child abuse and neglect; mental health problems; road traffic accidents; unsafe sex; unwanted pregnancies and homelessness.

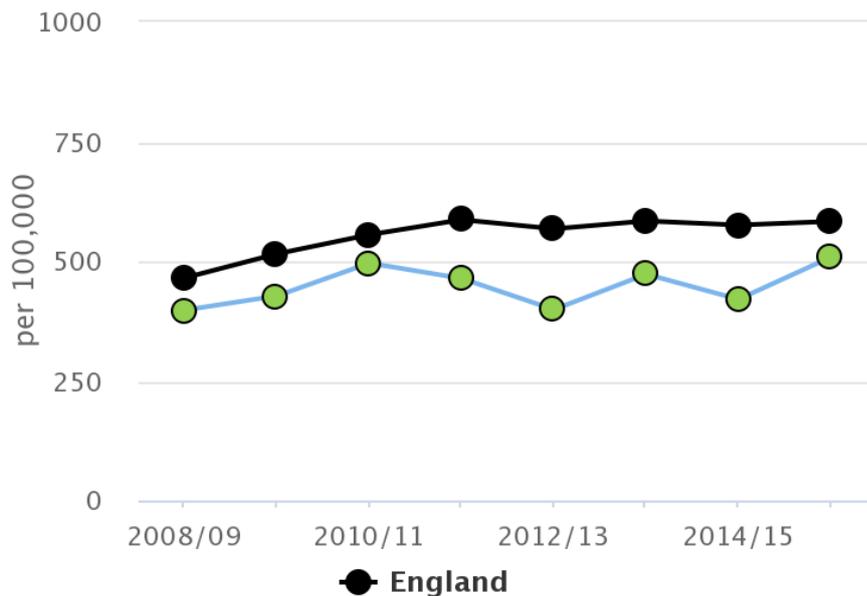
The UK Chief Medical Officers' Alcohol Guidelines currently state:

- You should not drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
- If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
- If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink-free days each week.
- Pregnant women, or women trying for a baby, should avoid alcohol altogether.

7.6.1 Local health needs

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).

Figure 13: Admission episodes for alcohol specific conditions in Bedford Borough



Source: PHOF/LAPE, 2016

The incidence rate of Alcohol related cancers per 100,000 2013-15 is 38.01 which is worse than the East of England Region (36.14) and similar to England (38.03). The cancers included in the rate are mouth, oesophagus, colorectal, liver, larynx and breast.

The number of people in Bedford Borough who are alcohol dependent is expected to rise from 5,905 in 2015, to 6,120 by 2020.

7.6.2 Current services

Drug and alcohol services are commissioned by Central Bedfordshire Council on behalf of Bedford Borough Council.

- The alcohol **Identification and Brief Advice (IBA)** intervention trains frontline professionals to identify and deliver brief advice to those individuals whose drinking may be impacting on their health and wellbeing.
- **P2R** provides access to a full range of medical, psychological and social options from hubs Bedford and Dunstable, and a satellite in Leighton Buzzard for those experiencing harm from alcohol. It supports service users throughout their treatment journey with an emphasis on the individuals' recovery from alcohol misuse.
- The **NHS Health Checks** programme is for adults in England aged between 40 and 74. At the Health Check a series of routine measurements are taken to help identify the risk of developing cardiovascular diseases such as heart disease, stroke, kidney disease and type 2 diabetes. Questions on alcohol consumption are now routinely included in the NHS Health Check assessment. The questions determine whether the patient is drinking at levels which may be causing harm, and may result in Brief Advice or referral into P2R.

7.7 Excess weight

How can Pharmacy help?

Pharmacy can signpost to the various services available in the community as well as participate in public health promotion.

Pharmacies in other areas including Coventry and Portsmouth have been able to provide effective weight management services for customers including those with cardiovascular risk factors.

Being overweight or obese increases the risk of developing serious diseases such as type 2 diabetes, cardiovascular disease and cancer. It can also impact on an individual's prospects in life, affecting their self-esteem and mental health and their ability to get, and hold down, work.

BMI Definition

Body Mass Index is a measure of overweight relative to height and weight.

For adults there are five categories:

Category	BMI range (kg/m ²)
Underweight	less than 18.5
Normal	between 18.5 and 25
Overweight	between 25 and 30
Obese	greater than 30

7.7.1 Local health needs

In England, the prevalence of obesity among adults rose from 14.9% to 24.9% between 1993 and 2013. In Bedford Borough the latest estimate for 2015/16 indicates that 56.7% of adults are overweight or obese. This equates to approximately 73,000 adults. As a comparison, the East of England average prevalence of excess weight is 61.7% and the England average is 61.3%.

In England, child body mass index (BMI) is measured at Reception Year (age 4-5 years) and Year 6 (aged 10-11 years) through the National Child Measurement Programme (NCMP).

The National Child Measurement Programme (NCMP) data 2016/17 in Bedford Borough revealed that 11.4% and 9.0% of children are overweight and obese respectively at year R; and 13.3% and 19.9% of children are overweight and obese respectively at year 6.

Physical activity

National data from the 2015 Active People Survey indicates that 57% of adults in England do at least 150 minutes of moderate equivalent physical activity per week. It further suggests that 28.7% of adults do less than 30 minutes of moderate equivalent physical activity per week in England and in Bedford Borough:

Table 8: Level of moderate physical activity/week for Adults in Bedford Borough and England

	Less than 30 minutes a week	30-149 minutes per week	150+ minutes per week
Bedford	27.2%	13.0%	59.8%
England	28.7%	14.3%	57.0%

The data suggests that a significant proportion of the Bedford Borough population are physically active, however it should be borne in mind that self-report surveys tend to overestimate activity compared to objective measurements.

The Chief Medical Officers' Report, 'Start Active, Stay Active' (2011) recommends the following physical activity guidelines for children and young people:

- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting).

There are very little data available about activity levels in children, and the data that does exist is subject to the same potential for error that exists in adult self-reported data. The self-reported British Heart Foundation (BHF) physical activity statistics (2015), suggests that on average 20% of all children in England meet the recommendations, 40% take part in some activity and 42% take part in low activity. There is no available data specific to Bedford Borough, but there is no reason to suspect that Bedford Borough would show a different level of physical activity to the national average, as it does in adults.

7.7.2 Current services

Obesity management and prevention is separated into 4 tiers. Tiers 1 and 2 are actioned through population level communication (i.e. Change 4 Life), opportunistic intervention through Primary Care, commercial and bespoke slimming programmes, and medication. Tier 3 is a multi-disciplinary programme delivered from a hospital setting and tier 4 is bariatric surgery.

BeeZee Bodies CIC is the excess weight management services provider in Bedford Borough. The following services and products have been commissioned by Bedford Borough Council:

- **BZ Bumps:** Maternal Obesity programme - delivering healthy living information and support to pregnant women with a BMI > 30. The programme provides information on nutrition as well as safe physical activity sessions, ante and post-natal.
- **HENRY (Health, Exercise, Nutrition for the Really Young)** – A universal group programme for 0-5 year olds and their families. It combines nutrition, physical activity, behaviour change and parenting skills

- **National Child Measurement Programme (NCMP)** – A mandatory national programme. The school nursing team measure all children in reception year and year 6. It allows a targeted approach to obesity services in wards with high childhood obesity levels.
- **Making the Most of Me (MMoM)** – An outcomes based package of work which delivers positive changes in attitude, understanding, behaviour and aspirations towards healthy lifestyles of year R pupils and year 4 pupils.
- **Bikelt Officer** – A Bikelt Officer from Sustrans works with selected schools in the Borough.
- **Whole School Reviews** – Schools in Bedford Borough complete ‘Whole School Reviews’ every 2 years to demonstrate the health and wellbeing provision across their whole school community, and identify any gaps.
- **BeeZee Bodies 5-15 years** – A 17-week referral programme for families with a child on or above the 91st centile for BMI.
 - **Weight Watchers: Commercial Weight Management Referral Scheme** – 12 weeks free of charge for patients who are eligible but are unable to afford the cost.
 - **Slimming World: Commercial Weight Management Referral Scheme** - 12 weeks free of charge for patients who are eligible but are unable to afford the cost.
 - **Gutless: Weight Management for Men** - a programme designed specifically for men
 - **Believe: Weight management for Faith-based Groups**- Approximately 70% of Bedford Borough residents belong to a faith-based group. This programme is delivered by a member of BZ Bodies CIC and a member of the faith organisation
- **Web-Based Video Chat: Weight Management Support Online** - This pilot service is a new way of being able to reach those who would otherwise struggle to access services (e.g. those with disabilities, single parents with small children, those in very rural locations where transport is difficult).

7.8 Long Term Conditions

How can Pharmacy help?

Strategies for individual long term conditions (LTCs) such as diabetes, asthma, chronic lung disease and cardiovascular disease should include the role of the pharmacy team in the management pathway. Building on current NHS contractual services – both essential and advanced services, pharmacy can play a substantial role in the detection and management of LTCs such as: improving inhaler technique.

Other health care services should refer suitable patients to their pharmacy for MUR and NMS.

With the high percentage of BME groups in Bedford Borough, future service considerations should take this into account.

Around 15 million people of all ages in England have a medical condition that cannot be cured but can be controlled by medication, other treatments or therapy. Examples include diabetes, asthma, heart disease, stroke, and dementia. Such people are often intensive users of health and social care services.

Long term conditions (LTCs) can impact significantly on a persons' ability to work and live a full life. People with at least one LTC are approximately 10% less likely to be in employment and people with a physical LTC are up to 4 times more likely to experience depression and anxiety.

The key factors for developing a LTC are lifestyle and ageing. Smoking is the most important major avoidable risk factor for circulatory and respiratory diseases, coronary heart disease, stroke, Chronic Obstructive Pulmonary Disease (COPD) and various cancers. Genetic inheritance can also play a role, as do ethnicity and deprivation.

As people live longer, the likelihood of developing more than one LTC increases; people frequently have three or more conditions occurring simultaneously. Physical health difficulties can both contribute to and be compounded by, depression, anxiety, and acute and chronic confusion.

7.8.1 Local health needs

2015/16 LTC prevalence rates in Bedford Borough GP practices are generally in line with national rates; however rates vary between practices, as shown in table 9 below.

Table 9: 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)	1.4	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

7.8.2 Diabetes

In England the two most common types of diabetes are:

- Type 1: the pancreas makes no insulin and diabetes often develops before the age of 40, usually during the teenage years
- Type 2: develops when the body does not make enough insulin or the tissues become insulin insensitivity (i.e. resistant to its effects) and does not work properly. People are more at risk of developing type 2 diabetes if they are:
 - overweight or obese
 - from a family where others have diabetes
 - over the age of 40 – although younger people are increasingly being affected
 - inactive
 - of African or South Asian origin

Almost one in 70 people in the UK are living with undiagnosed Type 2 diabetes. (Diabetes UK, 2012). It can lead to long-term complications including eye problems, kidney disease, foot ulcers and cardiovascular disease.

During 2014/15 119 children received treatment in Bedford Hospital for diabetes.

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.

Childhood obesity is a recognised risk factor for developing Type 2 diabetes as an adult. Estimates adjusted for the age, sex, ethnic group and deprivation pattern of the local population suggests that there are approximately 2,750 people still undiagnosed in Bedford Borough.

Since 1996, the number of people diagnosed with diabetes in the UK has risen from 1.4 million to 3.5 million. Taking into account the number of people likely to be living with undiagnosed diabetes, the number of people living with diabetes in the UK is over 4 million. Diabetes prevalence in the UK is estimated to rise to 5 million by 2025.

7.8.3 Respiratory Disease

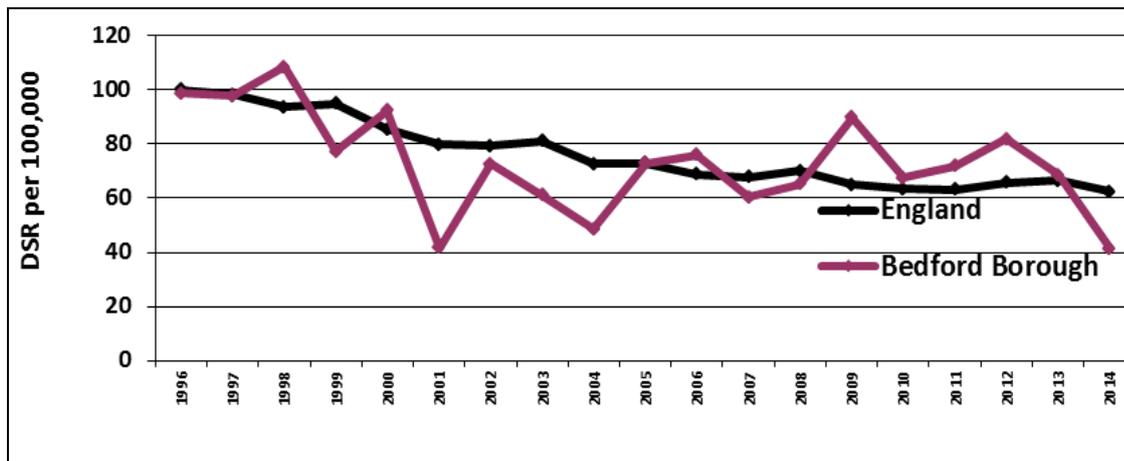
There are two main conditions affecting the respiratory tract: Chronic Obstructive Pulmonary Disease (COPD) and Asthma. COPD is used to describe a syndrome of chronic progressive airflow obstruction which is not completely reversible, and now includes conditions such as bronchitis or emphysema. Smoking is the predominant cause.

Chronic Obstructive Pulmonary Disease (COPD)

The prevalence of COPD in Bedford Borough was 2,490 (1.4%) in 2015/16, an increase since 2010/11. This is mainly due to the population ageing as COPD is strongly associated with age. The prevalence of COPD over the next 3-5 years in Bedford Borough and nationally are forecast to show a slow increase of about 0.05% per year.

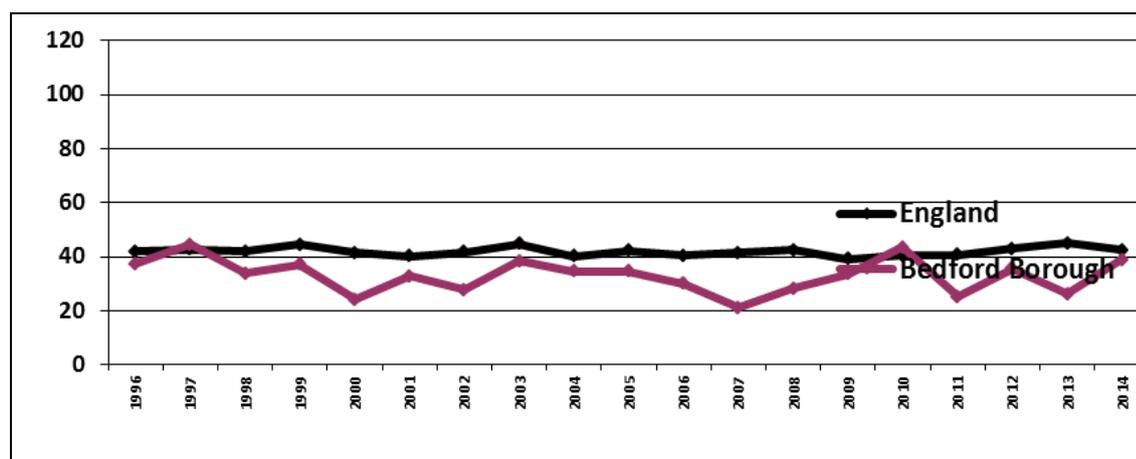
Figures 15 and 16 show the directly age-standardised mortality rate (DSR) for COPD in Bedford Borough. The mortality rate for males was higher than females, though the gap between them has reduced over time as the smoking prevalence decreases. The Female mortality rate was lower compared to England and the Male rate is similar over the time period.

Figure 14: Male all age mortality for chronic obstructive pulmonary disease in Bedford Borough by sex and year (Directly Standardised Rate) (2015)



Source: NHS Digital, 2016

Figure 15: Female all age mortality for chronic obstructive pulmonary disease in Bedford Borough by sex and year (Directly Standardised Rate) (2015)



Source: NHS Digital, 2016

Asthma

Asthma is a chronic inflammatory disorder of the airways with reversible airway obstruction. There is an increase in airway resistance to certain triggers, for example animal hairs, exercise or cold air. Obstruction is usually reversible, either spontaneously or with treatment. In 2015/16 Bedford Borough there were 11,535 patients in Bedford Borough registered with their GPs who had been prescribed an asthma medication within the previous 12 months.

7.8.4 Cardiovascular disease

Cardiovascular disease (CVD) is the collective term for a group of related conditions affecting the heart, arteries or blood vessels. It includes coronary heart disease and stroke, which account for about 50% and 25% of these conditions respectively.

A study in 2009 conducted by the Care Quality commission, 'Closing the Gap'¹⁷, reported that up to 90% of the risk associated with a first heart attack is due to lifestyle factors that can be changed. The combined cost of CVD to the NHS and the UK economy was estimated to be £30.6 billion. Smoking is one of the major causes of CVD and the biggest single avoidable cause of death, accounting for 82,000 deaths a year (see smoking chapter). Obesity is another major cause of CVD.

In 2015, 5,230 people in Bedford Borough (3.0%) were diagnosed with coronary heart disease in 2015/16. This is lower than the prevalence for England (3.2%). The observed prevalence for CHD across Bedfordshire CCG is thought to be about 76% of the estimated prevalence indicating about a quarter of the population with CHD have unrecognised and undiagnosed disease. In 2008-10, Bedford Borough had a higher stroke premature mortality rate (17.5 per 100,000) when compared with England (14.2 per 100,000). In 2015/16, the observed prevalence of stroke was 2,615 (1.5%) in Bedford Borough and 7,035 (1.5%) in Bedfordshire CCG; Bedford Borough had a lower rate compared to England (1.7%).

¹⁷ Tackling cardiovascular disease and health inequalities by prescribing statins and stop smoking services, Care Quality Commission, 2009

The NHS Health Checks programme identifies those aged 40-74 at greatest risk of cardiovascular disease, but also identifies diabetes, kidney disease, excessive alcohol use, smoking status, physical activity levels and raises awareness of dementia, all crucial aspects of delivering healthier longer lives.

7.8.5 Current services

The routine clinical care of the majority of people with mild to moderate disease is provided by GPs, primary healthcare teams, and community health and social care teams. Depending on the condition, this may be supplemented by hospital out-patient clinical care. Severe conditions involve more secondary care, sometimes requiring out-of-area specialist services.

Community pharmacy and Dispensing Doctors

Pharmacy services are ideally developed to support patients with Long Term Conditions (LTCs). People with LTCs are likely to be taking medication regularly and in order to gain maximum benefit, need to understand the role of their medicines in relation to managing their condition. They also need support to reduce potential adverse reactions and interactions with other medicines, including those available over the counter.

Several pharmacies offer repeat ordering and collection services (a non-NHS service) to people with LTCs which is invaluable to patients. Within the NHS Pharmaceutical contract, pharmacies are also able to offer a Repeat Dispensing service, informally referred to as Batch Prescribing, which improves convenience for regular supply of prescription medicines and ensures continued monitoring of the safe and appropriate use of medicines.

Under NHS contractual arrangements community pharmacists already have the opportunity to carry out Medicines Use Reviews (MURs). As part of the Dispensing Services Quality Scheme (DSQS) for dispensing doctors, dispensing staff are trained to discuss issues of concordance and compliance with patients during a Dispensing Review of Use of Medicines (DRUM). Any issues or concerns raised are then referred to the appropriate health care professional for follow up. Both pharmacy MURs and dispensary DRUMs are designed to improve the patient's understanding of the importance of the medicine in controlling their disease and the reason for taking medicine appropriately. These can improve patient concordance and support and reinforce the advice given by the prescriber. There are opportunities to increase the uptake of MURs and, in the future, to target pharmaceutical care towards complex cases.

The New Medicines Service (NMS) provides support for people with long-term conditions that have been newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions. NHS Health Checks are not currently commissioned from pharmacies in Bedford Borough, however some pharmacies provide a private service for health checks and healthy living programs. These programmes help to prevent the onset, or assist with early diagnosis, of LTCs.

7.9 Cancer

Cancer is the largest cause of premature death in England and the second largest cause (after cardiovascular disease) of mortality for all ages. Overall, more than one in four people die from cancer and approximately 40% of those are under the age of 65. A major factor increasing an individual's risk of cancer is increasing age, but many cancers are preventable and main risk factors are use of tobacco, being overweight, having an unhealthy diet and drinking excessive alcohol.

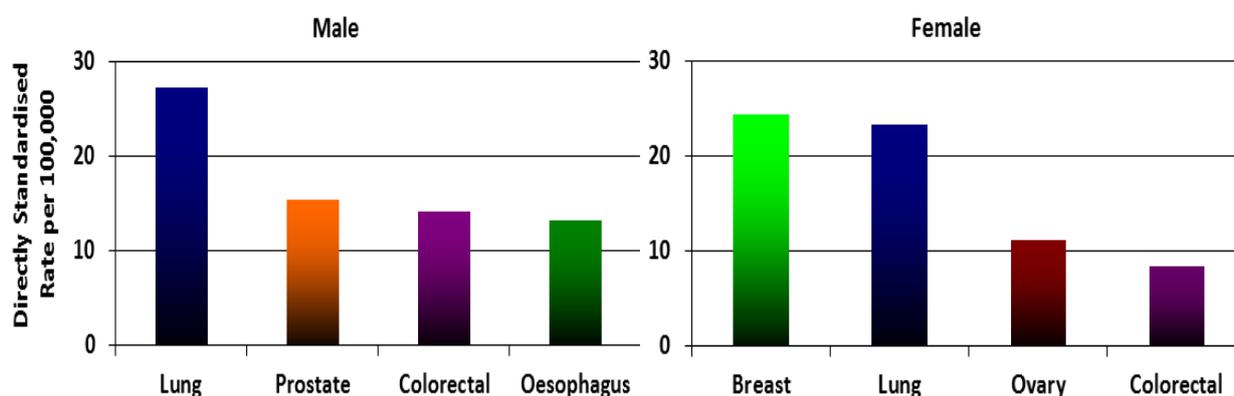
7.9.1 Local health needs

In 2014, there were approximately 429 women and 525 men diagnosed with cancer in Bedford Borough (all ages). Both these rates are lower than our comparable local authorities and national data. Incidence 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).

Figure 16: Cancer deaths in Bedford Borough by gender and cause (Directly Standardised Rate)



Source: From data in Cancer Stats, 2016

The most common cancers resulting in death in those aged 75 years or under were lung, prostate, colorectal and oesophageal cancers for males and breast, lung, ovarian and colorectal cancers for females. Lung cancer had the greatest impact on mortality rates in the most deprived areas of Bedford Borough.

7.10 Mental Health

Mental health problems can be linked to a wide range of issues including poor educational achievement, poor physical health, sickness absence and early death. Tackling mental illness and promoting mental wellbeing is essential not only for individuals and their families, but also to society as a whole.

