

- **Pharmaceutical  
Needs  
Assessment**

**Health & Wellbeing Board May 2018**

*Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349)  
and amended in 2014 (SI 2014 No. 417)*

# Pharmaceutical Needs Assessment

## Contents

### Section 1: Background

1. Why a PNA is needed	3
2. Methodology	4
3. Scope	5

### Section 2: the Local Context

1. The Place	6 – 7
2. Demography	8 – 11
3. Health Needs	11 – 17
4. Health Services Strategy	18 – 23
5. Implications for the PNA	24

### Section 3: The Assessment

1. Introduction and approach	25
2. Pharmaceutical Services	
3.2.1 Essential Services	
• Overview	27
• Distribution of pharmacies (including map of provision)	29
• Opening Hours & Access	37
• Dispensing	40
• Access & Support for those with Disabilities	49
• Future Capacity	51
• Meeting the Needs of Specific Populations	59
• Conclusions	60
2. Premises	
• Consultation Areas	62
3. Advanced Services	
• Medicines Use Review & Prescription Intervention Services	63
• New Medicine Service	65
• Stoma Appliance Customisation Service	67
• Appliance Use Review Service	68
4. NHS England Local Enhanced Service	
• Pharmacy Vaccination Service	69
• NHS England Pharmacy Rota	37
3. Locally Commissioned Services	73
1. Overview and Healthy Living Pharmacies	73
2. Emergency Hormonal Contraception	74
3. Stop Smoking	78
4. Supervised Consumption	80
5. Needle and Syringe Programme	83
6. Herefordshire CCG commissioned services	86

### Section 4:

1. Pharmacy Survey findings – Patient Voice	88
2. Looking to the Future	91

<b>Section 5: The Assessment . Conclusions – Summary of Gaps, Needs &amp; Improvements</b>	95
--	----

<b>Section 6: Consultation Report - Final PNA only</b>	100
--	-----

• Annex A – References	101
• Annex B – Glossary	102

### Appendices

• Appendix A – Community pharmacy Questionnaire	Separate Documents
• Appendix B – Dispensing Doctors Questionnaire	
• Appendix C – Non-NHS services	
• Appendix D – Pharmaceutical Needs Across the Lifecourse	
• Appendix E – Dispensing Doctor Opening Hours	
• Appendix F – Community pharmacy Top Line Report	
• Appendix G – Consultation Response Form	
• Appendix H – Consultation Feedback and Outcome	

# 1. Background

## 1.1 Why a Pharmaceutical Needs Assessment (PNA) is needed

### Overview

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013<sup>1</sup> (and amendments) set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA). Box 1 summarises the duties of a HWB in relation to PNAs
- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. Box 2 summarises the information which the PNA must contain and the matters which must be taken into account when making the assessment
- The PNA is subsequently used by NHS England to consider applications to open a new pharmacy or to move an existing pharmacy and when commissioning services. It may also act as a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. In this respect, the PNA will be used by NHS England, Herefordshire Council and NHS Herefordshire Clinical Commissioning Group in the development of commissioning strategies
- This document has been prepared by Herefordshire's HWB, in accordance with the Regulations. It replaces the PNA published in 2015.
- An Executive Summary should be read in conjunction with this PNA.

### Box 1 - Duties of the HWB

1. **Publish** its first PNA by 1 April 2015
2. **Maintain** the PNA, in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). A map of provision must be kept up to date. A new PNA must be published every 3 years.  
The HWB must make the PNA, and any supplementary statements, available to NHS England and neighbouring HWBs.
3. **Respond to consultations**, by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) for its area and have due regard to their representations

### Box 2 – Requirements for the PNA

The **matters** which the HWB must consider are:

- The demography and health needs of the population
- Whether or not there is reasonable choice in the area
- Different needs of different localities
- The needs of those who share a protected characteristic<sup>2</sup>
- The extent to which the need for pharmaceutical services are affected by:
  - Pharmaceutical services outside the area
  - Other NHS services

Schedule 1 of the Regulations<sup>1</sup> set out the **information** the PNA must include:

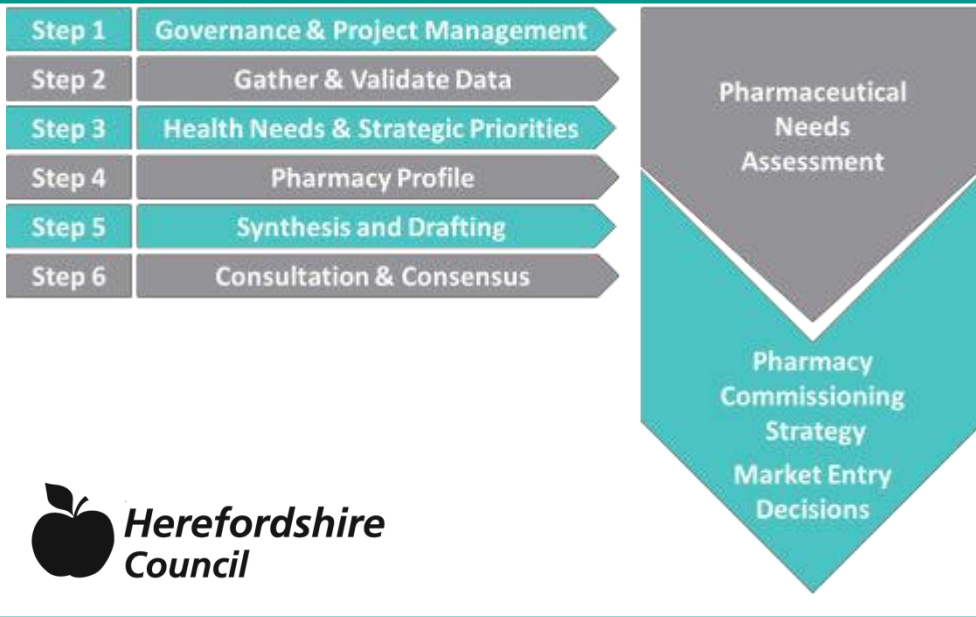
- A statement of the following:
  - Services which are considered to be **necessary** to meet a pharmaceutical need; and other **relevant** services which have secured improvements in, or better access to pharmaceutical services; making reference to current provision and any current or future gaps
  - How other services may impact upon pharmaceutical services
- A map identifying where pharmaceutical services are provided
- An explanation of how the assessment was carried out including:
  - How the localities were determined
  - How different needs of different localities, and the needs of those with protected characteristics<sup>2</sup>, have been taken into account
  - Whether further provision of pharmaceutical services would secure improvements, or better access (taking into account both pharmaceutical and other NHS services inside and outside of the area)
  - Likely future pharmaceutical needs
  - A report on the consultation

# 1. Background

## 1.2 Methodology

### Overview

- The Herefordshire PNA has been developed using a structured approach. The scope for the assessment is set out on the next page
- The diagram below provides a high level overview of the process adopted; and the table on the right hand side summarises the key activities which were carried out at each stage
- Throughout the process, the views of stakeholders were captured and used to inform the assessment and conclusions set out in our PNA
- The formal statutory consultation was then used to test and challenge our assessment and conclusions prior to producing the final PNA for approval by the HWB and publication
- The final PNA was approved by the HWB on the 15<sup>TH</sup> May 2018



	Activity
Step 1 Governance & Project management	<ul style="list-style-type: none"> <li>• A small Group was established to oversee the development of the PNA as a sub group to the Council JSNA Group to whom this work regularly reported.</li> <li>• Pharmaceutical advice was appointed to provide subject matter expertise and project management support</li> </ul>
Step 2 Gather and validate data	<ul style="list-style-type: none"> <li>• Information and data was requested from managers and commissioners within Herefordshire Council, NHS England and Herefordshire CCG</li> <li>• A questionnaire was designed and disseminated to community pharmacies to verify current service provision and to secure insights into other aspects of service delivery. A copy is attached in Appendix A</li> <li>• The data from the questionnaire was used to identify and address anomalies with the data supplied by service commissioners to produce an accurate dataset</li> </ul>
Step 3 Health Needs & strategic priorities	<ul style="list-style-type: none"> <li>• A desktop review of the JSNA and key strategies was undertaken</li> <li>• This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services</li> </ul>
Step 4 Pharmacy profile	<ul style="list-style-type: none"> <li>• The current profile of pharmaceutical services, was documented on a service by service basis.</li> <li>• This was supplemented with a benchmarking exercise using our CIPFA comparators (where data was available)</li> </ul>
Step 5 Synthesis & drafting	<ul style="list-style-type: none"> <li>• Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision</li> <li>• Pre-determined principles were used to underpin the decision making process</li> </ul>
Step 6 Formal consultation and consensus	<ul style="list-style-type: none"> <li>• A formal consultation was undertaken between 5 March 2018 &amp; midnight on 4 May 2018 in accordance with the Regulations</li> <li>• Comments were collated and presented to the Steering Group for discussion and decision</li> <li>• The consultation report is attached in Section 4</li> </ul>

# 1. Background

## 1.3 Scope

**Contractors included on the Pharmaceutical List for Herefordshire**  
 27 Pharmacies & 0 Dispensing Appliance Contractor 0 Local Pharmaceutical Service Contractors and 10 Dispensing Practices

Pharmacy Contractors <i>Community pharmacists; National contract</i> <b>27 pharmacies</b>	Dispensing Appliance Contractors <i>Provide appliances but not medicines</i> <b>0 DAC</b>	Local Pharmaceutical Services Contractors <i>Local contract, commissioned by NHSE</i> <b>0 pharmacy</b>	Dispensing Practices <b>10 dispensing practices</b>
<b>NHS England Core Essential and Commissioned Pharmaceutical Services</b>		<b>Other services commissioned from Pharmacies</b>	
<p><b>Community pharmacists provide:</b></p> <ul style="list-style-type: none"> <li>• <b>Essential Services</b> <ul style="list-style-type: none"> <li>○ Dispensing (includes electronic prescription services) and actions associated with dispensing</li> <li>○ Repeatable dispensing</li> <li>○ Disposal of unwanted medicines</li> <li>○ Promotion of healthy lifestyles:                             <ul style="list-style-type: none"> <li>▪ Prescription linked interventions</li> <li>▪ Public health campaigns</li> </ul> </li> <li>○ Signposting / Support for self-care</li> </ul> </li> <li>• <b>Advanced Services</b> <ul style="list-style-type: none"> <li>○ Medicines use reviews (MURs) and Prescription Intervention Service</li> <li>○ New Medicines Service (NMS)</li> <li>○ Appliance Use Reviews (AURs)</li> <li>○ Stoma Appliance Customisation Services (SACS)</li> <li>○ New Urgent Medicines Service Advanced Service (NUMSAS)</li> </ul> </li> <li>• <b>Enhanced Services</b> <ul style="list-style-type: none"> <li>○ NHS Pharmacy Flu Vaccination Service</li> <li>○ Bank Holiday Rota Service</li> </ul> </li> </ul>		<p><b>Services directly Commissioned by Public Health</b></p> <ul style="list-style-type: none"> <li>• Stop smoking Service including varenicline Patient Group Direction (PGD)</li> </ul> <p><b>Services commissioned by NHS Herefordshire CCG</b></p> <ul style="list-style-type: none"> <li>• Pharmacy First Minor Ailment Scheme</li> <li>• Patient Education Talks</li> <li>• Palliative care In hours stock holding of palliative care medicines</li> <li>• Palliative Care Out of Hours service for palliative care medicines</li> <li>• Pharmacy Intervention Scheme</li> <li>• Pharmaceutical Advice to Care Homes Scheme</li> <li>• On demand availability of specialist medicines including antivirals</li> </ul>	
		<b>Services commissioned by NHS Trusts of Foundation Trusts or other Services which affect the need for Pharmaceutical services</b>	
<p><b>Dispensing Appliance Contractors provide</b></p> <ul style="list-style-type: none"> <li>• <b>Essential Services</b> <ul style="list-style-type: none"> <li>○ Dispensing and actions associated with dispensing appliances</li> <li>○ Repeatable dispensing</li> <li>○ Electronic prescription services</li> <li>○ Home delivery for specified appliances</li> <li>○ Provision of supplementary items (e.g. disposable wipes)</li> </ul> </li> <li>• <b>Advanced Services</b> <ul style="list-style-type: none"> <li>○ Stoma Appliance Customisation Service (SACS)&amp; Appliance Use Reviews (AURs)</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>• Wye Valley NHS Trust provides acute services at Wye Valley NHS Trust, Hereford.</li> <li>• Wye Valley NHS Trust – this Trust provides community services at Leominster, Bromyard ,Ross On Wye Community Hospital, St Michael’s Hospice and other domiciliary services.</li> <li>• 2G Mental Health Trust provides a range of mental health services for adults &amp; children</li> <li>• Addaction provides Drug and Alcohol Services across Herefordshire – Supervised Consumption and Needle Exchange Pharmacy Service</li> <li>• Primecare provides the Out of hours service</li> <li>• Ish Sexual Health &amp; GUM Services – Emergency Contraception services</li> <li>• Social care commissioned supportive packages of care</li> <li>• Care Homes – nursing and non nursing</li> <li>• Patients supported in their own homes by various commissioned services involving medicines e.g. Domiciliary Care Agencies</li> <li>• Taurus GP Federation provide additional primary care week day and week end access to booked appointments across Herefordshire.</li> </ul>	

**Non-NHS services provided by community pharmacies (Appendix C) and in-house pharmacy services provided by all of the NHS Trusts providing Acute, Community and Mental Health Service are excluded since they do not fall within the Regulations and do not impact market entry decision.**

## 2. Local Context

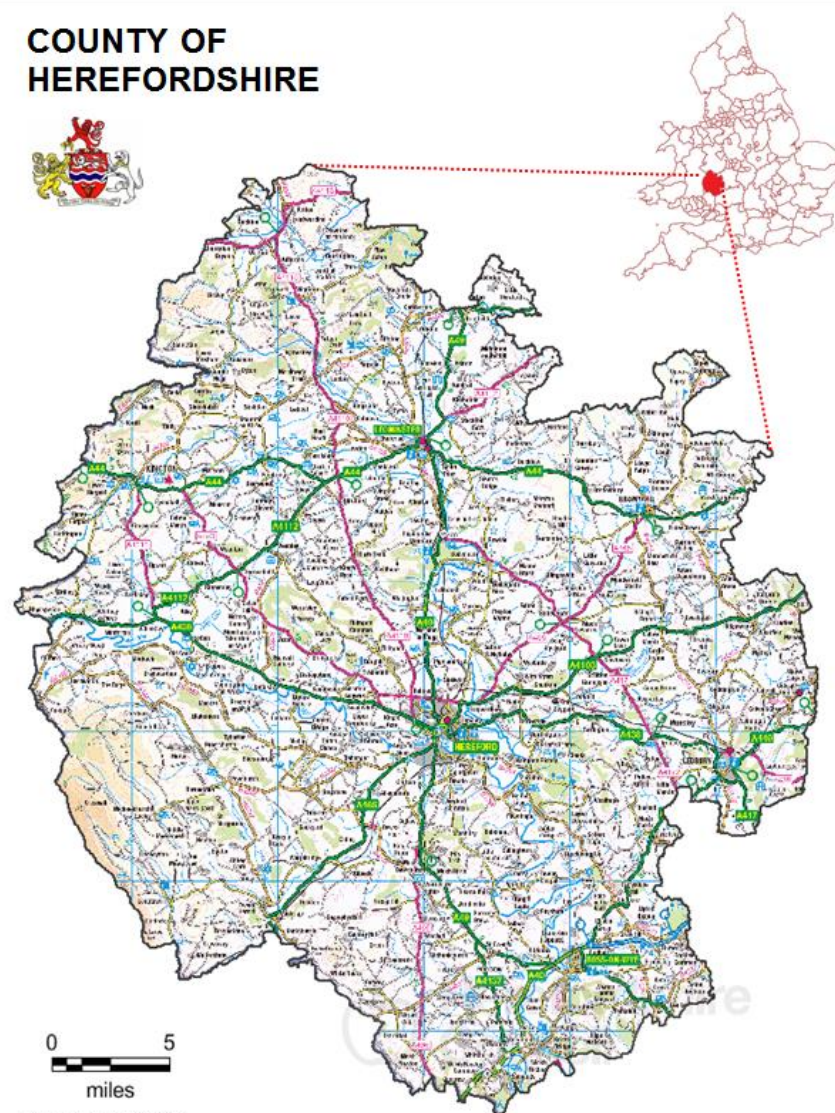
### 2.1 The Place

- The county of Herefordshire is located in the south-west of the West Midlands and is bordered by Shropshire to the north, Worcestershire to the east, Gloucestershire to the south-east, and Wales to the west.
- The county is predominantly rural, with the 4th lowest population density in England (0.85 persons per hectare) and the majority (95 %) of the county's land area is classified as rural according to Defra's 2011 rural/urban definition. The city of Hereford, located in the middle of the county, is the centre for most facilities; other principal locations are the five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington.
- Herefordshire has only four railway stations, while the road network is comprised mainly of rural 'C' or unclassified roads leading off single carriageway 'A' roads. The main road links, which all pass through Hereford, are the A49 trunk road (running from north to south), the A438 (east to west) and the A4103 towards Worcester.
- The mid-2016 estimate of the county's resident population is 189,300 people. The county has an older age structure than England & Wales as a whole, with 24 % of the population aged 65 years or above (44,800 people), compared to 18 % nationally.
- The total population of Herefordshire has grown by eight % between 2001 and 2016, which is less than the 12 % growth in the population of England and Wales overall. This growth has been entirely due to net in-migration (largely immigration).

#### CIPFA Statistically Comparable Authorities (listed) by decreasing similarity

1. Shropshire	6. Cheshire West and Chester
2. Cheshire East	7. North Somerset
3. Bath and North East Somerset	8. East Riding of Yorkshire
4. Wiltshire	9. Central Bedfordshire
5. Rutland	10. Cornwall

### COUNTY OF HEREFORDSHIRE

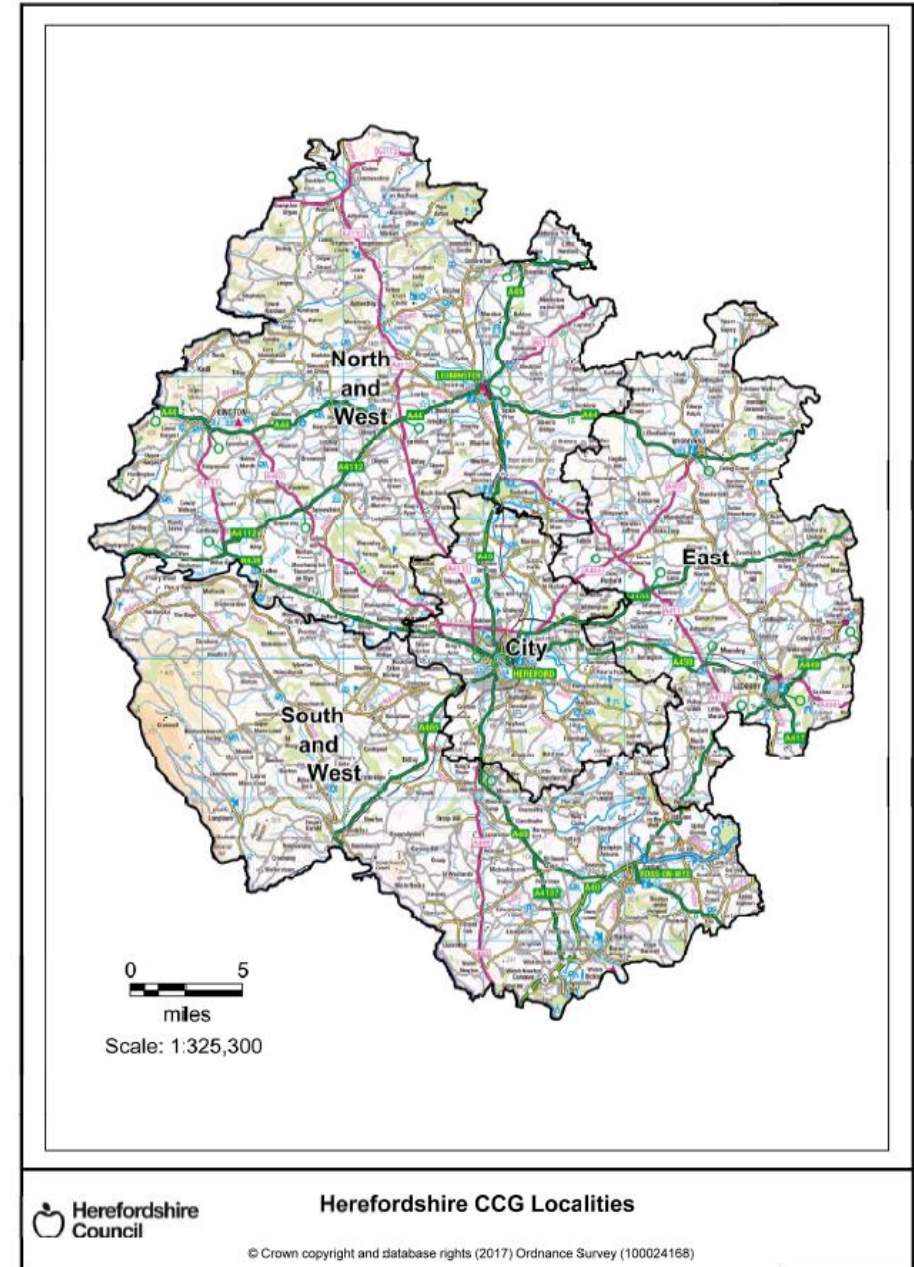


## 2. Local Context

### 2.1 The Place (cont...)

#### Localities

- The PNA regulations suggest that the HWB divides its area into localities which are then used as a basis for structuring the assessment.
- Although, Herefordshire currently has 27 community pharmacies and 10 dispensing practices, where it has been thought helpful, locality based information is described.
- The PNA has noted the intentions of locality based working of GP practices for discrete population across the County.
- Therefore for the purpose of our PNA, we have examined the CCG locality model which divides the county into four designated localities based on GP practices around the county: City, North and West, East and South and West. The rationale for adopting this structure may be summarised as follows:
- The locality structure is consistent with that used by Herefordshire CCG for the planning of the delivery of primary care services, while the CCG localities also nest with corporate localities employed by Herefordshire Council for the planning of a wide range of services.
- The structure reflects the resident population of Herefordshire as opposed to the GP registered populations which show considerable variation between practices.
- The localities are characterised by trends towards similar demographics.
- The structure facilitates us to better assess the impact of projected population changes including those which may arise as a result of significant housing and commercial developments within Herefordshire.

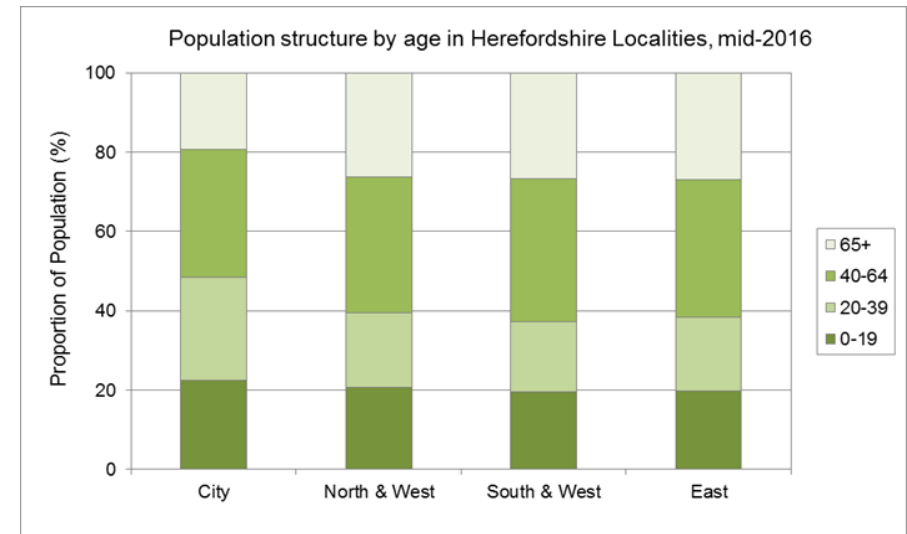
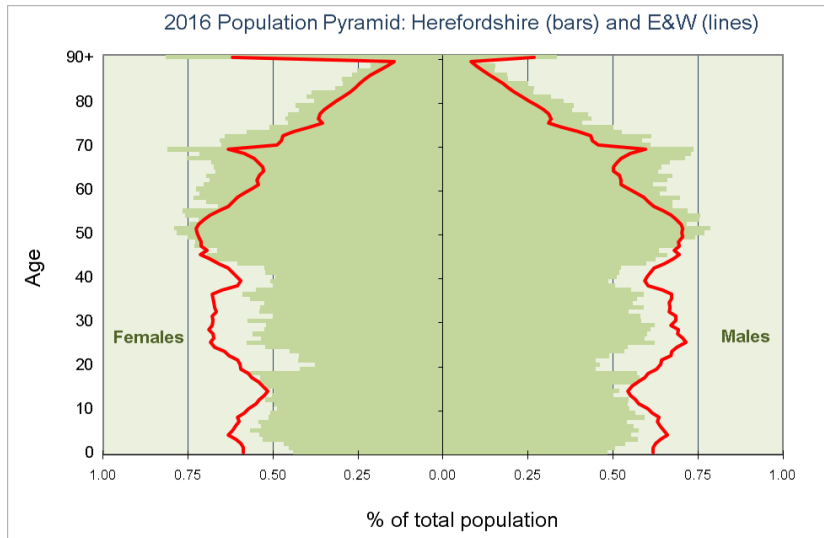


## 2. Local Context

### 2.2 Demography

#### Population & Age Distribution

- Herefordshire has a resident population 189,309 (ONS mid year estimates, 2016).
- Since 2001 the Herefordshire population increased by 7.7% compared to population growth of 11% observed in England and Wales.
- The population pyramid (below) demonstrates:
  - A gender split of males 49% to females 51%.
  - Approximately 23% of the population is aged 65+.
- The age distribution graph (right) shows how age varies between the localities:
  - In the City locality there is a higher proportion of individuals aged under 40 and a considerably lower proportion of people aged 65+ compared to elsewhere.
  - The population age profiles are broadly similar in the North and West, South and West and East localities where a particular feature is the higher proportion of those aged 65+ compared to the City.



#### What this means for the PNA

- The age of a person has an impact upon how and when they may need to use pharmaceutical services. This is summarised in Appendix D – “*Pharmaceutical Needs Across the Lifecourse*”.
- A survey of the population in England<sup>3</sup> showed that the people more likely to visit a pharmacy once a month or more are: older people, children, women aged 55+ and those with a long-term condition. Conversely men, younger adults and people in employment are less likely to visit a pharmacy.
- As Herefordshire has a proportionally large older population, it is important that services are responsive to, and meet the needs of, the over 65s.
- However, in relation to younger cohorts it is important that pharmacies also maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions.
- Similarly, population growth has implications for future demand on all services, including pharmacy services. Our assessment will consider the capacity of the existing pharmacy network to meet this demand.



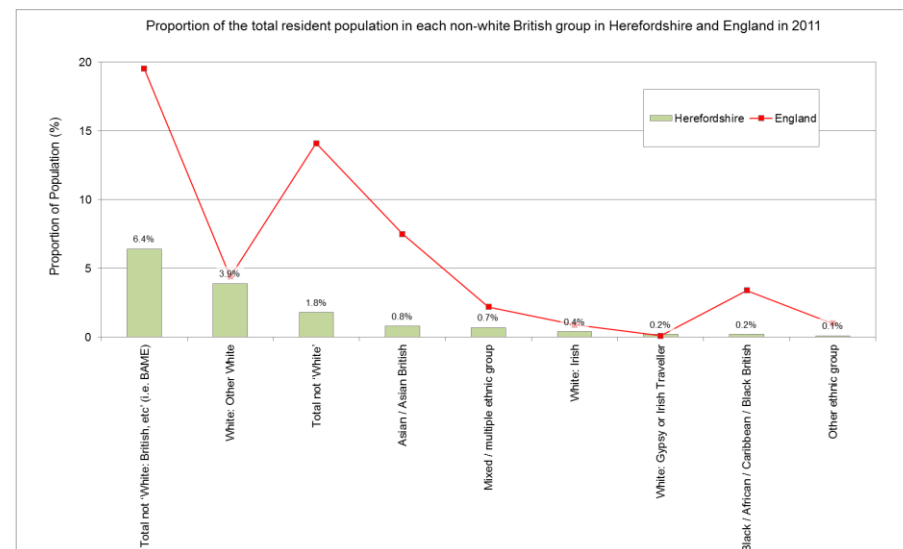
## 2. Local Context

### 2.2 Demography (cont...)

#### Ethnicity

- According to the 2011 census the majority of Herefordshire's population is white (Scottish, Welsh, Northern Irish, English) representing 94% of the population compared to a figure of 81% for England as a whole.
- Black, Asian and Minority Ethnic groups (BAME) represents 6.4% of the local population, a figure which has increased from 2.5% in 2001, although the local figure remains appreciably lower than that reported nationally of 19.5%.
- The BAME population of Herefordshire has a younger age profile than the county's population as a whole with 77% being under 45 years old, compared to 50% of the total population.
- Approximately 12,000 of the local resident population were born abroad, 53% of whom arrived after the expansion of the EU in 2004 compared to the national figure of 40% %, which highlights the impact that recent migration has had locally in Herefordshire.
- Polish is the most common language in the county after English being the first or preferred language of 2,900 residents (1.6% of people aged 3+). Other main languages across the county include south and east Asian languages (almost 700 residents), Lithuanian (550), Slovak, Portuguese, Hungarian (each just under 300), Russian (200) and other European languages (1,100).

Language	No. Pharmacies	Percentage	Other languages spoken (<3% pharmacies)
Polish	7	26%	No others reported
Lithuanian	1	3%	
French & Italian	1	3%	
Urdu/ Pathu	1	3%	
Romanian	1	3%	
Slovak	0	0%	
Portuguese	0	0%	
Hungarian	0	0%	
Russian	0	0%	



#### What this means for the PNA

- There is a correlation between health inequalities and the levels of diversity within the population. For example, BAME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease.
- It is essential that pharmaceutical services meet the specific needs of all communities in Herefordshire as well as providing a broad and appropriate range of services to the general population.
- The diversity of spoken languages potentially presents a challenge for the effective communication of medication related information; and health promotion and lifestyle advice.
- A number of staff within our pharmacies speak languages other than English, and there is reasonable alignment with the most common languages spoken in Herefordshire.
- Where possible we will take opportunities to signpost patients to pharmacies where their first language is spoken with a view to improving access to pharmaceutical and health promotion advice.

## 2. Local Context

### 2.2 Demography (cont...)

#### Deprivation

- Herefordshire is generally a prosperous county, although significant levels of deprivation exist in some areas with a considerable gap evident between the richest and the poorest in the county.
- Herefordshire is ranked 115th out of the 152 upper tier local authorities in England with respect to deprivation (1 = most deprived).
- Between 2010 and 2015 there was evidence of an increase in the overall levels of deprivation in Herefordshire, although these changes were minor and considerable variation is evident across the county.
- In 2015 12 of the 116 Herefordshire LSOAs were amongst the 25% most deprived nationally in terms of multiple deprivation out of a total of 116 in the county – in 2010 the figure was 8.
- The most deprived areas of the county are located in the south of Hereford city where 'Golden Post - Newton Farm' remains the County's most deprived LSOA and is the only area of the county to be in the 10% most deprived in England. Areas of relatively high deprivation are also evident in Leominster.

#### Life Expectancy

- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality
- For those born in Herefordshire in 2012-14 the average life expectancy is 80.7 years for males, while for females the 2012-14 value of 84.2 years; both figures have risen steadily since 1991-93 and are higher than the national figures.
- Individuals born in the most deprived areas of Herefordshire have a shorter (4-5 years) life expectancy than those living in the least deprived areas.
- In 2015 the Age Standardised Mortality Rate (ASMR) for Herefordshire was 968 per 100,000 population which is broadly in line with national and regional figures.

#### Religion

- Christianity is the largest religion in Herefordshire, although numbers have fallen since 2001 from 79 % of the population to 68%.
- Unlike nationally, where Muslims are the second largest group, Buddhists are the second largest religious group in the county (0.3 %; 560 people).
- Since 2001 the number of Muslims and Hindus have more than doubled to 360 and 230 residents respectively.
- Since 2001 the proportion of the population reporting they have no religion has increased from 13 to 23 %.

#### What this means for the PNA

- There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities
- Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitating the self- management of those with long term conditions
- The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs
- With respect to religion, pharmaceutical services need to ensure that advice on medicines and medicines-related issues are tailored to meet the needs of specific religious beliefs. For example, residents may seek advice on:
  - Whether or not a particular medicinal product includes ingredients which are derived from animals
  - Taking medicines during periods of fasting e.g. Ramadan

## 2.3 Health Needs

### 2.3.1 Lifestyle

#### Overview

- Lifestyle has a significant impact upon the health and outcomes of an individual
- In Herefordshire, the lifestyle factors and behaviours which are a cause for concern include:

#### Smoking

- Smoking prevalence in Herefordshire has shown a decline in recent years and in 2016 the local figure was 14% compared to 20% in 2010; in 2015/16 there were an estimated 27,000 smokers aged 15 and above across Herefordshire.
- Among the Herefordshire population males are a third more likely to smoke than females.
- Relatively low levels of smoking prevalence occur in rural and semirural areas with higher levels recorded in Hereford and market towns.
- Prevalence of smoking in adults in routine and manual occupations in Herefordshire is significantly higher than that recorded for the adult population as a whole.
- In line with the national pattern the prevalence of smoking in pregnancy in Herefordshire has fallen almost by a half since 2006/07 and since 2014/15 has been below the “national ambition” of 11%.
- In 2014/15 almost 6% of 15 year olds in Herefordshire reported that they smoked cigarettes which was lower than the figures of 8.2% and 7.0% across England as a whole and the West Midlands respectively.
- The local smoking attributable mortality rate has shown a general decrease, falling from 265 per 100,000 population to 235 per 100,000 between 2007 and 2015 and has been consistently lower than the national and regional rates.
- In 2013-15 lung cancer was the underlying cause of 29% of smoking related deaths in Herefordshire, while chronic obstructive pulmonary disease (31%), heart disease (12%) and stroke (3.6%) were also important.

#### Poor diet

- In 2015/16 the proportion of mothers in Herefordshire who breastfed their babies for at least six to eight weeks after birth was 52.3%, a figure significantly higher than that reported for England (43.2%).
- Across Herefordshire GP practices the adult obesity prevalence is 9.3% compared to a national figure of 9.0%.
- There is a correlation between fast food and obesity. There are 103 fast food outlets across Herefordshire, which corresponds to 55 outlets per 100,000 population compared to the national rate of 88 per 100,000.
- An appreciable number of local fast food outlets are located within areas of higher deprivation which also correlate to higher levels of obesity.
- In 2014/15 8% of reception year children and 18% of year 6 children were obese.

#### Physical inactivity

- Between 2012 and 2014 the level of activity increased across Herefordshire from 56.9% to 61.3%, while the level of inactivity fell from 29.2% to 22.7%.
- Compared to comparator counties and unitary authorities the level of inactivity in Herefordshire is less than the average for the group, while activity levels are higher than average.

#### Alcohol misuse

- Excessive and binge drinking poses significant health and social risks. Nationally 1 in 4 adults are binge drinkers and middle class drinkers are more likely to indulge in "heavy" drinking
- Over the period 2001 to 2014 26% of adults in Herefordshire exceeded the guideline limits for alcohol consumption and consumed more than 14 units per week, a figure similar to that recorded both for nationally and regionally.
- In Herefordshire 73% of 15 year olds have consumed alcohol, with 8% classed as regular drinkers.
- In 2014/15 there were over 3,000 alcohol related hospital admissions in Herefordshire, a figure significantly lower than those reported for England and the West Midlands.
- In 2015 the local alcohol related mortality rate of 46 per 100,000 was broadly similar to both the national and regional figure

## 2.3 Health Needs

### 2.3.1 Lifestyle (cont...)

#### Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health and unplanned pregnancy
- There is a strong correlation between alcohol and poor sexual health outcomes
- In 2015 there were 929 new cases of sexually transmitted infections (STIs) diagnosed in Herefordshire which corresponds to a rate of 453 per 100,000, a figure significantly lower than both the national and regional rates as was ranked 128 out of 150 local authorities.
- In 2015 the crude teenage pregnancy rate in Herefordshire was 14.3 per 1,000 which was significantly lower than both the national and regional figures.
- The 2015 local abortion rate of 13.4 per 1,000 population was significantly lower than the national rate; almost half of all local abortions were to women in their 20s.
- Between 2011 and 2015 the number of diagnosed HIV cases in Herefordshire rose from 56 to 79, which corresponds to an increase in the prevalence rate from 0.55 to 0.77 per 1,000 population; in 2015 the local HIV diagnosis rate was ranked 10th highest out of 14 local authorities in the West Midlands.

In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases. ***The implications for the PNA are set out on pages 24 onwards***

## 2.3 Health Needs

### 2.3.1 Health Consequences of Lifestyle Choices

#### Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is the most common cause of death in Herefordshire. The table on the right summarises mortality rates (2014-16).
- It is estimated that 80% of cases of CVD are preventable through modification of lifestyle and the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant therapy, anti-diabetic medication etc)

#### Diabetes

- The incidence of diabetes in Herefordshire is 6.6% (2015/16) compared with 6.5% in England and 7.5% in the West Midlands.
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
  - Deprivation: those living in the most deprived areas have a higher risk
  - Ethnicity: the risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times greater than for White people. There is a greater risk of long-term complications in these groups

#### Cancer

- The table on the right summarises cancer mortality rates
- Four lifestyle factors: tobacco, diet, alcohol and obesity account for one third of all cancers.

#### Chronic Respiratory Disease

- The table summarises mortality rates associated respiratory disease
- Overall both total and preventable mortality rates in Herefordshire are lower (better) than the national and regional figures .
- In Herefordshire, the mortality rate for COPD for which smoking is the main cause, was 44.4 per 100,000, a figure statistically lower than those reported nationally and regionally (50.2 and 50.9 respectively)

#### Hospital admissions

- The table on the right summarises the impact of smoking on hospital admissions

#### Under 75 mortality rates from cardiovascular disease per 100,000 population

2014-16 data	Men	Women	Total
<b>All Deaths</b> (Herefordshire) (West Midlands; England)	<b>87.2</b> (109.3; 102.7)	<b>40.0</b> (48.0; 45.8)	<b>63.0</b> (78.0; 73.5)
<b>Preventable*</b> – (Herefordshire) (West Midlands; England)	<b>62.1</b> (75.6; 70.4)	<b>21.4</b> (24.8; 24.3)	<b>41.2</b> (49; 46.7)

#### Under 75 mortality rates from cancer per 100,000 population

2014-16 data	Men	Women	Total
<b>All Deaths</b> (Herefordshire) (West Midlands; England)	<b>131.4</b> (158.8; 152.1)	<b>113.1</b> (126.0; 122.6)	<b>121.9</b> (141.9; 136.8)
<b>Preventable*</b> – (Herefordshire) (West Midlands; England)	<b>63.7</b> (90.1; 85.9)	<b>65.2</b> (74.2; 73.4)	<b>64.4</b> (81.9; 79.4)

#### Under 75 mortality rates from respiratory disease per 100,000 population

2014-16 data	Men	Women	Total
<b>All Deaths</b> (Herefordshire) (West Midlands; England)	<b>37.7</b> (41.6; 39.2)	<b>23.2</b> (29.6; 28.7)	<b>30.3</b> (35.4; 33.8)
<b>Preventable*</b> – (Herefordshire) (West Midlands; England)	<b>23.5</b> (21.8; 20.8)	<b>12.1</b> (16.6; 16.5)	<b>17.7</b> (19.1; 18.6)
<b>COPD (all age - 2014)</b> (Herefordshire) (West Midlands; England)	-	-	<b>44.4</b> (50.9; 50.2)

#### Smoking Related Hospital Admissions per 100,000 population (2015-16)

<b>No. of Admissions</b> (Herefordshire) (West Midlands; England)	<b>1,567</b> (1,741; 1,726)
--	--------------------------------

Source: Public Health Outcomes Framework; Tobacco Control Profiles

\* Preventable deaths are those which could be avoided through public health interventions

## 2.3 Health Needs

### 2.3.2 Health Consequences of Lifestyle Choices (cont...)

#### Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as “*the use of a substance for a purpose not consistent with legal or medical guidelines*”. It may also be defined as “*a pattern of substance use that increases the risk of harmful consequences for the user*”
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences

#### A. Drug Misuse

- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV, which may cause chronic poor health and can lead to serious disease and premature death
- In 2011/12 there were 391 adult (aged 15 to 64) intravenous drug users in Herefordshire, which represents a rate of 3.40 per 1,000, a figure higher than recorded both nationally (2.49 per 1,000) and regionally (2.53 per 1,000)
- In 2014-16 there were 22 deaths related to drug misuse in Herefordshire which corresponds to a age standardised rate of 4.2 per 100,000 which was similar to those for England and the West Midlands (4.2 and 4.3 per 100,000 respectively)
- Between 2013/14 and 2015/16 there were 51 hospital admissions due to substance misuse (excluding alcohol) which corresponds to a local rate of 84.5 per 100,000 compared to the national figure of 95.4 per 100,000 and that for the West Midlands of 79.4 per 100,000

#### B. Alcohol misuse

- Drinking more than the recommended daily allowance, and particularly binge drinking (defined as at least twice the daily recommended amount of alcohol in a single drinking session i.e. 8+ units for men and 6+ units for women), has health consequences which include:

- **Liver disease:** During the period 2014-16 there were 59 deaths from liver disease in Herefordshire which corresponds to a directly standardised rate of 9.6 per 100,000 compared to the rates for England and the West Midlands of 12.0 and 14.1 per 100,000 respectively
- **Alcohol related deaths:** In 2016 there were a total of 96 alcohol related deaths at a standardised rate of 45.8 per 100,000; the national and regional rates were 46.0 and 50.1 per 100,000 respectively.
- In 2015/16 there were 1,137 alcohol related hospital admissions in Herefordshire which corresponds to a local standardised rate of 575 per 100,000 compared to the national figure of 647 per 100,000 and that for the West Midlands of 728 per 100,000

#### Sexual Health

- Sexually transmitted infections (STIs) and HIV can cause a range of illnesses which may lead to premature death
- In 2016 the local rate of new diagnoses of STI (excluding chlamydia) in those aged under 25 years) was 519 per 100,000 population compared with 795 for England and 686 for the West Midlands
- Locally the rate of chlamydia diagnosis rate in 2016 in those aged 15-24 years was 1,269 per 100,000 compared with 1,882 per 100,000 for England and 1,714 per 100,000 for the West Midlands
- In 2016 the local gonorrhoea diagnosis rate was 18.1 per 100,000 compared to 64.9 per 100,000 nationally and 58.7 per 100,000 regionally
- In 2014-16 42.3% of HIV was diagnosed at late stage in Herefordshire in those aged 15+; similar figure were reported for both England (40.1%) and the West Midlands (44.1%)
- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future:
  - In 2016, the total number of abortions in Herefordshire was 366 at a rate of 12.2 per 1,000 females compared to abortion rates for England and the West Midlands of 16.7 and 18.2 respectively
  - Teenage pregnancy often leads to poor health and social outcomes for mother and baby. In 2015, the under 18s birth rate (per 1,000) in Herefordshire was 14.3 and was lower than the figures for England (20.8) and the West Midlands (23.7)

## 2.3 Health Needs

### 2.3.3 Other Considerations

#### Mental Health

- At least one in four people will experience a mental health problem at some point in their life; and one in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Herefordshire:
  - In 2015/16 the recorded prevalence severe mental illness was 0.89% compared with 0.90% for England and 0.91% for the West Midlands
  - Between 2014-2016 the three year average age standardised suicide rate was 11.0 per 100,00 compared with an England average of 9.9 per 100,000 and a figure of 10.0 per 100,000 for the West Midlands
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc.
- Adherence is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

#### Older People

- The frequency of ill health rises with increasing age and people aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions. Older people are particularly vulnerable to:
  - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities
  - **Dementia:** In 2017 the local recorded dementia prevalence among those aged 65 and over is 3.81% which is lower than that reported regionally (4.13%) or nationally (4.29%).
  - **Cardiovascular disease:** in 2013-15 the mortality rate from cardiovascular disease among those aged 65 and over in Herefordshire was 1,317 per 100,000 compared to national and regional figures of 1,192 and 1,206 per 100,000 respectively.
  - **Falls:** It is estimated that in 2017, 12,174 people over the age of 65 will experience a fall in Herefordshire.
  - In 2015/16 there were 244 hip fractures in people aged 65 and over which corresponds to a standardised rate of 551 per 100,000; the national rate was 589 per 100,000

#### Care Homes

- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals
- In 2014/15 0.35% of patients registered with Herefordshire GP practices were nursing home patients compared to 0.22% in the West Midlands and 0.48% across England as a whole.
- As care is provided by generalists supported by specialists, it is recognised that specialism is required to meet the needs of the individual residents and the care homes.
- Recommendations from the NICE “*Managing Medicines in Care Homes (SC1)*” that directly relate to pharmacy involvement include:
  - The ongoing supply and demand of medicines prescribed to patients.
  - Advice/support for patients’ care plans; and to staff with regards to identifying & managing adverse effects due to medicines
  - Support the disposal of medicines from care homes
  - Support delivery of the local anticipatory medicines pathways
  - Advice/support to staff on the medication administration records for patients
  - Provide a key contact for queries, around medicines, for resident/family members when the patient is temporarily away from care home
- Adopting a proactive approach to managing medicines in care homes is likely to make a contribution towards reducing unplanned admissions to hospital.
- At the time of writing Hereford Council are developing an “Older Persons Strategy” which will contribute to understanding how pharmaceutical services can assist with safe and effective medicines use in older people.
- Secondly, also at the time of writing NHS England have launched one of the initiatives under the national “Pharmacy Integration Fund” in which nationally CCGs are able to bid towards increased medicines support for care homes residents but which must be fully integrated into community pharmacy.

## 2.3 Health Needs

### 2.3.3 Other Considerations

#### Disability

- In the UK approximately 15% of the population may be defined as disabled; applied to Herefordshire's population this translates as around 28,400 people.
- In 2012 it was estimated that in Herefordshire there were 13,700 adults with a serious or moderate disability which correspond to a local prevalence of 12.2% compared to 11.1% nationally.
- In 2015/16 there were almost 4,000 adult hospital admissions in Herefordshire which had a mention of a neurological condition.
- In 2009/10 there were 955 adults in Herefordshire who were deaf or hard of hearing.
- In 2014 across the county there were 805 adults registered as blind and 430 as partially sighted.
- In 2015/16 there were 976 Herefordshire adult recorded on their GP's Learning Disabilities Register which represents a prevalence of 0.60%, while the figures for England and the West Midlands were 0.50 and 0.54% respectively.
- In March 2017 718 patients across Herefordshire were recorded as having Autism Spectrum Disorder (ASD) which represents a prevalence of 0.39%.
- Locally, between 2015 and 2016, the total number of pupils with Statement of Special Educational Needs or an Education, Health and Care Plan increased from 571 to 591.

#### Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including:
  - Children aged under 6 months
  - Older people
  - Pregnant women
  - Those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression
- Seasonal influenza vaccine is recommended for people falling into these clinical groups
- The Department of Health has set a long-term ambition of a minimum 75% vaccination uptake in most eligible groups for whom flu vaccination provides direct protection; both the over 65 years and those aged under 65 fall into this category.
- In Herefordshire, seasonal influenza vaccination uptake in 2016/17 was:
  - For the over 65s, the vaccination rate was 70.2% which was similar to both the national and regional rates of 70.5% and 70.1% respectively.
  - 52.7% of those aged 6 months to 64, in 'at risk' groups were vaccinated; This is higher than the rates for England and the West Midlands (48.6% and 49.5%)

#### Pneumococcal Immunisation

- People within the following groups, who are at risk of complications arising as a result of a pneumococcal infection, are eligible for pneumococcal vaccination:
  - All children under the age of two
  - Adults aged 65 or over
  - Children and adults with certain long-term health conditions, such as a serious heart or kidney condition
- In 2015/16:
  - 69.5% of the eligible population (aged 65+) received pneumococcal (PPV) Vaccination which is in line with previous years and was similar to both the national figure of 70.1% and the regional figure of 69.1%.; this was less than the previous year's coverage and below the England rate (69.1%).
  - Conversely, the percentage of eligible children who received the complete course of pneumococcal (PCV) vaccine by their 1st birthday was 97.2% compared to 93.5% and 94.2% for England and the West Midlands respectively.



## 2.3 Health Needs

### 2.3.3 Other Considerations

#### Childhood immunisation

- A priority is to achieve ‘herd’ immunity against infectious diseases (i.e. 95% of the eligible population immunised against the disease)
- Herefordshire is not meeting the national vaccination targets for HPV childhood immunisations; and performs below the regional and/or national levels in the following areas:

#### Measles, Mumps & Rubella (MMR) uptake

Locally the uptake Mumps, Measles and Rubella (MMR) first and second doses have increased since 2010/11 and in 2015/16 uptake rates exceeded the target of 95% for the first time and were higher than both the national and regional figures.

- In Herefordshire single dose uptake by the age of 2 was 96.5% compared to 91.9% and 93.1 across England and the West Midlands respectively.
- Locally 94.6% of eligible children received two doses of MMR on or after their 1st birthday and anytime up until their 5th birthday compared to 88.2% in England and 89.1% in the West Midlands.

#### Haemophilus Influenzae Type b (Hib) / Meningococcal C (MenC)

- In 2015/16 the local the uptake for Haemophilus Influenza type B/Meningitis (Hib/MenC) at 2 years was 96.7% which was higher than that for England as a whole (91.6%).
- Similarly, the local uptake of 96.2% at 5 years was higher than the national figure of 92.6%.

#### Human Papillomavirus (HPV)

- In 2013/14 the local proportion of girls aged 12 -13 years in Herefordshire who had received all 3 doses of the HPV vaccine was 85.1% compared to 86.7% across England.

#### Healthy Start Vitamin Programme.

- UK Health Departments recommend that all babies aged from six months onwards should be given a supplement that contains vitamins A, C and D, such as Healthy Start vitamin drops, unless they are drinking **500ml** (about a pint) of **infant formula** a day (**infant formula** has vitamins added to it).
- [Healthy Start » Vitamins in England](#)

In the next section, we show how healthcare strategy (nationally and locally) sets out to tackle the lifestyle behaviours and health needs outlined in the preceding pages.