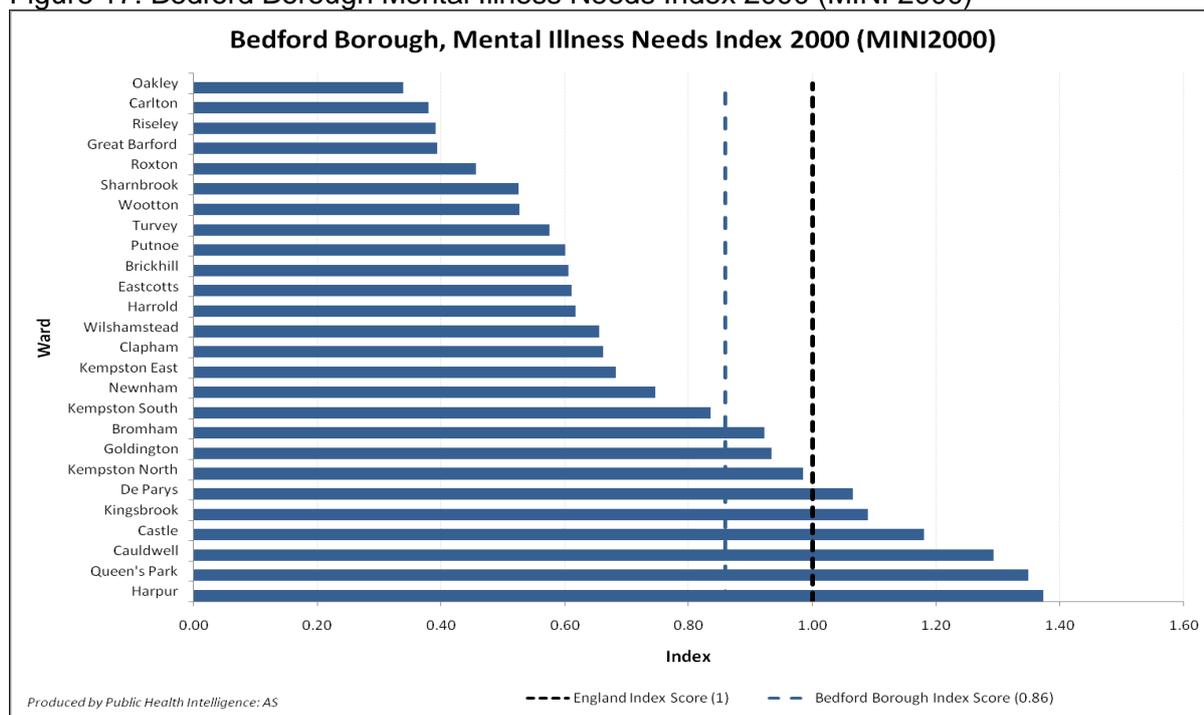
7.10.1 Local health needs

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. When the mix of conditions experienced includes both physical and mental health problems (multi-morbidity), the relation between them seems to be bidirectional. Severe problems such as chronic depression, dementia or psychotic disorder puts the person at high risk of developing long term physical conditions; likewise the risk of mental health problems increases substantially in those with long term physical conditions.

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 (refer Figure).

Figure 17: Bedford Borough Mental Illness Needs Index 2000 (MINI 2000)



7.10.2 Current services

Bedfordshire Mental Health and Wellbeing Service provide mental health services across Bedford Borough. East London Foundation Trust is commissioned by Bedfordshire Clinical Commissioning Group to provide the following services:

- Improving Access to Psychological Services, also called IAPT.
- Adult, older adult mental health and learning disability services
- Adult rehabilitation and recovery services
- Child and Adolescent Mental Health Services.

Primary Care Mental Health Services

Most general mental health services are provided in primary care by GPs and the Psychological Therapy Services; The Primary Care Counselling Service and the Improving Access to Psychological Therapies (IAPT) service. Within a stepped model of care, a range of individual and group psychological therapies are offered to treat common mental health problems.

Other programmes include:

- Employment Support Service in Primary Care
- Acute and Crisis Service / Acute Assessment Unit (AAU)
- Crisis Resolution and Home Treatment team (CRHT)
- Assertive Outreach Team (AOT)
- The Complex Needs Service
- Path 2 Recovery drug and alcohol treatment services
- Care Co-ordination supports people with a dual diagnosis (mental health problem and substance misuse).

- Psychiatric Intensive Care Unit (PICU) is located in Luton. The Robin Pinto Unit is a low secure environment which provides intensive psychiatric care.
- The Prison In-Reach Team
- Empowa
- Specialist services for people of working age including: Eating Disorder Service; Electro-Convulsive Therapy (ECT); Direct Access Psychology Service; Clinical Health Psychology Service; Acquired Brain Injury Psychology Service
- MIND
- Peer Support groups are provided by Impact MH.

7.11 Older people

The population of the UK is ageing. ONS population figures estimate that over 18% of the total population in England is now aged 65 and over, and this will increase to over 20% by 2025 ¹⁸.

How can Pharmacy help?

Pharmacy services are very supportive of the older population as this group also have a high prevalence of long term conditions. Pharmacies frequently offer prescription ordering, collection and delivery services (these are non-NHS services) which is useful for patients who are less mobile.

7.11.1 Local health needs

The number of older people is increasing as people are living longer, and they represent the post-war “baby boom” generation. In 2017 there were approximately 29,900 people aged 65+ in Bedford Borough, including 5,400 over the age of 85. The 65+ population is forecast to increase by 20% by 2025, and the 85+ population by 38%.

According to the Projecting Older People Population Information system (POPPI), by 2018 ¹⁹Bedford Borough will be facing the following increases in disease prevalence for older people.

Table 10: Increases in disease prevalence for older people 2014 to 2018 Source: POPPI, 2015

Condition	% increase	Estimated number
Dementia	9.5	232
Diabetes	12	304
Stroke	8	60
Bronchitis & Emphysema	8.3	43
Long term conditions caused by heart attack	8.3	124
Falls Hospital admissions	8.5	54
Limiting long term illness	12	1171

¹⁹ <http://www.poppi.org.uk/index.php?pageNo=314&arealD=8640&loc=8640>

In anticipation of the substantial year on year increase in the 65+ population and the subsequent demand for health and social care services, Bedford Borough Council and Bedfordshire Clinical Commissioning Group are working in partnership to plan and deliver services with an emphasis on early intervention and prevention, to ensure that more of the older population can live independently.

7.12 Older people in Domiciliary and Residential Care

There are two main groups of older people that potentially need enhanced pharmaceutical services. These are:

1. People living in Care Homes (both residential and nursing homes)
2. People living in their own homes with a domiciliary care package (this includes extra care housing)

How can Pharmacy help?

Pharmaceutical service providers can improve on medicine optimisation by supporting medication reviews, medicines reconciliation and by providing support to care home staff to administer medication safely and appropriate to the needs of the individual. This service can be made more equitable through the introduction of robust service level agreements between the pharmaceutical provider and care provider which are monitored and audited to demonstrate improved quality in medicines management. Relevant information about residents' medicines should be shared with all healthcare providers involved in their care, especially in the transfer of residents from one care setting to another. This will ensure safe and optimum use of medicines as specified in NICE guidance.

7.12.1 Care Home Residents

Care home residents do not have any direct interaction with community pharmacy staff as all their medication needs are managed by the Care Home staff. Some patients are able to self-administer their medication but the majority of residents will have their medication administered by the staff. The staff are responsible for ordering prescriptions from the resident's GP and for arranging for a single pharmacy contractor to provide a dispensing service for all of the residents. Residents do not usually have a choice of pharmacy provider.

The absence of any direct interaction between the pharmacy staff and care home residents means that residents do not have access to the majority of services, the most significant being Medicines Use Reviews and New Medicines Service. NICE Social Care guideline SC1, Managing medicines in care homes²⁰; identified the need for residents to have medication reviews as set out in their care plan and for this review to include the

²⁰NICE SC1; Managing medicines in care homes; March 2014 <http://www.nice.org.uk/guidance/SC1>
Accessed 18.5.2017

resident and/or a representative as well as a multidisciplinary team, which may include a pharmacist.

7.12.2 Identified needs

There are an increasing number of frail older people living with long term conditions that have complex requirements, for example palliative care needs, who are being cared for by care home staff – historically they would have been cared for in hospital.

It is important that people in care homes receive the same standards of health care as those living in their own home and that evidence based clinical guidelines and practice are applied to their care.²¹

Some of the pharmaceutical services required in care homes include:

- Improving safety through sharing hospital discharge information and clinical information between the pharmacy provider, GP and care provider.
- Efficient management of repeat medicines, supply and administration.
- Having medicines available to them at the times they need them, and in a safe way.²²
- Wherever possible, having information available to them, or others acting on their behalf, about the medicines being prescribed.
- Health and social care practitioners (care home staff, social workers, case managers, GPs, pharmacists and community nurses) should ensure that care home residents have the same opportunities to be involved in decisions about their treatment and care as people who do not live in care homes. They should also ensure that residents get the support they need to be able to make informed decisions. This includes supporting self-administration of medication wherever possible.²³
- Regular medication reviews, particularly in respect to poly pharmacy, should include a review of the residents' ability to use their prescribed medication as intended, as well as any required devices such as inhalers.
- A robust contract system and service level agreement should be in place between the pharmacy service provider and care home providers.

7.12.3 Current provision

Pharmacy services

All care homes receive a service from a pharmaceutical provider, either a community pharmacy or a distance selling pharmacy. However, the level of additional professional services and quality of support provided varies from one contractor to the next. There is no national or local service level agreement for pharmacy services to care homes.

Private contracts may be agreed between the provider and care home however there may be no quality assurance processes imbedded.

²¹ Royal Pharmaceutical Society, Scotland: Improving Pharmaceutical Care in Care Homes, March 2012 <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Publications/Improving%20pharmaceutical%20care%20in%20care%20homes.pdf> Accessed 18.5.2017

²² Care Quality Commission: Guidance about compliance Essential standards of quality and safety March 2010 Outcome 9

²³ NICE SC1; Managing medicines in care homes; March 2014 1.2.1

Bedford on Call (BEDOC) Complex care team

Bedford Locality (within Bedfordshire CCG) commissions a service from BEDOC complex care team which aims to provide extra healthcare provision to care home residents. This team is made up of nurses and pharmacists who have an oversight of the medication needs of residents and provide the necessary advice to help optimise the use of medicines.

Bedfordshire Clinical Commissioning Group (BCCG) Medicines Management team support

BCCG employs a Care Home pharmacist and a Specialist Pharmacy Technician to support to support GPs with annual medication reviews as well as assist Care Home staff with other medication related issues. This includes reviewing staff processes around medicines administration, repeat prescription ordering and stock management. Training on the use of medicines in care homes is made available to all care home staff via e-learning package commissioned by BCCG and Homes are encouraged to embed this training in their staff development policy.

7.12.4 People in Domiciliary Care

People in domiciliary care are likely to be housebound and not have direct interaction with their community pharmacy. Care packages may include support for managing their medicines at various levels, as determined by the needs of the person. People living in Extra Care housing generally have more timely access to support as care services are on site.

As previously stated, some of these people will have complex health care needs which are being managed at home with the support of a multidisciplinary team. These needs must be provided as they would in a hospital or care home setting. Community pharmacists do not routinely visit patients at home which means housebound patients will not have face to face contact with a pharmacist, however, they can have telephone contact. Interaction with pharmacy staff is often via a representative such as family members, friends or social care providers.

Instructions for medicines administration in most cases are written by the care provider who has no clinical training and this may involve them making a decision about the time of day each medicine should be given, as this is unspecified by the prescriber. There is no requirement in the pharmaceutical contract for supporting people in domiciliary care which causes the provision and quality of service delivery inequitable. Community pharmacies provide a range of support, usually by private arrangement and often at no cost to the patient, including a prescription ordering and collection service from the GP and subsequent delivery service to the patient.

There is a provision for pharmacists to deliver Medicines Use Reviews off site (at the patient's home) or by telephone. Pharmacists need approval from NHS England Area Team to provide this service on an individual patient basis. New Medicines Service is accessible to this group of patients as the service specification allows for telephone consultations.

7.12.5 Identified need

It is a well-accepted fact that people in domiciliary care do not have access to the full range of pharmaceutical services, however they tend to have a greater need for support in relation to their medicine use due to the increased prevalence of co-morbidities in this group. There is evidence of poor management of ordering of medication which often results in stock piling.

The current production of Medicines Administration Records (MAR) sheets by individual care agencies has the potential for error as decisions are being made which are outside of the competencies of the carer. A MAR sheet should only be generated at the time of a prescription being dispensed.

8 Gap Analysis and Recommendations

8.1 Gap Analysis of Pharmaceutical Services in Bedford Borough

Identified Need	Current service provision by Community Pharmacy	Current service provision by other providers	Gaps in provision	How Community Pharmacy can meet identified gaps
Smoking Cessation				
Smoking prevalence in Bedford Borough is over 15.1 % but as high as 32.7% in some groups (routine and manual workers). Priority groups include; routine and manual workers, BME groups, people with mental illness, pregnant women and the prison.	22 pharmacies across Bedford Borough provide level 1 service which includes brief advice. Signposting, refer to the specialist stop smoking service and the supply of Nicotine Replacement Therapy (NRT) via voucher scheme. Level 2 stop smoking advice is available from 19 of the pharmacies. There is good access in the more deprived wards. Sale of NRT over the counter is available from all pharmacies.	Several healthcare professionals offer a referral service to stop smoking advisers. GP practices offer a Level 2 advisory service. Specialist advisors provide Level 3 clinics. Stop smoking support is also available through Bedford Hospital, Beds and Luton Mind, The stroke association, HMP prison Bedford and South Essex Partnership Trust	Outreach provision could improve. Numbers of successful quits could improve 4 week quit rate (2015-2106) in Bedford Borough was 49% compared to National rate of 51%.	Signpost to services. Promote healthy lifestyles – opportunistic and brief advice/ interventions Self-care support. Improve in-service delivery and subsequent outcomes. More pharmacies could sign up to provide commissioned stop smoking services. Target patients with chronic diseases and pregnant women (to decrease smoking at time of delivery).
Sexual health				
Teenage Pregnancy 3 wards in Bedford Borough are 'Hotspot' wards. In 2016 the Chlamydia	14 community pharmacies provide Emergency Hormonal Contraception and chlamydia testing and treatment as part of a local enhanced service.	Integrated Community Contraceptive and Sexual Health Services (incl. iCASH, Brook & THT) National Chlamydia		Signpost to services. Provide opportunistic advice on sexual health. More pharmacies could engage with local enhanced services, especially in hot spot areas.

Identified Need	Current service provision by Community Pharmacy	Current service provision by other providers	Gaps in provision	How Community Pharmacy can meet identified gaps
<p>detection rate was 2,424 per 100,000 compared to England 1,882 per 100,000 confirming that this is an effective approach to screening locally. However, the numbers screened must increase in order to raise the diagnostic rate.</p> <p>HIV – prevalence is marginally higher in Bedford Borough 2.34% compared to England 2.31% per 1,000</p>	<p>Usually one Public Health Campaign each year, within pharmacy essential services, is targeted at sexual health.</p>	<p>screening program Outreach programs (incl. outreach sexual health nurse, school nurse practice development team, condom card scheme) ASPIRE- targeted intervention programmes for young people Primary care Other services e.g. psychosexual service, sexual assault referral centre, HIV free postal self-sampling kits.</p>		<p>Improving access to chlamydia screening. Support campaigns to raise awareness of HIV and improve screening. Outreach programmes for young people e.g. youth education in secondary schools.</p>
Drug Misuse				
<p>Pharmaceutical services support programs designed to help reduce addiction and improve safety.</p>	<p>Supervised consumption service is available from 21 pharmacies.</p> <p>Needle exchange service is available from 2 pharmacies.</p>	<p>Path 2 Recovery (P2R), part of East London NHS Foundation Trust (ELFT) hubs provide early intervention, specialist structured help and support, treatment, detoxification and rehabilitation and a range of interventions (focused on recovery</p>	<p>Access to supervised administration service in Bedford Borough is generally good but more access is needed for needle exchange.</p>	<p>Identify specifically whether there is sufficient access to needle exchange services</p> <p>Use HLP to signpost and refer onward</p> <p>Provide advice on safer injecting and harm reduction measures including sexual health and STI advice</p> <p>Supervised administration of</p>

Identified Need	Current service provision by Community Pharmacy	Current service provision by other providers	Gaps in provision	How Community Pharmacy can meet identified gaps
		<p>model). Works with pharmacies to provide needle exchange programme. NHS England East Anglia Area Team commissions HMP Bedford prison drug services, delivered by Westminster drug project. Aquarius- specialist service for young people.</p> <p>Needle exchange service delivered by P2R at a clinic in Bedford.</p>		<p>drug therapies and instalment dispensing once being treated in the NHS</p>
Alcohol Misuse				
<p>Rates of hospital admissions for alcohol specific and alcohol related problems in Bedford Borough are significant although they are lower than England</p>	<p>There is no alcohol specific commissioned service from pharmacies. However healthy lifestyle advice should be given through other services such as MUR, NMS and public health campaigns.</p>	<p>P2R provides medical, psychological and social support from hubs in Bedford</p> <p>IBA intervention is provided by frontline professionals.</p> <p>NHS Health checks-</p>	<p>Identification and Brief Advice (IBA) is currently not available from community pharmacies.</p>	<p>Signpost to services. Consider potential to deliver IBA intervention. Free online alcohol training on IBA available. Target at those who may be at high risk such as those who come in for hangover remedies, gastric problems or falls.</p>

Identified Need	Current service provision by Community Pharmacy	Current service provision by other providers	Gaps in provision	How Community Pharmacy can meet identified gaps
		AUDIT C questions on alcohol consumption and may result in brief advice or referral into P2R.		
Excess weight				
56.7% of adults are either overweight or obese. In 2016/17 9.0% of children in Year R and 19.9% in Year 6 were obese.	Over the counter sale of weight loss aids and support for self-care. Some private (non NHS) initiatives to support weight management, including diet programmes. Healthy lifestyle advice through Public Health campaigns, MUR and NMS services.	BeeZee Bodies CIC- excess weight management services provider in Bedford Borough, commissioned by Public Health. Health care professional referral to weight management provider based on eligibility criteria. GP exercise referral. Pharmacotherapy. NHS Health Check lifestyle advice and may result in referral to weight management provider	Reaching a wider target population to raise awareness of the health risks associated with obesity and to drive a sustainable change in lifestyle.	Support Public Health campaigns to promote healthy lifestyles. Signposting to weight management services. Potential development of an weight management service from pharmacy.
Long term conditions				
Disease prevalence in	Dispensing and batch	Routine clinical care	Preventative care.	Management of LTCs e.g. INR

Identified Need	Current service provision by Community Pharmacy	Current service provision by other providers	Gaps in provision	How Community Pharmacy can meet identified gaps
Bedford Borough varies across the population. As people live longer the incidence of LTCs grows. There is a growing need for promoting healthy lifestyles, screening for early detection, and management of LTCs.	prescribing Repeat ordering and collection services (non-NHS) Sign-posting Self-care support Disposal of medicines Dispensing review of use of medicines (DRUM) Medicines Use Reviews New Medicines Service Seasonal influenza vaccination Some provide private service for health checks and healthy living programs.	provided by GPs, primary healthcare teams, community health and social care teams, hospital out-patient clinical care/ secondary care Dispensing doctors. Hospital pharmacies. NHS health checks provided by GPs	NMS and MUR following hospital discharge. A good referral system from secondary care and GPs to the pharmacy services will improve optimisation of medicines and better disease management. Low uptake of Repeat Dispensing by GPs. Flu vaccination for at-risk patients under-performed in all eligible categories.	monitoring, NHS health checks, improving inhaler technique. Provide targeted MURs with referrals from other healthcare professionals. Repeat Dispensing to improve medicines optimisation and monitor compliance. Monitoring and screening services for early detection of LTCs. Seasonal vaccination. Provide access to healthy lifestyle services e.g. smoking cessation, weight management. Use Health living pharmacies to signpost.
Cancer				
Cancer contributes the most to all deaths in Bedford Borough – 28.4%. Incidence can be reduced through improved lifestyle, screening and early detection.	Public Health campaigns to prevent certain cancers. Smoking cessation services. Dispensing and medicines management. On demand access to specialist drugs.	GPs Community Health Services Community outreach teams	Need for an increase in the level of activity and participation in campaigns.	Promote screening in Pharmacies, information and packs. Capacity to Increase level of provision of stop smoking support.

Mental Health				
<p>There are strong links between social deprivation and mental ill health. 6 wards in Bedford Borough recorded MINI scores greater than the England score.</p>	<p>Essential pharmaceutical services.</p>	<p>East London Foundation Trust Primary care mental health services Employment Support Service in Primary Care Acute and Crisis Service / Acute Assessment Unit (AAU) Crisis Resolution and Home Treatment team (CRHT) Assertive Outreach Team (AOT) The Complex Needs Service The Bedfordshire Drug and Alcohol Commissioning Team oversee and monitor the local drug and alcohol treatment services in Bedfordshire. Care Co-ordination supports people with a dual diagnosis (mental health problem and substance misuse). Psychiatric Intensive</p>	<p>Health improvement and mental health services to be targeted at these wards: Harpur, Cauldwell and Castle</p>	<p>Provide pro-active support to patients for medicines optimisation with an aim to improve compliance of medicines use. Sign-posting to local support programmes.</p>

		<p>Care Unit (PICU) is located in Luton. The Robin Pinto Unit is a low secure environment which provides intensive psychiatric care. The Prison In-Reach Team Empowa Specialist services for people of working age including: Eating Disorder Service; Electro-Convulsive Therapy (ECT); Direct Access Psychology Service; Clinical Health Psychology Service; Acquired Brain Injury Psychology Service MIND Peer Support groups are provided by Impact MH.</p>		
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Older People				
<p>There is a clear growth in population of older people whose pharmaceutical needs must be met. Patients with complex care needs are being managed at home with the support of the MDT.</p>	<p>Dispensing (often with private arrangements for collection and delivery services). Support for self-care – use of compliance aids where appropriate. Medicines Use Reviews.</p>	<p>Dispensing doctors. GP medication reviews may cover some of these issues. Care Home support.</p>	<p>Work on the use of a variety of medicines management compliance aids to support disabilities.</p>	<p>Repeat Dispensing. There should be an increased awareness to support disability which tends to increase with age for example poor eyesight, impaired hearing and reduced dexterity.</p> <p>Medicines optimisation -Medication reviews -Medicines reconciliation - Advisory support for carers to enable them to administer medicines.</p>
<p>Patients in Domiciliary Care Residents require extra support with managing their medication. Many of them depend on carers who are restricted in the level of support they can provide in the administering of medicines. This sometimes leads to unsafe and demanding requests for pharmacists to re-pack medication into compliance aids. MAR sheets potential for error</p>	<p>Dispensing. Re-packaging of medicines into compliance aids. Prescription collection and delivery (non-NHS funded). Medicines Use Reviews. New Medicines Service.</p>	<p>Social Care Services Community Health Services</p>	<p>Ability to access GP / Pharmacies with a risk of medicines management issues is being overlooked.</p> <p>Provision and quality of service delivery inequitable as not requirement in pharmaceutical contract for supporting people in domiciliary care. .</p>	<p>Provision of self-care support – promoting independence and the safe self-administration of medicines.</p> <p>Targeted MURs- with input and permission from NHS England Team area</p> <p>Repeat dispensing. Persistent efforts by pharmacist to locate patients who have not collected medication over number of days</p> <p>Referral system through community nurses, social services and carers.</p>

Poor ordering of medication resulting in stock piling.				Agreement with dispensers to produce MAR sheets
Residents of Care Homes Residents have their medicines managed usually by Care Home staff and the level of pharmaceutical support is variable.	Dispensing. Prescription collection and delivery. Disposal of unwanted medicines (only for Care Homes without Nursing).	Dispensing doctors. Community Health Services. Medicines management team- medicines optimisation BEDOC complex care team- nurses/pharmacists- oversight of medication needs and advice to optimise medicine use.	There is an urgent need to improve prescription ordering systems in order to reduce waste. Limited pharmaceutical support for the use of medicines. Limited support for residents to be independent. Improving medicines reviews. Home staff training. Quality assurance processes embedded in private contract NICE SC1 identified need for residents to have medication reviews as set out in care plan	Access to all available pharmaceutical services by residents, including advanced services and local enhanced services. Robust communication systems to be implemented to ensure patient safety. Development of good ordering systems to reduce waste. Robust contract system and service level agreement
Self-care and reducing inequalities				
40% of GP consultations are for minor ailments that can be treated by self-care. 8% of A&E attendances can be treated in a pharmacy.	Self-care support as is covered in the pharmacy essential service provision. Sale of non-prescription medication to treat minor ailments. Referral / sign posting to appropriate healthcare professional.	GPs Community nurses Practice nurses Other healthcare professionals	Potential gap for people in deprived areas who cannot afford to purchase medication over the counter to treat minor ailments.	Potential for minor ailments services in specific localities where this need is identified.

8.2 Recommendations

Adequacy of current community pharmacy services

There are currently a sufficient number of community pharmacies providing essential and advanced services in Bedford Borough, the level of provision of dispensing services in Bedford Borough is deemed to be adequate for the population. This statement is based on the following measures which were considered when assessing the level of adequacy of pharmaceutical service provision in comparison to national statistics:

- Bedford Borough has 23 community pharmacies per 100,000 (in the financial year 2015-16). This is within the range of provision across the country and is higher than the England average of 22 per 100,000. Provision by community pharmacy providers alone (17 in 100,000) is also in line with the regional average.
- There are 7 dispensing doctors in Bedford Borough who provide dispensing services to 17,274 patients on their dispensing list. This increases access to pharmaceutical service providers in the area. Whilst reviewing the number of pharmacies per 100,000 population in Bedford Borough, the figure was recalculated to reflect dispensing services from the local dispensing doctors.
- Based on the number of prescription items dispensed per pharmacy per month, the average figure for Bedford Borough was 6,378 dispensed items which is lower than the national average of 7,096.
- In Bedford Borough all residents living in areas with a population density higher than 1,235 people per sq. km can access a pharmacy within 1 mile. All residents living in the least dense areas (28 – 1,235 people per square kilometre) are served through dispensing doctors. All residents can access a pharmacy within a 5 miles radius. This access is supplemented by providers in the neighbouring local authority areas.
- There has been an increase in the number of community pharmacies in Bedford Borough to provide pharmaceutical services under the NHS pharmacy contract i.e. from 29 in 2011 to 33 as of 31 July 2017 (27 community pharmacies, 3 community pharmacies with 100 hour opening contract and one distance selling pharmacies which cannot offer services on the premises but delivers serviced remotely).
- The maps and data contained in this document clearly show that services which are commissioned, in addition to the Pharmacy's NHS contract, meet identified health needs in the necessary areas.

Recommendations

Community pharmacies could increase their contribution to the local health of the Bedford Borough population by engaging in the following areas as highlighted by this PNA:

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 establishes 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 to cancer (28.4% of all deaths). 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.

Medicines Use Review (MUR) and New Medicine Services (NMS) are the two important aspects of pharmaceutical services through which community pharmacists can provide support for self-care, and promote independence and the safe administration of medicines, especially for people with long term conditions including mental ill health. Although all the pharmacy contractors in Bedford Borough offer these services, the level of provision varies widely.

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

Anticipating the increasing proportion of the population who are over 65 years old, and effect of this on demand for health and social care services, Bedford Borough Council and Bedfordshire Clinical Commissioning Group (BCCG) are working together to plan and deliver services with an emphasis on early intervention and prevention, to ensure that more of the older population can live independently for longer. Access to high quality pharmacy services is very important for the older population.

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.

9 Process of updating the PNA

This PNA was undertaken in accordance with the requirements set out in regulations 3-9 and Schedule 1 of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013²⁴, and used the Information Pack for Local Authority Health and Wellbeing Boards provided by the Department of Health (DH) for guidance.

The responsibility for the development of the PNA was delegated down from the HWB, through the Director of Public Health, to the Executive Project Group, chaired by a Consultant in Public Health.

In the process of updating the PNA, the Executive Project Group 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.

A public consultation was undertaken from 2 October 2017 to 1 December 2017, to seek the views of members of the public and other stakeholders on whether they agree with the contents of this PNA, and whether it addresses issues that they consider relevant to the provision of pharmaceutical services. The feedback gathered in the consultation has been reflected in this PNA report.

9.1 Summary of the process followed in updating the PNA

In updating the PNA for Bedford, information from the JSNA and Public Health sources were used to explore the characteristics of the population in the borough and local health needs that may be addressed through pharmaceutical services. The current provision of such services is described.

The process of developing the PNA has taken into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were duly considered. An extract of part of these regulations can be found in the Appendix 10.

Stakeholders involved in the refresh of the PNA

Stakeholders were consulted throughout the process of updating the PNA. A pre-consultation exercise was carried out to seek the views and initial feedback of key partners on the proposals to be set out in the draft PNA.

The list of stakeholders consulted included the following groups:

- Bedfordshire LPC
- Bedfordshire and Hertfordshire LMC
- Bedfordshire Clinical Commissioning Group
- Community Pharmacy Contractors in Bedford
- General Practice Dispensing Practices in Bedford

²⁴ The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. <http://www.legislation.gov.uk/ukxi/2013/349/made>

- Bedford Healthwatch
- NHS England Hertfordshire & South Midlands Area Team
- Neighbouring Health and Wellbeing Boards

How stakeholders were involved

Key stakeholders were invited to join a Steering Group, which met regularly to support the Executive Project Group during the development of the PNA (see Acknowledgements for list of steering group members).

Once each draft of the PNA was completed the document was sent out to key stakeholders, giving them the opportunity to comment.

As part of the PNA process, the HWB in Bedford Borough Council wrote to neighbouring HWBs to inform them that the PNA was being undertaken, and highlight the importance of HWBs working together to ensure that commissioned enhanced services are available to residents in the border areas, regardless of which side of the border they live.

A formal consultation was conducted on the draft PNA document over a 60 day period from 16th October 2017 to 15th December 2017. During this time the views of the general public and other interested organisations were received.

By way of informing the public of this consultation, and direct them to the online questionnaire, community pharmacies and libraries to display in public areas. The Parish Council Network was notified and asked to include a notification of the consultation in their parish newsletters. The public was also signposted to the consultation by Bedford Borough Council's major media publications, the homepage of the Council website and the official twitter page.

Feedback gathered from the consultation is provided in Appendix 11 and amendments were made to the PNA document as deemed necessary in light of the feedback received.

Localities used for considering pharmaceutical services

The localities used for considering pharmaceutical services are based on MSOA boundaries and have an average population of 7,200. The localities were selected to aid local decision making that takes into account the needs for the population in these areas.

Assessment of need for pharmaceutical services

Assessing need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:

- The size and demography of the population across Bedford.
- Availability of pharmaceutical services per 100,000 population and comparing it to the national average

- Whether there is adequate access to pharmaceutical services across Bedford and available choices.
- Where practicable, whether there is sufficient choice with regard to obtaining pharmaceutical services.
- Different needs of different localities within Bedford.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Bedford refer to figure 7 for map of pharmacies.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Bedford.
- Whether further provision of pharmaceutical services in Bedford would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

Future PNAs and supplementary statements

The PNA will be updated every three years and supplementary statements may be published before this, if deemed necessary by the HWB.

On behalf of the HWB, the Public Health Consultant with a lead responsibility for PNAs will consider the need for producing a supplementary statement every year, in consultation with steering group members.

9.2 Steering group and governance framework

The Project Lead, with the assistance of the Executive Project Group, held responsibility for the delivery of the project by the statutory deadline. In this the guidance of the wider Steering Group, made up of representatives from the aforementioned stakeholder groups, was sought.

Representatives received a standing invite to the monthly Steering Group meetings, chaired by the Public Health Consultant Lead. Key decisions were either taken, by the Executive Project Group, to these meetings or electronically circulated for suggestion and approval.

All action points were agreed by the group and subsequently forwarded to the Director of Public Health and the Public Health officer responsible for liaising with portfolio holders, in order that Members be kept informed of progress with the PNA.

The draft PNA was also brought to a meeting of the HWB and sent to the NHS England Area Team, Local Pharmaceutical Committee, Local Medical Committee and Clinical Commissioning Group Medicines Management team.

To produce a fully informed PNA, the Executive Project Group sought the input of other departments within the Local Authority. This assured the appropriate level of expertise

for this process and included support and contributions from the Planning, Communications and Legal directorates. The Executive Project Group met with these departments to introduce the PNA and to receive advice and guidance. Once each draft of a chapter had been completed, it was sent to the relevant department to review and agree.

9.3 Local community pharmacy survey summary of pharmaceutical services in Bedford Borough

A survey was sent to all community pharmacies in Bedford Borough as a means to validate the data to be included within the PNA. It was originally designed by the Pharmaceutical Services Negotiating Committee (PSNC) and supported by Bedfordshire Local Pharmaceutical Committee (LPC).

Out of 32 pharmacies in Bedford Borough, 16 completed and returned the survey (50%).

Opening hours

For full opening hours and lunch times for all community pharmacies refer to appendix 1.

Accessibility

The table shows the numbers and percentages of respondents who have accessibility to parking, disabled parking, bus stop and ability/inability to provide professional advice to patients in their own home.

Table 11: Survey responses to accessibility

Accessibility	Responses
Parking	14 (100%)
Disabled parking	13 (93%)
Bus stop	12 (86%)
Able to provide professional advice to patients in their own home	6 (43%)
Unable to provide professional advice to patients in their own home	8 (57%)

However, in another question under consultation facilities eight (57%) expressed their willingness to undertake consultations in patient’s home/other suitable site and six (43%) are not willing to.

Additional languages availability

11 completed this question and have staff that speak other languages in addition to English. Around 11 languages were reported. The table shows the languages spoken, number and percentage of respondents.

Table 12: Survey responses to additional languages

Additional languages	Number and % of respondents
Gujarati	7 (64%)
Polish	6 (55%)
Punjabi	5 (45%)
Hindi	4 (36%)
Ghanaian	2 (18%)
Romanian	2 (18%)
Urdu	1 (9%)
Arabic	1 (9%)

Chinese	1 (9%)
Bulgarian	1 (9%)
Bengali	1 (9%)

Consultation facilities

Of those that responded to the survey.

Table 13: Survey responses to consultation facilities

Consultation area not available	Available on premises including wheelchair	Available without wheelchair	Available (other)	Planned within next 12 months	Consultation is closed room	Consultation is not closed room
0 (0%)	13 (93%)	1 (7%)	3 (21%)	0 (0%)	14 (100%)	0 (0%)

Table 14: Consultation facilities available to the patient when attending

Handwashing facilities available	Handwashing facilities available	Handwashing facilities	Patients <u>have</u> access to	Patients <u>do not</u> have	The pharmacy has access to	The pharmacy does not have access to
In consultation area	Close to consultation	facilities <u>not</u> available	toilets	toilets	An off-site consultation area	An off-site consultation area
9 (64%)	4 (29%)	0 (0%)	7 (50%)	7 (50%)	1 (7%)	13 (93%)

IT facilities

Of those that responded to the survey.

Table 15: Survey responses to IT facilities

Electronic Prescription service Release 2 enabled	14 (100%)
NHS Mail being used	8 (57%)
NHS Summary Care Record enabled	14 (100%)
Up to date NHS choice entry	13 (93%)

Healthy Living Pharmacies (HLP)

Of those that responded to the survey.

Table 16: Survey responses to HLP

The pharmacy has achieved HLP status	2 (14%)
The pharmacy is working toward HLP status	12 (86%)
The pharmacy is not currently working toward HLP status	0 (0%)

Services dispense of appliances

Of those that responded to the survey.

Table 17: Survey responses to dispense of appliances

Yes-all types, or	11 (79%)
Yes, excluding stoma appliance, or	0 (0%)
Yes, excluding stoma and incontinence appliances, or	0 (0%)
Yes, just dressing, or	2 (14%)
None	0 (0%)
Other	0 (0%)

Advanced services

Of those that responded to the survey.

Table 18: Survey responses to advanced services

Type of service	Yes, currently providing	Intending to begin within next 12 months	No-not intending to provide	Total
Medicine Use	14 (100%)	0 (0%)	0 (0%)	14

Review service				
New Medicine service	14 (100%)	0 (0%)	0 (0%)	14
Appliance Use Review service	1 (7%)	4 (29%)	9 (64%)	14
Stoma appliances customisation service	0 (0%)	3 (21%)	11 (79%)	14
Flu vaccination service	12 (86%)	0 (0%)	2 (14%)	14
NHS urgent Medicine supply advanced service	6 (43%)	4 (29%)	4 (29%)	14

Enhanced and other locally commissioned services

Of those that responded to the survey.

Table 19: Survey responses to Enhanced services

Type of Service	Currently providing under contract with NHS England	Currently providing under contract with CCG	Currently providing under contract with Local authority	Willing to provide if commissioned	Not able or willing to provide	Total
Anticoagulant monitoring service	0 (0%)	3 (21%)	0 (0%)	8 (57%)	3 (21%)	14
Anti-viral distribution service	0 (0%)	0 (0%)	0 (0%)	12 (86%)	2 (14%)	14
Care home service	1 (8%)	0 (0%)	0 (0%)	10 (77%)	2 (15%)	13
Chlamydia testing service	1 (7%)	0 (0%)	3 (21%)	10 (71%)	0 (0%)	14
Chlamydia treatment service	1 (7%)	0 (0%)	5 (36%)	8 (57%)	0 (0%)	14
Contraceptive service (not EC)	1 (7%)	0 (0%)	1 (7%)	11 (79%)	1 (7%)	14

Disease specific medicines management services

Of those that responded to the survey.

Table 20: Survey responses to Disease specific medicines management services

Disease specific	Currently providing under contract with NHS	Currently providing under contract with CCG	Currently providing under contract with local authority	Willing to provide if commissioned	Not able or willing to provide	Total
Allergies	0 (0%)	0	0	13 (93%)	1 (7%)	14
Alzheimer's/dementia	1 (7%)	0	0	13 (93%)	0 (0%)	14
Asthma	1 (7%)	0	0	13 (93%)	0	14
CHD	0	0	0	13 (93%)	1 (7%)	14
COPD	0	0	0	14 (100%)	0 (0%)	14
Depression	0	0	0	13 (93%)	1 (7%)	14
Diabetes type 1	0	0	0	13 (93%)	1 (7%)	14

Diabetes type 11	0	0	0	13 (93%)	1 (7%)	14
Epilepsy	0	0	0	12 (86%)	2 (14%)	14
Heart failure	0	0	0	12 (93%)	1 (8%)	13
Hypertension	0	0	0	14 (100%)	0 (0%)	14
Parkinson's disease	0	0	0	13 (93%)	1 (7%)	14

Disease/service specific	Currently providing under contract with NHS	Currently providing under contract with CCG	Currently providing under contract with local authority	Willing to provide if commissioned	Not able or willing to provide	Total
Emergency contraception service ²	0 (0%)	0 (0%)	6 (43%)	7 (50%)	1 (7%)	14
Emergency supply service	2 (14%)	0 (0%)	2 (14%)	10 (71%)	0 (-%)	14
Home delivery service (not appliance) ²	0 (0%)	0 (0%)	0 (0%)	10 (71%)	4 (29%)	14
Independent prescribing service	0 (0%)	0 (0%)	0 (0%)	8 (57%)	6 (43%)	14

Types of therapeutic areas covered if currently providing independent prescribing service

Six pharmacists have responded the therapeutic areas covered include:

- Type 2 diabetes (all oral medications)
- Pharmacists qualified as IP in hypertension and asthma
- Monitoring dosage system-free of charge on request

Other services

Of those that responded to the survey.

Table 21: Survey responses to Other services

Type of Service	Currently providing under contract with NHS	Currently providing under contract with CCG	Currently providing under contract with local authority	Willing to provide if commissioned	Not able or willing to provide	Total
Languages access service	0 (0%)	0(0%)	0(0%)	10 (71%)	4 (29%)	14
Medication review service	10 (71%)	0 (0%)	0 (0%)	3 (21%)	1 (7%)	14
Medicine assessment and compliance support	2 (14%)	0 (0%)	0 (0%)	12 (86%)	0 (0%)	14
Minor Ailment scheme) ²	1 (7%)	0 (0%)	0 (0%)	13 (93%)	0 (0%)	14
MUR plus/medicines optimisation service ²	0 (0%)	0 (0%)	0 (0%)	13 (93%)	1 (7%)	14

Types of therapeutic areas covered if currently providing MUR plus/medicines optimisation service

Three have completed this question and this service is currently not provided

Pharmacy services currently provided by respondents

Of those that responded to the survey.

Table 22: Services provided

Type of Service	Currently providing under contract with NHS	Currently providing under contract with CCG	Currently providing under contract with local authority	Willing to provide if commissioned	Not able or willing to provide	Total
Needle exchange	0	0	0	8 (57%)	6 (43%)	14
Obesity management (adults and children)(2)	0	0	0	13 (87%)	2 (13%)	15
Not Dispensed Scheme	0	0	0	13 (87%)	2 (13%)	15
On demand availability of specialist drug services	0	0	0	10 (71%)	4 (29%)	14
Out of Hours Services	0	0	0	7 (47%)	8 (53%)	15
Patient Group Direction	0	0	1	11 (85%)	1 (8%)	13
Phlebotomy Service(2)	0	0	0	9 (60%)	6 (40)	15
Prescriber Support Service	0	0	0	10 (67%)	5 (33%)	15
Schools Service	0	0	0	10 (67%)	5 (33%)	15

Screening services

Of those that responded to the survey.

Table 23: Screening services

Type of Service	Currently providing under contract with NHS	Currently providing under contract with CCG	Currently providing under contract with local authority	Willing to provide if commissioned	Not able or willing to provide	Total
Alcohol	0	0	0	13 (81%)	3 (19%)	16
Cholesterol	3 (19%)	1 (6%)	0	11 (69%)	1 (6%)	16
Diabetes	4 (25%)	1 (6%)	0	10 (63%)	1 (6%)	16
Gonorrhoea	0	0	0	12 (75%)	4 (25%)	16
H.Pylori	0	0	0	14 (88%)	2 (13%)	16
HBA1C	0	0	0	12 (75%)	4 (25%)	16
Hepatitis	0	0	0	11 (69%)	3 (19%)	14
HIV	0	0	0	11 (69%)	5 (31%)	16
Seasonal Influenza vaccination service ²	11 (69%)	0	0	4 (25%)	1 (6%)	16

Other vaccinations

Of those that responded to the survey.

Table 24: Other vaccinations

Type of Service	Currently providing under contract with NHS	Currently providing under contract with CCG	Currently providing under contract with local authority	Willing to provide if commissioned	Not able or willing to provide	Total
Childhood vaccination	0 (0%)	0 (0%)	0 (0%)	10 (71%)	4 (29%)	14
Hepatitis (at risk workers or patients)	0 (0%)	0 (0%)	0 (0%)	10 (71%)	4 (29%)	14
HPV	0 (0%)	0 (0%)	0 (0%)	10 (71%)	4 (29%)	14
Travel vaccines	2 (14%)	0 (0%)	0 (0%)	10 (71%)	2 (14%)	14
Sharps Disposal Service(2)	0 (0%)	1 (7%)	0 (0%)	8 (57%)	5 (36%)	14
Stop Smoking Service	0 (0%)	2 (14%)	10 (71%)	2 (14%)	0 (0%)	14
Supervised Administration Service	2 (14%)	2 (14%)	8 (57%)	2 (14%)	0 (0%)	14
Vascular Risk Assessment Service	0 (0%)	0 (0%)	0 (0%)	13 (93%)	1 (7%)	14
Supplementary prescribing services	0 (0%)	0 (0%)	0 (0%)	10 (71%)	4 (29%)	14

Non-commissioned services

Of those that responded to the survey.

Table 25: Non-commissioned services

Type of Service	Number & percentage of Response
Collection of prescriptions from GP	14 (100%)
Delivery of dispensed medicines-Free of charge on request	8 (57%)
Delivery of dispensed medicines-selected patient groups	7 (50%)
Delivery of dispensed medicines=selected areas	7 (50%)
Delivery of dispensed medicines-chargeable	1 (7%)
Monitored dosage system =free of charge on request	12 (86%)
Monitored dosage system-chargeable	3 (21%)

Is there a particular need for a locally commissioned service in the area? If so, what is the service requirement and why.

The following needs were highlighted;

- type 2 diabetes
- stop smoking service as there lots of youngsters smoking in the area
- minor ailment scheme, education in local schools
- Alcohol is a big problem that needs to be addressed. Support, information and treatment options are limited depending on where patients live

- MUR service in-patients homes and assisted living homes as these patients are house bound
- I am qualified independent prescriber, for asthma so willing to provide this

What are the three most important health needs of the population that a pharmacy can help to address?

11 responded to this question and highlighted the following needs with commonalities around mental health, smoking, weight management and long term conditions.

- Asthma in children, lone elderly, depression
- Healthy eating, physical activity and smoking
- Diabetes depression weight loss
- Support for the elderly, minor ailments, flu vaccination
- Depression, education in schools, phlebotomy service
- Obesity, diabetes, contraception
- Mental health, unhealthy lifestyle, sexual health
- Long term conditions, diabetes, asthma, cv
- Minor ailment scheme, alcohol abuse, diabetes checking
- Obesity, smoking, ENT
- Diabetes, asthma, CVD

Specific health needs within the pharmacy population which would not be met by the list above?

Two of the five respondents identified the following needs:

- Children service, e.g. ADH
- Minor ailments, emergency / urgent medicines supply

9.4 Dispensing Doctors survey report on current pharmaceutical service provision in Bedford Borough

A survey was sent to all Dispensing GP Practices in Bedford Borough as a means to further validate the data to be included within the PNA. This comprised information supplied by the Local Medical Committee, NHS England Area Team and Public Health. The exercise was also used as a means to obtain any required data not held by the aforementioned sources.

The survey was designed and piloted in partnership with the Bedfordshire LMC. Five out of seven (71%) dispensing GP in BB completed and returned the survey.

Opening hours

For full opening hours and lunch times of all GP dispensing pharmacies please refer to Appendix 2.

Staffing

Three out of the five respondents (60%) have a dispenser on site for 35 hours or more each week.

All the five respondents (100%) have full time equivalent dispensing assistant employed on the premises. The median number is 2

All the five respondents (100%) have dispensing assistant with NVQ level 2 or equivalent with median number of 3 and one respondent have one member of staff working toward such qualification

Two out of the five (40%) respondents have one each full time equivalent pharmacy technician with NVQ level 3 or equivalent

None of the respondents have current staff working toward such qualification or willing to join the pharmacy technician register.

Employment of a clinical pharmacist

Four out of the five respondents (80%) do not employ a clinical pharmacist and one practice (20%) employs a clinical pharmacist.

Accessibility

Table 26 shows accessibility to parking, disabled parking, bus stop, ability and inability to provide professional advice to patients in their own home.

Table 26: Survey responses to accessibility

Accessibility	Responses
Bus stop	5 (100%)
parking	4 (80%)
Disabled parking	3 (60%)
Able to provide professional advice to patients in their own home	3 (60%)
Unable to provide professional advice to patients in their own home	2 (40%)

In another question related to consultations, three of the respondents (60%) are willing to undertake consultations in patient's home/other suitable site and two (40%) are not willing to provide it.

Languages spoken (in addition to English)

Two respondents have completed this question, one uses language telephone line for all languages and one respondent has GPs who can speak other languages (no details on these were provided).

Consultation facilities

All five respondents have consultation area that is closed room with access to handwashing and toilets facilities.