*The implications for the PNA are set out on pages 24*

## 2.4 Health Services Strategy

### 2.4.1 National Strategy

#### Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
  - **Public Health England** (PHE) is the national body responsible for improving and protecting the nation's health. PHE undertake and inform health protection, health improvement and health and social care commissioning. Locally, Directors of Public Health are responsible to the Secretary of State for Health for advising local authorities on the best ways to improve the health of the population
  - **Local Authorities** (LAs) which have responsibility for public health and improving the health of the population
  - **Health and Wellbeing Boards** (HWBs) which must be established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch
  - **NHS England** (NHSE) is the national body responsible for commissioning 'primary care services' from GPs, pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services
  - **Clinical Commissioning Groups** (CCGs) commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, in this section we set out high level strategic priorities together with the implications for the PNA
- It should be noted that much national strategy continues to evolve. Our assessment reflects emerging themes and priorities at the time the PNA was written

#### NHS England

- NHS England's ambition, to ensure "high quality health care for all, now and in the future", is set out within "*Everyone Counts: Planning for Patients 2014/15 to 2018/19*". The document describes a five-year transformation programme. A nationwide consultation exercise, "*A Call to Action*", has been undertaken in order to secure commitment to the above transformation programme
- Some of the key changes relevant to pharmaceutical services include:
  - Providing a broader range of services, from the wider primary care providers (including pharmacy), in order to improve access and support for patients with a moderate mental health or physical long term condition
  - A more integrated system of community-based care focused on improving health outcomes which include:
    - Developing new models of primary care which provide holistic services, particularly for frail older people & those with complex needs
    - A greater focus on preventing ill health
    - Involving patients and carers more fully in managing their health
    - The establishment of urgent and emergency care networks to improve access to the highest quality services in the most appropriate setting
    - A move towards providing responsive and patient-centred services seven days a week. Initially the focus will be on urgent and emergency care with pilots to improve access to GP services in the evenings and at weekends

#### Five Year Forward View 2014

- There is an emerging consensus on what needs to be done within the NHS and with partner organisations:
  - The most important action relates to prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol and other major health risks
    - Patients and their carers need to be given far more control in managing their own care
    - Barriers preventing effective service integration need to be broken down
- Care needs to be organised around the individuals with multiple health conditions and not based on single disease pathways

## 2.4 Health Services Strategy

### 2.4.1 National Strategy

STP originally stood for sustainability and transformation plan. These are 44 areas covering all of England, where local NHS organisations and councils have drawn up proposals to improve health and care in the areas they serve.

STP can also stand for 'sustainability and transformation partnership', plans drawn up in each of these areas setting out practical ways to improve NHS services and population health in every part of England. They aim to help meet a 'triple challenge' set out in the [NHS Five Year Forward View](#) – better health, transformed quality of care delivery, and sustainable finances.

The STP across Herefordshire and Worcestershire has a number of work streams which are looking at different aspects of health.

#### Priorities include:

- putting prevention and self-care at the heart of what we do,
- strengthening and sustaining our GP services,
- developing our 'out of hospital' offer,
- providing safe and sustainable specialist services such as cancer and maternity, and
- ensuring that people can access the right urgent and emergency care services, without delays when needed.

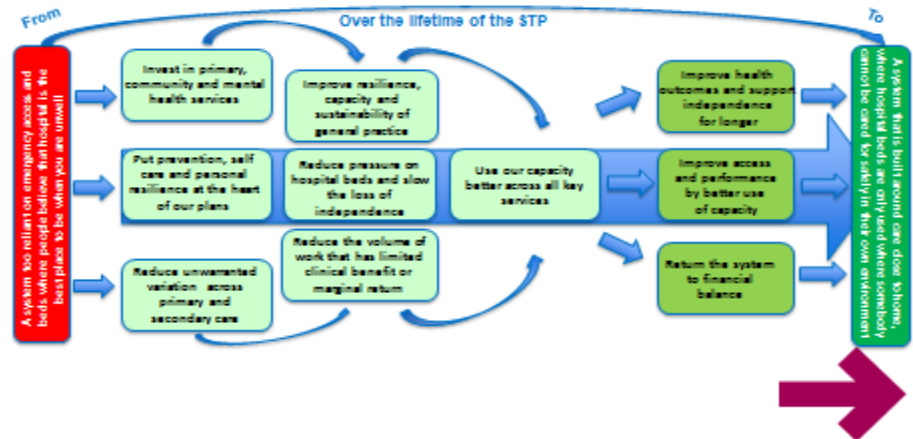
We also need to have the right systems and workforce to enable the changes we will need to make.

#### Pharmaceutical services can help with implementation:

- Pharmacy based intervention scheme to optimise prescribing
- ONPOS system – an off prescription system for supplying dressings and optimal wound care management products
- Medication reviews in care homes by pharmacists
- Increasing MUR/NMS services
- Secondary care to primary care discharge – improved communications
- Reviewing urgent medication request service
- Optimal use of IT to ensure maximum efficiencies in professional, pharmacist and patient time.

## STP Vision and programme

*"Local people will live well in a supportive community with joined up care underpinned by specialist expertise and delivered in the best place by the most appropriate people"*



### A medicines optimisation work stream is working in the following areas:

- Improving medicines optimisation performance in line or better than national and regional outcomes
- Reduced variation in prescribing spend and medicines optimisation outcomes between practices and CCGs
- Service redesign across STP for community service type medicines that do not need to be prescribed in primary care by GPs
- Increased reporting of medication reviews and medicines interventions across multiple care settings to improve medicines optimisation and patient outcomes
- An enhanced role for community pharmacies supporting preventative interventions through local and national schemes
- Enhancing skill mix to optimise medicines use across all pathways
- Improving reported patient outcomes and patient equity to demonstrate effective medicine use and medicines systems maximising use of technology to expand capacity
- Review equity of access for patients to pharmaceutical services

## 2.4 Health Services Strategy

### 2.4.2 Local Strategies Health and Wellbeing Strategy

#### Herefordshire Health and Wellbeing Strategy – 5 year strategy

### Our vision – what we want for the future

“Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.”

The population of Herefordshire is living longer but we could make even more improvements in health and wellbeing if we promote healthier lifestyles and organise our care differently. Members of the Health and Wellbeing Board understand they need the commitment and contribution of many organisations and groups, including the public, to make these changes in order to create better outcomes for everyone.

The Health and Social Care Act 2012 sets out proposals for significant changes to the way health and social care services are organised and delivered in England. The Act calls for local authorities to establish a Health and Wellbeing Board which is required to identify health and wellbeing priorities for the county and ways to address them.

The strategy will provide direction for decision makers across health, social care and the wider partnerships to determine the commissioning and provision of high quality services to improve the health and wellbeing of Herefordshire’s population. The 5 year strategy seeks to achieve changes in the overall health and wellbeing of the population through an incremental transformational approach with safeguarding embedded as a cross cutting theme.

To achieve this we need to:

- Keep people well (prevention)
- Get people better (treatment or secondary prevention)
- Help people cope (care or tertiary prevention).

Priorities have been agreed as displayed in the diagram and further ways in which pharmacy based services can help are discussed overleaf.

## Our agreed priorities

### 1 - Mental health and wellbeing

and the development of resilience in children, young people and adults

### 2 - For children

starting well with pregnancy, maternal health, smoking in pregnancy, 0-5 immunisations, breastfeeding, dental health, pre-school checks, children with disabilities, young offenders, young people not in education, employment or training, looked after children

### 3 - For older people

quality of life, social isolation, fuel poverty

### 4 - Impact of housing

fuel poverty and poverty and the impact on health and wellbeing

### 5 - For adults

long term conditions, lifestyles (alcohol, weight, active lifestyles, smoking prevention, mental health)

### 6 - Special consideration

reducing health inequalities - people with learning disabilities, carers, returning veterans and armed forces families, the homeless, non English speaking communities, women - domestic abuse and sexual violence, families with multiple needs, those living in poverty, travelers

### 7 - Hidden issues

alcohol abuse in older men and women and young mothers

### These priorities are underpinned by five themes:

- prevention – keeping people well
- self help and helping others to stay well
- working with the voluntary sector, pastoral support network, the community and parish councils
- access to high quality secondary care, education, employment
- reducing health inequalities

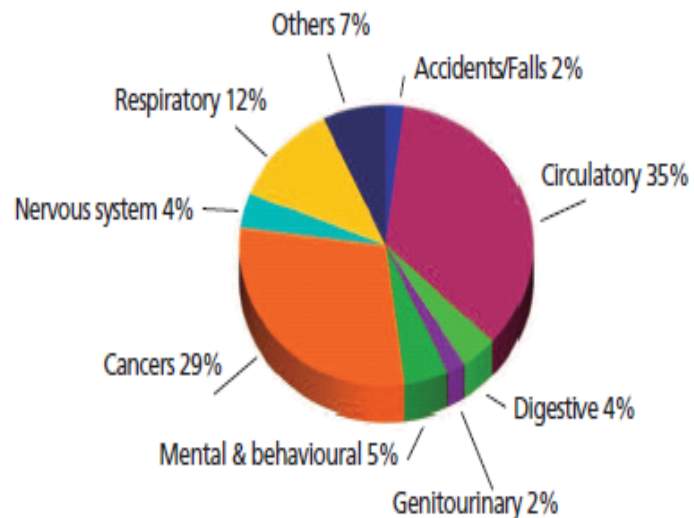
When commissioning decisions are taken, these underpinning themes will need to be considered.

## 2.4 Health Services Strategy

### 2.4.2 Local Strategy Health and Wellbeing Strategy

#### Common causes of death in Herefordshire

The most common causes of death in Herefordshire are circulatory and respiratory disease and cancers. Approximately 350 deaths per year are from preventable causes.



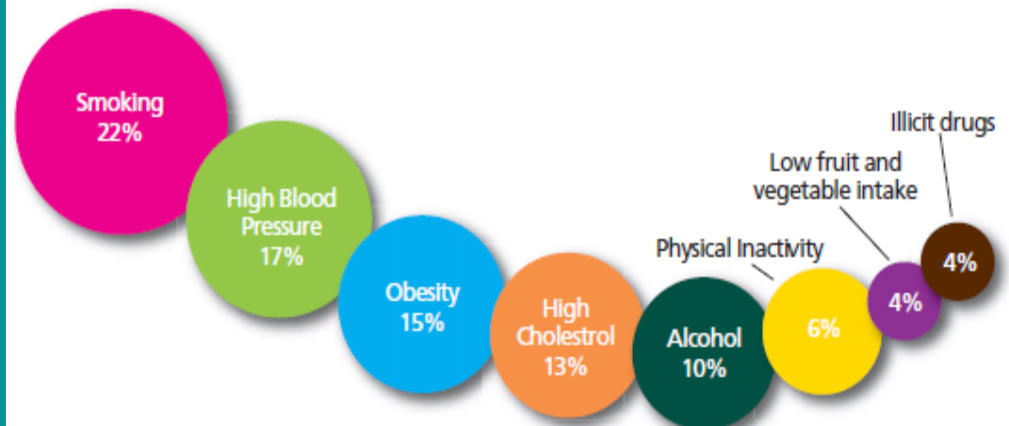
#### Taken from: Herefordshire Health and Wellbeing Strategy

##### Modifiable risk factors

The main risk factors contributing to early death and the burden of ill health are shown in the caterpillar diagram below.

The leading contributor to the burden of disease in Herefordshire is smoking followed by high blood pressure then overweight and high cholesterol.

Most cardiovascular disease and around 30% of cancers are caused by lifestyle risks such as smoking, poor diet, low levels of physical activity and excessive drinking. Not smoking reduces the risk of respiratory disease by up to 95% and eating recommended levels of fruit and vegetables can reduce the risk of cancer.



#### Areas that may be supported by Pharmacy based services in Herefordshire

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Encourage and enable smokers to quit through pharmacy based behavioural support services with agreed target patient groups.</li> <li>Weight management plan – pharmacy based advice on weight management.</li> </ul>  | <ul style="list-style-type: none"> <li>Offering an opportunistic blood pressure measurement service</li> <li>Focussing on support for patients with respiratory disorders around medicines use reviews, inhaler use checks and inhaler therapy</li> </ul>  |
| <ul style="list-style-type: none"> <li>Specific links should be made with patients wishing to quit smoking whilst in or upon discharge from hospital to receive support when home.</li> <li>Support a comprehensive frail elderly pathway that spans Health and Social Care</li> <li>Development of Pharmacy based Diabetes Prevention programme in Herefordshire</li> </ul> | <ul style="list-style-type: none"> <li>Community pharmacists can signpost and potentially act as a more generic resource centre.</li> <li>Provision of information &amp; support on range of leisure, health, housing and support issues</li> <li>Explore Healthy Living Pharmacy Level 2 development and support for further pharmacy based support for key modifiable risk factors.</li> </ul> |

## 2.3 Health Needs

### 2.3.3 Other Considerations

#### A Joint Carer's Strategy for Herefordshire

Unpaid carers are one of Herefordshire's most valuable assets and play a crucial role within the county's health and social care sector.

This strategy, which has been developed by Herefordshire Council and Herefordshire Clinical Commissioning Group, has been co-produced with carers to both encapsulate their aspirations and recognise the challenges which come with being a carer at a time particularly when there is organisational change in the way that health and social care services are provided.

The vision has informed six priorities:

- Information, advice and signposting
- Identifying carers
- Carers' knowledge, skills and employment
- Access to universal services
- Networking and mutual support
- Assessment and support

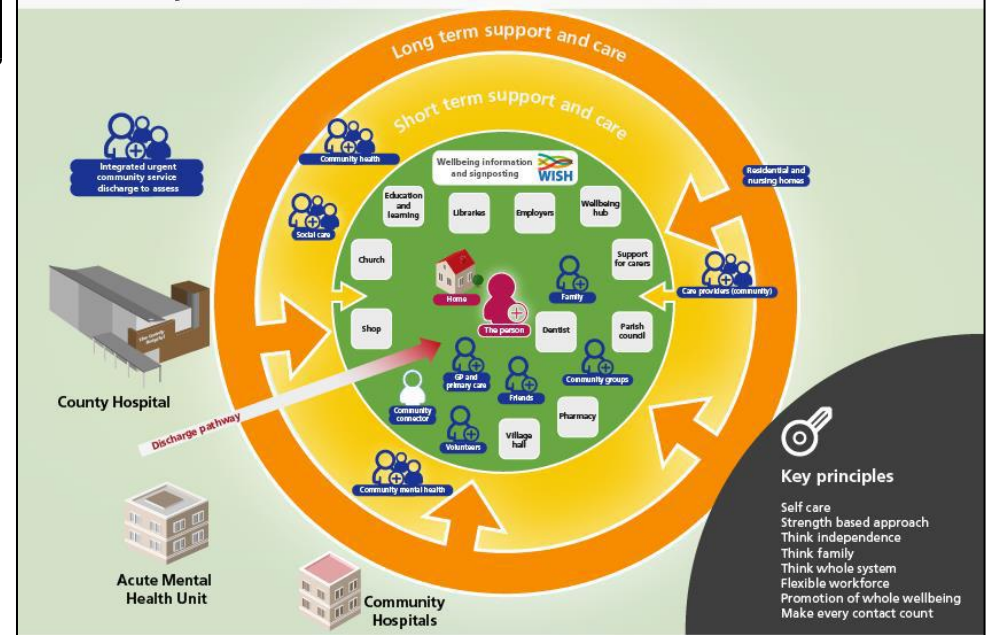
This also fits with Herefordshire Council's **Health and Wellbeing Strategy** and **Adults Wellbeing Plan**, which is visually represented in 'The Blueprint' described in the right of the page.

The Blueprint illustrates how adults, including carers, habitually use their own families and community as the norm for support and do not want to become reliant upon services to assist them.

However, where carers' needs and aspirations are unmet, statutory services will be used to facilitate carers' access to the community and ensure their health and wellbeing remains the central focus.

The principles of The Blueprint are also intended to encompass the cared for person. Carers meet all or part of the cared for person's needs and it is widely acknowledged that the contribution of unpaid carers would otherwise have to be met by the social care and health care system at the cost of a significant amount of time and money. The Carer's Strategy is draft at the time of PNA development and does not include medicines needs for patients and/ or their carers but should be regarded as a key aspect.

#### The Blueprint



#### Opportunities for the Future

Joint working between Herefordshire CCG and the Herefordshire Worcestershire LPC has developed a resource called "[A Carers Guide to Managing Medicines](#)"

This leaflet has been produced specifically for family carers and has lots of information about how the community pharmacist can help in a caring role as well as contact details for Herefordshire Carers Support.

This resource needs to be fully advertised to Commissioners and Providers of services. Pharmacists are well placed to identify Carers and can encourage Carers to discuss both health issues and medicines use with their pharmacist. This can be both informally or more formally through, for example, Medicines Use Reviews, New Medicines Service and seek help and advice on self care for themselves or the person they are caring for.

## 2.4 Health Services Strategy

### 2.4.2 Local Strategy – Herefordshire Clinical Commissioning Group

#### Herefordshire's 5 Year Strategic Plan 2014-2019

- This 5 year plan has been developed to align plans with Public Health & NHS England
- It acknowledges fundamental change is needed in the delivery of healthcare to reflect patient need, expectation and to use medical and technology advances to maximise the “value”
- The vision is to develop an integrated care network between organisations focused on outcomes with patients taking greater responsibility for their own health and accessing care appropriately in order to tackle the County wide challenges described below.

#### Challenges for Herefordshire CCG

- **Population Level**
  - Predictably poor health outcomes and inequalities in health outcome
  - Lack of focus on prevention
  - Lack of personal responsibility for health
  - Too little supported self-management
  - An increasing demand on services from an ageing population
- **Organisational**
  - Reactive, poorly co-ordinated services, with little integration
  - Focused on organisations needs not patients'
  - Fragmented, duplicative and inefficient
  - Reliance on unplanned care
  - Payments and incentives that do not support integration

“Primary Care Home” Key Initiatives and priorities March 2018 which involve discussing and developing care models for 30,000- 50,000 population size and is a national initiative.

North locality	Palliative Care Workstream
East locality	Frailty Workstream
South and West	Dementia Workstream
City locality	Urgent Care Workstream

#### Transformation Approach

##### Seven day GP Services in Herefordshire.

An extended hours service provided by the GP Federation operates from 6pm-8:30pm weekdays at the South Wye HR2 centre and between 8am-8pm on weekends at the Taurus Hub HR2 providing patients of any practice with access to pre- booked GP appointments.

Between 8pm and 8am Nestor Primecare Services Ltd provide the Out of Hours Service based at the County Hospital site and will provide home visits where necessary.

##### Provider Landscape

GP practices have formed a GP Federation Taurus to improve access, chronic disease management and improve efficiencies; with primary care, community services & social services developing and wrapped around localities of GP practices

Further development of Community-based ‘Hubs’, where professional support, training and multi-disciplinary working will be based, enabling the majority of patients to receive care in the community, thereby

Reducing capacity in hospitals and reliance on hospital care.

#### Current Locality Development and Provision

The implications for NHS pharmaceutical services are not yet known in respect of “**Primary care Home**” but community pharmacies are actively engaged with “**Care Navigation**” and at the time of writing early data is being analysed of the signposting to pharmacy based services as an alternative to practice based appointment.

Pharmacists are contributing to “**Primary Care Home**” initiatives involving joint working with other health and social care professionals, voluntary sector and management. Both of these primary care based initiatives will need to ensure pharmacy presence is included.

#### Opportunities for the Future

Although at early stages **Primary Care Home** provides an opportunity for pharmaceutical services, medicines optimisation per se to be discussed using a locality based approach. **Care Navigation** to some extent has paved the way for better understanding of GP practice and pharmacy professional roles and now must extend into other initiatives correctly supported via an integrated IT vision for patient care.

## 2.5 Implications for the PNA

### 2.5.1 Overview

#### The Local Context - What this means for the PNA

##### Overview

- In considering the implications for the PNA, we have found it helpful to refer to the national picture
- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport<sup>4</sup>
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons<sup>5</sup>. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population
- The strengths of community pharmacy may be summarised as:

##### Medicines Expertise

- Medicines are the most common medical intervention.
- Non- adherence, to prescribed medicines, is a silent but significant challenge in managing long term conditions.
- It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended<sup>6</sup>. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole.
- Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber<sup>7</sup>. As such, they have a central role to play in the management of long term conditions

##### Provider of public health services

Pharmacy is increasingly becoming a provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services.

This is a reflection of its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public with no appointment necessary in the majority of cases.

#### *On the next page, we:*

- Explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section of the PNA
- Set out the factors which our assessment will need to take into account in relation to the provision of pharmaceutical and other locally commissioned services
- Appendix D – provides an overview of pharmaceutical need across the lifecourse and has been used to inform our thinking particularly in relation to future pharmaceutical services



## 2.5 Implications for the PNA

### 2.5.2 Systematic review

#### The Local Context - What this means for the PNA (continued)

##### Dispensing Services

- The provision of dispensing services ensure that people can obtain the medicines and advice they need
- Our PNA explores both the accessibility and future capacity of dispensing services

##### Health Promotion & Brief Advice

- The high number of people using pharmacies is a real opportunity to *"Make every Contact Count"*<sup>28</sup>.
- Future campaigns should focus on modifying lifestyle behaviours with a view to supporting prevention of CVD, diabetes and respiratory disease; and improving health in those with mental illness

##### Signposting

- Pharmacies need to be equipped to facilitate signposting of patients to other health and social care services e.g. drug & alcohol services, sexual health services, specialist stop smoking services etc

##### Medicines Use Reviews (MURs) & New Medicines Service (NMS)

- Medicines play a critical part in preventing illness and improving outcomes for people with LTCs
- MURs and/or NMS reviews play a pivotal role in helping people to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital.
- Targeting reviews to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder, will support achievement of local strategic priorities in terms of improving outcomes and helping to reduce medicines waste
- Integrating community pharmacy more closely into new GP networks and new models of care would facilitate delivery of seamless care

##### Pharmacy-based immunisation

- NHS England commissioning of the Influenza vaccination improves access for Herefordshire residents and contributes towards achieving 'vaccination targets' and 'herd immunity'

##### Stop Smoking

- Pharmacy based stop smoking services have been shown to be effective and cost effective, and Nicotine Replacement Therapy to support a quit may be supplied to clients at the point of consultation.
- Smoking prevalence varies across Herefordshire and it is important that services are tailored accordingly.

##### Substance Misuse

- Supervised consumption and needle and syringe services help to address the consequences of substance misuse including blood borne infections, and reducing drug related crime
- Alcohol Identification and Brief Advice plays a role in reducing the consequences of alcohol misuse which could be explored for Herefordshire.
- It is important that pharmacy based services reflect the different needs of the populations in relation to substance misuse.

##### Emergency Hormonal Contraception (EHC)

- In Herefordshire community pharmacy improves access to EHC
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity when compared to more 'local' pharmacies. This will be taken into account when considering accessibility and provision of the service
- In some areas, community pharmacy provides integrated sexual health services including chlamydia screening and treatment, pregnancy testing, free condoms and oral contraception

##### Pharmacy-First Minor Ailments Scheme

- In many areas, pharmacies provide valuable advice and support for people with self limiting conditions who would otherwise visit their GP or another unscheduled care provider
- A minor ailments scheme is commissioned in Herefordshire from community pharmacies currently for 10 conditions.

##### Monitoring

- Pharmacy potentially has a role in monitoring medication e.g. anti-coagulants, blood pressure checks etc

##### Self and Personalised care

- The accessibility of community pharmacy, coupled with the role it plays in dispensing and medicines optimisation, places it in an ideal position to support the self care agenda for people with LTCs
- Care Navigation commenced November 2017 in Herefordshire with pharmacy a key signpost.
- There is a need to consider how community pharmacy support may be built into personalised care plans

##### Screening, Diagnostics and Case Finding

- Pharmacies potentially have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension)
- In some areas pharmacies successfully support delivery of the NHS Health Check programme; a pharmacy based service is under consideration in Herefordshire.
- Some pharmacies offer screening as a non-NHS service

## 3. The Assessment

### 3.1 Introduction and approach

#### Overview

- This section sets out the current provision of pharmaceutical services and other locally commissioned services within Herefordshire.
- In making this assessment, we have taken into account a variety of data sources (refer to box below) and have determined broad principles to underpin our decisions in relation to:
  - Determining whether or not a service is **necessary** (i.e. required) to meet a pharmaceutical need or **relevant** because it has **secured improvements or better access to pharmaceutical services**. Refer to table on the right hand side
  - Determining whether or not there is sufficient choice with respect to obtaining pharmaceutical services. Refer to the box below (on the right).
- We have also considered the impact of a range of other factors, on the need for pharmaceutical services, including:
  - Services provided outside of the HWB area
  - NHS Services provided by other NHS Trusts
  - Specific circumstances which influence future needs including projected changes in population size, demography, health needs, future plans for commissioning or service delivery and other local plans

#### Data Sources

- Pharmacy data from the Health & Social Care Information Centre (2016/17)
- Data and information collected or held by NHS England and Herefordshire Council in relation to the planning, commissioning and delivery of pharmaceutical services and other locally commissioned services
- The findings from the community pharmacy questionnaire which was issued to pharmacies in November 2017. A 100% response rate was achieved
- The views of stakeholders within our partner organisations.
- The Joint Strategic Needs Assessment (JSNA), National and local healthcare strategy; and other relevant strategies

Factor	Principle(s) for Determining “Necessary” Services
Who can provide the service?	• Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary
Health needs & benefits	• Where there is a clear local health need for a given service, it was more likely to be determined as necessary
Published Evidence	• Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary
Performance	• Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, the service was more likely to be determined as necessary
Accessibility	• Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary

#### Choice

- For patients, choice is a mechanism to drive up the quality of services and improve satisfaction. For the overall health system, choice encourages appropriate and cost effective use of available services
- The factors which have been taken into account, for each service, when considering whether or not there is sufficient choice in Herefordshire are the:
  - Current level of access to NHS pharmaceutical services in the area
  - Extent to which existing services already offer a choice
  - Extent to which choice may be improved through the availability of additional providers or additional facilities
  - Extent to which current service provision adequately responds to the changing needs of the community it serves
  - Need for specialist or other services which would improve the provision of, or access to services for vulnerable people or specific populations

## 3.2 Pharmaceutical Services

### 3.2.1 Essential Services

#### Overview

- All community pharmacies and Dispensing Appliance Contractors (DACs) are expected to provide essential services, as set out in the 2013 Regulations, although the scope of services for pharmacies and DACs is different
- The table, on the right, provides a brief overview of the full range of essential services provided by community pharmacies. In addition, pharmacies must comply with clinical governance requirements. These are summarised in the table below.
- DACs are required to provide dispensing, repeatable dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS (FP10) prescriptions forms the primary basis of this evaluation, we also assess other elements including health promotion, sign-posting and support for self care throughout our PNA
- As dispensing is a core requirement for all contractors it will be used to explore key service fundamentals including: the distribution of pharmacies, access and future capacity

#### Clinical Governance

Use of standard operating procedures	Commitment to staff training, management and appraisals
Demonstrate evidence of pharmacist Continuing Professional Development	Compliance with Health and Safety and the Equality Act 2010
Operate a complaints procedure	Significant event analysis
Patient safety & incident reporting	Patient satisfaction surveys
Clinical audit	Information Governance Level 2 Compliance

#### Essential Services provided by Community Pharmacies

##### Dispensing and actions associated with dispensing

- Supply of medicines or appliances
- Advice given to the patient about the medicines being dispensed and possible interactions with other medicines
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR)
- Electronic prescription services (EPS) allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy for dispensing. The system is more efficient than the paper based system and potentially reduces errors

##### Repeat dispensing

- Allows patients, who have been issued with a repeatable prescription to collect repeat medication, for up to a year, from their pharmacy without having to request a new prescription from their GP
- The pharmacist must ascertain the patient's need for a repeat supply of a particular medicine before each dispensing and communicate significant issues to the prescriber with suggestions on medication changes as appropriate.

##### Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines.

##### Signposting, Healthy Lifestyles & Public Health Campaigns

- Opportunistic advice, information and signposting around lifestyle and public health issues
- NHS England sets the health promotion campaigns although HWBs may have the discretion to run alternative campaigns in the future

##### Support for self-care

- Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families
- This may include self-limiting conditions as well as long term conditions

## 3.2.1 Essential Services

### 3.2.1.1 Distribution

#### Overview

- Herefordshire has 27 community pharmacies, :
  - 26 of the pharmacies provide pharmaceutical services under the standard national contract
  - With respect to Local Pharmaceutical Services (LPS) contract:
    - No pharmacy holds an LPS contract
  - One pharmacy in Herefordshire was granted a contract under the four exemptions to the NHS (Pharmaceutical Services) Regulations 2005\* by virtue of opening 100 hours per week.
- There are 0 dispensing appliance contractor (DAC) contracts within Herefordshire
- There are 10 GP dispensing practices, although there are a total of 14 GP dispensing sites when branch surgeries are taken in to consideration.

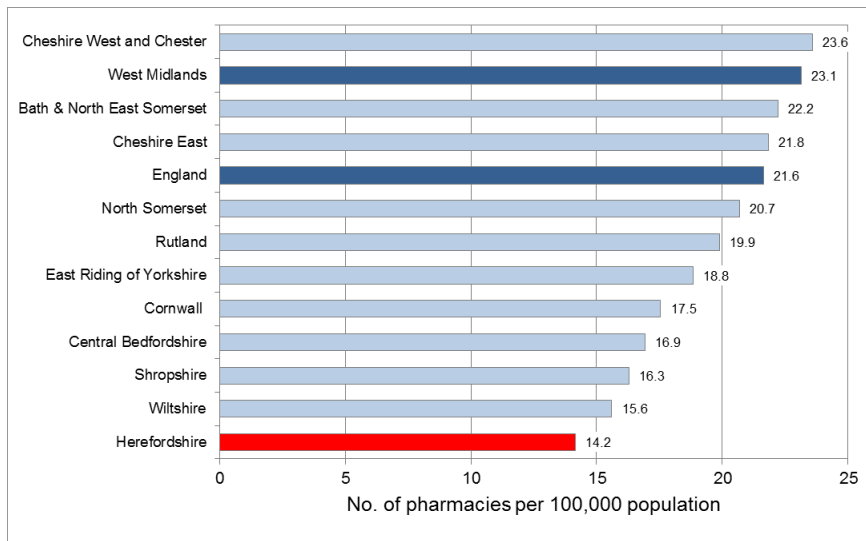
- The four exemptions were: Pharmacies in large out of town retail developments; Pharmacies undertaking to open for a minimum of 100 hours a week; Pharmacies in new one stop primary care centres; Mail order or internet pharmacies

## 3.2.1 Essential Services

### 3.2.1.1 Distribution (cont...)

#### Number and Distribution of pharmacies

- The graph below sets the provision of pharmacy services within Herefordshire into context using our CIPFA comparators, together with the England and West Midlands figures.
- The data demonstrate that Herefordshire has a lower number of pharmacies per 100,000 population compared to all statistical nearest neighbours and also lower than both the national; and regional figures. It should be noted that the local figure is the lowest for all CCGs across England.
- The table (next page) and Maps 1, 2, 3 & 4 (subsequent pages) provide an overview of the distribution of pharmacies:
  - There are pharmacies located within all four localities
  - However, of the community pharmacies, all but one (Colwall) are located in Hereford or the market towns
  - The poorest overall coverage is in the South and West locality where the three community pharmacies in the locality are all located in Ross-on-Wye
  - Although the majority of the county is within 5 miles of a pharmacy over 30 per cent of the county is out of this range, although there is some coverage (<5 per cent) from out of county pharmacies.



Source: Health & Social Care Information Centre, General Pharmaceutical Services, England, 2016/17

#### Population Density

- Map 2 demonstrates that there is generally a reasonable correlation between the number of pharmacies and population density:
  - Hereford City has the highest population density in Herefordshire and a higher than average number of pharmacies per 100,000 population for the county.
  - Similarly, there tends to be good access to pharmacies (either within the county or in neighbouring areas), particularly in the areas with higher population density.
  - However, there is a corridor running through the Golden Valley to Mortimer where access to pharmacies is poor with residents needing to travel more than 5 miles to the nearest pharmacy but receive dispensing services from dispensing practices. (Map 3).
  - Under the rurality review regulations, NHS England delineates the areas in Herefordshire that are rural in character (also known as 'controlled localities'). The strict Regulations prevent the awarding of community pharmacy contracts unless in exceptional circumstances and enables the provision of dispensing doctors. There are 10 dispensing doctor practices in Herefordshire providing dispensing service for their registered patients only.
  - Of the 10 dispensing doctor practices, 14 sites across Herefordshire provide a dispensing doctor service in defined rural areas. However, an exception to this can be found in the Kington and Bromyard localities where dispensing doctors are situated in a market town along with a community pharmacy
  - Herefordshire County has a significantly higher proportion of dispensing practices (30%) versus the regional (6%) and England (9%) average due to its rurality

#### Deprivation

The geographical mapping of pharmaceutical service provision highlights that most services are located and delivered in the most densely populated areas of the county. In the main, these are also areas with the highest level of socio-economic deprivation and ill-health and are examined further on the following pages in more depth.

## 3.2.1 Essential Services

### 3.2.1.1 Distribution of Contractors

Locality	Ward	No. of Pharmacies	Ward Population	Ward Population per Pharmacy	Population per km <sup>2</sup>	Phamacies by Locality	Locality Population per Pharmacy	Locality Number of Pharmacies per 100,000 population
City	Aylestone Hill	0	3,803	-	3,961	15	5,329	18.7
	Backbury	0	1,970	-	62			
	Belmont Rural	1	3,859	3,859	2,528			
	Birch	0	327	-	39			
	Bobblestock	1	3,723	3,723	2,939			
	Central	2	3,266	1,633	2,038			
	College	0	3,815	-	5,276			
	Credenhill	0	2,568	-	221			
	Dinedor Hill	0	2,872	-	79			
	Eign Hill	0	3,287	-	3,525			
	Greyfriars	4	4,085	1,021	2,172			
	Hagley	0	3,820	-	138			
	Hinton & Hunderton	1	4,655	4,655	4,184			
	Holmer	0	3,600	-	519			
	Kings Acre	0	3,360	-	1,268			
	Newton Farm	1	4,414	4,414	4,361			
	Old Gore	0	628	-	33			
	Queenswood	0	2,197	-	65			
	Red Hill	0	4,341	-	2,721			
	Saxon Gate	1	4,369	4,369	4,758			
Sutton Walls	0	3,541	-	137				
Tupsley	1	3,440	3,440	2,850				
Whitecross	0	3,626	-	3,961				
Widemarsh	3	3,523	1,174	1,618				
Wormside	0	853	3,411	43				

## 3.2.1 Essential Services

### 3.2.1.1 Distribution of Contractors

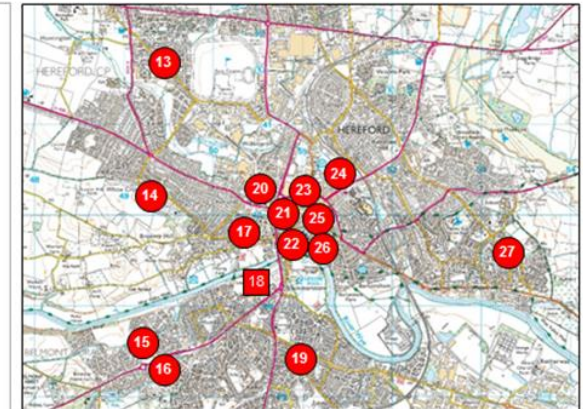
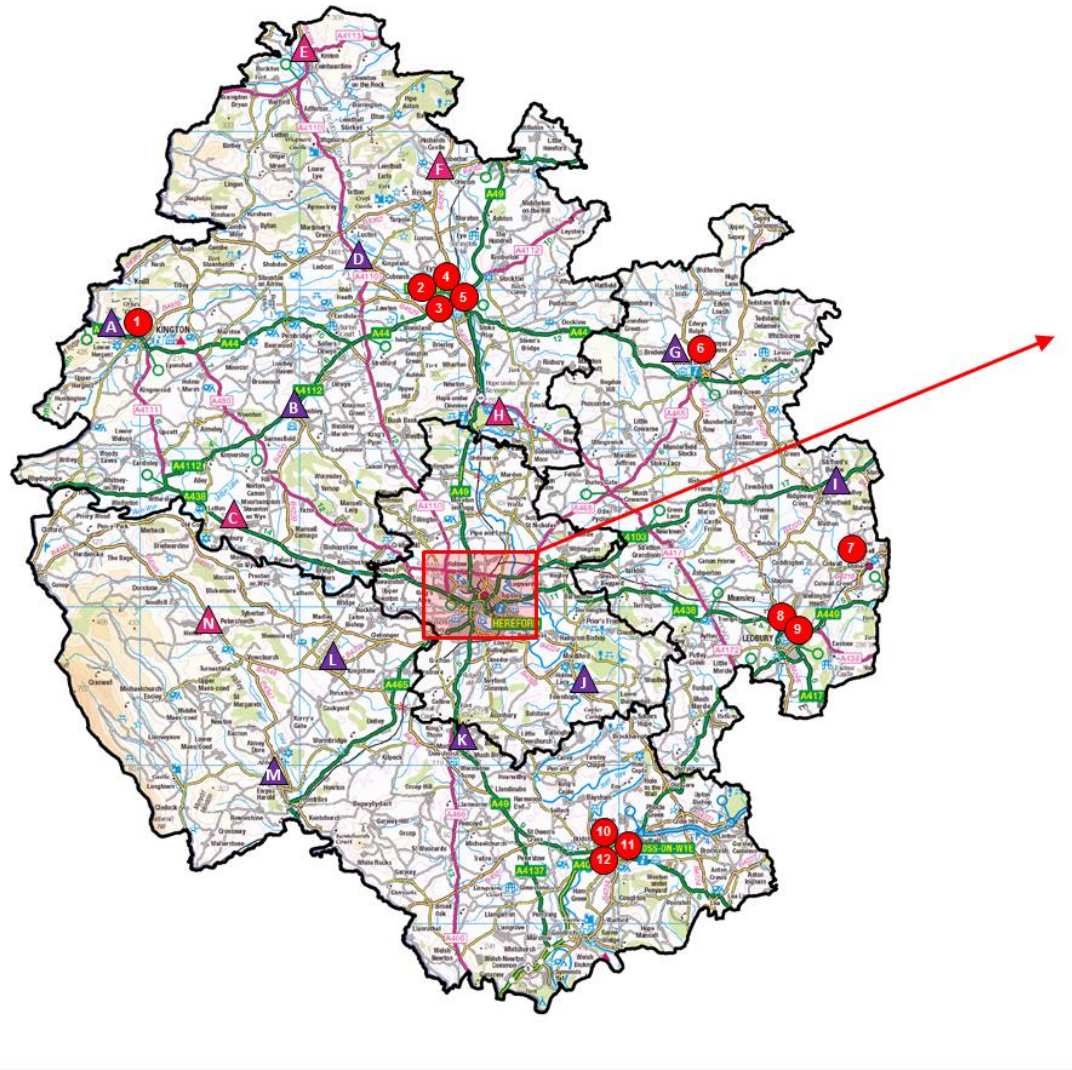
Locality	Ward	No. of Pharmacies	Ward Population	Ward Population per Pharmacy	Population per km <sup>2</sup>	Phamacies by Locality	Locality Population per Pharmacy	Locality Number of Pharmacies per 100,000 population
North and West	Arrow	0	3,755	-	34	5	8,065	12.4
	Bircher	0	3,760	-	46			
	Castle	0	3,231	-	31			
	Credenhill	0	1,265	-	221			
	Hampton	0	1,683	-	28			
	Kington	1	3,325	3,325	76			
	Leominster East	3	4,087	1,362	413			
	Leominster North and Rural	0	4,056	-	67			
	Leominster South	1	3,177	3,177	128			
	Leominster West	0	2,880	-	580			
	Mortimer	0	3,391	-	21			
	Queenswood	0	1,082	-	65			
	Stoney Street	0	1,131	-	64			
	Weobley	0	3,504	-	36			
South and West	Birch	0	2,945	-	39	3	12,807	7.8
	Dinedor Hill	0	957	-	79			
	Golden Valley North	0	3,140	-	29			
	Golden Valley South	0	3,363	-	18			
	Kerne bridge	0	3,227	-	73			
	Llangarron	0	3,483	-	51			
	Old Gore	0	1,884	-	33			
	Penyard	0	3,334	-	76			
	Ross East	3	3,689	1,230	907			
	Ross North	0	3,753	-	1,292			
	Ross West	0	3,739	-	1,892			
	Stoney Street	0	2,297	-	64			
Wormside	0	2,611	-	43				

## 3.2.1 Essential Services

### 3.2.1.1 Distribution of Contractors

Locality	Ward	No. of Pharmacies	Ward Population	Ward Population per Pharmacy	Population per km <sup>2</sup>	Phamacies by Locality	Locality Population per Pharmacy	Locality Number of Pharmacies per 100,000 population
East	Backbury	0	970	-	62	4	7,650	13.1
	Bishops Frome and cradley	0	3,153	-	47			
	Bromyard Bringsty	0	3,254	-	48			
	Bromyard West	1	3,344	3,344	408			
	Hampton	0	1,683	-	28			
	Hope End	1	3,609	3,609	71			
	Ledbury North	0	2,574	-	169			
	Ledbury South	0	3,546	-	117			
	Ledbury West	2	4,385	2,193	937			
	Old Gore	0	628	-	33			
Three Crosses	0	3,456	-	33				
<b>Total</b>	<b>HERFORDSHIRE</b>	<b>27</b>	<b>189,292</b>	<b>-</b>	<b>86</b>	<b>27</b>	<b>6,946</b>	<b>14.2</b>





**PHARMACY**

1. Kington - L. Rowland & Co.
2. Leominster - Westfield Walk Pharmacy
3. Leominster - Leominster Pharmacy
4. Leominster - W.S. & B. Rees
5. Leominster - Boots UK
6. Bromyard - L. Rowlands & Co.
7. Colwall Pharmacy
8. Ledbury - Day Lewis
9. Ledbury - Boots UK
10. Ross-on-Wye - Boots UK
11. Ross-on-Wye - Benjamins Pharmacy
12. Ross-on-Wye - Lloyds Pharmacy
13. Hereford - Day Lewis
14. Hereford - Westfaling Pharmacy
15. Hereford - Tesco Belmont
16. Hereford - L. Rowland & Co. (Belmont)
17. Hereford - Lloyds (Sainsbury)
18. Hereford - Asda
19. Hereford - Wye Valley Pharmacy
20. Hereford - Tesco City
21. Hereford - Chave & Jackson
22. Hereford - Lloyds (King St.)
23. Hereford - Boots UK
24. Hereford - Morrisons
25. Hereford - Hereford Pharmacy (St. Owens St.)
26. Hereford - Chandos Pharmacy
27. Hereford - Hampton Dene Pharmacy

**DISPENSING GP**

- A. Kington
- B. Weobley
- C. Weobley - Staunton on Wye branch surgery
- D. The Mortimer Practice - Kingsland
- E. The Mortimer Practice - Leintwardine branch surgery
- F. The Mortimer Practice - Oreilton branch surgery
- G. Nunwell Practice - Bromyard
- H. The Marches - Bodenham branch surgery
- I. Cradley
- J. Fownhope
- K. Much Birch
- L. Kingstone
- M. Golden Valley - Ewyas Harold
- N. Golden Valley - Peterchurch brach surgery

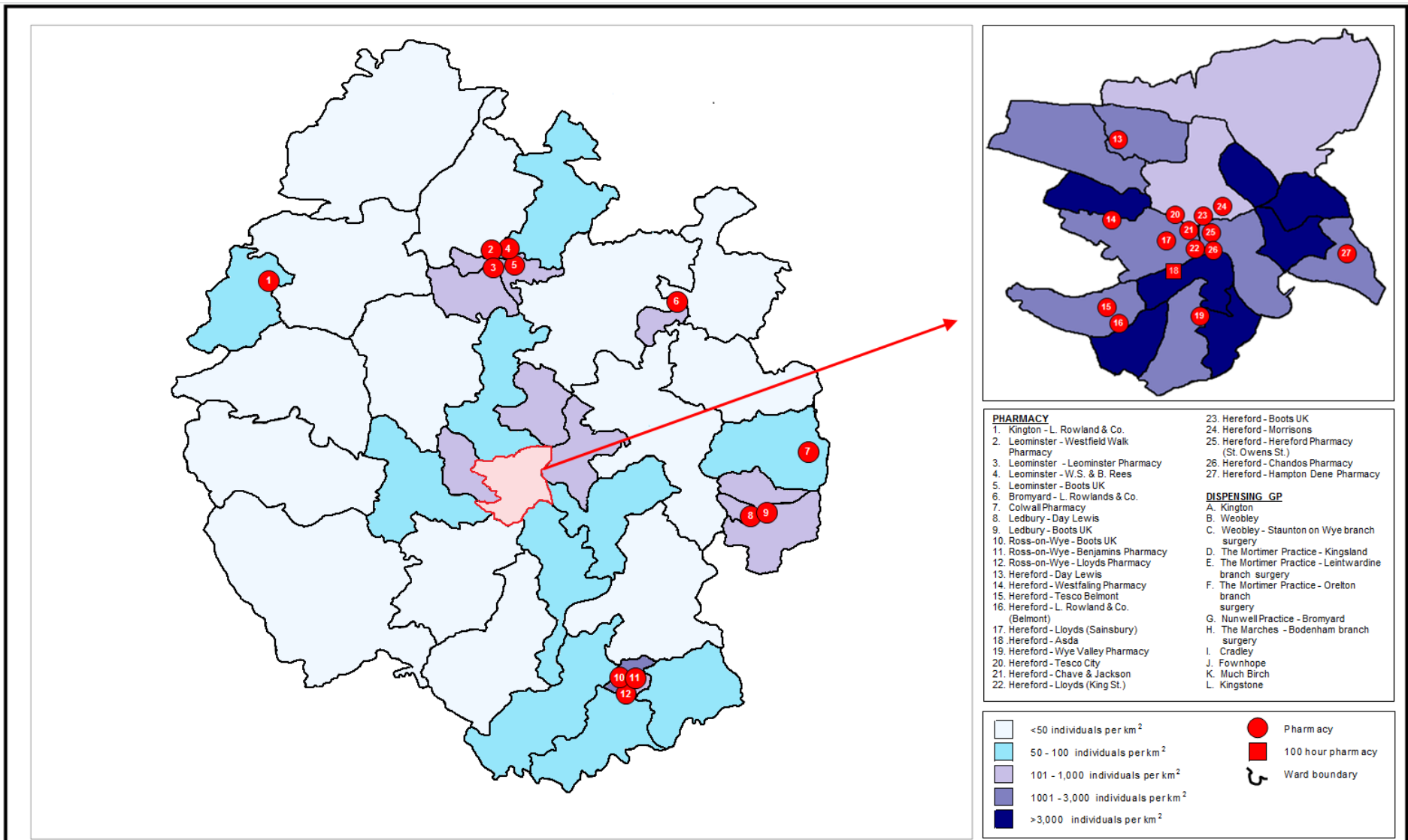
Pharmacy	Dispensing GP
100 hour pharmacy	Dispensing GP - branch surgery
Locality boundary	



**Map1. Location of community pharmacies and dispensing GP practices across Herefordshire**

© Crown copyright and database rights (2017) Ordnance Survey (100024168)

Herefordshire Council  
Intelligence Unit  
Plough Lane  
Hereford  
HR4 0LE

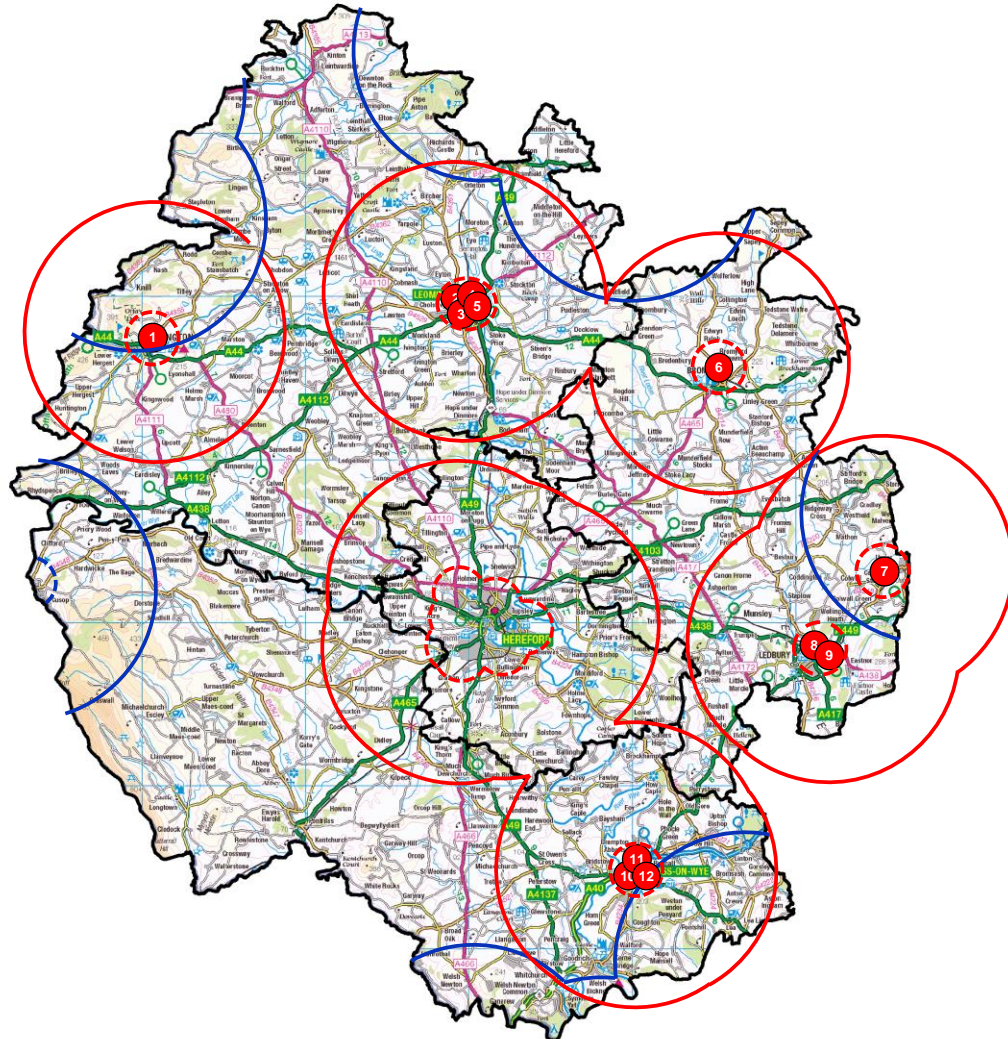


**Map 2. Population density (per km<sup>2</sup>) across Herefordshire wards and location of community pharmacies**



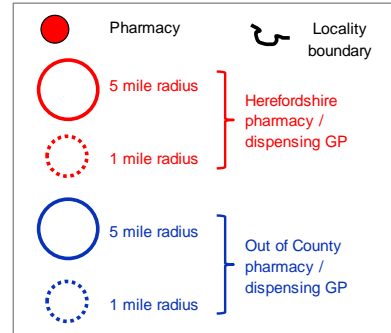
© Crown copyright and database rights (2017) Ordnance Survey (100024168)