Tables 27 and 28 below show the availability and characteristics of the consultation facilities with the number and percentage of respondents

Table 27: Survey responses to consultation facilities

Consultation area not available	Available on premises including wheelchair	Available without wheelchair	Available (other)	Consultation is closed room	Consultation is not closed room
0 (0%)	4 (80%)	0 (0%)	2 (40%)-GP consultation rooms	5(100%)	0 (0%)

Table 28: Consultation facilities available to the patient when attending

Hand-washing facilities available in consultation area	Handwashing available close to consultation	Handwashing facilities not available	Patients have access to toilets when attend consultation	Patients do not have access to toilets	The practice has access to an off-site consultation area	The practice does not have access to off-site consultation area
5 (100%)	0 (0%)	0 (0%)	5 (100%)	0 (%)	0 (%)	5 (100%)

IT Facilities

Of those that responded to the survey.

Table 29: IT facilities available

NHS mail being used	5 (100%)
NHS Summary Care Record enabled	4 (80%)
Up to date NHS choice entry	3 (60%)
Electronic prescription service Release 1 enabled	2 (40%)
Electronic prescription service Release 2 enabled	1 (20%)

Services-dispense of appliances

Of those that responded to the survey.

Table 30: Services- dispensing of appliances

Yes-all types or	3 (60%)
Yes, excluding stoma appliance or	0 (0%)
Yes, excluding incontinence appliance or	0 (0%)
Yes, excluding stoma and incontinence appliance	0 (0%)
Yes, just dressing or	1 (20%)
Other (please specify)	1 (20%)
None	0 (0%)

Advanced services provision

Of those that responded to the survey.

Table 31: Advanced services provision

Advanced service	Yes	Intending to provide within next 12 months	No-not intending to provide
Repeat prescription	4 (80%)	1 (20%)	0 (0%)
Medicine supply service to care homes	2 (40%)	0 (0%)	3 (60%)
Appliance Use Review service	1 (20%)	0 (0%)	4 (80%)
Stoma appliance customisation service	1 (20%)	0 (0%)	4 (80%)
Dispensing review of use of medicine	5 (100%)	0 (0%)	0 (0%)
Delivery service	2 (40%)	1 (20%)	2 (40%)

The three most important health needs of population that a pharmacy can help to address?

Only one respondent has completed this question and identified two health needs that a pharmacy can help to address which are delivery and supply of equipment.

Specific health needs within the pharmacy population which would not be met by the list above?

Only one respondent has completed this question and identified **delivery** service to include controlled drugs as specific need that is not met.

Overall views on the current provision of pharmaceutical services in Bedford Borough

Table 32: View on current pharmacy provision

Very good	1 (33%)
Good	1 (33%)
Adequate	1 (33%)
Poor	0 (0%)
Very poor	0 (0%)

Table of Appendices

Appendix 1: Directory of Pharmacies in Bedford Borough

Table 33: Community Pharmacy Service providers

Key: 100 Hour Pharmacies EP SLPS

Ref	Pharmacy Name	Address	Postcode	Electronic Prescription Service	MUR	NMS	EHC + Chlamydia	Stop Smoking Service	Supervised Admin.	Needle Exchange	Out Of Hours Rota	End of life medicine service	Contracted Opening Hours*		
1	Bedford Pharmacy	11a Union Street, Bedford	MK40 2SF	Y	Y	Y	N	Y	N	N	N	N	M – F Lunc h	0900 1300	1800 1400
2	Meiklejohn T/a Berkeley Pharmacy	30 Gostwick Road, Bedford	MK42 9XD	Y	Y	Y	Y	Y	Y	N	N	N	M– F Lunc h	0900 1300	1800 1400
3	Boots the Chemists Interchange Park	Unit D,I/Change Retail Pk, Race Meadows Way, Bedford	MK42 7AZ	Y	Y	Y	N	Y	N	N	N	Y	M-F Sat Lunc h Sun	0900 0900 1400 1100	2000 1800 1500 1700
4	Boots The Chemist Harpur Centre	33-37 The Harpur Centre Harpur Street Bedford	MK40 1TN	Y	Y	Y	N	Y	Y	N	N	Y	M-F Sat Sun	0600 0600 0900	1730 1730 1600
5	Bromham Pharmacy	Avoca House Molivers Lane Bromham Bedfordshire	MK43 8JT	Y	Y	Y	N	N	N	N	N	N	M-F Lunc h Sat	0900 1300 0900	1800 1400 1300

Ref	Pharmacy Name	Address	Postcode	Electronic Prescription Service	MUR	NMS	EHC + Chlamydia	Stop Smoking Service	Supervised Admin.	Needle Exchange	Out Of Hours Rota	End of life medicine service	Contracted Opening Hours*		
6	Avicenna pharmacy	88 London Road Bedford	MK42 0NT	Y	Y	Y	N	N	Y	N	Y	N	M-F Sat	0830 0900	1900 1300
7	Fairley's Pharmacy	103 Church Lane Goldington Bedford	MK41 0PW	Y	Y	Y	N	Y	N	N	N	N	M – F Lunch Sat	0900 1300 0900	1800 1400 1200
8	Goldharts Chemists	41-43 St Peters Street Bedford	MK40 2PN	Y	Y	Y	Y	Y	Y	N	N	N	M-F	0830	1830
9	Herbert & Herbert	88 High Street Clapham Bedford	MK41 6BW	Y	Y	Y	N	Y	Y	N	N	N	M-F Sat	0900 0900	1800 1700
10	Janssen's Pharmacy	28 Ampthill Road Bedford	MK42 9HG	Y	Y	Y	N	N	Y	N	N	N	M-F Sat Lunch	0900 0900 1300	1800 1700 1400
11	Kay's Chemists	108 Bromham Road Bedford	MK40 2QH	Y	Y	Y	Y	Y	Y	N	N	N	M-F	0900	1730
12	Kidmans Surgical Chemist	141-143 Castle Road Bedford	MK40 3RS	Y	Y	Y	N	Y	Y	N	N	N	M-F Sat	0900 0900	1800 1300

Ref	Pharmacy Name	Address	Postcode	Electronic Prescription Service	MUR	NMS	EHC + Chlamydia	Stop Smoking Service	Supervised Admin.	Needle Exchange	Out Of Hours Rota	End of life medicine service	Contracted Opening Hours*		
13	Lindleys Chemist	15 Ford End Road Bedford	MK40 4JE	Y	Y	Y	N	Y	Y	N	N	N	M-F	0900	2100
													Sat	0900	2100
													Sun	0900	1300
14	Lloyds pharmacy	98 Bedford Road Kempston Bedford	MK42 8BG	Y	Y	Y	Y	Y	N	N	N	N	M-F	0900	1800
15	Lloyds pharmacy	107 Brickhill Drive Bedford	MK41 7QF	Y	Y	Y	Y	N	N	N	N	N	M-F	0900	1800
													Sat	0900	1300
16	Laville Ltd T/A Britannia Pharmacy	242 Bedford Road Kempston Bedford	MK42 8PP	Y	Y	Y	Y	Y	Y	Y	N	N	M-F	0900	1830
													Sat	0900	1700
17	Lloyds pharmacy	245 Bedford Road Kempston Bedford	MK42 8BP	Y	Y	Y	N	Y	N	N	N	N	M-F	0900	1800
18	Meiklejohn Pharmacy	141 Harrowden Road Bedford	MK42 0RU	Y	Y	Y	Y	Y	Y	N	Y	N	M-F	0900	1730
													Sat	0900	1300
19	O M Pharmacy	1 The Broadway Bedford	MK40 2TJ	Y	Y	Y	Y	Y	Y	N	N	N	M-F	0900	1830
													Lunch	1300	1400
20	Lloyds – Sainsburys Clapham	Fairfield Park 90 Clapham Road Bedford	MK41 7PJ	Y	Y	Y	N	Y	N	N	N	Y	M-F	0700	2300
													Sat	0700	2200
													Sun	1000	1600

Ref	Pharmacy Name	Address	Postcode	Electronic Prescription Service	MUR	NMS	EHC + Chlamydia	Stop Smoking Service	Supervised Admin.	Needle Exchange	Out Of Hours Rota	End of life medicine service	Contracted Opening Hours*		
21	Lloyds - Sainsbury's In-Store Pharmacy	Saxon Centre, Bedford Road, Kempston, Bedfordshire	MK4 2 8AY	Y	Y	Y	N	Y	N	N	N	Y	Mon	0800	2300
													T-F	0700	2300
													Sat	0700	2200
													Sun	1000	1600
22	Sharnbrook Pharmacy	61 High Street Sharnbrook Bedfordshire	MK4 4 1PB	Y	Y	Y	N	N	N	N	N	Y	M-F	0900	1800
													Lunch	1330	1430
23	Meiklejohn T/A Shortstown Pharmacy	15 Beauvais Square, Cardington Shortstown, Bedford	MK4 2 0GE	Y	Y	Y	Y	Y	Y	N	N	N	M-F	0900	1800
													Lunch	1300	1400
													Sat	0900	1300
24	Superdrug Stores Plc	11-13-15 Allhallows Bedford	MK4 0 1LN	Y	Y	Y	Y	Y	Y	Y	N	N	M-F	0830	1730
													Sat	0900	1730
													Lunch	1400	1430
25	Tesco In-store Pharmacy	Tesco Stores Ltd Riverfield Drive Bedford	MK4 1 0SE	Y	Y	Y	N	Y	Y	N	N	N	M-F	0800	2000
													Sat	0800	2000
													Sun	1000	1600
26	Tesco In-Store Pharmacy	Tesco Stores Ltd Cardington Road Bedford	MK4 2 0BG	Y	Y	Y	Y	Y	N	N	N	Y	Mon	0800	2230
													Tu-F	0630	2230
													Sat	0630	2200
													Sun	1100	1700
27	Well Pharmacy	86 Queens	MK4	Y	Y	Y	N	Y	Y	N	N		M-F	0830	1900

Ref	Pharmacy Name	Address	Postcode	Electronic Prescription Service	MUR	NMS	EHC + Chlamydia	Stop Smoking Service	Supervised Admin.	Needle Exchange	Out Of Hours Rota	End of life medicine service	Contracted Opening Hours*		
		Drive, Putnoe Estate, Bedford	1 9BS									Y	Sat	0900	1400
28	Meiklejohn T/A The Village Pharmacy	The Village Pharmacy, Gt Denham, Bedford	MK4 0 4GH	Y	Y	Y	Y	Y	N	N	N	N	M-F Lunch Sat	0830 1300 0900	1830 1400 1300
29	Wilstead Pharmacy	1 The Cross Roads, Wilstead, Bedfordshire	MK4 5 3HJ	N	Y	Y	Y	Y	N	N	N	N	M-F Sat	0900 0900	1800 1300
30	Wootton Pharmacy	43a Tithe Barn Road, Wootton, Bedford	MK4 3 9EZ	Y	Y	Y	Y	Y	Y	N	N	N	M-F Lunch	0900 1300	1730 1400

*Contracted hours, source: NHS England Hertfordshire and South Midlands Area Team database, accessed 18 May 2017

Note: The services included in this table are those commissioned by the NHS, Local Authority and BCCG.

Community pharmacies may offer privately managed services in addition to the ones listed.

Table 34: Distance Selling Pharmacy service providers

Ref	Pharmacy Name	Company Name	Address 1	Address 2	Address 3	Post Code
A	Smarta Healthcare	Smarta Healthcare Ltd	5 Stephenson Court	Priory Business Park	Bedford	MK44 3WJ

The NHS Choices website also holds up to date information of pharmacy opening hours;

<https://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

Appendix 2: Directory of Dispensing Doctors in Bedford Borough

Table 35: Dispensing GP Practices in Bedford Borough

Opening hours detailed are the opening hours of the dispensary, rather than the opening hours of the GP Surgery. Patients may still be able to collect filled prescriptions out of these hours.

Ref	Practice Name	Address	Opening Hours
1	King Street Surgery	273 Bedford Road Kempston MK42 8QD	Monday 0830 - 1230 Tuesday 0830 - 12.0 Wednesday 0830 - 1230 Thursday 0830 - 1230 Friday 0830 - 1230 Saturday and Sunday closed
2	Harrold Medical Practice	Peach's Close Harrold MK43 7DX	Monday 0830 - 1830 Tuesday 0830 - 2000 Wednesday 0830 - 1830 Thursday 0830 - 1830 Friday 0830 - 1830 Saturday 0830 - 1300 Sunday closed
3	De Parys Medical Centre	23 De Parys Avenue Bedford MK40 2TX	DE PARYS MEDICAL CENTRE, BEDFORD Monday 0830 - 1830 Tuesday 0830 - 1830 Wednesday 0830 - 1830 Thursday 0830 - 1830 Friday 0830 - 1830 Closed for lunch between 1300 to 1400 Saturday and Sunday closed
			BROMHAM SURGERY (branch) Monday 0830 - 1130 Tuesday 0830 - 1130 Wednesday 0830 - 1130 Thursday 0830 - 1130 Friday 0830 - 1130 Saturday and Sunday closed

Ref	Practice Name	Address	Opening Hours
4	The Surgery	Templars Way Sharnbrook MK44 1PZ	Monday 0830 - 1830 Tuesday 0830 - 1830 Wednesday 0830 - 1830 Thursday 0830 - 1830 Friday 0830 - 1830 Saturday and Sunday closed
5	Linden Road Surgery	13 Linden Road Bedford MK40 2DQ	Dispensing at Branch Surgery, Mollivers Lane, Bromham, Bedford MK43 8JT Monday Closed Tuesday 1400 - 1800 Wednesday Closed Thursday 0900 – 1300 Friday 0900 – 1300
6	Priory Medical Practice	48 The Glebe, Clapham Bedford MK41 6GA	Monday 0830 - 1300 Tuesday 0830 - 1300 Wednesday 0830 - 1300 Thursday 0830 - 1300 Friday 0830 - 1300 Saturday and Sunday closed
7	Great Barford Surgery	26 Silver Street Great Barford MK44 3HX	Monday 08.30 - 18.30 Tuesday 08.30 - 18.30 Wednesday 08.30 - 18.30 Thursday 08.30 - 18.30 Friday 08.30 - 18.30 Closed for lunch between 1300 - 1400 Saturday and Sunday closed

Appendix 3 Bedford Borough Demographics

Table 36: Ward populations

Ward	Population 2015
Brickhill	8,150
Bromham and Biddenham	7,480
Castle	10,485
Cauldwell	8,963
Clapham	4,778
De Parys	6,979
Eastcotts	3,564
Elstow and Stewartby	4,074
Goldington	9,259
Great Barford	8,561
Harpur	8,459
Harrold	4,134
Kempston Central and East	7,947
Kempston North	3,347
Kempston Rural	5,096
Kempston South	5,027
Kempston West	3,748
Kingsbrook	8,893
Newnham	7,483
Oakley	3,909
Putnoe	7,081
Queens Park	8,895
Riseley	3,758
Sharnbrook	3,554
Wilshamstead	4,472
Wootton	4,733
Wyboston	3,409

Source: Office for National Statistics © Crown copyright 2016

Table 37: Rankings on the Index of Multiple Deprivation (IMD) by LSOA

LSOA	Ward(s)	IMD 2015	Rank in England	Percentage Rank in England	Rank in Bedford Borough
E01017477	Cauldwell	60.36	900	2.7%	1
E01017502	Harpur	53.76	1,633	5.0%	2
E01017471	Castle	52.49	1,807	5.5%	3
E01017466	Castle	49.53	2,305	7.0%	4
E01017523	Kingsbrook	44.93	3,203	9.7%	5
E01017490	Goldington	42.77	3,713	11.3%	6
E01017519	Castle / Kingsbrook	41.51	4,058	12.4%	7
E01017472	Cauldwell	40.32	4,421	13.5%	8
E01017509	Kempston Central and East / Kempston North	39.09	4,773	14.5%	9
E01017474	Cauldwell	38.68	4,900	14.9%	10
E01017492	Goldington	37.54	5,281	16.1%	11
E01017537	Queens Park	36.85	5,498	16.7%	12
E01017531	Putnoe	35.89	5,811	17.7%	13
E01017539	Queens Park	34.33	6,403	19.5%	14
E01017514	Kempston Central and East / Kempston South / Kempston West	33.19	6,846	20.8%	15
E01017501	Harpur	32.77	7,019	21.4%	16
E01017538	Queens Park	32.12	7,282	22.2%	17
E01017489	Goldington / Putnoe	31.74	7,421	22.6%	18
E01017500	Harpur	31.22	7,647	23.3%	19
E01017522	Castle / Kingsbrook	31.00	7,753	23.6%	20
E01017453	Brickhill	30.64	7,936	24.2%	21
E01017536	Castle / Queens Park	30.02	8,230	25.1%	22
E01017515	Kempston West	29.69	8,383	25.5%	23
E01017518	Cauldwell / Elstow and Stewartby / Kingsbrook	29.35	8,532	26.0%	24
E01017484	De Parys	26.82	9,817	29.9%	25

Source: Index of Multiple Deprivation 2015

*Of 32,844 LSOAs where 1 = most deprived

**Of 103 LSOAs where 1 = most deprived

***The deprived part of this LSOA lies in Kingsbrook Ward

Appendix 4: Life Expectancy in Bedford Borough

Figure 12: Life Expectancy Males (Years) 2010 – 2014

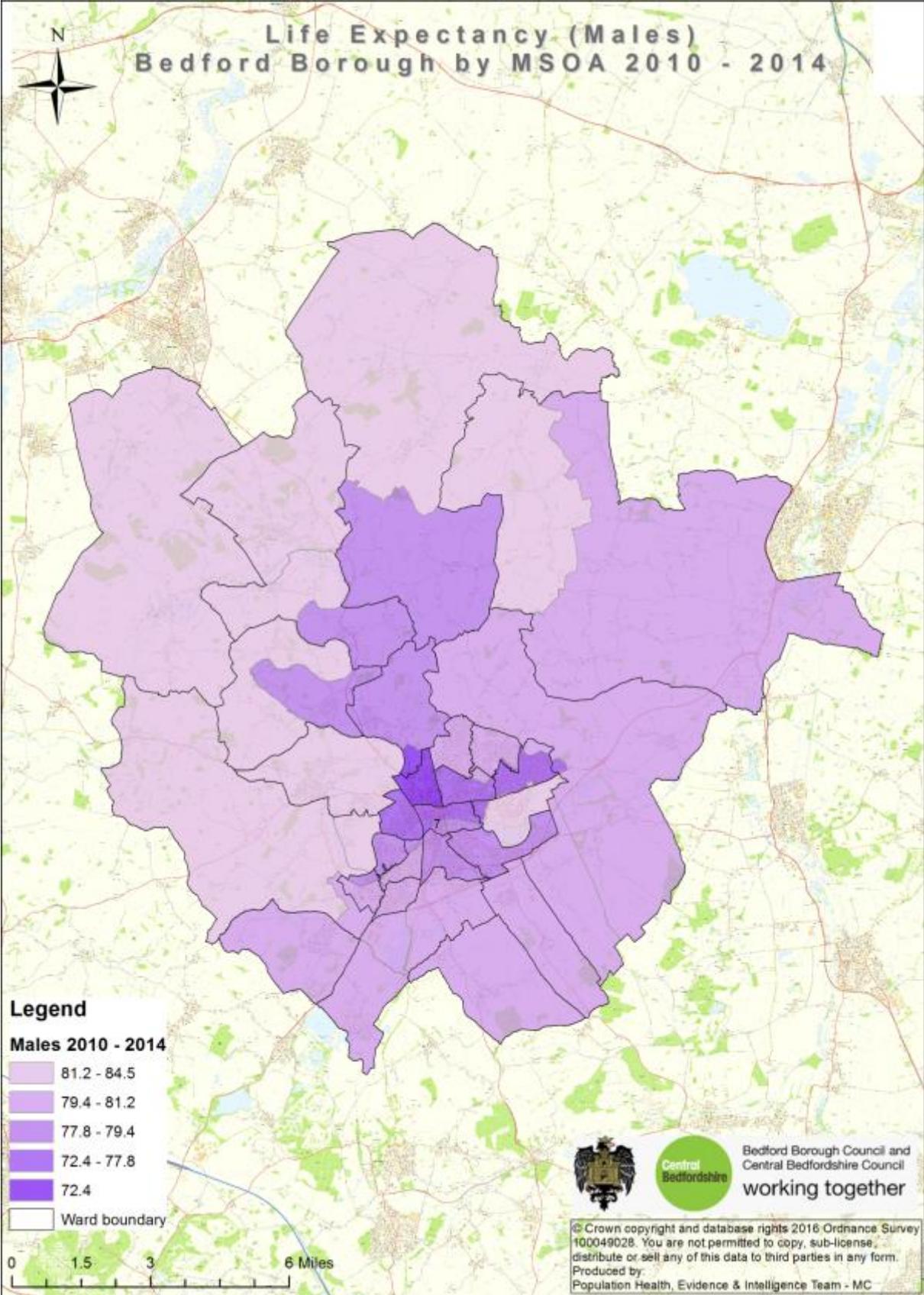
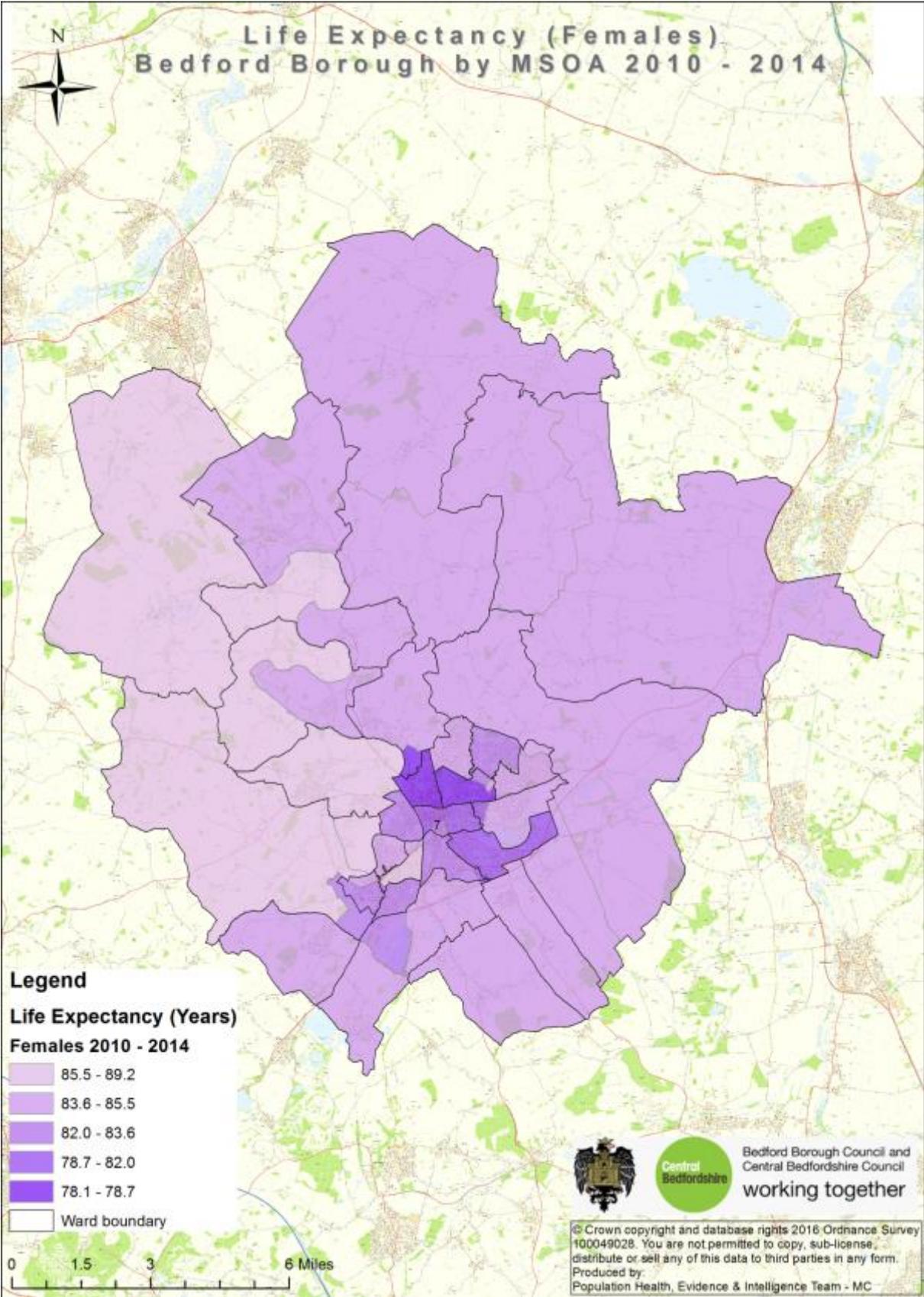


Figure 19: Life Expectancy Females (Years) 2010 – 2014



Appendix 5 Sexual health services supporting data

Table 38: 2013-2015 Under 18 Conception Data at Ward Level- Significance against Local Authority (Bedford Borough) and England Rates

Bromham and Biddenham	not statistically different
Cauldwell	not statistically different
Clapham	not statistically different
De Parys	not statistically different
Eastcotts	not statistically different
Elstow and Stewartby	not statistically different
Goldington	not statistically different
Great Barford	not statistically different
Kempston Central and East	not statistically different
Kempston North	not statistically different
Kempston Rural	not statistically different
Kempston South	not statistically different
Kempston West	not statistically different
Newnham	not statistically different
Oakley	not statistically different
Putnoe	not statistically different
Queens Park	not statistically different
Riseley	not statistically different
Wilshamstead	not statistically different
Wyboston	not statistically different
Castle	significantly higher
Harpur	significantly higher
Kingsbrook	significantly higher
Harrold	significantly lower
Sharnbrook	significantly lower
Wootton	significantly lower

The listed pharmacies provide the following services:

Emergency Hormonal Contraception

Chlamydia screening and Chlamydia treatment.

Table 39: Pharmacies Delivering Sexual Health Services in Bedford Borough 2017/18

Ref	Bedford Borough pharmacies contracted to delivery sexual health services		
	Pharmacy Name	Address	Postcode
1	Goldharts Pharmacy	41-43 St Peters Street, Bedford	MK40 2PN
2	Kays Chemist	108 Bromham Road, Bedford	MK40 2QH
3	Lloyds Pharmacy- Brickhill Drive	107 Brickhill Drive, Bedford	MK41 7QF
4	Britannia Pharmacy- Kempston (242)	242 Bedford Road, Kempston	MK42 8PP
5	Lloyds Pharmacy- Kempston (98)	98 Bedford Road, Kempston	MK42 8BG
6	Mieklejohn Pharmacy	141 Harrowden Road Bedford	MK42 0RU
7	Mieklejohn Pharmacy- Shortstown	15 Beauvais Square, New Cardington, Bedford	MK42 0GE
8	Mieklejohn Pharmacy- The Village	Mieklejohn Centre, Unit 3, Kingswood Way, Great Denham	MK40 4GH
9	Mieklejohn Pharmacy- Berkeley	30 Gostwick Road, Bedford	MK42 9XD
10	O M Pharmacy	1 The Broadway Bedford	MK40 2TJ
11	Superdrug Stores Plc	11-15 Allhallows Bedford	MK40 1LN
12	Tesco In-store Pharmacy	Cardington Road, Bedford	MK42 0BG
13	Wilstead Pharmacy	1 The Crossroads, Wilstead	MK45 3HJ
14	Wootton Pharmacy	43a Tithe Barn Road, Wootton, Bedford	MK43 9EZ

Appendix 6: Stop Smoking Service – list of community pharmacy providers

Table 40: Community pharmacists providing Stop Smoking Services

Ref	Pharmacy Name	Address	Postcode	Level 1	Level 2	NRT
1	Avicenna Pharmacy	88 London Road Bedford	MK42 0NT			
2	Bedford Pharmacy	11a Union Street, Bedford	MK40 2SF	✓	✓	✓
3	Meiklejohn T/a Berkeley Pharmacy	30 Gostwick Road, Bedford	MK42 9XD	✓	✓	✓
4	Boots the Chemists Ltd	Unit D,I/Change Retail Pk, Race Meadows Way, Bedford	MK42 7AZ	✓	✓	✓
5	Boots UK Limited	33-37 The Harpur Centre, Harpur Street, Bedford	MK40 1TN	✓	✓	✓
6	Bromham Pharmacy	Avoca House, Molivers Lane, Bromham,	MK43 8JT			
7	Fairley's Pharmacy	103 Church Lane, Goldington, Bedford	MK41 0PW	✓	✓	✓
8	Herbert & Herbert	88 High Street Clapham, Bedford	MK41 6BW	✓	✓	✓
9	Janssen's Pharmacy	28 Ampthill Road, Bedford	MK42 9HG			
10	Kay's Chemists	108 Bromham Road, Bedford	MK40 2QH	✓	✓	✓
11	Kidmans Surgical Chemist	141-143 Castle Road, Bedford	MK40 3RS	✓		✓
12	Lindleys Chemist	15 Ford End Road, Bedford	MK40 4JE	✓	✓	✓
13	Lloyds pharmacy	98 Bedford Road, Kempston Bedford	MK42 8BG	✓		✓
14	Lloyds pharmacy	107 Brickhill Drive, Bedford	MK41 7QF			
15	Britannia pharmacy	242 Bedford Road, Kempston Bedford	MK42 8PP	✓	✓	✓
16	Lloyds - Sainsburys	Fairfield Park, 90 Clapham Road Bedford	MK41 7PJ	✓	✓	✓
17	Lloyds - Sainsbury's In-Store Pharmacy	Saxon Centre, Bedford Road, Kempston, Bedfordshire	MK42 8AY			
18	Meiklejohn Pharmacy	141 Harrowden Road, Bedford	MK42 0RU	✓	✓	✓
19	O M Pharmacy	1 The Broadway Bedford	MK40 2TJ	✓	✓	✓
20	Meiklejohn T/a Shortstown Pharmacy	15 Beauvais Square, Cardington Shortstown, Bedford	MK42 0GE	✓	✓	✓
21	Meiklejohn T/a The Village Pharmacy	The Village Pharmacy, Kingswood Way, Gt	MK40 4GH	✓	✓	✓

Ref	Pharmacy Name	Address	Postcode	Level 1	Level 2	NRT
		Denham, Bedford				
22	Superdrug Stores Plc	11-13-15 Allhallows Bedford	MK40 1LN	✓		✓
23	Tesco In-store Pharmacy	Tesco Stores Ltd Riverfield Drive, Bedford	MK41 0SE	✓	✓	✓
24	Tesco In-Store Pharmacy	Tesco Stores Ltd Cardington Road, Bedford	MK42 0BG	✓	✓	✓
25	Well Pharmacy	86 Queens Drive, Putnoe Estate, Bedford	MK41 9BS	✓	✓	✓
26	Wilstead Pharmacy	1 The Cross Roads, Wilstead, Bedfordshire	MK45 3HJ	✓	✓	✓
27	Wootton Pharmacy	43a Tithe Barn Road, Wootton, Bedford	MK43 9EZ	✓	✓	✓

Appendix 7: Substance Misuse Service

Community pharmacy service providers in Bedford Borough

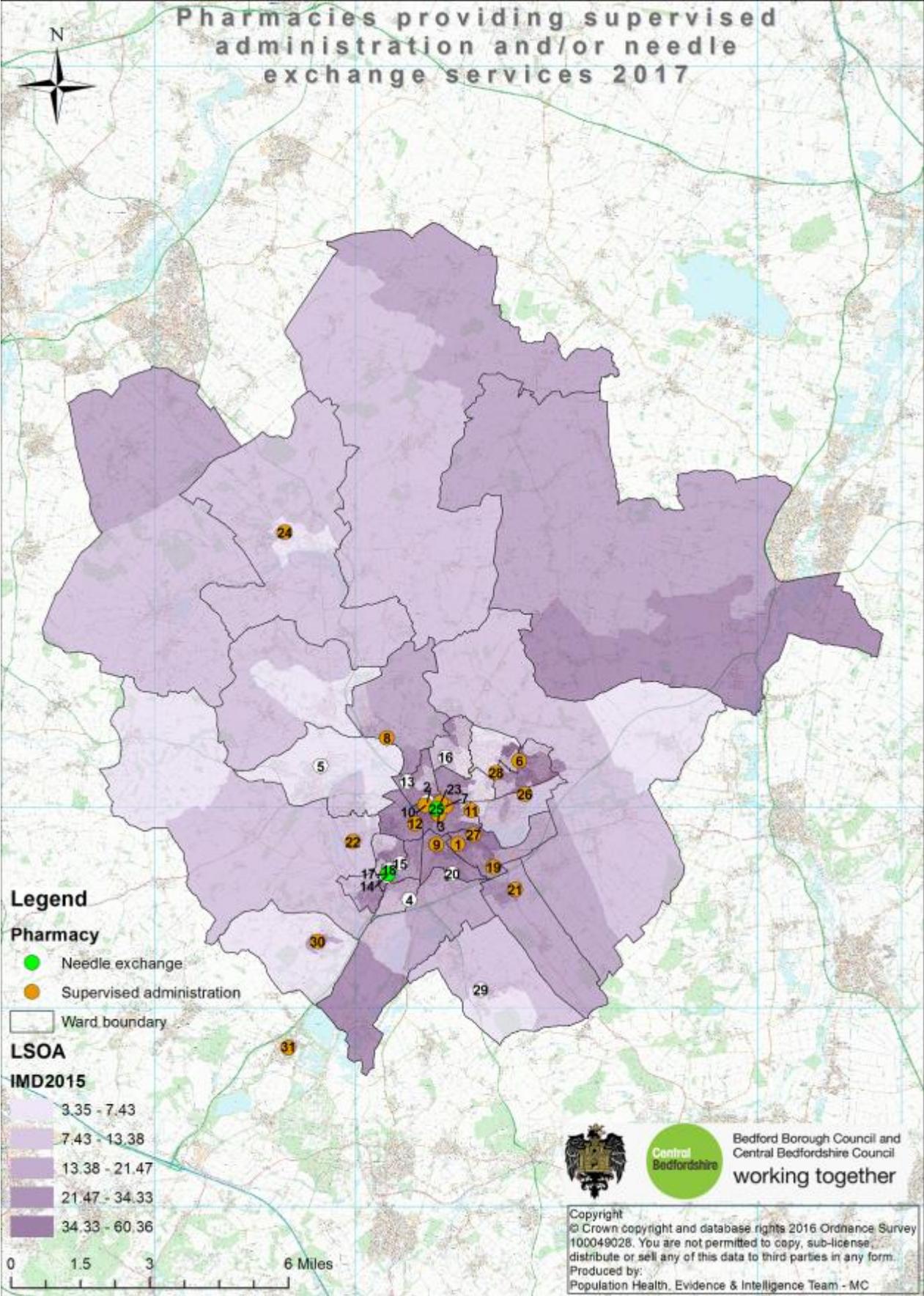
Table 41: List of pharmacies providing needle exchange

Ref	Name	Address	Town	Post Code
1	Britannia pharmacy	242 Bedford Rd	Kempston	MK42 8PP
2	Superdrug	11-15 All Hallows	Bedford	MK40 1LN

Table 42: List of pharmacies providing supervised administration service

Ref	Name	Address	Town	Post Code
3	Avicenna Pharmacy	88 London Road	Bedford	MK42 0NT
4	Berkeley Chemist	30 Gatwick Road	Bedford	MK42 0RU
5	Boots (Harpur Centre)	9 - 10 Harpur Centre	Bedford	MK40 1TN
6	Fairleys Chemist	103 Church Lane	Bedford	MK41 0PW
7	Goldharts Chemist	41 St Peters Street	Bedford	MK40 2PN
8	Herbert and Herbert Chemist	88 High Street	Clapham	MK41 6VW
9	Janssens Chemist	28 Amphill Road	Bedford	MK42 9HG
10	Kays Chemist	108 Bromham Road	Bedford	MK40 2QH
11	Kidmans Chemist	141 Castle Road	Bedford	MK40 3RS
12	Lindleys Chemist	15 Ford End Road	Bedford	MK40 4JE
13	Britannia pharmacy	242 Bedford Road	Kempston	MK42 8PP
14	Meiklejohn Chemist	141 Harrowden Road	Bedford	MK42 0RU
15	OM (Bedford)	1 The Broadway	Bedford	MK40 2TJ
16	Sharnbrook Pharmacy	61 High Street	Sharnbrook	MK44 1PB
17	Shortstown Pharmacy	15 Beauvais Square	Cardington	MK42 0GE
18	Superdrug (Bedford)	11-15 All Hallows	Bedford	MK40 1LN
19	Tesco (Cardington Road)	Cardington Road	Bedford	MK42 0BG
20	Tesco (Riverfield Drive)	Riverfield Drive	Bedford	MK41 0SE
21	The Village Pharmacy	The Village Medical Centre	Great Denham	MK40 4GH
22	Well Bedford	86 Queens Drive	Bedford	MK41 9BS
23	Wooton Pharmacy	43a Tithe Barn Road	Wooton	MK43 9EZ

Figure 20: Map of Substance misuse pharmacies providers in Bedford Borough



Appendix 8: Distribution of Older People in Bedford Borough

Figure 21: Distribution of Older People - 65 Years +

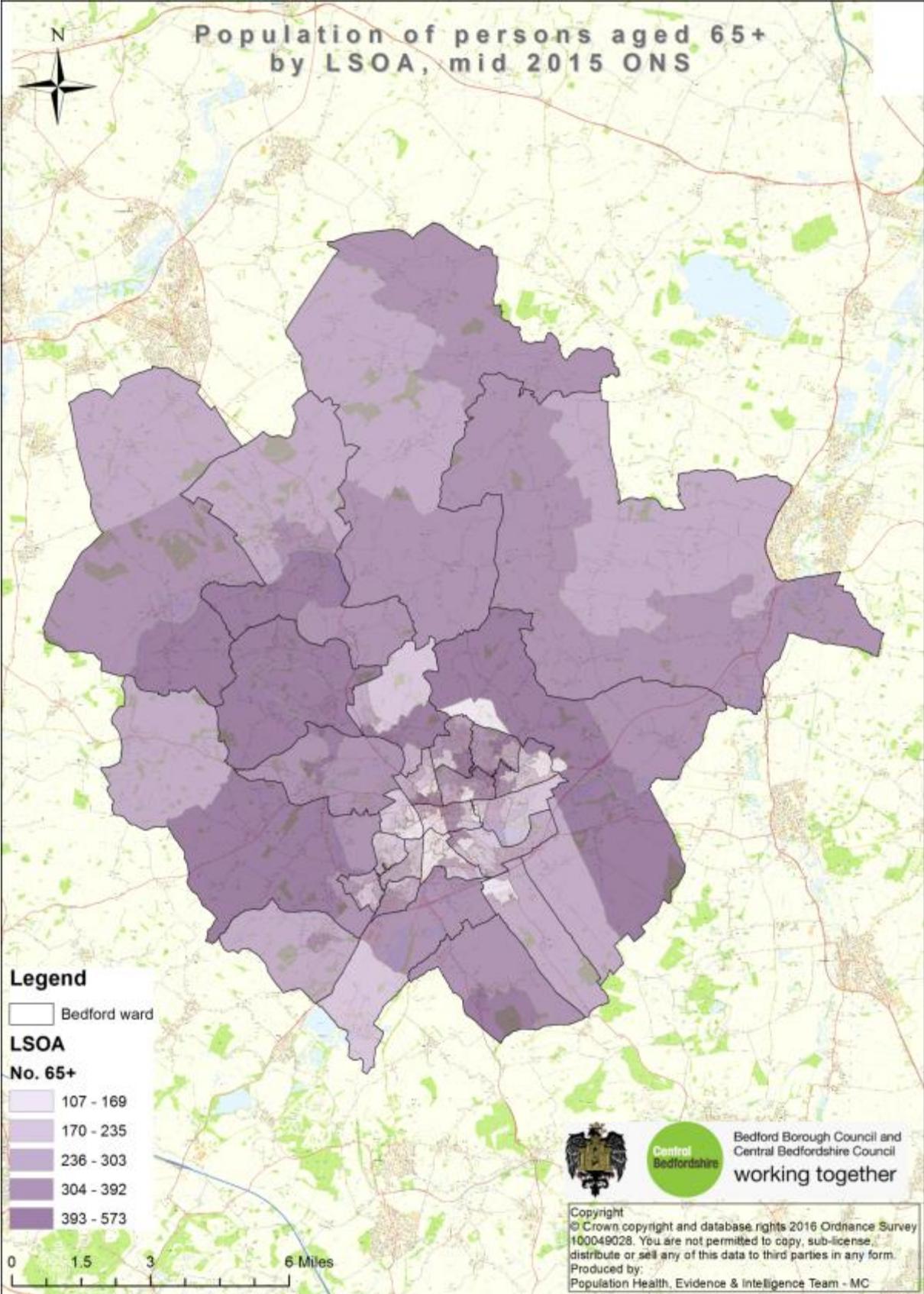
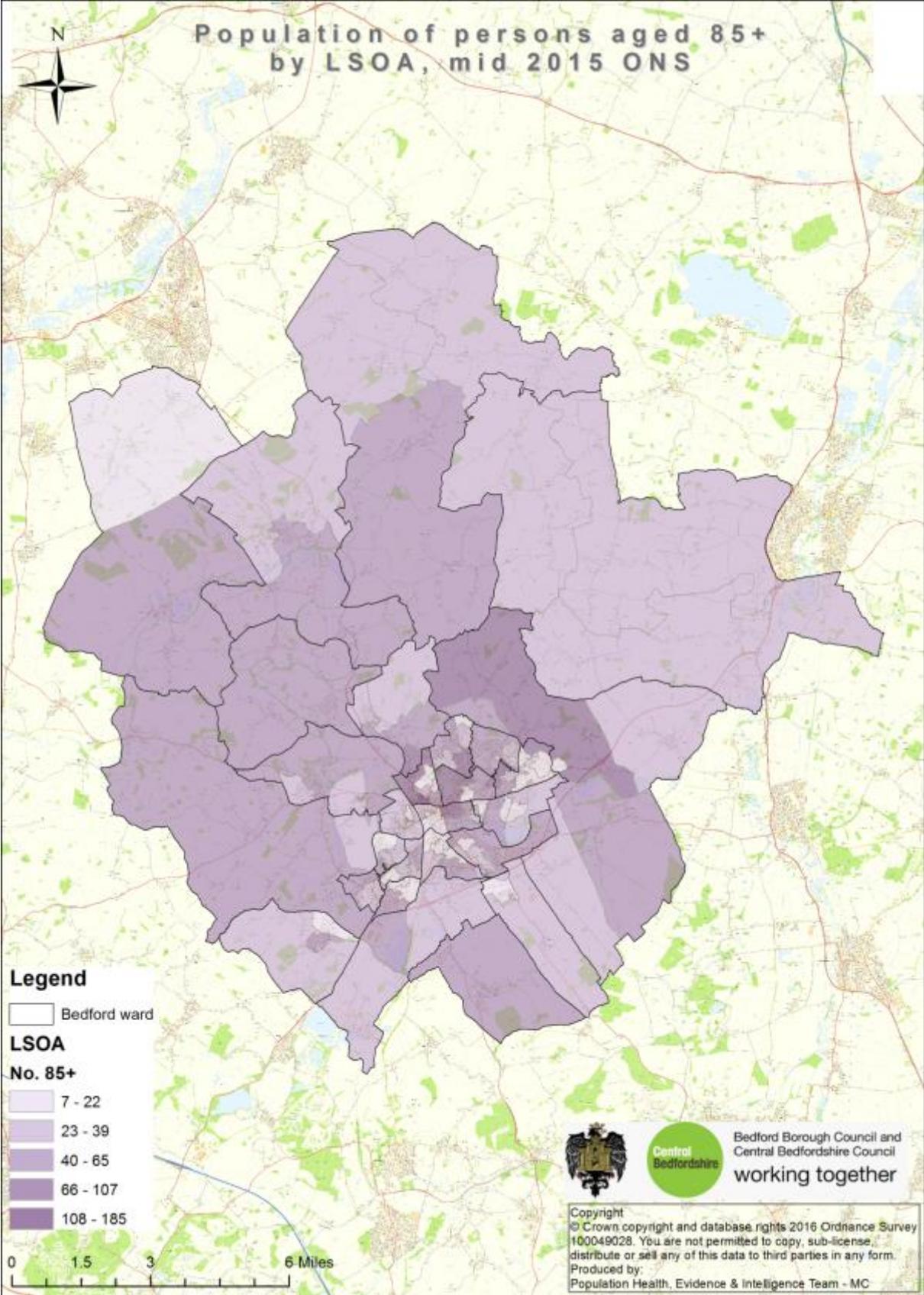


Figure 22: Distribution of Older People 85 Years +



Appendix 9: Pharmacies providing End of Life Care Medicines service

Table 43: List of pharmacies proving End of Life Medicines service

Ref	Pharmacy	Town	Telephone number	Opening Hours
Bedford and North Bedfordshire				
1	Boots the Chemist Pharmacy 33-37 Harpur Centre Bedford MK40 1TN	Bedford	01234 356231	M-F 600 - 1730 Sat 600 -1730 Sun 900 -1600
2	Lloyds Pharmacy Sainsburys store Fairfield Park 90 Clapham Road Bedford MK41 7PJ	Bedford	01234 327355	Mon-Fri: 7am – 11pm Sat: 7am – 10pm Sun: 10am - 4pm
3	Sharnbrook Pharmacy 61 High Street Sharnbrook Beds MK44 1PB	Bedford	01234 783566	Mon-Fri: 9am - 6pm Closed for lunch 1:30 – 2:30pm
4	Tesco in-store Pharmacy Cardington Road Bedford MK42 0BG	Bedford	01234 731847	Mon 0800 -2230 Tu-F 0630 -2230 Sat 0630 -2200 Sun 1100 -1700
5	Well Pharmacy, 86 Queen's Drive Putnoe, Bedford MK41 9BS	Bedford	01234 352544	M-F 0830 -1900 Sat 0900 -1400
6	Boots Pharmacy Unit 3 Interchange Retail Park Race Meadows Way Bedford MK42 7AZ	Kempston	01234 210803	M-F 0900 -2000 Sat 0900 -1800 Lunch 1400 -1500 Sun 1100 -1700
7	Sainsbury's in-store Pharmacy Saxon Centre Bedford Road Kempston MK42 8AY	Kempston	01234 683914	Mon 0800 -2300 T-F 0700 -2300 Sat 0700 -2200 Sun 1000 -1600
Mid Bedfordshire				
8	C and H Barton ltd. 79 Bedford Road Barton-le-Clay Beds MK45 4LL	Barton-le-Clay	01582 881263	M-F 0830 -1830 Lunch 1300 -1400 Sat 0900 -1600
9	Boots the Chemist 9-10 Market Square Biggleswade Beds SG18 8AS	Biggleswade	01767 313278	M-F 0830 -1730 Sat 0830 -1730 Lunch 1300 -1400
10	Lloyds Pharmacy Sainsburys store Bells Brook, Biggleswade	Biggleswade	01767 275207	M-F 7am – 11pm Sat: 7am - 10pm Sun: 10am – 4pm

Ref	Pharmacy	Town	Telephone number	Opening Hours
11	SG18 0NA Highlands Pharmacy The Flitwick Surgery The Highlands Flitwick MK45 1DZ	Flitwick	01525 716933	M-F 7am – 11pm Sat: 7am – 9pm Sun: 10am – 4pm
12	McLaren Pharmacy 67 Bedford Road Marston Moretaine Beds MK43 0LA	Marston	01234 764222	M-F 9am – 6pm Sat: 9am - 2pm
13	Lloyds Pharmacy 4 Market Square Sandy SG19 1HU	Sandy	01767 680488	M-F 9am – 6pm Sat: 9am – 5pm
14	Lloyds Pharmacy Richard Daniels House Shefford SG17 5DD	Shefford	01462 813283	M-F 0830 -1830 Sat 0900 -1700
South Bedfordshire				
15	Medigreen Pharmacy 31 Manor Road Caddington LU1 4EE	Caddington	01582 457800	Mon-Fri: 9am – 6pm Closed for lunch 1 – 2pm Sat: 0900 – 1200
16	Tesco Pharmacy Skimpot Road Dunstable LU5 4JU	Dunstable	01525771247	Mon: 8am – 11pm Tues-Fri: 7am – 11pm Sat: 7am – 10pm Sun: 10am - 4pm
17	Cox and Robinson 17-19 Lake Street Leighton Buzzard Beds LU7 1RS	Leighton Buzzard	01525 383686	Mon-Fri: 8.45am – 6.30pm Closed for lunch 1 – 2pm Sat: 9am -1pm
18	Tesco Pharmacy Vimy Road Leighton Buzzard LU7 1ER	Leighton Buzzard	01525 771847	Mon-Fri: 8am – 8pm Sat: 8am – 8pm Sun: 10am – 4pm
19	Woburn Sands Pharmacy High Street Woburn Sands MK17 8RB	Woburn	01908 583243	Mon-Fri: 9am -6pm Closed for lunch 1 – 1:30pm Sat: 9am - 1:00pm

Appendix 10: Legislative requirements for developing PNAs

This section contains an extract from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Please note that the HWB takes no responsibility for the accuracy of the extract. The full text of the Regulations is available at: <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

1. These regulations may be cited as the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and come into force on 1st April 2013.