Herefordshire Council  
Intelligence Unit  
Plough Lane  
Hereford  
HR4 0LE

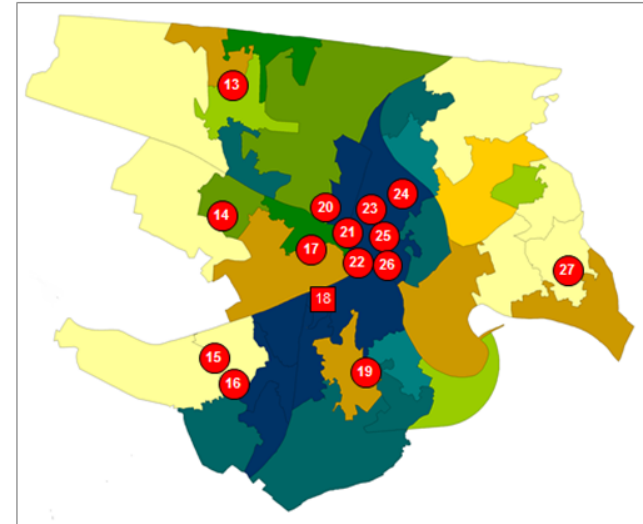
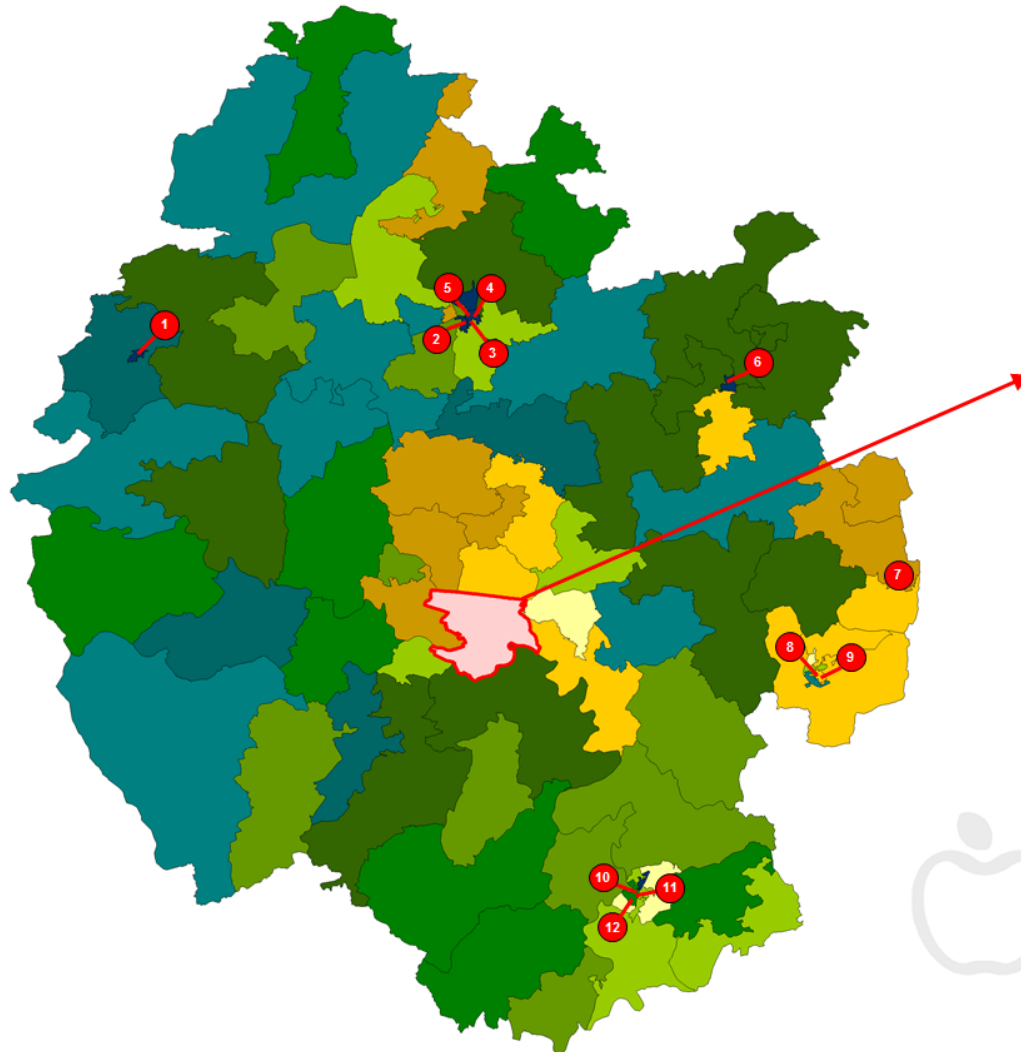


**PHARMACY**

1. Kington - L. Rowland & Co.
2. Leominster - Westfield Walk Pharmacy
3. Leominster - Leominster Pharmacy
4. Leominster - W. S. & B. Rees
5. Leominster - Boots UK
6. Bromyard - L. Rowlands & Co.
7. Colwall Pharmacy
8. Ledbury - Day Lewis
9. Ledbury - Boots UK
10. Ross-on-Wye - Boots UK
11. Ross-on-Wye - Benjamins Pharmacy
12. Ross-on-Wye - Lloyds Pharmacy
13. Hereford - Day Lewis
14. Hereford - Westfaling Pharmacy
15. Hereford - Tesco Belmont
16. Hereford - L. Rowland & Co. (Belmont)
17. Hereford - Lloyds (Sainsbury)
18. Hereford - Asda
19. Hereford - Wye Valley Pharmacy
20. Hereford - Tesco City
21. Hereford - Chave & Jackson
22. Hereford - Lloyds (King St.)
23. Hereford - Boots UK
24. Hereford - Morrisons
25. Hereford - Hereford Pharmacy (St. Owens St.)
26. Hereford - Chandos Pharmacy
27. Hereford - Hampton Dene Pharmacy

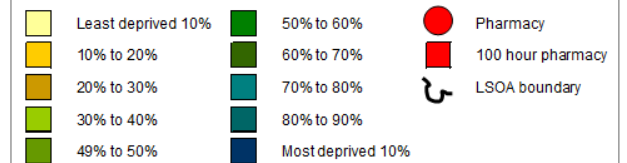


Map 3. Herefordshire community pharmacies showing 1 and 5 mile radii



**PHARMACY**

- |   |  |
|---|--|
| 1. Kington - L. Rowland & Co.           | 15. Hereford - Tesco Belmont                     |
| 2. Leominster - Westfield Walk Pharmacy | 16. Hereford - L. Rowland & Co. (Belmont)        |
| 3. Leominster - Leominster Pharmacy     | 17. Hereford - Lloyds (Sainsbury)                |
| 4. Leominster - W.S. & B. Rees          | 18. Hereford - Asda                              |
| 5. Leominster - Boots UK                | 19. Hereford - Wye Valley Pharmacy               |
| 6. Bromyard - L. Rowlands & Co.         | 20. Hereford - Tesco City                        |
| 7. Colwall Pharmacy                     | 21. Hereford - Chave & Jackson                   |
| 8. Ledbury - Day Lewis                  | 22. Hereford - Lloyds (King St.)                 |
| 9. Ledbury - Boots UK                   | 23. Hereford - Boots UK                          |
| 10. Ross-on-Wye - Boots UK              | 24. Hereford - Morrisons                         |
| 11. Ross-on-Wye - Benjamins Pharmacy    | 25. Hereford - Hereford Pharmacy (St. Owens St.) |
| 12. Ross-on-Wye - Lloyds Pharmacy       | 26. Hereford - Chandos Pharmacy                  |
| 13. Hereford - Day Lewis                | 27. Hereford - Hampton Dene Pharmacy             |
| 14. Hereford - Westfaling Pharmacy      |  |



## 3.2.1 Essential Services

### 3.2.1.2 Opening Hours & Access

#### Overview

- A community pharmacy must open for a minimum of 40 core hours a week unless it has been granted a contract under the “100 hour exemption”\* or NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed “supplementary hours”. DACs are required to open for a minimum of 30 core hours
- If a pharmacy or DAC wishes to amend its core hours, it must seek permission from NHS England. Supplementary hours may be changed by the contractor, providing that NHS England are given 90 days’ notice
- In this section, we explore the impact of opening hours on access & choice

#### Current Picture

- The table (next page) plus Map 5 provide an overview of opening hours and geographical coverage throughout the week
- In terms of overall opening hours, 1 pharmacy is open for 100 hours per week (this is a 100 hour contract granted under the exemption). There is no potential for this pharmacy to change it’s hours in the future
- Opening hours for some pharmacies are complicated and there is a need to publicise these well in a variety of ways to the public

#### Weekdays

- All 27 pharmacies are open between the hours of 9am to 5:30pm
- 9 (33%) pharmacies close for lunch ( varies ½-1 hour) and no pharmacies close earlier than 5:30pm; whilst this reduces choice during a lunchtime period, there is still reasonable access in all localities
- Average opening hours Monday to Friday is 48.8 hours (range 42.5–80 hrs). With respect to extended hours:
  - 4 (15%) pharmacies are open by 8:00am (all Hfd city based)
  - A further 9 pharmacies open before 9:00am – represented in all localities
  - 19 (70%) remain open until 6:00pm or later; all locality areas have a pharmacy which is open until 6:00pm or later.)
  - Three pharmacies remain open until 8pm or later (Hereford city);
  - There is one 100 hour week pharmacy (ASDA HR2 7JE) which is located in Hereford City which opens 8am – 11pm Monday, 7am – 11pm Tuesday to Friday.

#### Saturdays

- 21 (77%) pharmacies open at some point during the day:
  - All of these pharmacies are open between 9am – 12 midday
  - 21 (100%) are open by 9am and the earliest a pharmacy opens is 7am and there is a pharmacy open in all localities
  - 14 (66%) remain open until 5pm; and a further 4 (19%) are open at 7pm or later; of these 1 remains open until 10pm
  - Asda, HR1 7JE in Hereford City opens from 7am – 10pm
- This pattern of opening means that there is relatively good access, and choice of pharmacy in all localities up until 5pm in the evening
- After this time, access and choice become more limited, where people may have to travel more than 2 miles to access a pharmacy but all localities have a pharmacy open at least to 5pm on a Saturday

#### Sundays

- 6 (22%) pharmacies each open for between 6 hours all between the hours of 10:00am and 16:00 pm
- In terms of access:
  - Only the City locality has six pharmacies open; and there is an option to access additional pharmacies in neighbouring HWB areas
  - Therefore there will be a need for people to travel to Hereford City to access pharmaceutical advice and supply of medicines on a Sunday.

#### Overnight

- There is emergency advice and supply of pharmaceutical services from midnight until 8am on any day of the week organised through OOHs service provider (page 41)

#### Bank Holiday Rota – NHS England Enhanced Service

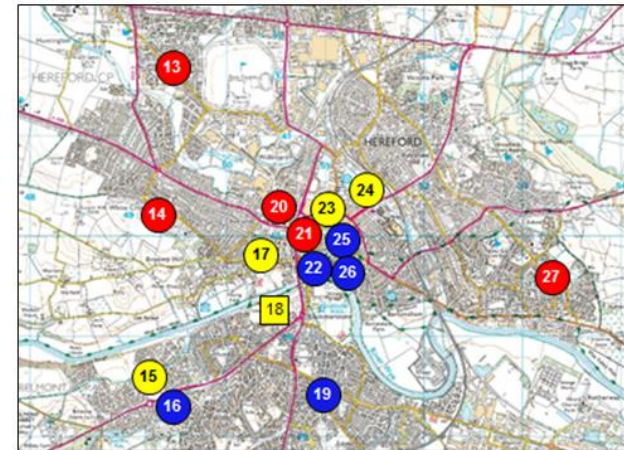
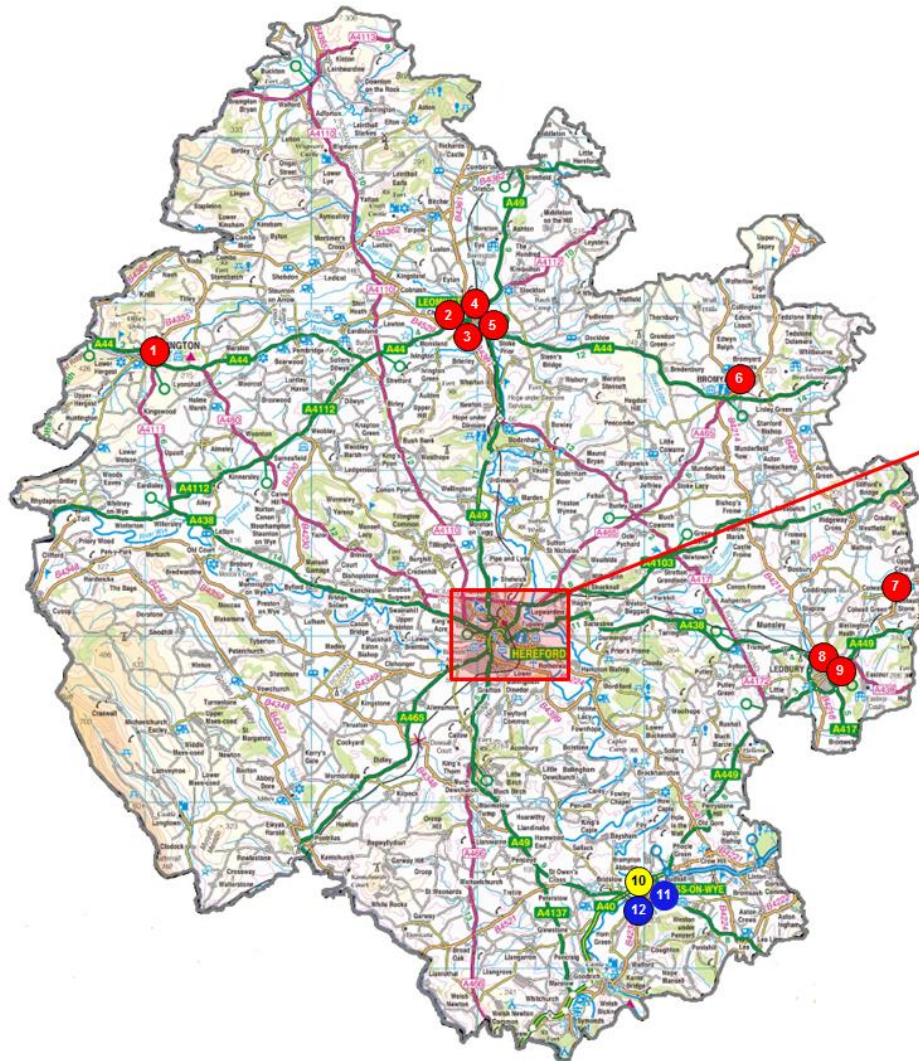
Currently, NHS England commissions an enhanced service on Christmas Day, Boxing Day, New Years Day and Easter Sunday. On these days, a small number of pharmacies open for specific hours in Hereford City, Leominster and Ross on Wye. The service is reviewed annually. This service provides valuable access to pharmacy services and we have determined that it is **necessary** to meet the pharmaceutical needs of our population. To avoid a gap on the other Bank Holidays NHS England would be expected to commission a rota (as described above) on these days in Ross, Leominster and Hereford City and advise all parties in a timely manner.

\* The NHS (Pharmaceutical Services) Regulations 2005, had four exemptions which included pharmacies which were contracted to open for 100 hours a week

## 3.2.1 Essential Services

### 3.2.1.2 Opening Hours & Access (cont...)

		Number of Pharmacies Offering Essential Services								
		Weekdays					Saturdays			Sundays
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am–4pm
City	ASDA	1	1	1	1	1	1	1	1	1
	Boots Hereford	0	1	0	1	1	1	1	0	1
	Chandos	0	1	0	1	1	0	0	0	0
	Chave & Jackson	0	1	0	1	1	1	1	0	0
	Day Lewis Hereford	0	1	0	1	0	1	0	0	0
	Dudley Taylor	0	1	0	1	1	1	0	0	0
	Lloyds in Sainsburys	1	1	1	1	1	1	1	1	1
	Lloyds King Street	0	1	0	1	1	1	0	0	0
	Morrisons	0	1	1	1	0	1	1	1	1
	Rowlands Belmont	0	1	0	1	1	1	0	0	0
	Rowlands H Dene	0	1	0	1	0	0	0	0	0
	Rowlands Westfaling	0	1	0	1	0	0	0	0	0
	Tesco Stores Belmont	1	1	1	1	0	1	1	1	1
	Tesco Stores Bewell St	1	1	1	1	0	1	1	1	0
Wye Valley Pharmacy	0	1	0	1	1	0	0	0	0	
North & West	Boots Leominster	0	1	0	1	1	1	1	0	0
	Leominster Pharmacy	0	1	0	1	1	1	1	0	0
	WS Rees Pharmacy	0	1	0	1	1	1	1	0	0
	Rowlands Kington	0	1	0	1	1	1	1	0	0
	Westfield Wk Pharmacy	0	1	1	1	1	1	0	0	0
East	Boots Ledbury	0	1	0	1	1	1	1	0	0
	Colwall	0	1	0	1	0	1	0	0	0
	Day Lewis Ledbury	0	1	0	1	0	1	0	0	0
	Rowlands Bromyard	0	1	0	1	0	1	1	0	0
South & West	Benjamin's Pharmacy	0	1	0	1	1	0	0	0	0
	Boots Ross on Wye	0	1	0	1	1	1	1	0	1
	Cohens Chemist	0	1	0	1	1	0	0	0	0
<b>Grand Total</b>		<b>4</b>	<b>27</b>	<b>6</b>	<b>27</b>	<b>18</b>	<b>21</b>	<b>14</b>	<b>5</b>	<b>6</b>
<b>Percentage of Total</b>		<b>15%</b>	<b>100%</b>	<b>22%</b>	<b>100%</b>	<b>66%</b>	<b>77%</b>	<b>52%</b>	<b>19%</b>	<b>22%</b>



**PHARMACY**

1. Kington - L. Rowland & Co.	15. Hereford - Tesco Belmont
2. Leominster - Westfield Walk Pharmacy	16. Hereford - L. Rowland & Co. (Belmont)
3. Leominster - Leominster Pharmacy	17. Hereford - Lloyds (Sainsbury)
4. Leominster - W.S. & B. Rees	18. Hereford - Asda
5. Leominster - Boots UK	19. Hereford - Wye Valley Pharmacy
6. Bromyard - L. Rowlands & Co.	20. Hereford - Tesco City
7. Colwall Pharmacy	21. Hereford - Chave & Jackson
8. Ledbury - Day Lewis	22. Hereford - Lloyds (King St.)
9. Ledbury - Boots UK	23. Hereford - Boots UK
10. Ross-on-Wye - Boots UK	24. Hereford - Morrisons
11. Ross-on-Wye - Benjamins Pharmacy	25. Hereford - Hereford Pharmacy (St. Owens St.)
12. Ross-on-Wye - Lloyds Pharmacy	26. Hereford - Chandos Pharmacy
13. Hereford - Day Lewis	27. Hereford - Hampton Dene Pharmacy
14. Hereford - Westfaling Pharmacy	

- Weekdays and Saturdays
- Weekdays only
- Later on weekdays, Saturdays and Sundays

Map 5. Community pharmacies opening hours



© Crown copyright and database rights (2017) Ordnance Survey (100024168)

Herefordshire Council  
Intelligence Unit  
Plough Lane  
Hereford  
HR4 0LE

## 3.2.1 Essential Services

### 3.2.1.3 Dispensing

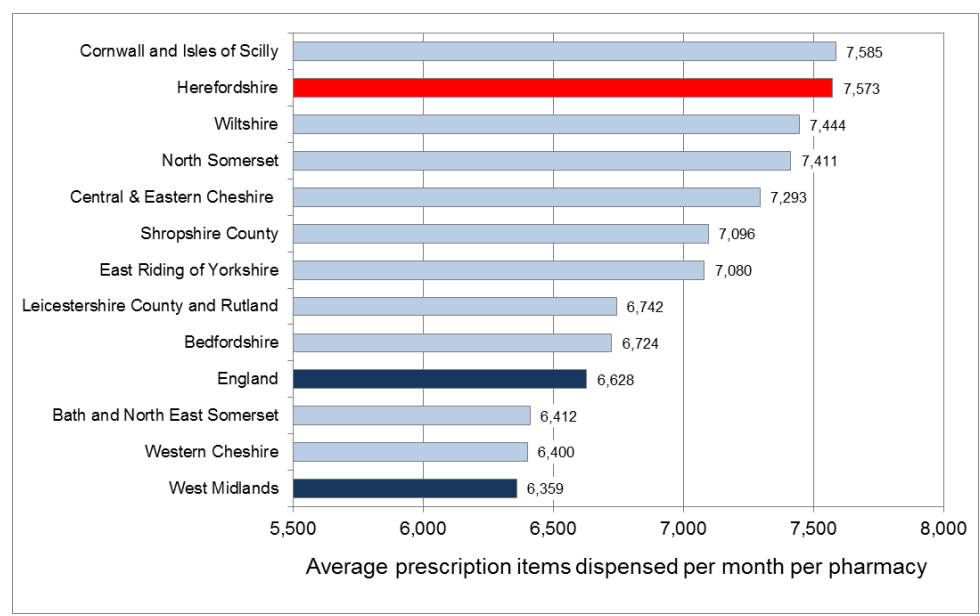
#### Overview

In our review of dispensing we look at a number of factors including:

- The pattern of dispensing.
- This includes a high level comparison with our CIPFA comparators together with a more detailed look at Herefordshire.
- The extent to which the dispensing needs of our residents are met by pharmacies in neighbouring areas.
- The role of repeat dispensing and electronic transfer of prescriptions.
- The future capacity of our pharmacies to continue to meet pharmaceutical needs in relation to essential services.

#### Current Picture

- The graph, on the right, compares the **average** pharmacy dispensing rate in Herefordshire with our comparator CCGs and the West Midlands and England average.
- The data demonstrates that the dispensing rate for Herefordshire pharmacies is higher than all but one of our comparators and is also higher than the regional and national figures.
- A detailed review of the total number of items dispensed against prescriptions written by Herefordshire prescribers has been undertaken in order to identify where these were either dispensed or personally administered by a GP surgery (e.g. injections)



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2016/17

#### Overview

##### For Financial Year 16 17:

- The total number of items dispensed was 3,716,851
- In a selected month of March 2017 a total of 136 organisations either dispensed, or personally administered, one or more items which demonstrates the range of dispensers that one CCG prescriptions can be dispensed.
- 72% of these items were dispensed by Herefordshire pharmacies
- 28% were either dispensed by pharmacies outside of the area, by dispensing practices or were personally administered by GP surgeries



## 3.2.1 Essential Services

### 3.2.1.3 Dispensing (cont...)

#### Cross Border Dispensing

- The table on the right provides an overview of cross-border dispensing and includes the 'top 12' pharmacies and DACs which have dispensed the most items against prescriptions written by Herefordshire Prescribers in a snapshot March 2017.
- Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via a distance selling pharmacy

#### Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from their pharmacy, or DAC, without having to request a new prescription from their GP
- Benefits of repeat dispensing include:
  - Reduced GP practice workload, freeing up time for clinical activities.
  - Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services
  - Reduced waste as pharmacies only dispense medicines which are needed
  - Greater convenience for patients
- The repeat dispensing rate is 13% of total items dispensed against prescriptions issued by Herefordshire GPs. The rate, is relatively high compared with some areas and is continuing to increase year on year

#### Electronic Prescription Services (EPS)

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy or DAC. The system is more efficient and reduces errors; it can reduce trips for patients between the GP surgery and pharmacy
- NHS England lead on EPS with support from the CCG
- Page 44 shows which GP practices in Herefordshire have gone live with EPS and current activity

Trading Name	Postcode	Number of items March 2017	% Total Items Dispensed
FIRST HEALTH (MIDLANDS) LIMITED	WR14 2AJ	5077	1.58%
ALPHA-MED (MEDICAL & SURGICAL) LIMITED	RG24 7NG	441	0.14%
SECURICARE (MEDICAL) LTD	HP10 9QY	483	0.15%
PHARMACY2U LTD	LS14 2LA	418	0.13%
MR G VIRDEE	WR14 1NY	346	0.11%
HORIZON PHARMACY LTD	BS34 6AS	309	0.10%
BARD LIMITED	BN15 8TA	124	0.04%
CHARLES S BULLEN STOMACARE LIMITED	L3 4BH	112	0.03%
COLOPLAST LTD	PE2 6BJ	235	0.07%
MURRAY HEALTHCARE LIMITED	WR14 2AE	214	0.07%
H 2 H PHARMACY LIMITED	ME10 3SU	129	0.04%
OTC DIRECT LIMITED	M28 3PT	172	0.05%

#### Notes on above

- A total of 136 organisations either dispensed or personally administered one or more items written on prescriptions issued by Herefordshire prescribers in a snapshot of March 2017
- Herefordshire pharmacies dispensed 72% of the items
- The remaining 28 % were either dispensed out of the area or were personally administered via GP surgery or dispensed at the practice.

## 3.2.1 Essential Services

### 3.2.1.3 Dispensing (cont...)

#### Alignment with Other NHS services

- An important pharmaceutical need is for residents to get timely access to dispensing. This is critical for medicines which need to be started urgently e.g. palliative care medicines
- We therefore looked at pharmacy opening hours in the context of GP opening hours and other NHS services including NHS E NUMSAS

#### General Practice:

**GP core hours** are 8am – 6:30pm on Mondays to Fridays; in addition some GP practices open for extended hours

#### • Taurus GP Federation Service

- Taurus GP Federation operate an appointment only service from 3 sites:
  - Monday – Friday 6pm- 8:30pm all sites
  - Saturdays and Sundays in Hereford City 8am- 8:30pm, Leominster and Ross on Wye Hubs 8am- 12midday

#### Pharmacy Services - On weekday mornings:

- There is one 100 hour pharmacy located in Hereford City; this pharmacy opens at 8am on Monday; and 7am on Tuesday – Saturday

- By 8am, a further 4 pharmacies all in Hereford City have opened

#### Pharmacy Services - On weekday evenings:

- Up to 24 GP surgeries remain open until 6:30pm or later; this compares with 12 pharmacies within Herefordshire. Whilst this provides reasonable access to dispensing services, choice is more limited
- 3 pharmacies all in Hereford City are open to 8pm in the evenings including 1, 100 hour pharmacy until 11pm (10pm Sat).
- On Saturdays and Sundays 6 community pharmacies are open all 10am- 4pm
- The implication of the above is that, during extended hours on weekdays, residents may have to travel to Hereford city to get their prescription dispensed or wait until their regular or closest pharmacy is open

#### Community Pharmacy: New Urgent Medicines Advanced Service Pharmacy Service (NUMSAS)\*

\* This is discussed here as part of unscheduled care services see Section 3.3 Pharmacy Integration Fund event November 2017 announced that the NHS Urgent Medicine Supply Advanced Service At NHS England's (NUMSAS) would continue to be commissioned for a further six months beyond the end of March to allow a proper evaluation of the service to be completed; therefore, the service will run until the end of September 2018. In October 2017, NHS England shared with PSNC a [slide set](#) which provides an update on the NUMSAS pilot.

The information in the slide set highlights that NHS England will be conducting an interim evaluation report with data analysis this autumn, and will undertake a qualitative review of the service in spring 2018.

No local activity data is currently available from NHS England on the activity under the scheme.

In Herefordshire there are 4 pharmacies currently signed up to the NUMSAS service in postcodes HR1, HR4 , HR6 and HR8.

With the closure of the Hereford City Centre based Walk In Centre the needs for patients in terms of Urgent Medicines Supply is being evaluated.

#### Opportunities for Improvement in the future

Selected ADAstra ( a prescribing system) sites are undertaking EPS 2 for prescriptions in urgent care settings . Community pharmacies will need to be able to respond to these possibly in a more urgent way despite current limitations of this functionality nationally at the moment. It is our understanding, that NHS England plans to evaluate the NUMSAS service and, if deemed to be successful, consideration will be given to commissioning this in the future.

We would be supportive of a further roll out, providing the evaluation demonstrates both value for money and reduced pressure on GP and unscheduled care services. Provision needs to be made for the development of an urgent medicines supply service for patients who are on time critical medicines and require and urgent supply outside primary care hours. This can be pharmacy based to avoid impact upon other services with the patient's usual medicines provider.

## 3.2.1 Essential Services

### 3.2.1.3 Dispensing (cont...)

#### Unscheduled Care Providers

- Patients may access services from the following providers, within Herefordshire, during extended hours (all available 365 days a year):
  - **Primecare** Out of Hours Provider 8pm – 8am 7 days per week through an appointment system operate from 3 bases across the County:
    - Hereford City based at WVT NHS Trust
    - Leominster Community Hospital
    - Ross on Wye Community Hospital.
  - Primecare stock medicines for supply to patients, although FP10 prescriptions may sometimes be used if a non-stock medicine is required when there is no pharmacy open.
  - During Financial Year 16 17 Primecare Out Of Hours (OOH) service issued 7,674 FP10s which were dispensed by community pharmacies.

#### Community Pharmacy On Demand Access to Emergency Medicines including Palliative Care Medicines.

- During Financial Year 16 17, 37 call outs were made to community pharmacists with a total of 83 medications issued.
- This service complements the in hours service whereby 17 community pharmacies are commissioned to keep medicines used in palliative care in stock to support in hours access.
- This service is supported by patients, prescribers within the OOHs service providing pharmaceutical advice and supply of medicines in a high risk area.
- Further information this service is described on page 86.

#### Opportunities to Secure Improvements

- The earliest time a pharmacy in Herefordshire opens is 8am on a Monday but 7am Tuesday to Saturday.
- On Sundays, the 5 Herefordshire City pharmacies all open at 10am and close at 4pm.
  - There is a period post 4pm Sunday when no pharmacies are open until Monday morning at 8am.
  - Whilst the above pattern of opening may require residents to travel further, or could rarely lead to a delay in accessing dispensing for an urgent FP10 prescription, we do not believe that there is gap in provision. This is because very few FP10 prescriptions are issued during the hours when there is limited access to a pharmacy; and we are not aware of any complaints in this respect.
  - This is also minimal due to Primecare holding stock and using when access and supply to medicines is urgent outside pharmacy usual Opening hours for routine medicines.

## 3.2.1 Essential Services

### 3.2.1.3 Dispensing (cont...)

#### Electronic Prescription Service

NHS Digital proposed during 2016/17 the [Electronic Prescription Service](#) should start to move into Phase 4; this is the point at which electronic rather than paper prescriptions become the default.

#### Background and Looking Forward

To date, it has only been possible to issue an Electronic Prescription Service Release 2 (EPS) prescription where the patient has [nominated](#) a pharmacy or other dispenser. EPS has therefore been most advantageous for patients who receive regular medication and who tend to collect their prescriptions from the same pharmacy most of the time. Under the proposed next phase of EPS, prescriptions would normally be sent via EPS by default. However where certain criteria are met, a paper prescription would still be used, for example:

- when a patient asks their GP for a paper prescription; or
- when the medicine being prescribed is not listed in the [NHS list of medicines \(dm+d\)](#);

#### Opportunities to Secure Improvements

Opportunity to secure improvements for patients, primary care and BSA PPA capacity can be saved by more electronic prescription service use. The graph demonstrates that there is a variation across the County and also localities in the utilisation of EPS by practices.

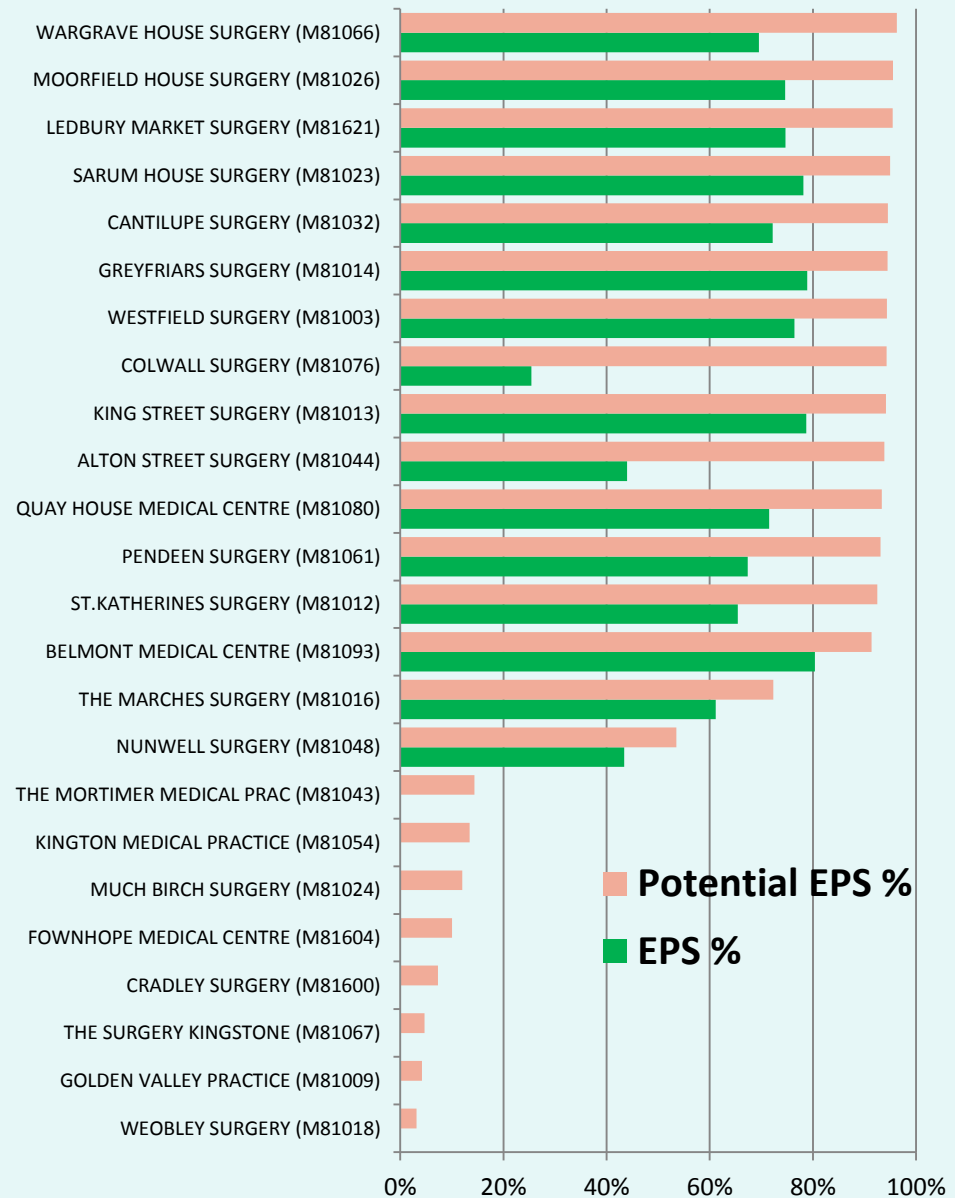
Community pharmacies are able to download prescriptions from the spine and dispense to patients.

Our pharmacy questionnaire captured comments on the need for the IT functionality to highlight urgent prescriptions to pharmacies and for more timely and consistent IT downloads. These two factors will require optimising IT across the range of providers involved i.e. NHS Prescriber, NHS Spine and NHS Community pharmacy IT systems.

This remains an issue for patients who urgently require prescriptions to be dispensed e.g. palliative care patients. This currently requires close working with between prescribers, dispensers and patients.

Patient choice in respect of EPS may assist in access particularly in rural areas where advantage to patients includes reduced travel.

#### Potential for time saving by increasing Electronic Prescriptions (EPS Apr-Oct2017)



Data PPA - note Ineligible items have been removed eg CDs, dispensing items

## 3.2.1 Essential Services

### 3.2.1.3 Dispensing (cont...)

#### Electronic Repeat Dispensing (eRD)

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF).

Under the repeat dispensing service pharmacy teams :

- dispense repeat dispensing prescriptions issued by a GP;
- ensure that each repeat supply is required; and
- seek to ascertain that there is no reason why the patient should be referred back to their GP.

Originally this service was mainly carried out using paper prescriptions, but as the [Electronic Prescription Service \(EPS\)](#) has developed, the majority of repeat dispensing is now carried out via EPS release 2 and is termed electronic Repeat Dispensing (eRD). eRD is much more efficient and convenient for all involved.

EPS %age usage trends based on BSA data

This table shows the simple average electronic Repeat Dispensing (eRD) Usage across all sites in each respective CCG in the West Midlands

The RAG corresponds with the Simple EPS Usage Report by GP Practice, by using the same 80% of all repeat prescription target, alongside the accepted assumption that repeat prescriptions account for 70% of all prescriptions in a typical GP practice.

Consequently 80% of 70% is equivalent to 56% of all prescriptions issued in a practice.

CCG Name	Nov-17 (RD)
NHS Birmingham Crosscity CCG	1.59%
NHS Birmingham South and Central CCG	0.39%
NHS Coventry and Rugby CCG	7.54%
NHS Dudley CCG	5.99%
NHS Herefordshire CCG	10.94%
NHS Redditch and Bromsgrove CCG	3.76%
NHS Sandwell and West Birmingham CCG	1.73%
NHS Solihull CCG	3.19%
NHS South Warwickshire CCG	1.32%
NHS South Worcestershire CCG	6.38%
NHS Walsall CCG	2.98%
NHS Warwickshire North CCG	0.00%
NHS Wolverhampton CCG	22.22%
NHS Wyre Forest CCG	4.17%

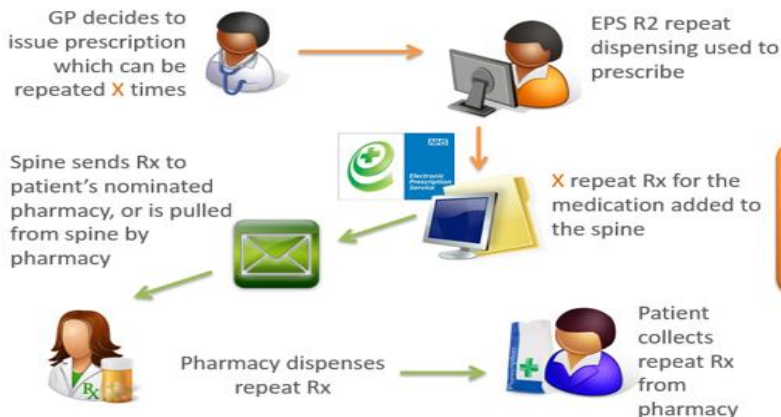
#### Opportunities to Secure Improvement

A snapshot of November 2017 shows that Herefordshire CCG performs relatively well when the figures for electronic repeat dispensing are examined against NHS West Midlands CCGs. However, when the activity of eRD is examined at practice level within Herefordshire that only 16 practices out of 24 show activity

which ranges from in November 2017 0.10% to 37.21% of those active. This requires examination and optimisation in order to secure efficiencies for prescribers, pharmacies and patients.

Further support and understanding of the benefits of eRD for patients, prescribers and pharmacies need to be integrated into a wider plan for increasing uptake of this service. From our consultation there is a greater need for public/patient understanding of this functionality and willingness to provide by contractors.

#### EPS R2 Repeat Dispensing



## 3.2.1 Essential Services

### 3.2.1.3 Dispensing (cont...)

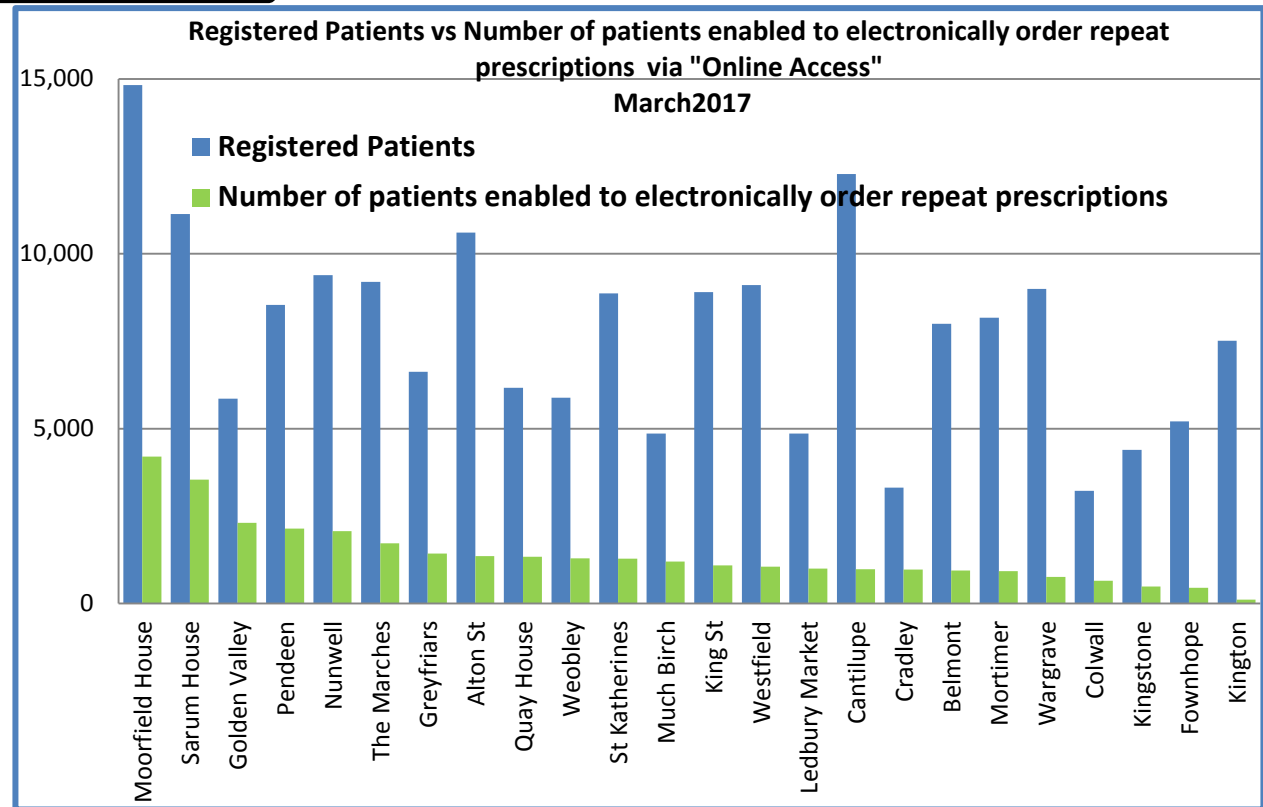
#### EMIS Access

With EMIS Patient Access, patients can access their local GP services at home, work or on the move — wherever you can connect to the internet. Patient Access is a 24 hour online service to further enable organising of medicines orders and supply.

- **Book an appointment.**
- **Order repeat prescriptions.**
- **Change your address details.**
- **Send secure messages to your practice.**
- **View your medical record**
- **Create a [personal health record](#) (iOS8 only)**

• All 24 Herefordshire GP practices have implemented EMIS Access functionality.

• All information that is sent to the surgery via Patient Access is secure. Patients' personal details are encrypted and protected using the highest standard internet security, so it cannot be intercepted. Only the patient and the GP surgery are able to see this information.



#### Opportunities to Secure Improvements

From the graph it shows that there is potential to increase the number patients enabled to utilise EMIS Access when liaising with their practice. Patients have to register for this service but once registered they can securely perform a number of functions as described above.

There is a large potential for improvement in the opportunity for patients to book appointments, order repeat prescriptions and liaise with their practices in a new way. This functionality needs to be articulated to patients and publicised for those patients who want to use the service they can register. Practice time spent dealing with routine enquiries on the telephone can be reduced and on line ordering of repeat prescription medicines is safe since it is integrated into the EMIS Practice prescription record and can be a safer way of ordering prescriptions. Utilising IT options in a more consistent way across the County will promote efficiencies for practices, pharmacies and patients and benefit patients living in more rural areas of the County.

## 3.2.1 Essential Services

### 3.2.1.4 Rural Dispensing Service

#### Overview

A Dispensing Doctor is a General Practitioner (GP) who under regulation can dispense medication to patients in their care. Only the provision of those services set out in their pharmaceutical services terms of service (Schedules to the 2013 Regulations) is included within the definition of pharmaceutical services and relates only to the dispensing of medicines.

Dispensing doctors provide primary healthcare to people in rural areas. Only certain people are eligible to receive dispensing services from a dispensing doctor. Many live away from a community pharmacy and so dispensing doctors are allowed to dispense prescribed medicines.

#### Current Picture

In Herefordshire a questionnaire was sent to 10 dispensing practices to find out about the services provided. All 10 dispensing practices provided a response to the survey. Dispensing services are provided over 14 sites across the County. A summary of opening hours when patients are able to access dispensing services is provided within Appendix E

**Access:** Within 100 metres of the dispensary: 8 reported a bus stop; 0 train station access; 1 cycle track; 13 described free parking of which 10 is on the surgery site; with 12 having designated disabled parking and 1 reported parking option which requires payment.

**Premises:** 13 sites reported good entrance facilities for wheelchairs, buggies and 11 with no steps involved but 2 reported a ramp in place. 11 sites reported compliance with the Equality Act 2010 with examples including automatic doors, access to a bell.

**Workforce:** A range of staff reported as full time, part time of varying qualifications from trainee dispensary assistants to NVQ Level 3 GPhC registered pharmacy technicians in 8 cases. Majority of staff are NVQ Level 2 trained. Additional languages spoken by dispensary staff were reported in 2 cases (Welsh plus Polish, German, French and Russian) and basic sign language facility at one dispensary site. 4 sites reported having a hearing loop function but no sites reported planned site improvements with limited room for expansion reported at 4 sites.

#### Current Picture (cont...)

**IT:** 2 sites reported being EPS2 enabled with 1 intending to become EPS2 enabled in the next 6 months. However, a further 10 dispensary sites reported as not intending to enable this functionality. 13 sites reported facility in the dispensary to open Microsoft Word, Excel, Access and PDF documents and 11 dispensary sites accessed emails on a daily basis. 12 dispensary sites reported that patients are provided with an opportunity to order their medicines using EMIS Access.

**Services:** 12 sites reported as dispensing all types of appliances although 1 reported that this excluded prescriptions for hosiery.

**Non NHS funded services:** 3 sites reported delivery medicines free of charge to patients with 3 others delivering to selected patients groups only

**Monitored Dosage Systems:** 5 sites reported re-packaging of medicines into these systems at patient request with another 8 only after assessment by the practice either using national assessment tools or via an EMIS template.

**MAR charts** were provided to patients upon request at 4 sites and a further 5 sites only after a self assessment and clinical assessment.

Large print labels, compliance charts, ordinary bottle tops, pill crushers, tablet splitters, devices to aid eye drops were reported at 7 sites.

3 sites reported dispensary staff undertaking interventions with patients counselling them on inhaler technique and also the use of Blood Glucose Monitoring equipment at the point of supply. 10 sites reported however that dispensary staff did not undertake interventions at the point of supply.

**Patient survey:** 7 sites reported having completed a patient survey in the last 12 months with changes reported as a result of the survey including opening an extra afternoon per week (1 site), changes to the repeat ordering prescription telephone line (1 site), addition of a dispensary counter assistant (1 site) and introduction of a automatic repeat prescription service (2 sites).

**Dispensary consultation area:** This was reported as in place at 3 sites but other rooms sometimes available for any confidential discussions.

## 3.2.1 Essential Services

### 3.2.1.4 Rural Dispensing

#### Current Picture ( cont...)

**Drug Review in the Use Of Medicines (DRUM)** There is a degree of overlap and potential confusion about the different types of medication/medicines' reviews. These include Medication Reviews as specified in the Quality and Outcomes Framework (QOF), Medicines Use Review (MUR) as an advanced service in the national community pharmacy contractual framework and dispensing review of use of medicines (DRUM) for the Dispensary Services Quality Scheme. It is recommended that awareness about compliance and about the development of side effects are considered on an on-going basis. The DRUM is different to the other reviews and is not the same as the MUR in community pharmacy service and does not cover all aspects of that advanced service for community pharmacists.

**DSQS Scheme: All 10 dispensing practices are currently signed up to the DSQS.** Within the requirement for DRUMs 10 practices report that GPs undertake these reviews with patients and in 5 sites Practice Nurses also undertake these. 3 practices reported targeting DRUMs to specific patient groups most likely to benefit described as "all dispensing patients"; elderly, polypharmacy, inhaler devices and dermatology patients.

#### Other arrangements to assist patients in rural areas access their medicines.

Services provided by rural practices included a number of initiatives to support patients being able to access their medicines. These were detailed by some but not all practices and included remote delivery to a nursing home; delivery to three Post Offices as a drop off point; drop off at local shops; delivery of medicines to patients homes; acceptance of placing order via phone, fax and post plus ordering 1 month in advance at the time of collection.

#### Other pharmaceutical services provided by the dispensary to be considered within the PNA elicited 4 responses:

- Acceptance of waste medicines including Controlled Drugs ( which requires a bespoke destruction arrangement)
- Sending prescriptions to a community pharmacy or to the patient themselves at their request
- Dispensing of private prescriptions (non NHS function) plus
- Clinical pharmacist employed by the practice is able to provide advice on medicines to patients.

## Dispensary Services Quality Scheme ( DSQS)

From 1 April 2013 the responsibility for overseeing the Dispensary Services Quality Scheme (DSQS) has been passed to the Area Teams of NHS England. Although, NHS England has not yet established a single operating policy or procedure for DSQS, in some local area the Area Team has agreed to use the procedures and documentation from the previous PCTs to manage the DSQS process for 2013 - 2014.

As part of changes to the GMS contract 2006/07 the voluntary DSQS scheme provides a specification of requirements for receiving dispensary services quality payments and includes requirements for minimum standards with respect to:

- dispensing staff training and/or experience
- minimum level of staff hours
- duty of confidentiality
- standard operating procedures, clinical audit and risk management
- patient information
- review with patients of compliance and concordance with use of medicines ( DRUMS)
- assessment of performance against the criteria for payment.

### Opportunities to Secure Improvement

All 10 dispensing practices are part of the NHS England DSQS scheme which requires various assurances underpinning the dispensing process. There is potential for a more equitable opportunity for patients to receive DRUMs through a targeted approach of vulnerable groups most likely to benefit from a face to face review of how they manage their medicines day to day.

Practices have undertaken a number of initiatives to ensure access is good access to dispensary led services however further opportunities exist for dispensary staff led interventions, more opportunity to use IT for ordering repeat prescriptions. Currently no practices are open on Saturdays and Sundays and these will need to be monitored closely. Choice of dispenser should be articulated to patients who register as "dispensing" or "non dispensing" according to eligibility. The importance of wide ranging opening hours to improve patient access was highlighted in the patient survey and in consultation feedback for working people in general.

Increasing IT options e.g. EPS, electronic repeat dispensing for those patients electing to have prescriptions dispensed via community pharmacy will enable efficiencies in the system for all parties and need to be promoted to patients..