2. Interpretation (see website)

3. The pharmaceutical services the PNA must cover are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for:

- a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;
- b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or
- c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NSH services that may be provided under arrangements made by the NHSCB with a dispensing doctor)

4. Information to be contained in PNA

- (1) Each PNA must contain the information set out in Schedule 1.
- (2) Each HWB must, in so far as is practicable, keep up to date the map which it includes in its PNA pursuant to paragraph 7 of Schedule 1 (without needing to republish the whole of the assessment or publish a supplementary statement)

5. Date by which the first HWB PNAs are to be published

Each HWB must publish its first PNA by 1st April 2015.

6. Subsequent assessments

(1) After it has published its first PNA, each HWB must publish a statement of its revised assessment within 3 years of its previous publication.

(2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular changes to –

- a) the number of people in its area who require pharmaceutical services;
- b) the demography of its area; and
- c) the risks to the health or wellbeing of people in its area, unless it is satisfied that making a revised assessment would be a disproportionate response.

(3) Pending the publication of a statement or a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services (..) where –

- a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or(ii) of the 2006 Act; and
- b) the HWB –

- (i) is satisfied that making its first or revised assessment would be a disproportionate response, or
- (ii) is in the course of making its first or revised assessment and is satisfied that immediate notification of its PNA is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.

7. Temporary extension of PCT PNAs and access by the NHSCB and HWBs to PNAs

Before the publication by an HWB of the first PNA that it prepares for its area, the PNA that relates to any locality within that area is the PNA that relates to that locality of the PCT for that locality immediately before the appointed day, read with

- a) any supplementary statement published by the PCT (..)
- b) any supplementary statement published by the HWB (..)

Each HWB must ensure that the NHSCB has access to –

- a) the HWB's PNA (including any supplementary statements) (..)
- b) any supplementary statement that the HWB publishes (..)
- c) any PNA of a PCT that it holds, which is sufficient to enable the NHSCB to carry out its functions under these Regulations

Each HWB must ensure that, as necessary, other HWBs have access to any PNAs of any PCT that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on PNAs

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—

- (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
- (f) any NHS trust or NHS foundation trust in its area;
- (g) the NHSCB; and
- (h) any neighbouring HWB.

(2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.

(3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area

that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—

- (a) must consult that Committee before making its response to the consultation; and
- (b) must have regard to any representations received from the Committee when making its response to the consultation.

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.

(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.

(6) If a person consulted on a draft under paragraph (2)—

- (a) is treated as served with the draft by virtue of paragraph (5); or
- (b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

(1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—

- (a) the demography of its area;
- (b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
- (c) any different needs of different localities within its area;
- (d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) 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; and

(e) any other NHS services provided in or outside its area (which are not covered by subparagraph

(d)) which affect—

- (i) the need for pharmaceutical services in its area, or
- (ii) 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.

(2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—

- (a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
- (b) having regard to likely changes to—

- (i) the number of people in its area who require pharmaceutical services,
- (ii) the demography of its area, and
- (iii) the risks to the health or wellbeing of people in its area.

SCHEDULE 1 Regulation 4(1)

Information to be contained in pharmaceutical needs assessments

Necessary services: current provision

1. A statement of the pharmaceutical services that the HWB has identified as services that are provided—

- (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- (b) 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).

Necessary services: gaps in provision

2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) 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;
- (b) 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.

Other relevant services: current provision

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

- (a) 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;
- (b) 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;
- (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

Improvements and better access: gaps in provision

4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied—

- (a) 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,
- (b) would, if in specified future circumstances they were provided (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.

Other NHS services

5. A statement of any NHS services provided or arranged by a local authority, the NHSCB, a CCG, an NHS trust or an NHS foundation trust to which the HWB has had regard in its assessment, which affect—

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- (b) 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.

How the assessment was carried out

6. An explanation of how the assessment has been carried out, and in particular—

- (a) how it has determined what are the localities in its area;
- (b) how it has taken into account (where applicable)—
 - (i) the different needs of different localities in its area, and
 - (ii) the different needs of people in its area who share a protected characteristic; and
- (c) a report on the consultation that it has undertaken.

Map of provision

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

Appendix 11: Summary of the Public consultation

Public consultation process

The consultation was made available both as an online survey and paper questionnaire and was launched on 16 October and concluded on 15 December.

The consultation was supported by a communications campaign which directly targeted residents of Bedford Borough, Central Bedfordshire and Milton Keynes councils. The consultation was promoted widely across the three areas online and through the media and was open for anyone to respond.

Activities included:

- A news release was issued to all local newspaper groups at the start of the consultation. This led to front page coverage in the local newspaper and interviews on local BBC radio.
- Social media was used to promote the consultation
- Email bulletins were issued encouraging people signed up for Central Bedfordshire news to take part in the consultation.
- It was promoted to staff, members and town and parish councils through council newsletters.
- Paper copies were sent to local libraries and contact centres.
- Partners such as; local voluntary organisations, Bedfordshire and Milton Keynes Clinical Commissioning groups (CCG), Local Pharmaceutical Committees, HealthWatch groups and Hospital Trusts were all notified of the start of the consultation.

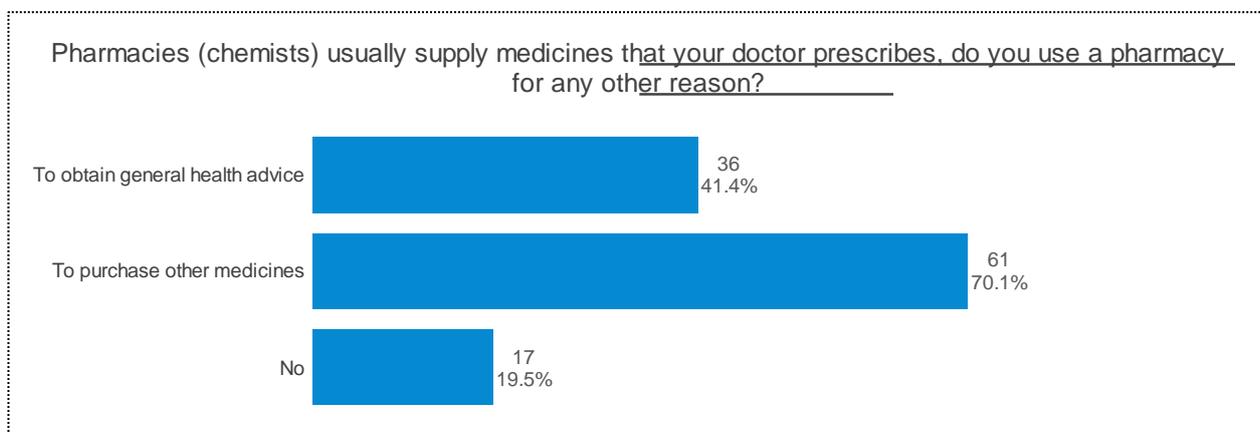
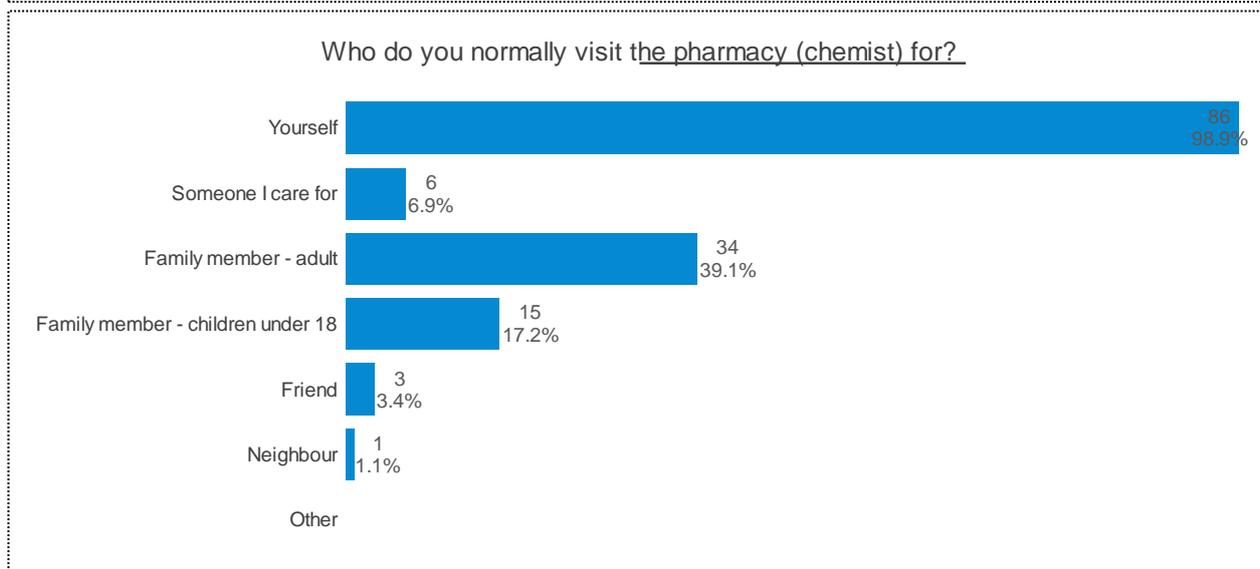
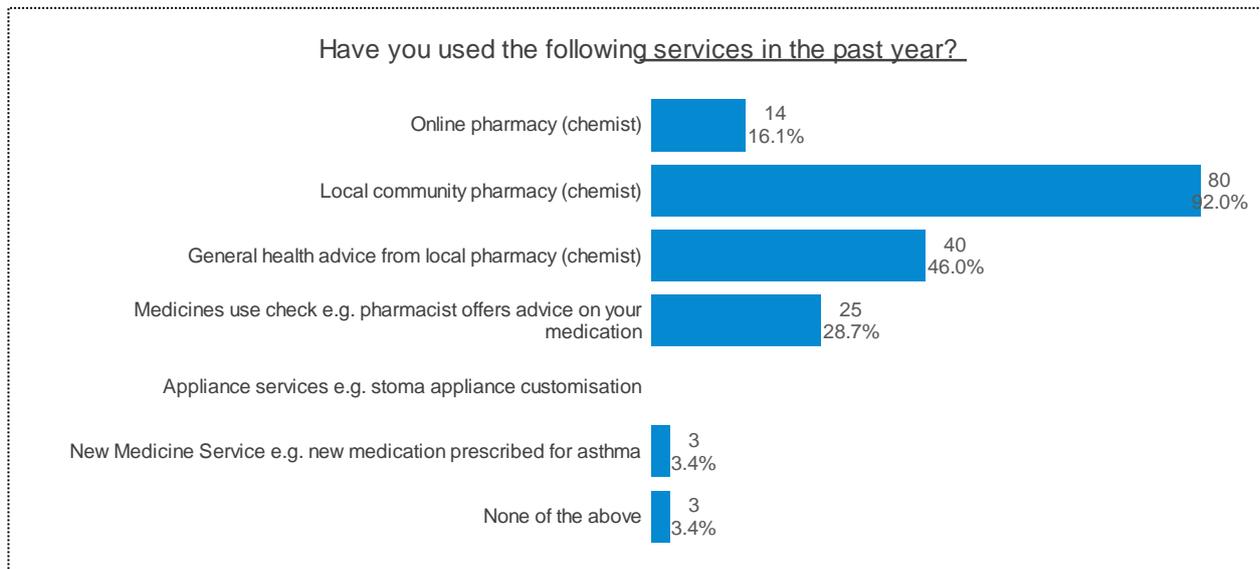
The PNA consultation was hosted on Central Bedfordshire Council's webpages. Over the course of the consultation the pages received a total of 5430 page views, demonstrating a high level of interest and reach of the campaign. The top method used to find information was via council email bulletins with 3138 visits. Others included; directly from a dedicated URL shortcut (1524 visits) and Facebook with 119 visits.

There were two surveys that people could respond to;

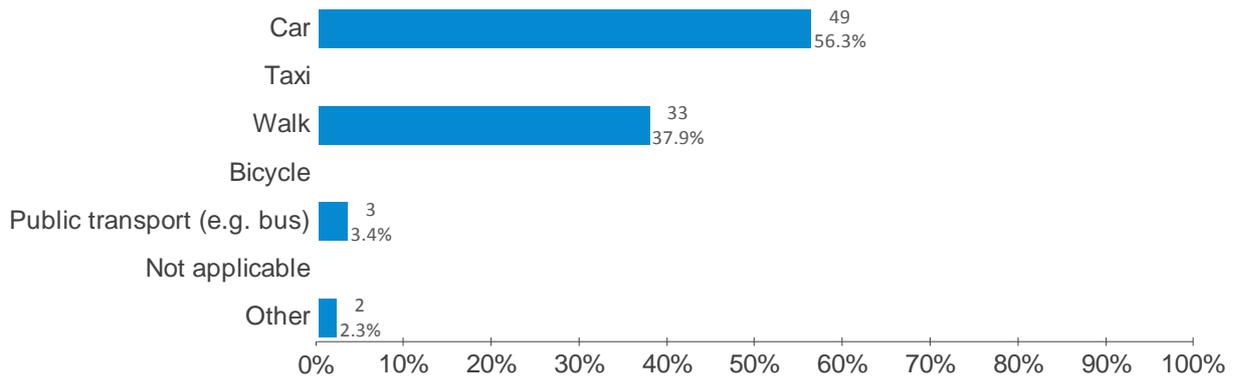
- (1) How you use your local pharmacy
- (2) Feedback on the draft Pharmaceutical Needs Assessment document

Public Consultation (1) – Local Pharmacy Services

In total 87 respondents participated in the consultation for Bedford Borough, this figure does not include those that also took part in the second stakeholder consultation.



How do you usually travel to the pharmacy (chemist) you use most often?

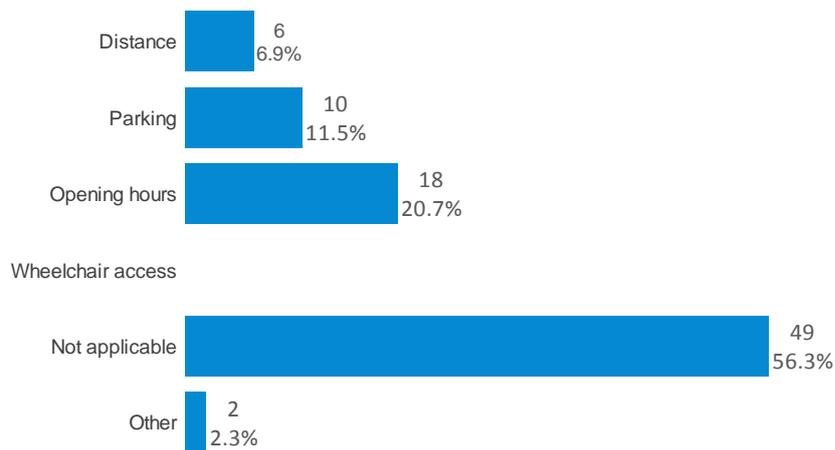


If other, please specify:

Mobility scooter

By car if passing. Otherwise walk

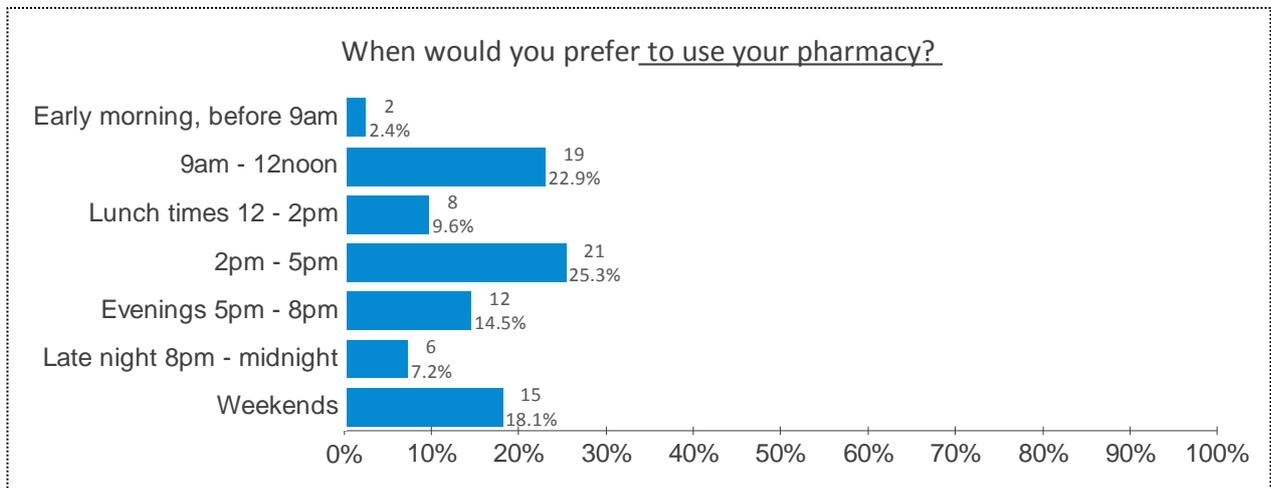
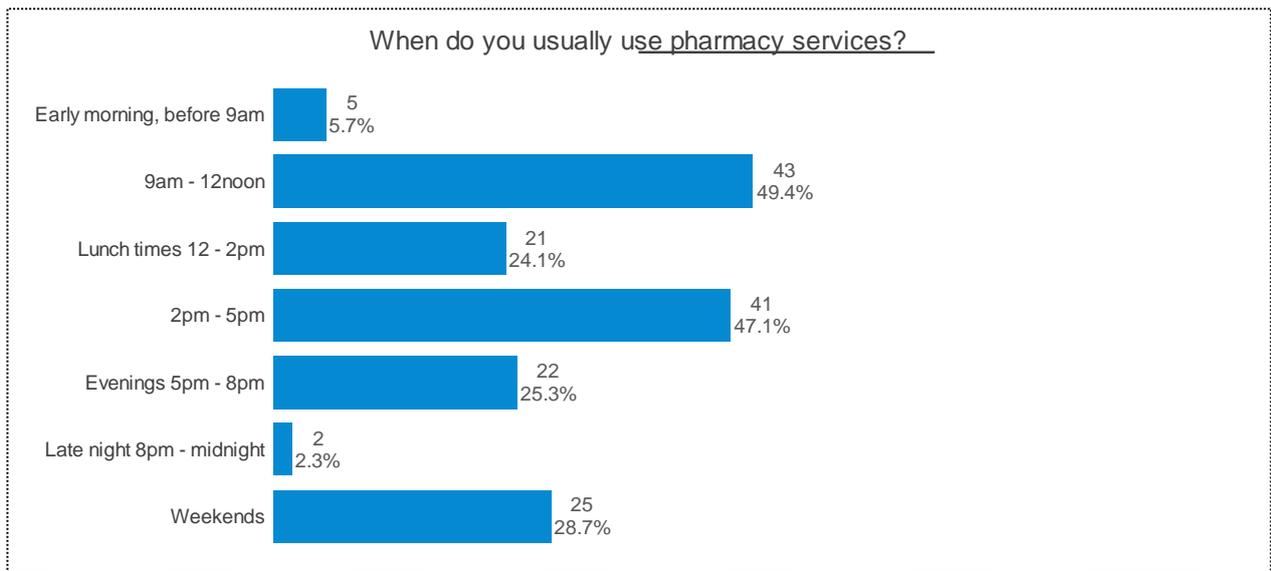
Do you have any access issues?



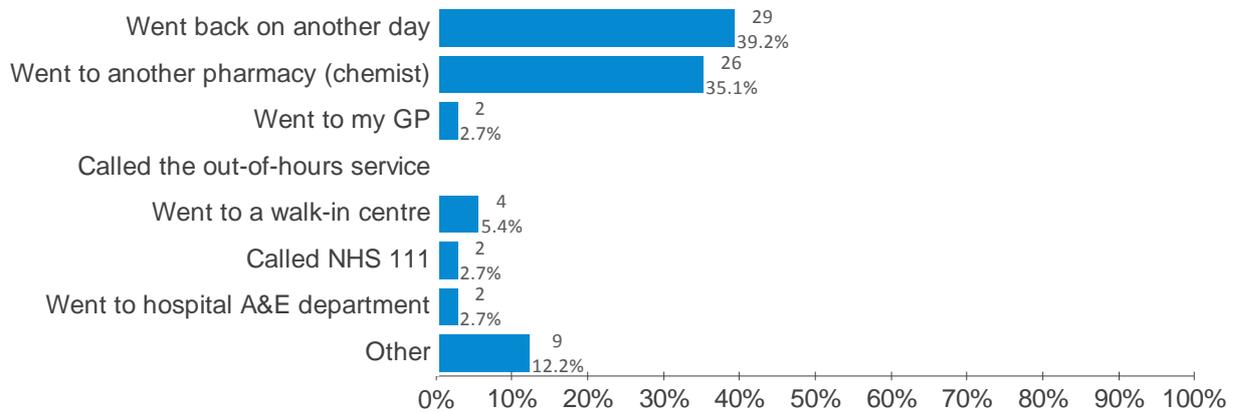
If other, please specify:

I use Tesco in Riverfield Drive. The walk from their store entrance to the pharmacy is quite long

Limited mobility due to MS



If in the past year you could not access your usual pharmacy (chemist) or dispensing doctor, what did you do?



If other, please specify:

Didn't apply

Not applicable!