## 3.2.1 Essential Services

### 3.2.1.4 Access & Support for those with Disabilities

#### Overview

- A key consideration in relation to access, is the extent to which a pharmacy has taken action to meet the needs of those with a disability
- The Equality Act 2010 requires pharmacies to make reasonable adjustments to support the needs of those with protected characteristics. Unfortunately pharmacies no longer receive a payment as contribution towards providing auxiliary aids, for people eligible under this Act, who require support with taking their medicines
- This was explored in our community pharmacy questionnaire

#### Current Picture

- The table (on the next page) summarise the findings from our community pharmacy questionnaire at locality level and ward level
- 25 (93%) pharmacies are fully accessible to wheel chairs (and pushchairs), demonstrating that wheel chair users and parents / carers of babies and young children are not disadvantaged with respect to access or choice
- 5 (18%) of pharmacies told us they are willing to undertake consultations in patients' homes. This would improve access for people who are housebound; or those who are less able to get a pharmacy without assistance
- The range of support which is available to aid communication with those who are hearing impaired is relatively limited:
  - 12 44% of pharmacies have hearing loops
  - No pharmacies reported a member of staff who is able to use sign language
  - This potentially reduces access and choice, for those people who are dependent upon such support
- All pharmacies have facilities to provide large print labels for those with visual impairment or for those with learning disabilities or cognitive impairment
- No pharmacies reported being able to issue labels with Braille (although it should be noted that many original packs are embossed with braille by the manufacturer)

#### Current Picture (cont...)

- Aside from large print labels, a range of support is offered for people with cognitive impairment / learning disabilities:
  - All pharmacies can supply "Aide memoires" (e.g. reminder charts) if needed
  - 24 (88%) provide monitored dosage systems; whilst there is no published evidence to demonstrate the benefits of these systems, they may be beneficial for individual people who have complex medicine regimens and for those who are easily confused
  - Some pharmacies provided this on demand, others only following assessment and 3 pharmacies reported charging for non NHS eligible patients
  - Dementia friendly environment was reported in case of 25 of of 27 pharmacies completed as part of the Healthy Living Pharmacy (HLP) initiative

#### Opportunities to Secure Improvements

- Our community pharmacy questionnaire demonstrates that some pharmacies have taken steps to support people with disabilities particularly with respect to:
  - Offering consultations in patients' homes improves access to pharmacy services to those who are less able to get to a pharmacy or housebound
  - Ensuring all public areas of the pharmacy are wheelchair & buggy friendly
  - Providing appropriate facilities and support for people with hearing impairment
  - Providing large print labels to support people with learning disabilities / cognitive impairment; the visually impaired
  - Introducing simple measures e.g. reminder charts to help people take their medicines as prescribed
  - Making sure the pharmacy environment is welcoming and suitable for people with dementia
- However, we would like to see more pharmacies ensuring that patients know of these facilities ; and anticipate that all pharmacies take reasonable steps to meet the minimum requirements of the Equality Act 2010

## 3.2.1 Essential Services

### 3.2.1.4 Access & Support for those with Disabilities

Supporting People with Disabilities (Response code Yes= 1, No= 0)											
Locality	Ward	Wheel chair Access	Hearing Impairment		Visual Impairment / Blindness		Cognitive Impairment				Dementia Friendly Environment
			Hearing Loop	Signing	Large print labels	Braille on labels	'Aide Memoire' for medicines	Prescription collection service	Monitored Dosage Systems	MAR chart	
City	ASDA	1	1	0	1	0	1	1	1	1	1
	Boots Hereford	1	1	0	1	0	1	1	1	1	1
	Chandos	1	0	0	1	0	1	1	1	1	1
	Chave & Jackson	1	1	0	1	0	1	1	1	1	1
	Day Lewis Hereford	1	0	0	1	0	1	1	1	1	1
	Dudley Taylor	1	0	0	1	0	1	1	1	1	1
	Lloyds in Sainsburys	1	1	0	1	0	1	1	1	0	1
	Lloyds King Street	0	1	0	1	0	1	1	1	1	1
	Morrisons	1	0	0	1	0	1	1	1	1	1
	Rowlands Belmont	1	0	0	1	0	1	1	1	1	1
	Rowlands H Dene	1	0	0	1	0	1	1	1	1	1
	Rowlands Westfaling	1	1	0	1	0	1	1	1	1	1
	Tesco Stores Belmont	1	1	0	1	0	1	1	0	0	1
	Tesco Stores Bewell St	1	1	0	1	0	1	1	0	0	1
	Wye Valley Pharmacy	1	0	0	1	0	1	1	1	1	1
North & West	Boots Leominster	1	0	0	1	0	1	1	1	1	1
	Leominster Pharmacy	1	1	0	1	0	1	1	1	1	1
	WS Rees Pharmacy	1	1	0	1	0	1	1	1	1	1
	Rowlands Kington	1	1	0	1	0	1	1	1	1	1
	Westfield Wk Pharmacy	1	0	0	1	0	1	1	1	1	1
East	Boots Ledbury	1	1	0	1	0	1	1	0	0	1
	Colwall	1	0	0	1	0	1	1	1	1	1
	Day Lewis Ledbury	1	0	0	1	0	1	1	1	1	1
	Rowlands Bromyard	1	0	0	1	0	1	1	1	0	1
Sth & West	Benjamin's Pharmacy	1	0	0	1	0	1	1	1	1	1
	Boots Ross on Wye	1	0	0	1	0	1	1	1	1	1
	Cohens	0	0	0	1	0	1	1	1	1	1
	<b>Total</b>	<b>25</b>	<b>12</b>	<b>0</b>	<b>27</b>	<b>0</b>	<b>27</b>	<b>27</b>	<b>24</b>	<b>22</b>	<b>27</b>

## 3.2.1 Essential Services

### 3.2.1.5 Future capacity

#### Future Capacity

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Herefordshire pharmacies. The graph on the right plots the number of items dispensed per month, between January 2013 and December 2017 for all pharmacies and dispensing practices.
- The graph illustrates that there is an annual winter peak in the number of prescription dispensed, while the the volume has shown year on year increases indicating that the number of items is likely to continue to increase. Assuming that the number of pharmacies remain constant, the average number of items per month is calculated to be 8200 per pharmacy per month. This dispensing rate is higher than the current rate compared with our CIPFA comparators and England average.
- Whilst there are the following limitations with the analysis, it provides a guide to the future dispensing capacity of pharmacies:
  - The items data doesn't include prescriptions issued by out of area prescribers and other prescribers e.g. dentists, hospital FP10s etc
  - We have calculated that the proportion of cross border dispensing, dispensing doctors and personally administered items prescribed by Herefordshire GP practices is 28%
  - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc

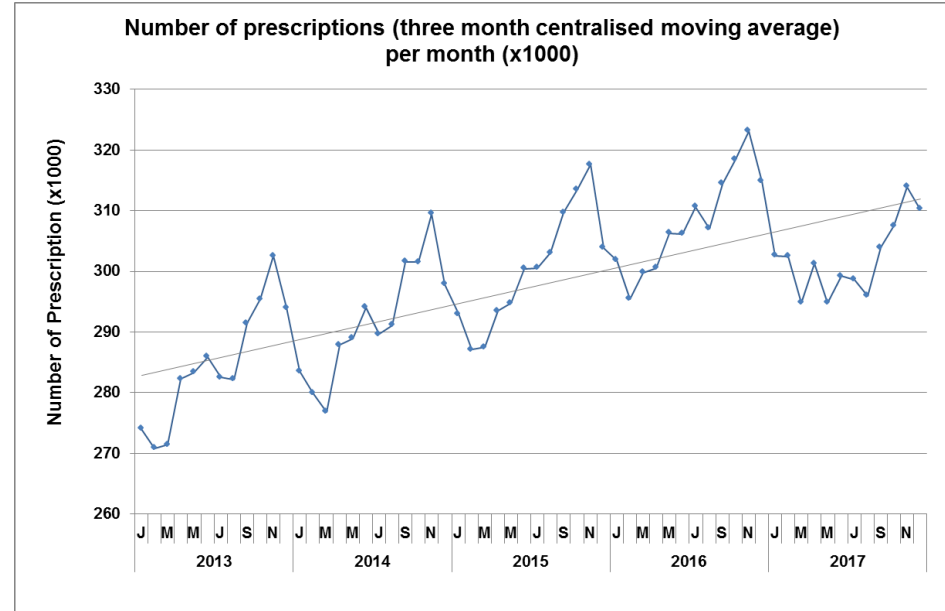
#### Other NHS Services within Herefordshire

##### Wye Valley NHS Trust

- This Trust provides acute services at Wye Valley (WVT) NHS Trust Hospital and provides medicines to the 2 community hospitals based at Ross and Leominster. Medicines are supplied to out-patients by the dispensary at the Acute Trust site only. Hospital FP10 prescriptions are also issued from departments within WVT which are dispensed in community pharmacies in Herefordshire and are detailed on the next page.

##### Taurus GP Federation

- Provides primary care based services in the evenings until 8pm Monday to Friday at 3 Hubs across Herefordshire- Hereford city, Leominster and Ross on Wye.
- Its service is based upon pre-booked appointments.
- Drug costs are linked to the CCG primary care drugs budget. There are no plans to change this arrangement whilst the CCG retains budgetary responsibility



Prescription Pricing Division; Electronic Prescribing & Cost Data for NHS Herefordshire CCG;

#### Other NHS Services (cont...)

##### 2G Mental Health Trust

- This Trust provides a range of mental health services. FP10s are used by some of the services and we are not aware of plans to change this

##### Primecare

- Provides GP out of hours services. FP10 prescriptions are used where a medicine is not stocked and are charged to the CCG primary care drugs budget. The contract runs until 2020; future arrangements are not known

#### Housing and Commercial Developments

*Herefordshire is currently undergoing a programme of significant economic, housing & commercial development which will impact upon the population size and demographic profile of the area. These developments will impact at some point upon future NHS*

*Pharmaceutical Services.  
This is explored in more detail on pages 54 onwards*

## 3.2.1 Essential Services

### 3.2.1.5 Future capacity

During Financial Year 16 17 3677 Hospital FP10 prescription were dispensed in community pharmacies in Herefordshire at a cost of £104,629. In examining the source of these prescription the top 10 prescription areas were as follows which accounted for 99% of items were:

BNF Name	Total Items FY 16 17	By department:
		28 departments within the Hospital prescribed hospital FP10s with the most common areas by volume:
Dressings	1,975	
Appliances	1,031	
Incontinence Appliances	226	· Ophthalmology
Skin	220	· Dermatology
Stoma Appliances	110	· Accident and Emergency
Infections	43	· Ross Community Hospital
Anaesthesia	12	· Bromyard Community Hospital
Gastro-Intestinal System	12	· ENT
Endocrine System	10	
Central Nervous System	9	

Community pharmacies therefore have a role to respond promptly to presentation of these prescriptions in community. Systems for communication need to be optimised in case of query by the pharmacist with secondary care colleagues.

#### Medicines Optimisation and Medicines Reconciliation between Care Settings.

National evidence shows that incidents occur in relation to medicines when they are transferred across care settings.

When patients are admitted to local secondary care settings they are encouraged to take all of their medicines in with them including any that have been purchased over the counter e.g. vitamins and minerals.

Whilst reconciliation of medicines towards an accurate picture of what patients are currently taking when admitted to the local hospital continues to expand there is a need to perform the same function on discharge. This will enable the community pharmacist to be informed in advance of the first GP prescription which should detail any changes made in medicines whilst in hospital.

The potential advantages of this allow for informed checks and would allow further New Medicines Service and Medicines Use Reviews to be targeted at this high risk group of patients.

#### Effective discharge preparation and plans

Patients should be assessed prior to discharge on their ability to manage their own medicines independently.

However, there are patients who would benefit we believe from a short course where their medicines are re-packaged into Monitored Dosage Systems with a medication review pro-actively planned in advance with multidisciplinary input. This would support potentially both health and social care discharge plans and arrangements for safe management and benefit from medicines whilst in their own homes.

Electronic management of relevant information to pharmacies using PharmOutcomes “ Transfer of Care” should be considered.

## 3.2.1 Essential Services

### 3.2.1.5 Future capacity (cont...)

#### Housing

By 2031 the population of Herefordshire is predicted to reach between 203,500 and 205,500, an increase of between 9 and 10%. This increase in population will put increased pressure on existing services and infrastructure with the provision of adequate housing being paramount.

As part of the Local Plan for Herefordshire the Herefordshire Core Strategy proposes to deliver 16,500 new homes by 2031.

This level of new housing development will help to address the current imbalance in the population structure of the county and would be enough to meet demand created by potential population growth over the period, based on both recent demographic trends and economic projections that assume a 10% growth in the number of jobs.

Strategic housing allocation sites have been identified around Hereford and the five market towns: Bromyard, Leominster, Ledbury, Ross-on-Wye and Kington and almost a third of all housing will be directed to the rural areas to help to sustain local services, generate new ones and support housing provision for local communities.

In addition to the planned developments associated with the towns other smaller housing developments (committed development) are dispersed throughout the county.

Herefordshire's Older People's Housing Strategy and Pathway 2015-2031 builds on and updates the research in the Study of the Housing and Support needs of Older People in Herefordshire.

A priority for Herefordshire is to enable people to live independently, and become less reliant on adult social care services.

However, there is a shortage of mixed tenure housing (e.g. shared ownership), and affordable housing for people who do not own their own homes, or have life limiting conditions.

In relation to affordable housing the proportion of affordable new dwellings across the county will vary from 25% in Leominster to 40% in Ledbury, Bromyard and Ross-on-Wye.

#### Herefordshire – Distribution of dwellings and Hereford University

The proposed distribution of new dwellings across the county will be 6,500 in Hereford, 4,700 in other urban areas ( Bromyard, Kington, Ledbury, Leominster and Ross- on-Wye) and 5,300 in rural settlements, indicating that increases in population will occur throughout the county. However, in relation to the provision of primary care the increased pressure is likely to be felt by the providers in and around Hereford and the market towns.

In Hereford there are three primary sites identified for new housing:

Three Elms, Holmer West and Lower Bullingham. Based on the average household size for Herefordshire of 2.34 persons as given in the 2011 Census an increase of 6,500 new dwellings would result in a concomitant population increase of over 15,000.

Similar situations will be presented in the market towns where the new housing developments are likely to result in an increase in population of up to 11,000 which represents a proportional increase of 39%. In rural areas an increase in population of 12,000 is possible, representing a 12% proportional rise, which, when combined with the figures for urban areas indicates an appreciably increased pressure on primary care provision across the county albeit in a 20 year phased development.

#### Hereford University

The New Model in Technology & Engineering (NMiTE) university aims to open its doors to the first 300 students at a purpose-built city centre campus in Hereford in September 2020. It is estimated to have 5,000 students by 2032.

#### Implications for the PNA

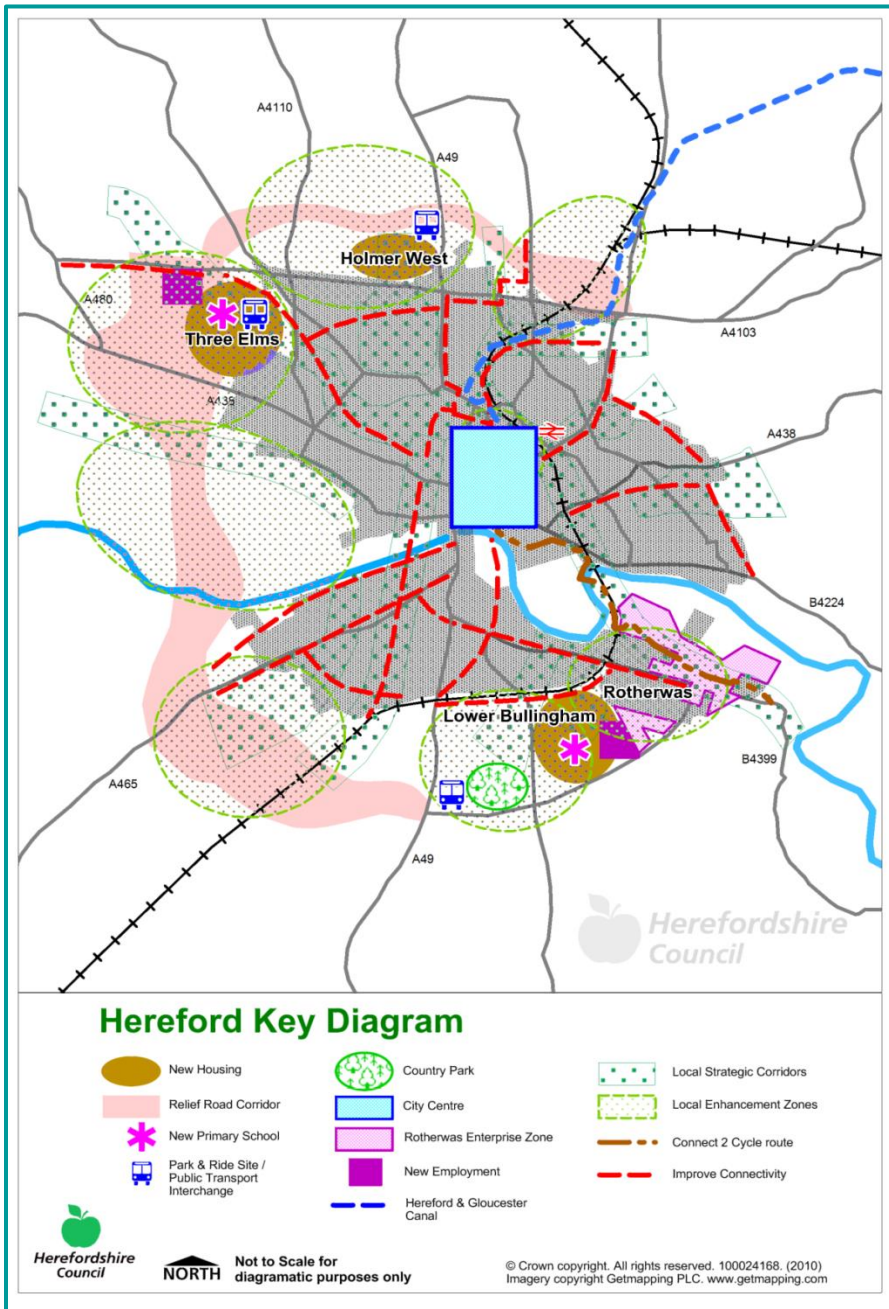
The perceived timescale for the provision of new dwellings and increase in university students in Hereford is staged up to 2031 with a stepped rate in construction planned which means a gradual increase in pressure on primary care services. The impact of these must be reflected within the timeline of this document. On the next pages we can consider the implications for each of the localities within Herefordshire.

#### References

Herefordshire's Older People's Housing Strategy and Pathway 2015-2031  
Local Plan for Herefordshire the Herefordshire Core Strategy

## General location of strategic development areas in Hereford and Market towns.

### (i) Hereford



**Hereford City.** In Hereford city there are three primary sites identified for new housing:

- Three Elms,
- Holmer West and
- Lower Bullingham.

Based on the average household size for Herefordshire of 2.34 persons as given in the 2011 Census an increase of 6,500 new dwellings would result in a concomitant population increase of over 15,000.

This represents a proportional increase of 25% of the current Hereford population of 60,000, which, if extrapolated against the present situation of eight city GP practices, indicates a requirement for the provision of two additional practices or the appreciable expansion of existing practices.

This will be of particular relevance to Lower Bullingham as Belmont is currently the only city practice located south of the River Wye.

### Implications for the PNA for Herefordshire City

Referencing the Herefordshire Council Five Year housing land supply (2017-2022) position statement at April 2017 the progressive build rate between 2018- 2021 is approximately:

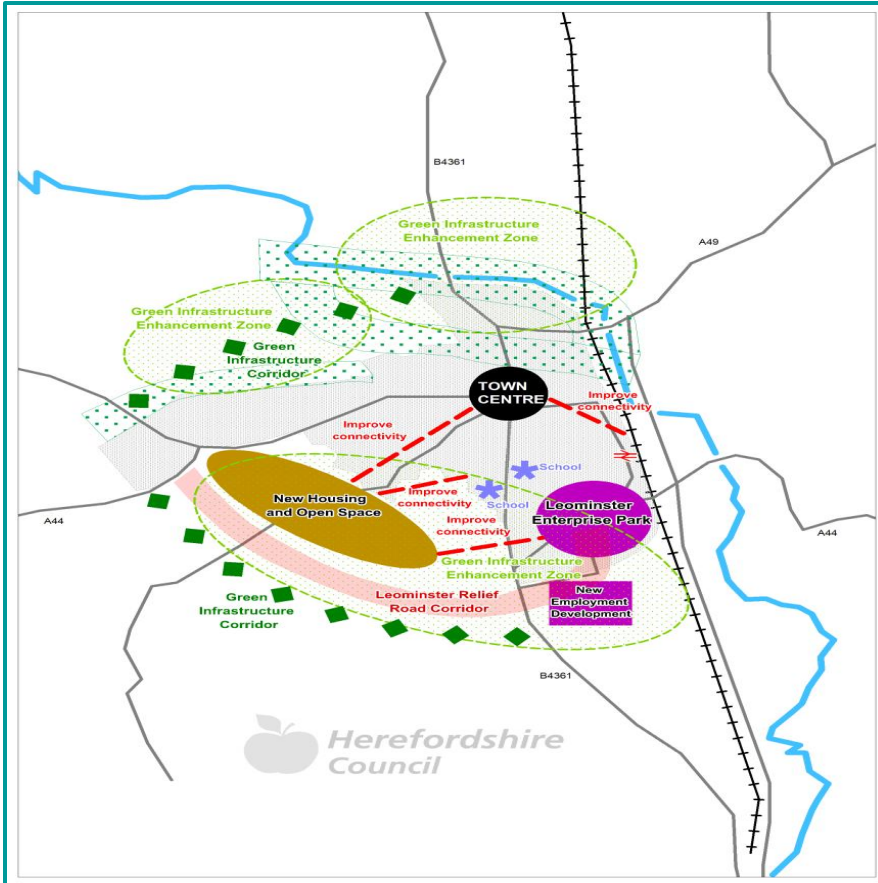
- 100 houses in Lower Bullingham
- 40 houses in Three Elms Road
- 50 Hereford City Urban Village plus a number of windfall sites accommodating four or less dwellings (approx 100 across County).

The potential impact upon access to pharmaceutical services is discussed on page 57 of the estimated population growth within the timescale of this PNA.

Furthermore, there is planned a new building development in close proximity to the Hereford Railway Station which will involve a merger of 5 Hereford City practices.

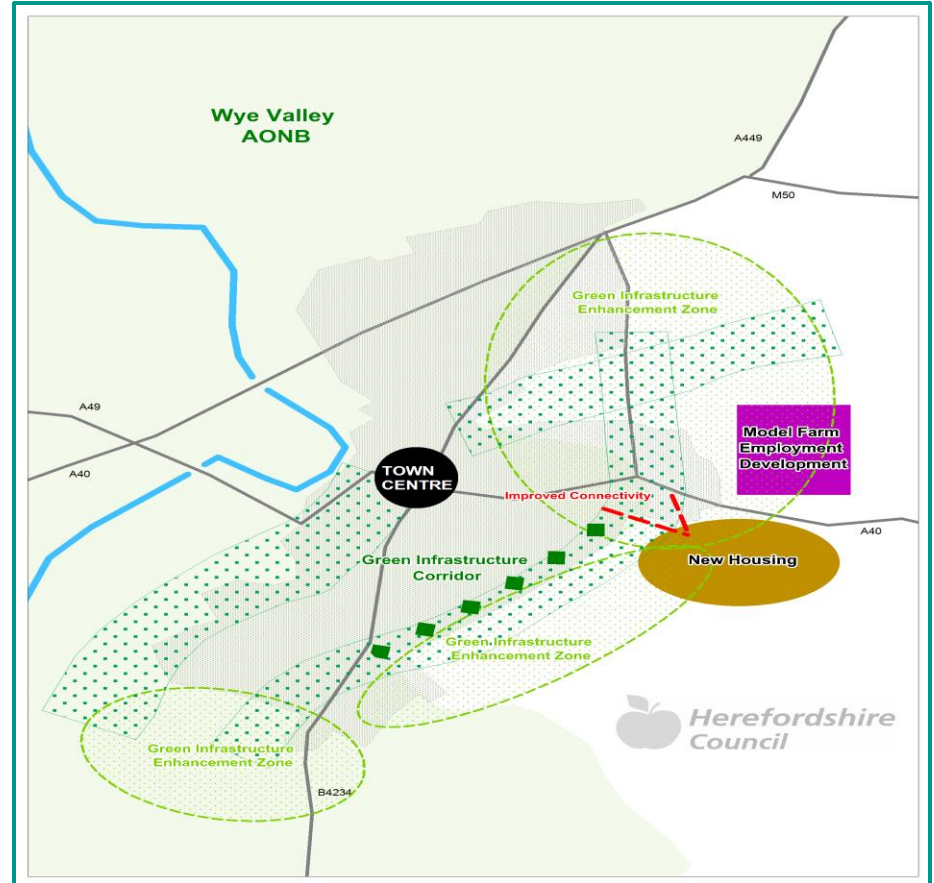
The addition of a number of University students within this PNA is estimated to be of the order of 300 students within the 3 year life of this PNA.