Not applicable

never happened Q7 not applicable

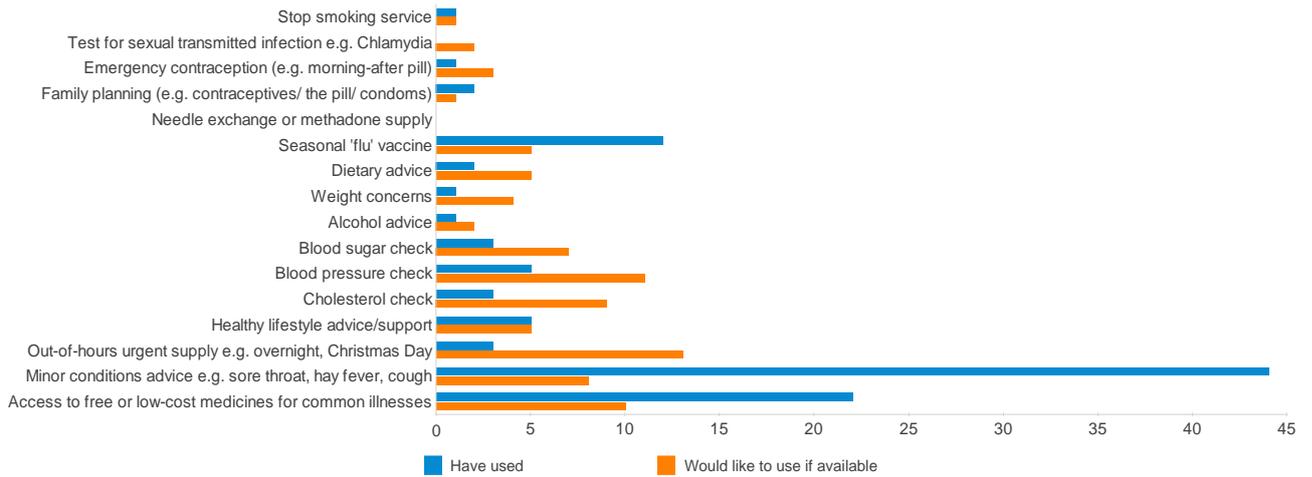
That didn't happen. If it were to happen, I would probably go to a walk-in centre

N/A

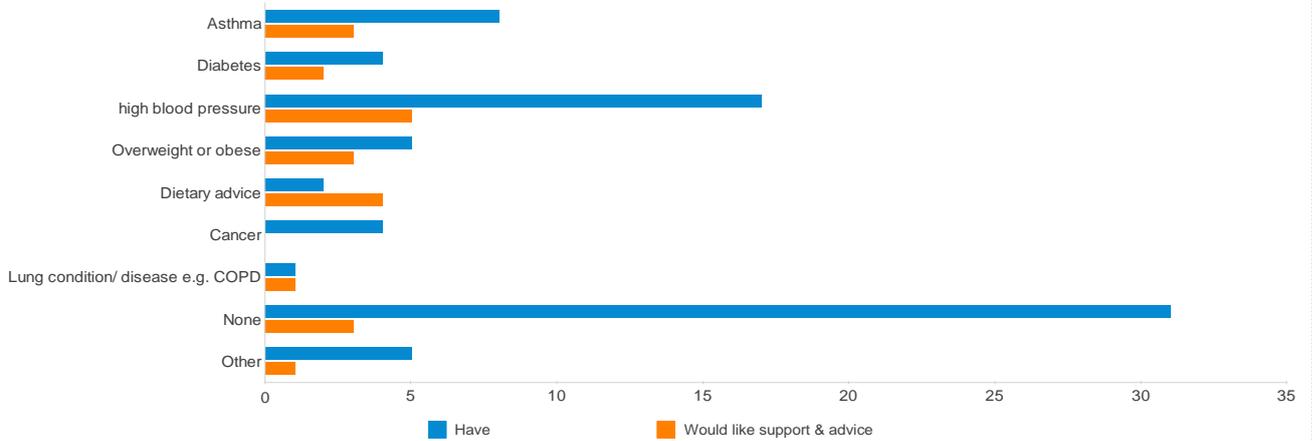
Always been able to access my pharmacy.

n/a

Have you used any of the following services at a pharmacy (chemist) in the past year, or would you like to?



Do you have any of the following conditions and would you like to obtain advice and support from your usual pharmacy?



If other, please specify:

Diverticular Disease

rheumatoid arthritis

Arthritis

Depression, restless leg syndrome.

cardiac. joints

Struggling to stay fit even though walking and doing yoga. can't get my weight down any further. I am always tired and muscles painful.

Rheumatoid Arthritis

Reoccurring gout, can painfully cause total loss of mobility within 6 hours if not treated immediately, and lasts for days

MS Gluten Intolerance Mental Health Skin conditions

Depression and Anxiety

Please describe below any other services you would like pharmacies to offer:

Not CERTAIN WHAT YOU ARE ATTEMPTING TO ACHIEVE WITH THE COLLECTION OF THIS DATA? THE QUESTIONS ASKED ARE IN SOME QUESTIONS -DO NOT MAKE SENSE

No, being a normal chemist is just fine

Advice on the cheaper alternatives to the well known brand of medicines, advice on alternative methods before using medicine (heat/ cold compresses)

I would like some form of out off hours access. BOTH OUR PHARMACY AND GP PRACTICE DO NOT OPEN ON SATURDAY OR SUNDAY!!!!!! I think this is disgraceful when you consider GP.salaries are so high!!

My chemist satisfies all my needs.

I wouldn't want to see my pharmacy or any pharmacy closed as these are valuable necessary community services especially to the elderly, those with young children & vulnerable adults.

None

Advice on keeping active

Weekend opening would be helpful.

we have a very good pharmacy do not require any other services

The pharmacy should have an efficient procedure for dispensing, storing, locating and handing over your medicines. Our current pharmacy in Queens Drive is very poor in their handling of prescriptions.

I order my repeat prescription on line, but my Pharmacy still have to collect my prescription from my GP Surgery which is six mile away. Still do not understand why my prescription cannot me emailed/faxed to my pharmacy to save a 12 mile round trip by the pharmacy collection service. I assume this is a local problem with either the Surgery or the Pharmacy.

Over the last year it is noticeable that the demand for prescription service has grown to the extent that the local pharmacy, Lloyds, Brickhill, Bedford is finding it very hard to offer a timely service.

I would like to be able to get my prescription filled at my doctors surgery, instead I am forced to either use a pharmacy in the village- which I refuse to do due to the inconvenience caused to me when they opened and forced me to use them or another pharmacy.

Our local pharmacy provides all the services I need. They are excellent.

Cannot think of anything else

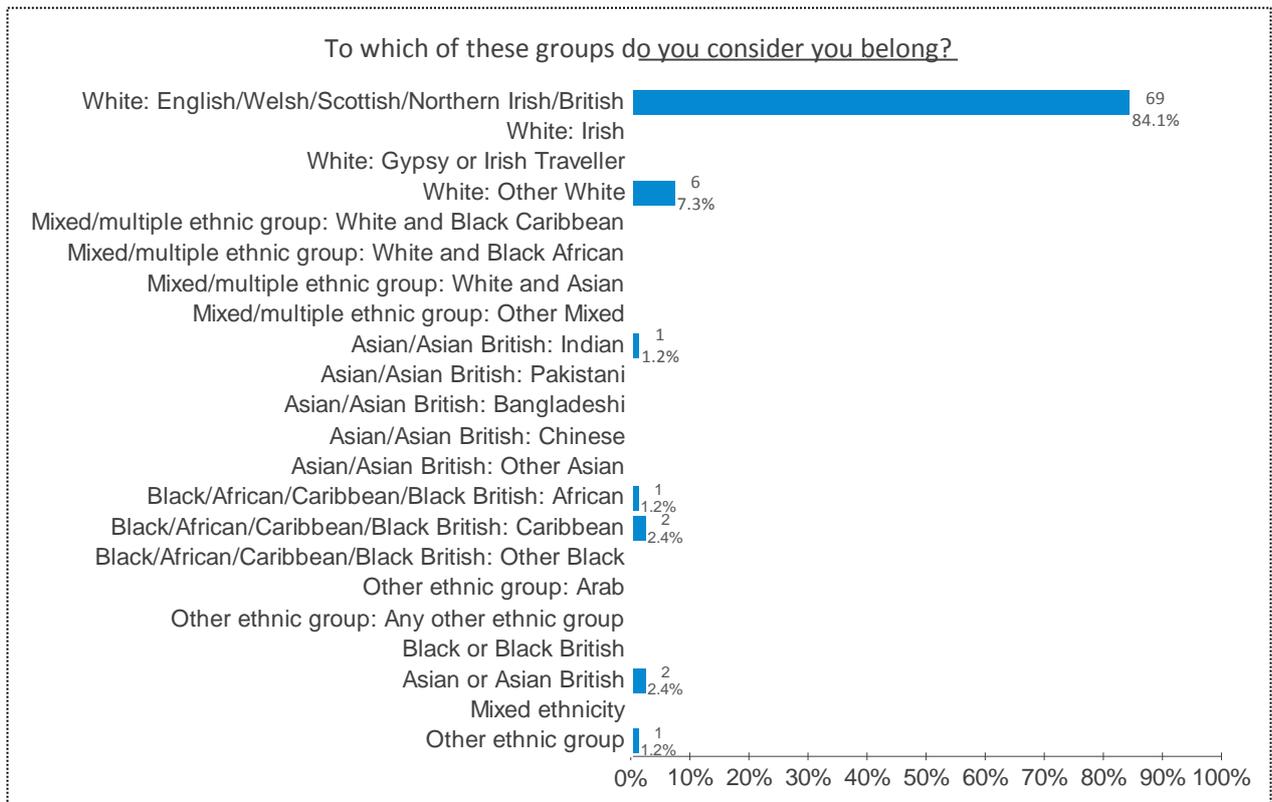
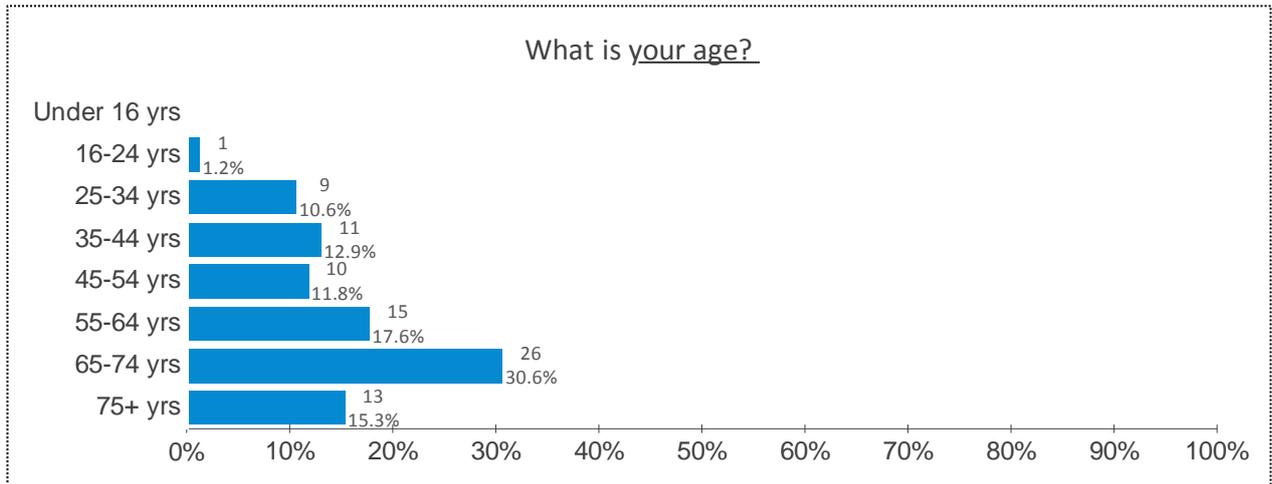
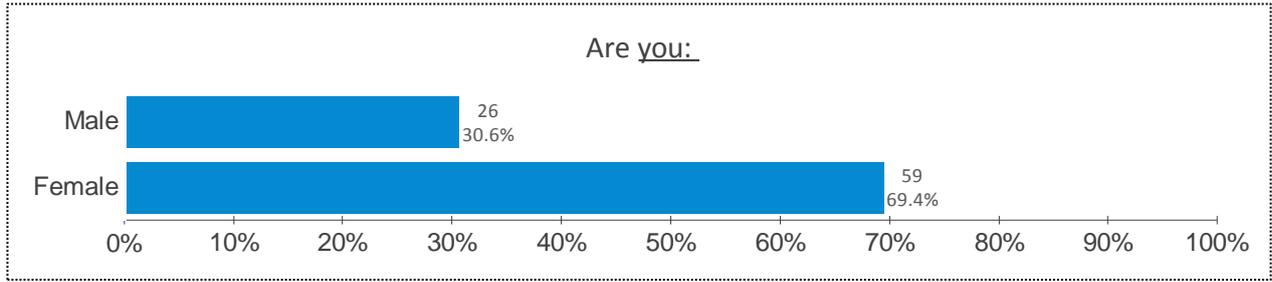
Longer opening times at the weekend. My current one is open on Saturdays, but only until 1pm, and closed on Sundays.

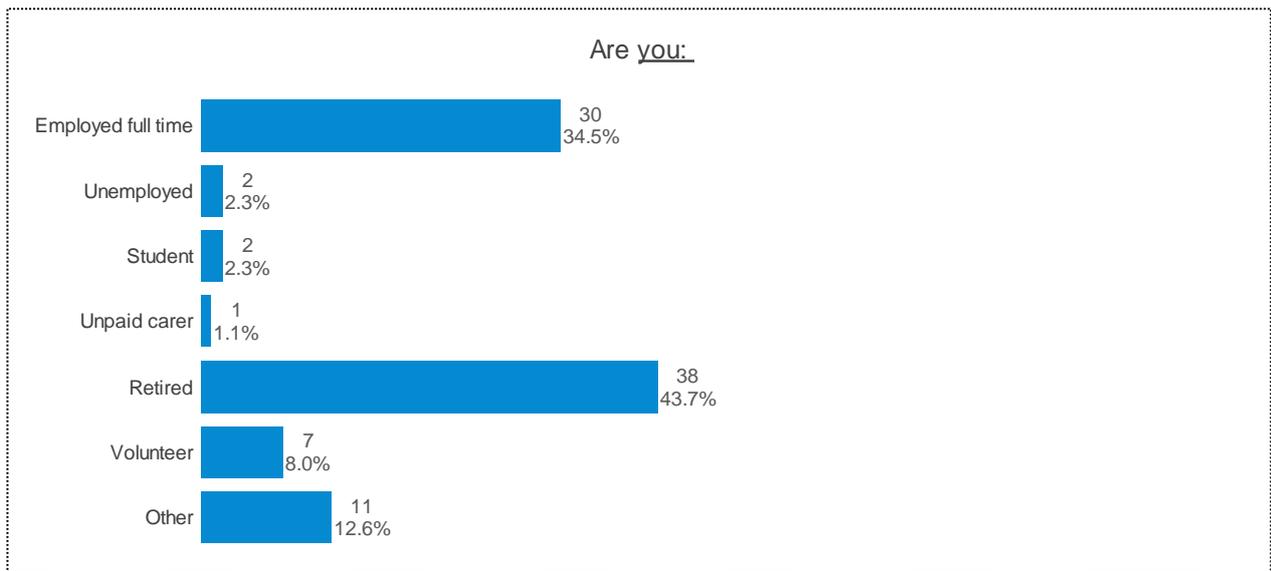
Testing for osteoporosis.

Our local pharmacist is very busy so there is little opportunity to speak to the pharmacist and everybody else in the shop can hear what you are saying about your medical conditions which is very off-putting.

Foot care - podiatry

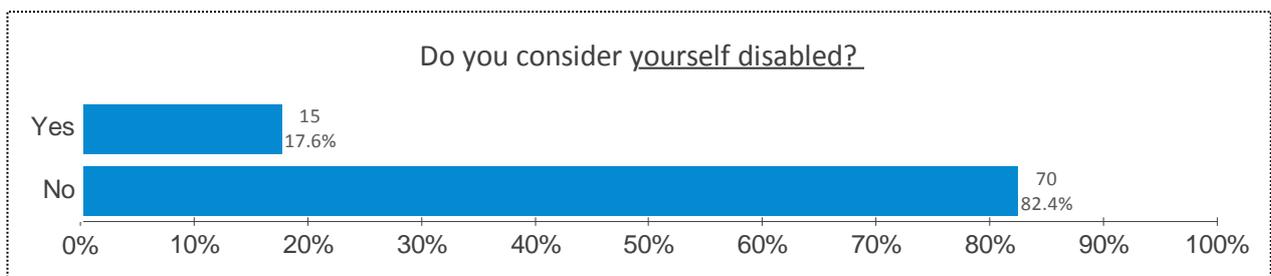
About you

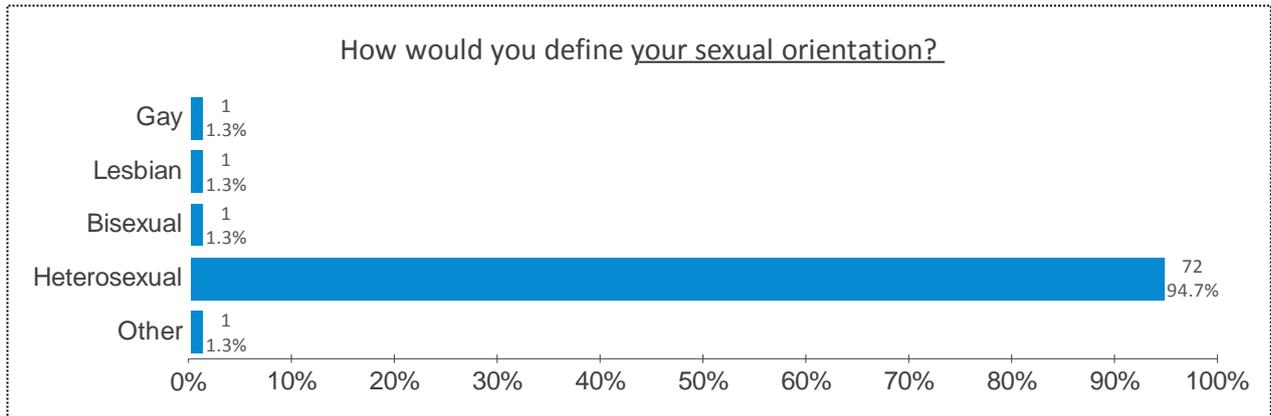




If other, please specify:

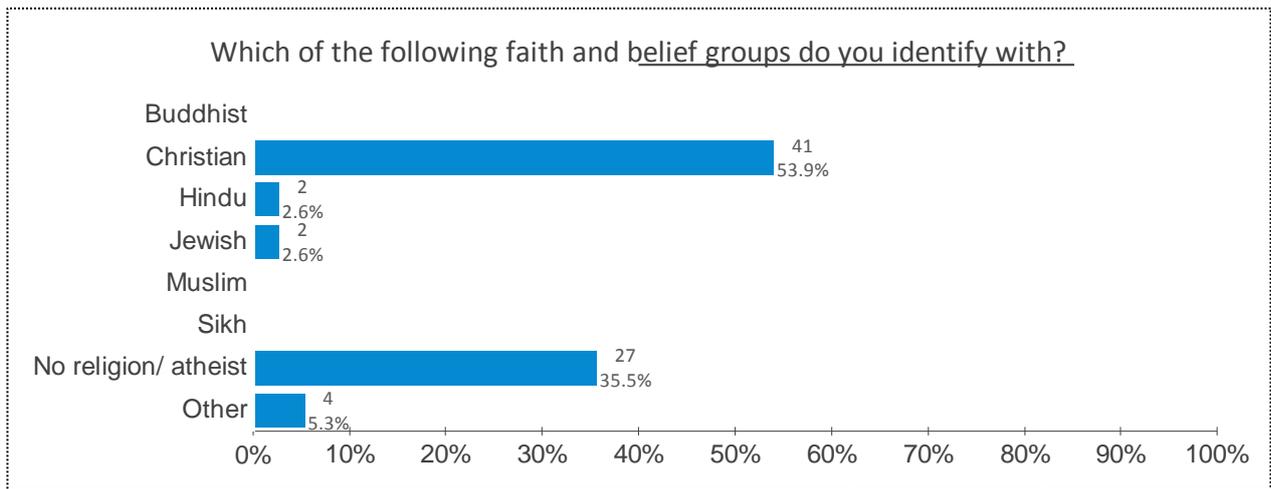
- employed part time
- Long term sick
- Part time employed
- Employed part time
- Employed part time
- Employed part time and self employed
- Employed part time
- Employed, part time
- Part time employment but off long term sick at the moment





If other, please specify:

Neutral



If other, please specify:

pagan - nature based faith

Christadelphian

Buddhist/humanist

christian/hindu

Number of responses by Ward

Ward	No. of responses
Brickhill	7
Bromham and Biddenham	6
Castle	9
Cauldwell	1
Clapham	2
De Parys	5
Eastcotts	1
Elstow and Stewartby	2
Goldington	3
Great Barford	4
Harpur	4
Kempston North	1
Kempston Rural	6
Kempston West	3
Kingsbrook	2
Newnham	2
Oakley	1
Putnoe	4
Riseley	1
Sharnbrook	3
Wilshamstead	1
Wootton	1
Bedford Total	69
Central Bedfordshire	4
Unknown	7
Grand Total	80

Public consultation summary conclusions

Respondents from Bedford Borough indicated that attending their local pharmacy was still the most popular method of accessing pharmaceutical provision, with only 16% of respondents saying they had used the online pharmacy in the past year. This is in comparison to the 92% who said they had visited their local pharmacy in person.

The most popular reasons given for visiting their pharmacy was to access general health advice (46%) and for advice on medicine use (29%). This would suggest that the physical one-to-one interaction is still an important service for respondents.

38% of respondents indicated they travelled to their pharmacy by walking which suggests they have access to a local pharmacy within reasonable walking distance. However, most respondents (56%) travel by car, with only 10% suggesting accessible parking was an issue for them. Opening hours were seen as the biggest access issue (21%). Although comparing responses looking at when people currently use pharmacy services against when they would prefer to use them shows very little deviation, indicating that people are tending to access services at their preferred time.

The most popular services being accessed in pharmacies currently are medications for minor conditions such as; sore throats, coughs and hay fever, as well as the seasonal 'flu vaccine'. Over the counter checks such as blood sugar, blood pressure and cholesterol were popular choices of services respondents would like to access if available, suggesting either more needs to be made available or these products need further promotion.

An analysis of individual demographic groups such as the elderly or disabled did not highlight any variance of opinions from those in the majority. Overall the findings of the survey did not uncover any pressing issues or widespread dissatisfaction with pharmacy services in Bedford Borough, but did highlight opportunities to further improve services for the customers they serve.

Public Consultation (2) – Feedback on the draft Pharmaceutical Needs Assessment document

The report has been filtered to show the responses for Bedford.

Overall 19 respondents completed this questionnaire.

Which PNA document are you responding to?



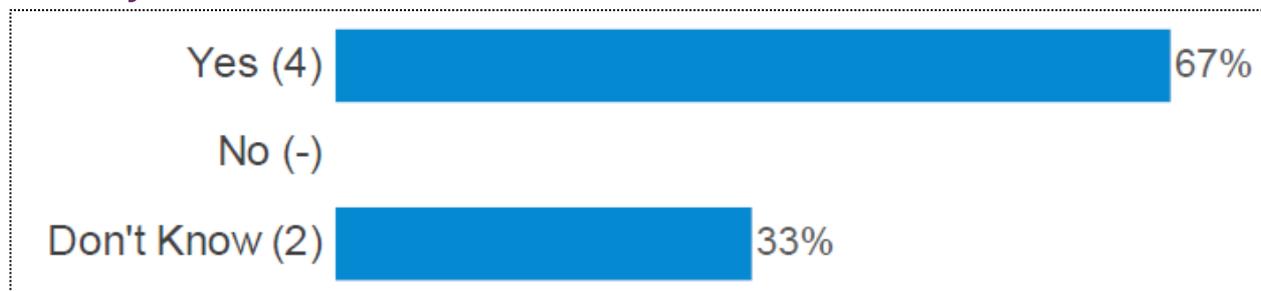
Do you understand the purpose of the PNA?



Please explain your answer:

To ensure adequate pharmaceutical provision is available in the borough
It analyses what services are available and also points out what is lacking. It documents the findings and uses them to assess what needs doing.
I am responding on behalf of Bedfordshire Local Pharmaceutical Committee (BedsLPC). I am a member of the PNA Steering group and have responded to previous PNAs.

Does the executive summary/draft PNA reflect the current needs within your area?

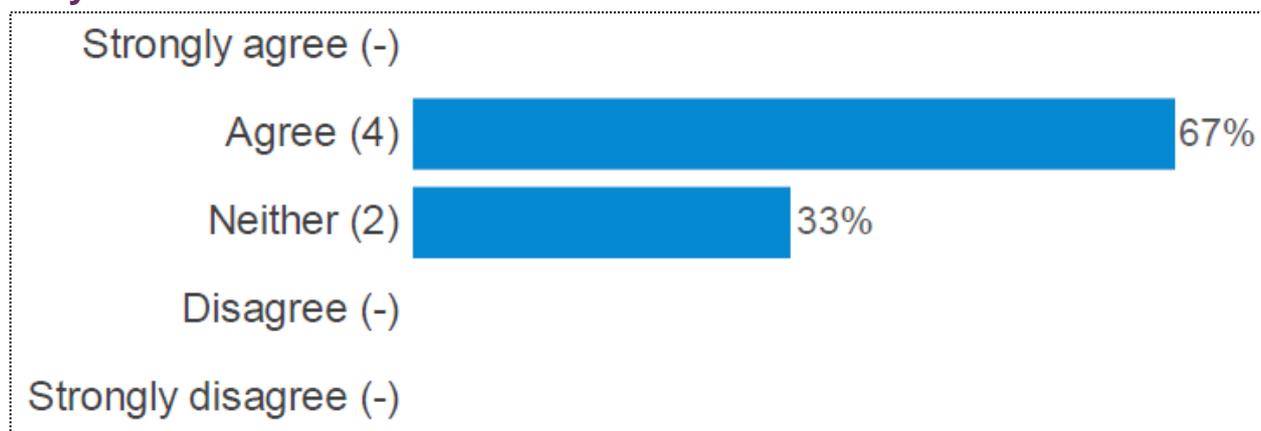


I have skim read through it, and can see that what is covers is sufficient for my area.

Mostly, please refer to additional comments sent via email to Karen McCormack-Morgan (Karen.McCormack-Morgan@milton-keynes.gov.uk) by BedsLPC

Comments received separately will be recorded at the end of this survey for example those from the Bedfordshire Local Pharmacy Committee.

To what extent do you agree or disagree with the recommendations for your area?



Is there anything else that should be included in the document?

Please refer to additional comments sent via email to Karen McCormack-Morgan (Karen.McCormack-Morgan@milton-keynes.gov.uk) by BedsLPC

Comments received separately will be recorded at the end of this survey for example those from the Bedfordshire Local Pharmacy Committee.

Do you have any other comments?

It is a shame that National regulations do not allow dispensing GP surgeries to provide for patients who live under 1 mile from the surgery because there is a chemist/pharmacy within the village.

It MUST take into account the potential increase in population as new houses are built.

An excellent (if long document) I would suggest that if the GP hub takes off at GHH and I would hope that we will have a major primary care centre within 3 years at GHH, then it would be convenient for patients to have a pharmacy on site . I am aware Goldhartes is only a few minutes walk away but a lot of our patients couldn't walk the distance from GHH to St Peters Street and there is no parking close to Goldhartes.

Please refer to additional comments sent via email to Karen McCormack-Morgan (Karen.McCormack-Morgan@milton-keynes.gov.uk) by BedsLPC

Comments received separately will be recorded at the end of this survey for example those from the Bedfordshire Local Pharmacy Committee.

Are you responding as an individual, or on behalf of an organisation?



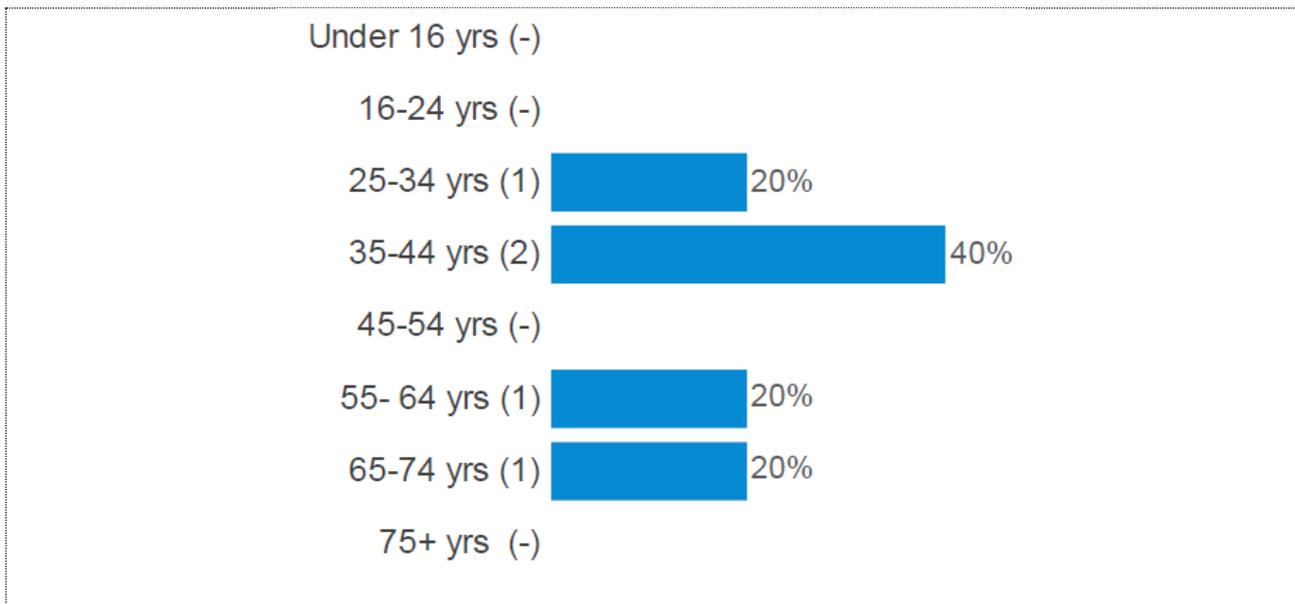
If you are responding on behalf of an organisation please tell us the name of your organisation?

Bedfordshire Local Pharmaceutical Committee (BedsLPC)

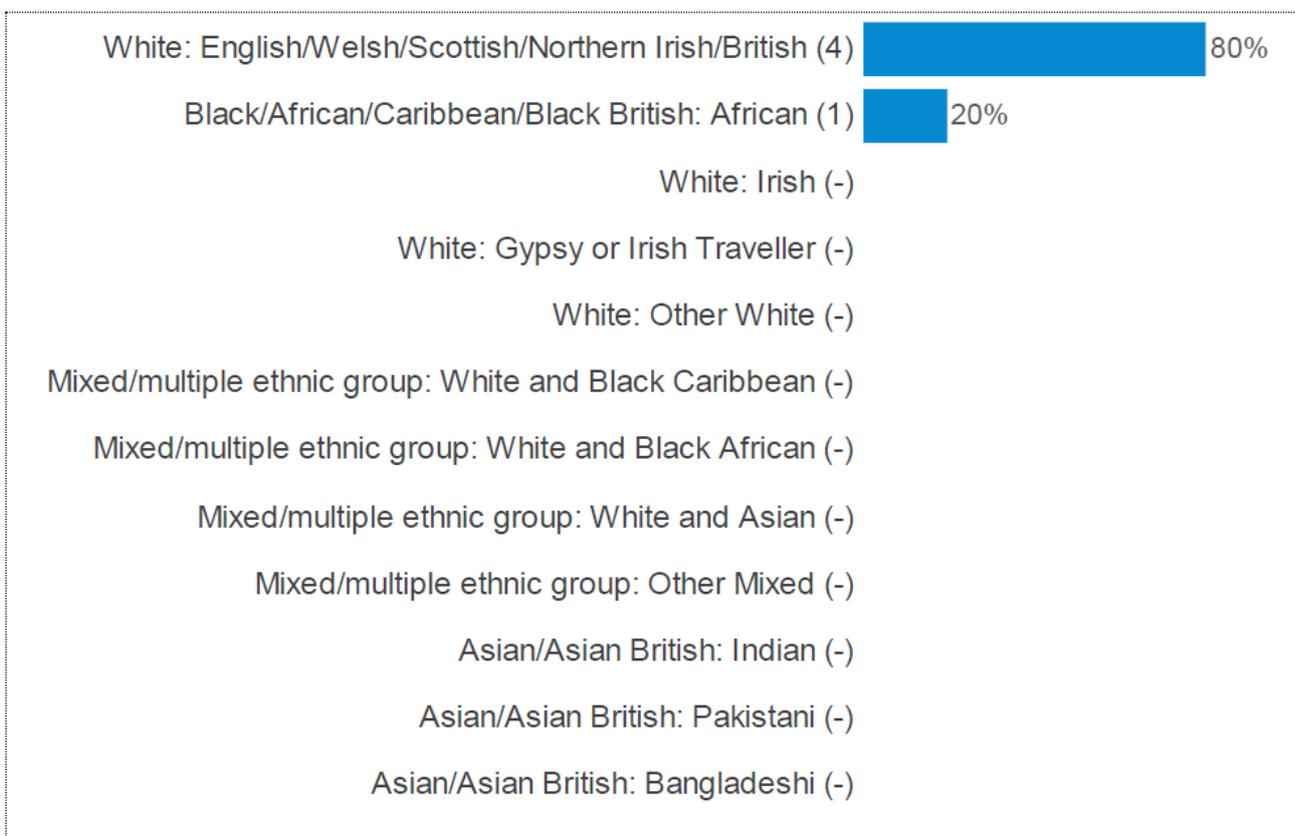
About you



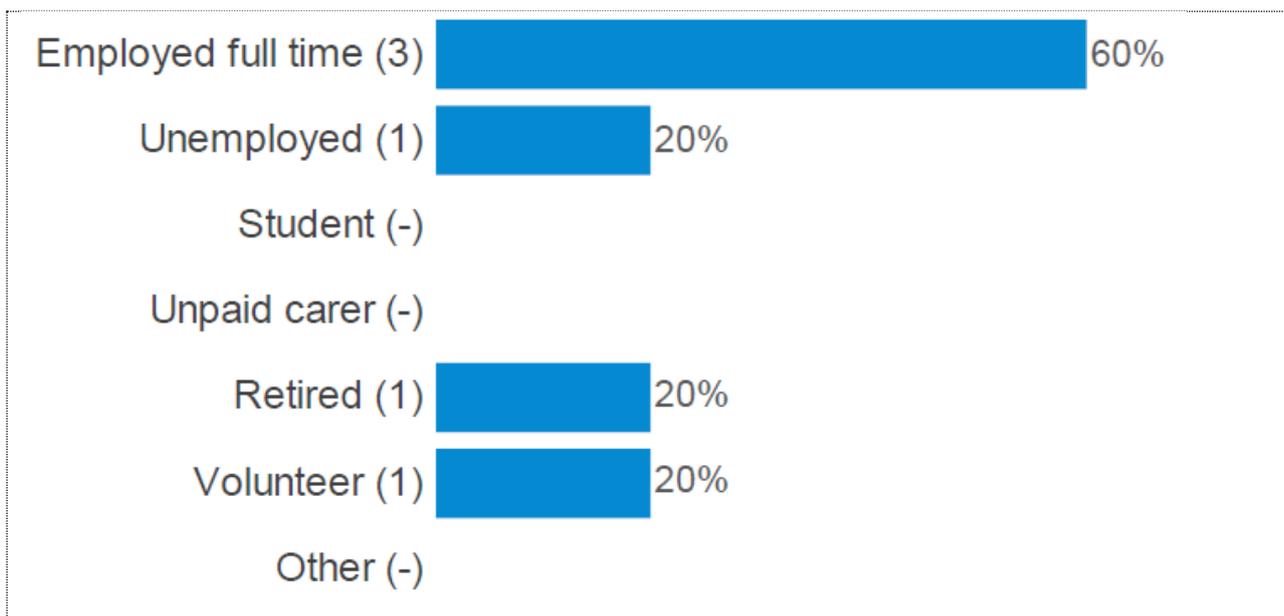
What is your age?



To which of these groups do you consider you belong?



Are you (tick all that apply):

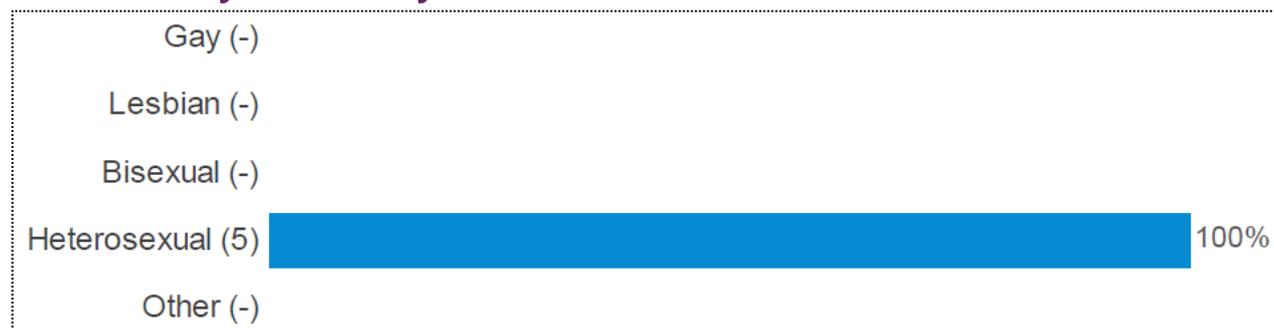


Do you consider yourself disabled?

Under the Equality Act 2010 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities.



How would you define your sexual orientation?



Which of the following faith and belief groups do you identify with?



Post code data not shown due to small numbers.

Public consultation comments received from Bedfordshire Local Pharmaceutical Committee

The draft document is well written with clear mapping. We particularly found the coloured identifiable sections “How pharmacy can help” very useful, however it must be pointed out that many of the services detailed in these sections have not yet been commissioned; please refer to our comments below for further clarification.

Please ensure the accuracy of the data and mapping on pages 98 - 102 , 111 – 114, 115 – 117 and 118-119 relating to service provision by pharmacies in Bedford Borough localities has been confirmed with the relevant pharmacy and/or commissioner? We believe that some of the information may be incorrect and will therefore need to be amended prior to publication of the final PNA. We also note that a number of tables are all numbered XX.

Beds LPC have the following specific comments for your consideration on the draft document.

1. Page 8 – Please check that the accuracy of the information relating to pharmacy numbers, 100-hour and Distance Selling Pharmacies is accurate prior to publication of the final document. We wish to point out that the maximum number of MURs that can be carried out by pharmacies entering a new pharmaceutical contract on or after 1st October in any financial year, is 200.
3. page 9 and Page 59 - *Commissioners should also consider inclusion of community pharmacies in obesity management pathways with referral by pharmacists into the services.*
4. **Note** – the service is not presently commissioned. Community pharmacy welcomes the opportunity to provide an obesity management service. Community pharmacy provides ease of access to members of the public with community pharmacies offering opportunistic interventions.
3. Page 9 and Page 51 – A stop Smoking service is commissioned by Bedford Borough, however four week quits enabled by e-cigarettes are not factored as a quit within the SLA.
4. Page 9 and page 47 – *To improve the uptake of HIV screening and increase early detection....* BedsLPC believe this public health initiative by community pharmacy will offer an improved choice of provider and location for a HIV, Syphilis testing and vaccination services that could also be extended to include Hepatitis vaccinations.
5. Page 33 - 6.2.2 - Do all patients receive a minimum of 14-days’ supply of medication on discharge?
6. Page 48 – Teenage pregnancy. – The number of pharmacies signed up to hand out condoms as part of the sexual health service is not stated. Pharmacies are having difficulty in receiving stocks of condoms to provide the service.
7. Page 9 and Page 55 – *only 2 offering needle exchange....*the SLA for this service has not been updated for some years. BedsLPC is in discussions with the commissioners (ELFT) to improve the service’s scope, training and provision.

8. Page 9 and Page 56 - *Pharmacists can also be potentially commissioned to deliver Identification and Brief Advice (IBA) services to support people with alcohol misuse problems.*
Note – BedsLPC are in discussions with ELFT regarding the provision of an Alcohol Misuse service.
9. Page 9 – re introduction of Cancer Screening
Note – BedsLPC would welcome the introduction of a community pharmacy Cancer Screening Detection service in Bedford Borough and are able to provide examples of successfully commissioned services outside the area.
10. Page 30 – 6.1.1 Community pharmacies – please check accuracy of pharmacy numbers and profiles before publication of final document.
11. Page 34 – Saturday and Sunday provision - please check accuracy of the number of pharmacies providing these services before publication of final document.
12. Page 38 – Repeat dispensing - *however as the Electronic Prescription Service has developed, Repeat Dispensing is increasingly carried out via electronic prescriptions*
Note – BedsLPC recommend that to make best use of electronic Repeat Dispensing (eRD) the service it is promoted to patients by Bedfordshire CCG and GP practices.
13. Page 39 – Support for Self-Care
Note – *The ‘pharmacy call to action’ closed in March 2014.* If this is referenced within the final PNA document there needs to be an update to reflect the considerable pharmacy funding reductions that came into place thereafter and changes to the community pharmacy national contract.
14. Page 39 – 6.6 Community Pharmacy Advanced Services
Note – NHS Flu Vaccinations and the NHS Urgent Medicine Supply Advanced Service Pilot (NUMSAS) are missing within this section.
15. Page 42 – 6.9 Healthy Living Pharmacy HLP
Note – please redraft this section to reflect the ethos of an HLP pharmacy, the new HLP Self Accreditation process and recognition by the Royal Society of Public Health of the pharmacy’s HLP status.
16. Page 67 - Primary Care Mental Health Services. If Weller Wing has closed should this be mentioned within the PNA, together with alternative provision that has been put into place? We believe there has been considerable confusion for regular users of the service.
17. Community pharmacies are ideally placed to provide advice and support to those with mental health problems, particularly where issues arise from side effects of prescribed medication. BedsLPC is able to provide details of pharmacy initiatives commissioned in other areas of the country

18. Page 70 – 7.11.1 Community pharmacists are able to undertake asthma reviews in care homes. BedsLPC are able to provide examples of successful schemes commissioned in other parts of the county.
19. Page 98 – BedsLPC understand two pharmacies provide palliative care services but this is not indicated.
20. Page 104 – Details incorrect opening times for pharmacies.

Additional Comments:

- The provision of opportunistic Hypertension checks and detection of Atrial Fibrillation in community pharmacies is due to be commissioned in early 2018. This new service should be reflected in the final PNA document.
- To reduce demand on secondary care and GP appointment time BedsLPC strongly advocates the introduction of a Minor Illness scheme. BedsLPC is able to provide the benefits and evaluations of such schemes and their successes in other areas.
- There is no reference to developing a Community Pharmacy Hospital Discharge Service to improve the patient pathway when discharged from secondary care into the community.
- Page 38 – a specific collection service for non diabetic used sharps (separate to the needle exchange service) should be considered at selected community pharmacies.
- Page 46 – Teenage Pregnancy hotspots could benefit by specifying the number of community pharmacies providing the Sexual Health Service in the listed wards.
- Page 70 – A community pharmacy service in care homes to review a resident's ability to use inhalers should be commissioned to improve compliance with prescribed medication.

Appendix 12: Glossary and abbreviations

12.1 Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

Term or phrase	Definition as per regulation 2 of the 2013 Regulations	Explanation
Controlled localities/controlled locality	Means an area that is a controlled locality by virtue of regulation 36(1) or is determined to be so in accordance with regulation 36(2).	A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”. It should be noted that areas that have not been formally determined as rural in character and therefore <i>controlled localities</i> , are not <i>controlled localities</i> unless and until NHS England determines them to be. Such areas may be considered as rural because they consist open fields with few houses but they are not a <i>controlled locality</i> until they have been subject to a formal determination.
Core opening hours	Is to be construed, as the context requires, in accordance with paragraph 23(2) of Schedule 4 or paragraph 13(2) of Schedule 5, or both.	Pharmacies are required to be open for 40 hours per week, unless they were approved under Regulation 13(1)(b) of the 2005 Regulations in which case they are required to open for 100 hours per week. Dispensing appliance contractors (DACs) are required to be open for not less than 30 hours per week.
Directed services	Means additional pharmaceutical services provided in accordance with directions under section 127 of the 2006 Act.	These are advanced and enhanced services as set out in Directions.
Dispensing doctor(s)	Is to be construed in accordance with regulation 46(1).	These are providers of primary medical services who provide pharmaceutical services from medical practice premises in the area of NHS England; and general practitioners who are not providers of primary medical services but who provide pharmaceutical services from medical practice premises in the area of the HWB.
Distance selling premises	Listed chemist premises, or potential pharmacy premises, at which essential services are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than	These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or DACs. Under the 2012 and 2013 Regulations only pharmacy contractors may apply to provide services from distance selling premises. Distance-selling contractors are in the main internet and some mail-order, but they all

	at those premises.	cannot provide “essential services” to persons face to face at their premises and must provide a service across England to anyone who requests it.
Enhanced services	Means the additional pharmaceutical services that are referred to in direction 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.	These are pharmaceutical services commissioned by NHS England, such as services to Care Homes, language access and patient group directions.
Essential services	Except in the context of the definition of “distance selling premises”, is to be construed in accordance with paragraph 3 of Schedule 4.	These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
Neighbouring HWB	In relation to a HWB (HWB1), means the HWB of an area that borders any part of HWB1.	Used when, for example, an HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
NHS chemist	Means an NHS appliance contractor or an NHS pharmacist.	

12.2 List of abbreviations

A&E	Accident and Emergency
AUR	Appliance use review
BCCG	Bedfordshire Clinical Commissioning Group
BME	Black and Minority Ethnic
CASH	Contraceptive and Sexual Health Services
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CSU	Commissioning Support Unit
CVD	Cardio Vascular Disease
DRUM	Dispensing Review of the Use of Medicines
DSQS	Dispensary Services Quality Scheme
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
EPUT	Essex Partnership University NHS Foundation Trust
ESPLPS	Essential Small Pharmacy Local Pharmaceutical Service
FHSAU	Family Health Services Appeal Unit
GP	General Practitioner
GUM	Genitourinary medicine
HF	Heart Failure
HIV	Human immunodeficiency virus
HLP	Healthy Living Pharmacies
HWB	Health and Wellbeing Board
IBA	Identification and Brief Advice (Alcohol intervention tool)
IMD	Indices Of Multiple Deprivation
JSNA	Joint strategic needs assessment
LA	Local Authority
LES	Local Enhanced Service
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Areas
LTC	Long Term Condition
MAR	Medicines Administration Record
MDS	Monitored Dosage System
MECC	Making Every Contact Count
MSOA	Middle layer Super Output Area
MUR	Medicines Use Review
NE	Needle Exchange
NHS	National Health Service
NHSIC	NHS Information Centre
NICE	National Institute of Healthcare and Clinical Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
ONS	Office of National Statistics
OOH	Out of Hours
PCT	Primary Care Trust
PMR	Patient Medication Record
PNA	Pharmaceutical Needs Assessment
QOF	Quality and Outcomes Framework
SHA	Strategic Health Authority
SOA	Super Output Area
STI	Sexually Transmitted Infection
THT	Terence Higgins Trust
UA	Unitary Authority