## (ii) Leominster



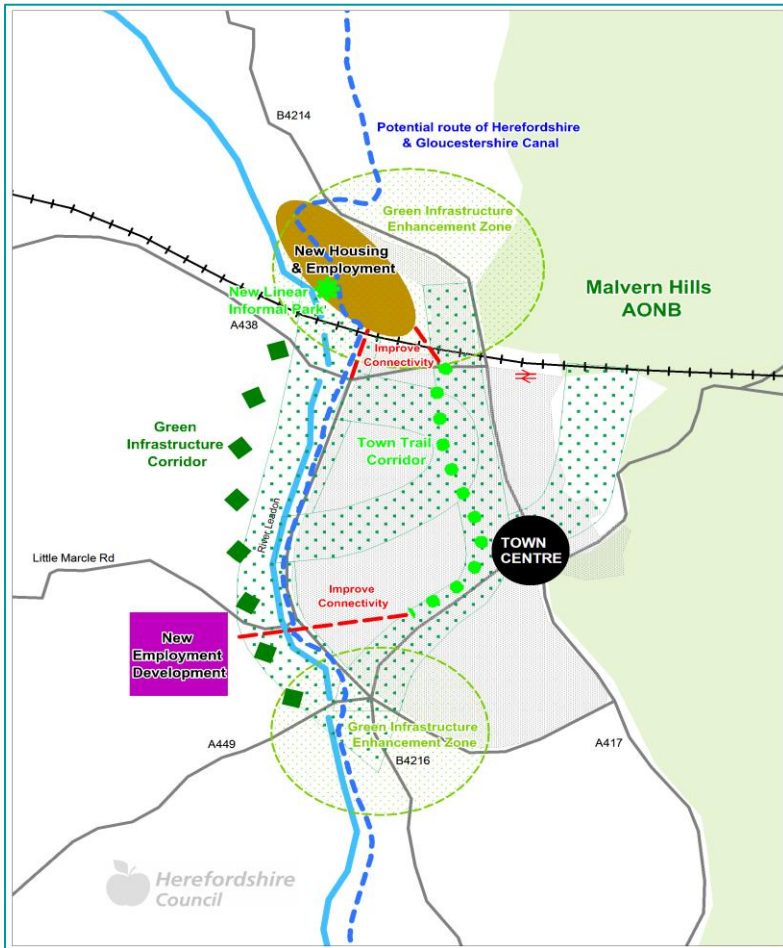
The Council position statement at April 2017 concludes that the strategic urban extension sites projected build out rate will deliver up to 300 additional houses within the 3 year timeframe of this PNA. Thereafter build out rate will continue a further year with 280 houses before falling to approx 50-100 houses per year to total by 2030/31 a 615 additional houses.

## (iii) Ross-on-Wye



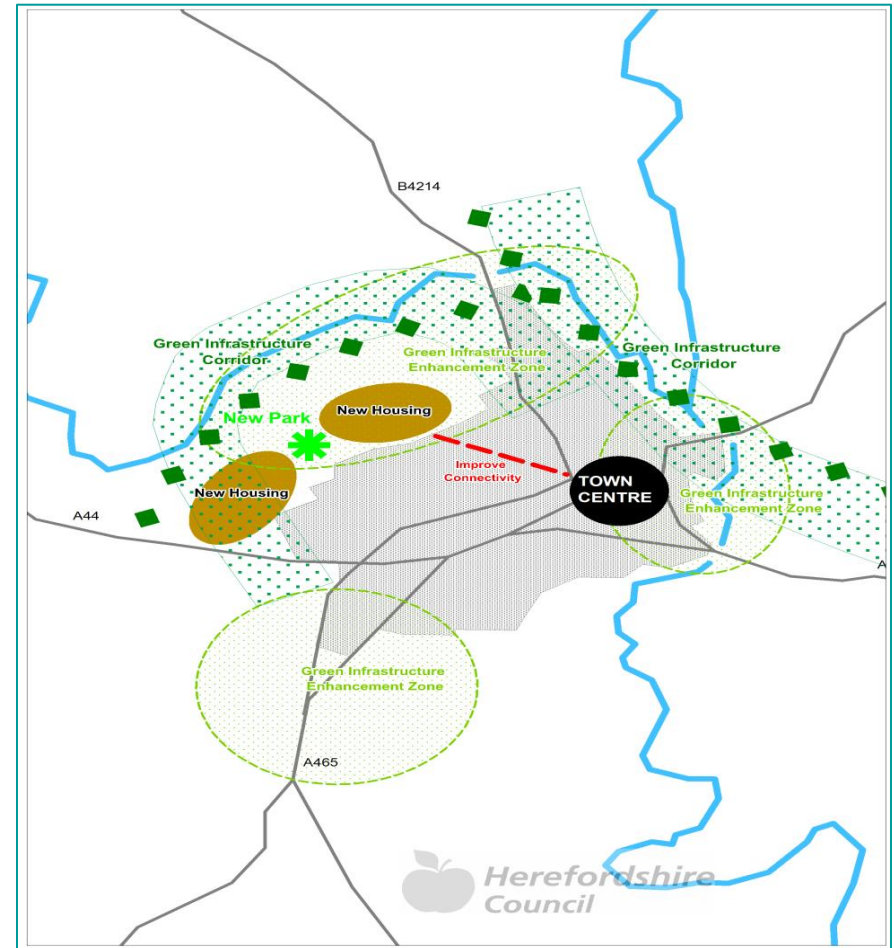
The Council position statement April 2017 concludes that the strategic urban extension sites projected build out rate will deliver up to 290 additional houses within the 3 year time frame of this PNA. Thereafter building rate may continue at approximately 50 houses per year to total an increase of 585 houses to the area by 2031.

### (iv) Ledbury



The Council position statement at April 2017 concludes that the strategic urban extension sites projected build out rate will deliver up to 260 additional houses within the 3 year timeframe of this PNA. Thereafter, build out rate will continue a further year with 260 houses before a further build of 123 houses in years 2021/22.

### (v) Bromyard



The Council position statement at April 2017 concludes that the strategic urban extension sites projected build out rate will deliver up to 70 additional houses within the 3 year timeframe of this PNA. Thereafter build out rate will continue a further year with 20 houses in years 2021/22.



## 3.2.1 Essential Services

### 3.2.1.5 Future capacity (cont...)

#### Considerations for Future Pharmaceutical Services

##### Hereford City Locality

###### Opportunities for improvement in access and choice:

- The estimated 0.7%- 1% (+500 persons) increase in population over the next 3 years, the local housing programme, and levels of deprivation (particularly in the wards which are being developed), are not significant enough to impact upon capacity to meet future pharmaceutical needs and current provision. This is in terms of dispensing, delivery of health promotion & other pharmacy-based services
- ***In the short term, improvements could be achieved through*** additional pharmacy hours, particularly in the mornings (weekdays, Saturdays and Sundays) and on Sunday evening.
- Provision of all essential and advanced services need to be provided consistently in HR2 in terms of supporting patients living in deprived areas; improve access and choice to pharmacy-based services; and enhance capacity within the existing network of pharmacies to meet the increasing pharmaceutical needs of the locality.
- Addition of approximately 300 students in Hereford City is not thought to need additional pharmacy sites but capacity exists within existing numbers of Hereford city based pharmacy sites.
- Population increase of approximately 1000 in next 3 years would reduce the current figure of 25 pharmacies per 100,000 to 24 per 100,000 population.

###### Implications for Pharmaceutical Needs of the Locality

- We envisage that even with the proposed population increase there would not indicate the need for additional pharmacy sites for Herefordshire City.
- No gaps exist in current pharmaceutical service provision with the current population being served. The planned increase in population and a relocation/ centralisation of a number of City practices (in a development timescale which indicates completion by early 2020) will not impact upon this.
- The build rate of additional houses and actual increase in population needs to be monitored closely over the next 3 years in order to examine longer term access to pharmaceutical services continues to meet the needs of the population.
- There will be a need to update the NHS England Determination of Rurality.

##### Hereford South Locality

###### Opportunities for improvement in access and choice:

- If the estimated completion of houses progresses at the rate expected over the next 3 years this will see an additional 290 houses with an estimated population growth of 678 people. This represents an additional 6% population growth adding to the current 10,700 population.
- ***In the short term, improvements could be achieved through*** additional pharmacy hours particularly in the mornings ( weekdays, Saturdays and Sundays)
- Provision of all essential and advanced services need to be delivered consistently by all pharmacies in the locality in order to provide equitable service to levels seen in other localities.
- Net population growth in Ross on Wye is not thought to warrant additional pharmaceutical services provision within this PNA.
- The actual build rate and population increase however does need to be monitored so that pharmacies can provide the same level of services in terms of essential and advanced services of the core pharmacy contract as are observed in other localities currently.

###### Implications for Pharmaceutical Needs of the Locality

- The build rate of additional houses and actual increase in population needs to be monitored closely over the next 3 years in order to examine that current and immediate term access to pharmaceutical services continues to meet the needs of the population.
- There will be a need to update the NHS England Determination of Rurality in order for patients to be clear on their eligibility for dispensing services.

## 3.2.1 Essential Services

### 3.2.1.5 Future capacity (cont...)

#### Considerations for Future Pharmaceutical Services

##### Hereford North Locality

###### Opportunities for improvement in access and choice:

- The estimated additional increase in population of approximately 700 persons over the next 3 years represents an increase of 5% population if the additional 300 houses are built on time.
- The increase is not significant enough to impact upon capacity to meet future pharmaceutical needs and current provision. This is in terms of dispensing, delivery of health promotion & other pharmacy-based services through the existing 4 pharmacies in Leominster and proximity to Kington.
- ***In the short term, improvements could be achieved through*** additional pharmacy hours, particularly in the mornings (weekdays, Saturdays and Sundays) and on Sunday evening.
- Provision of all essential and advanced services need to be provided consistently in HR6 in terms of supporting patients living in deprived areas; the most deprived area being identified currently as Leominster North.
- We envisage that within these proposed developments there would not indicate the need for additional pharmacy sites for Leominster locality.

###### Implications for Pharmaceutical Needs of the Locality

- The build rate of additional houses and actual increase in population needs to be monitored closely over the next 3 years in order to examine that current and immediate term access to pharmaceutical services continues to meet the needs of the population.
- There will be a need to update the NHS England Determination of Rurality in order for patients to be clear on their eligibility for dispensing services.

##### Hereford East Locality

###### Opportunities for improvement in access and choice:

###### Ledbury

- **The potential build rate over the next 3 years will see an increase of 260 houses (estimated population increase of an additional 600 people).**
- A further 260 houses is planned the following year and 123 the year after will result in an overall increase in population approximately 1,500 people.
- At this point the population increase over current levels will be an additional 15%.
- Therefore although within the timeframe of this PNA there will be a need to monitor the access and availability of a full range of essential and advanced services within Ledbury can continue to be delivered by existing contractors to the current observed levels.
- There will be a need to update the NHS England Determination of Rurality and if necessary produce Supplementary Statement to this PNA to ensure that this PNA remains current.

###### Bromyard

- The potential build over the next 3 years will see an increase of 70 houses with an estimated increase in population of 160+ persons.
- Although this increase is modest there is a need to re-define the NHS England Determination of Rurality and examine to what degree there is patient choice in Bromyard with respect to access to pharmaceutical services this provides with these additional population changes following this build. This area should be monitored closely and Supplementary Statements to this PNA may need to be generated.
- However, within this PNA it is determined that there is sufficient capacity to accommodate these proposed population changes.

###### Implications for Pharmaceutical Needs of the Locality

Although 13 miles apart Bromyard and Ledbury are captured under the same GP Locality for future locality based working. There will be a need to monitor both closely in terms of access and choice of how pharmaceutical services are provided within these two market towns. There will be a need to re-define the NHS England Determination of Rurality for Herefordshire.

## 3.2.1 Essential Services

### 3.2.1.6 Meeting the Needs of Specific Populations

#### Meeting the needs of those with a protected characteristic

Age	✓	<ul style="list-style-type: none"> <li>Advice and support needs to be tailored according to a patient's age. For example:               <ul style="list-style-type: none"> <li>Older people often take multiple medications and are more susceptible to side effects</li> <li>Parents may require advice on managing their child's medicines during school hours or advice on managing minor ailments; supply of sugar free medicines may be particularly beneficial for children</li> </ul> </li> <li>People of working age, may wish to access services outside of normal working hours e.g. on weekdays before or after work; or at weekends</li> </ul>
Disability	✓	<ul style="list-style-type: none"> <li>Many pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical, sensory or cognitive impairment</li> <li>Pharmacies offer a range of support including:               <ul style="list-style-type: none"> <li>The provision of large print labels for those who are visually impaired</li> <li>Supply of original packs with braille or medicines labelled in braille for those who are blind</li> <li>The use of hearing loops to aid communication for those with impaired hearing (we have identified that support could be improved)</li> <li>Provision of a multi-compartment compliance aids which <i>may</i> help to improve adherence in those who have cognitive impairment</li> </ul> </li> <li>People with a disability may have to exercise a choice and choose a pharmacy which better addresses their needs</li> </ul>
Gender	✓	<ul style="list-style-type: none"> <li>We have identified that younger adults, particularly men, are less likely to visit pharmacies. We, therefore, need to ensure that our pharmacies maximise opportunities to target health promotion and public health interventions (e.g. alcohol IBA and stop smoking services) at this group</li> </ul>
Race	✓	<ul style="list-style-type: none"> <li>Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to sign post patients to pharmacies where their first language is spoken</li> <li>BAME communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. People in this group are more likely to take medicines. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes</li> </ul>
Religion or belief	✓	<ul style="list-style-type: none"> <li>Pharmacies are able to provide medicines related advice to specific religious groups and need to be aware of the religious beliefs of the population which they serve. For example, advice on taking medicines during Ramadan; advice on whether or not a medicine contains ingredients derived from animals</li> </ul>
Pregnancy and maternity	✓	<ul style="list-style-type: none"> <li>Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant</li> <li>They play a vital role in helping to ensure that pregnant and breast feeding mothers avoid medicines which may be harmful</li> </ul>
Sexual orientation	✗	<ul style="list-style-type: none"> <li>No specific needs identified</li> </ul>
Gender reassignment	✓	<ul style="list-style-type: none"> <li>Pharmacies may be part of the care pathway for people undergoing gender reassignment and play a role in ensuring the medicines which form part of that treatment are available and provided without delay or impediment</li> </ul>
Marriage & civil partnership	✗	<ul style="list-style-type: none"> <li>No specific needs identified</li> </ul>

## 3.2.1 Essential Services

### 3.2.1.7 Conclusions

#### Conclusions on Essential Services

**Essential services** are provided by all NHS Pharmaceutical Services contractors. We have, therefore, used provision of these services to explore a range of factors which are relevant to the pharmaceutical needs of our population

We have determined that essential services are **necessary to meet the pharmaceutical needs of our population** for the following reasons:

- Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner. FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services
- Through supporting health promotion campaigns; and a proactive approach to delivering health promotion and sign posting advice, community pharmacy plays a valuable role in addressing the health needs, and tackling the health inequalities, of Herefordshire's population.
- An estimated 25% of the population are registered as dispensing patients and receive dispensing services through 10 dispensing practices.

#### Distribution of Pharmacies

- Herefordshire has a below average number of pharmacies but the distribution of these is relatively consistent with population density and deprivation.
- There is a correlation between deprivation and the number of pharmacies per 100,000, which does vary between localities which needs to be noted.
- There are some more densely populated areas where residents may have to travel more than a mile to access a pharmacy.
- There is a choice of pharmacy in all localities. We have estimated (using mapping tools) that all residents may access a pharmacy within 20 minutes by car, when all 27 pharmacies are open

#### Opening Hours

- In considering opening hours, we have taken into account that Herefordshire has a relatively high proportion of people who are older and we have looked at the alignment of pharmacy opening hours with other services
- On weekdays (9:00am - 5:30pm) and Saturdays up until 5pm residents have good access to, and a choice of pharmacy. Outside of these hours, we have identified the following gaps, where extending opening hours may result in improvements in access and/or choice. Specifically,
  - On Sundays, some residents in all localities may have to travel further to access pharmacy services
  - There is a limited access and a reduced choice of pharmacy services from 4pm on Sundays until 9am on Mondays which is when the majority of pharmacies open. Rural dispensing sites will need to ensure that their opening hours continue to meet the needs of the dispensing patients.
  - Pharmacy opening hours do not necessarily align with the unscheduled care providers, however, this does not represent a gap because the number of FP10 prescriptions issued at these times is low and we are not aware of any complaints in this respect:
- **Weekday & Saturday mornings:** There is choice of Hereford City pharmacies which open at 8am but the majority open at 9am.
- **Sundays:** No pharmacies open before 10am and all are closed at 4pm. All these pharmacies are located in Herefordshire City.
- **Overnight:** There is no access to pharmacy services overnight apart from Emergency Access to advice and medicines through the OOHs provider which works effectively.
- Each Bank Holiday needs to be considered individually in order for NHS England to commission rota in Hereford City and Ross and Leominster.
- The availability of pharmacy opening times and services is publicised; some residents do not have access to the internet to review. Means to increase the awareness of where the pharmacies are located with extended hours should be explored.

#### Patient Choice.

Patients should have a choice on where they access pharmaceutical services and where their prescriptions are dispensed and this should be articulated clearly by all providers. Options for ordering prescriptions electronically when they receive medicines via community pharmacy should be increased.

## 3.2.1 Essential Services

### 3.2.1.7 Conclusions (cont...)

#### Conclusions on Essential Services

##### Dispensing

- The dispensing rate for Herefordshire pharmacies is higher than the majority of our CIPFA comparators and the England averages
- There is scope to increase efficiencies for both prescribers and dispensers using electronic repeat dispensing because of the benefits for patients and the health economy in general. This should be a priority to increase GP practice uptake of this IT functionality since there is wide variation across Herefordshire and is therefore potentially limiting choice and access for patients to regular repeat medicines supply.

##### Access & Support for People with Disabilities

- Some pharmacies within Herefordshire have taken steps to provide support for people with physical, sensory and cognitive impairment and disabilities

##### Overall Conclusions for Essential Services

- In considering future capacity we have taken into account the trend for growth in prescription items, the local housing & regeneration programme; and have looked at these in the context of opening hours, deprivation and population density. We have identified there is sufficient capacity within existing 27 providers within the timeframe of this PNA.

##### Current Need where improvements could be made in the immediate future

- Additional pharmacy opening hours would be advantageous between 7-9 am on weekdays, in all localities, to ensure alignment with GP opening hours and to promote timely access to dispensing
- Opening hours of dispensing practices can be explored to ensure that access is optimised for patients including the working population.
- Additional pharmacy rota provision should be considered on an individual Bank Holiday basis for all Bank holidays market towns Ross and Leominster and commissioned accordingly.
- Up to date information on pharmacy and DAC opening hours and services, is needed in a variety of forms, rather than relying on NHS Choices

##### Future Need

- There will be a need to examine Hereford City (South of River Wye), Ledbury and Bromyard alongside examination of primary care practice delivery to ensure that community pharmacies can continue to meet the pharmaceutical needs of the locality as a result of a phased programme of commercial and housing developments. These areas may require production of Supplementary Statements to this PNA to ensure needs continue to be met.
- There will be a frequent need to update the NHE England Determination of Rurality as the programme of housing developments is realised.

##### Current and Future Improvements or Better Access

- In all localities, additional opening hours on weekday mornings (before 9am), weekday and Saturday evenings and on Sundays, would improve access, convenience and choice to dispensing and other essential services, both now and in the future. This would be beneficial for residents who work full time and who prefer to use a pharmacy outside of working hours; and would facilitate ensuring there is sufficient capacity to meet the future pharmaceutical needs of a growing population.
- More pharmacies could provide support for people with disabilities, particularly those with hearing impairment
- Community pharmacy is not optimally utilised particularly in the context of a primary care led NHS and improving the health of the population so needs to be integrated particularly into new Primary Care Home initiatives to deliver multi-disciplinary care co-ordinated on a locality basis.

## 3.2.2 Pharmacy Premises

### 3.2.2.1 Consultation Areas

#### Overview

- Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter
- For advanced services, the characteristics of a pharmacy consultation area have been defined<sup>9</sup>:
  - There must be a sign designating the private consultation area.
  - The area or room must be:
    - Clean and not used for the storage of any stock
    - Laid out and organised so that any materials or equipment which are on display are healthcare related
    - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected
- In recognition of the interdependency between the commissioning of a broad range of services and the presence of a suitable consultation area, we explored the facilities available in our community pharmacy questionnaire; the table on the right summarises the results.

#### Conclusions on Consultation Areas

- All but one pharmacy (96%) has at least one consultation area which is also a confidential closed room (96%);
- Most consultation areas are well equipped, but there are opportunities to:
  - Ensure the use of technology is embraced in order to facilitate confidential discussions and information exchange, where required by the service
  - Consider security through the use of CCTV and panic buttons
  - Make adaptations to support those with disabilities, particularly meeting the needs of wheelchair users and those with a hearing impairment
- 5 (18%) pharmacies said they are willing to provide consultations in a patient's home; this would support improving access for the housebound and/or those who find it difficult to access pharmacy services without support from a carer

#### Consultation Areas & Facilities

Feature	Rationale	No. (n=27)	%
On-site	Facilitates 'walk in' approach to service delivery	26*	96%
Closed room	For confidentiality	26	96%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation		65%
Wheel chair access	Improves access to a confidential area for those with a physical disability	25	93%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	12	44%
Computer	For contemporaneous patient records	17	63%
Internet access	Access to on-line resources	17	63%
Medication records	Access to patients' medication history during the consultation	16	59%
Sink with hot water	Required for services which include examination or taking samples	22	81%
Premises approval	Enables post graduate pre-registration training student training	5	19%
Times>1 pharmacist on duty	Afford more opportunity for pharmacist led interventions and services	9	33%
* 1 pharmacy	Reports practice based facilities.		
Other Facilities on the Premises			
Patient toilet	Facilitates provision of samples	35	45%

## 3.2.3 Advanced Services

### 3.2.3.1 Medicines Use Review & Prescription Interventions

#### Overview

- The Medicines Use Review (MURs) & Prescription Intervention (PI) service consists of structured reviews for people taking multiple medicines
- The service aims to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste
- MURs tend to be proactive and targeted at specific patient groups whereas PIs are more reactive and are usually undertaken following the identification of a serious adherence issue
- The pharmacy must have a consultation area which complies with specified criteria; and the pharmacist undertaking the service must be accredited to do so. A pharmacy may also seek permission, from NHS England, to provide MURs in the domiciliary setting
- A pharmacy may:
  - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule'). The 3 month rule does not apply to prescription interventions
  - Undertake up to 400 MURs per annum
  - From 2014/15, 70% of MURs must be directed to target groups i.e.
    - People on high risk medicines (NSAIDs, anti-coagulants, anti-platelets, diuretics)
    - Those who have been recently discharged from hospital
    - People who have been prescribed certain respiratory medicines
    - Those taking 4 or more medicines and who either have cardiovascular disease or whom are at risk of cardiovascular disease

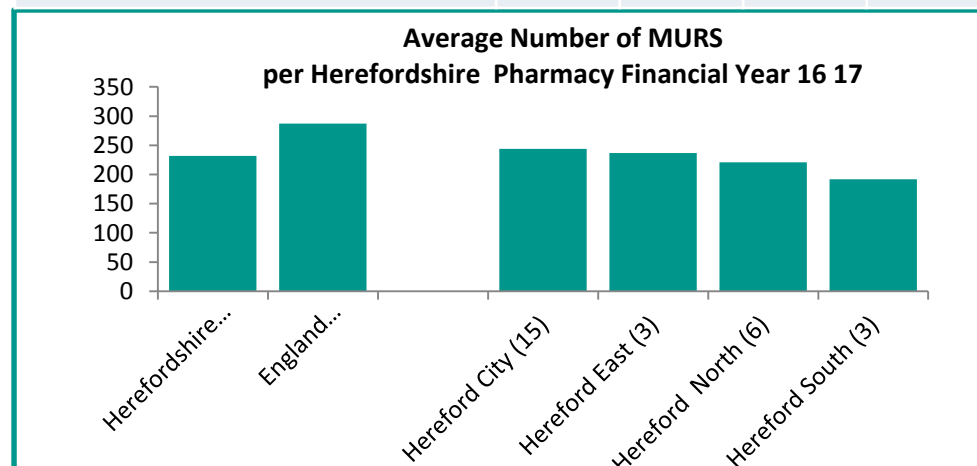
#### The Evidence Base

- The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies<sup>10</sup>:
  - 49% of patients reported receiving recommendations to change how they take their medicines, and of these 90% were likely to make the change(s)
  - 77% had their medicines knowledge improved by the MUR
  - 97% of patients thought the place where the MUR was conducted was sufficiently confidential
  - 85% of patients scored the MUR 4 or 5 on a usefulness scale where 1 was not useful and 5 very useful

#### The Current Picture

- 27/27 (100%) pharmacies offer Medicine Use Reviews
- The graph compares Herefordshire with an all England comparator
  - In Herefordshire, the average number of MURs per pharmacy was 232 in Financial Year 16 17
  - This performance is 19% below England average of 287 for the same time period
  - All areas are below the maximum threshold of 400 MURs per annum.
- With respect to activity (see table):
  - There is variation between pharmacies in terms of the number of MURs undertaken with pharmacies ( range 14-400)
  - Overall, Financial Year 16 17, 6, 264 MURs were undertaken against a possible maximum of 10,800
  - There is an observed difference in locality provision as described in the table in both the range of completed MURs and MURs per 1000 people.

	FY 16 17	City	North	South	East
Number of active pharmacies	15	6	3	3	3
Number of MURs undertaken range	53-364	81-357	198-286	14-400	
Total Activity	3,439	536	1,027	756	
MURS per 1,000 people	43	13	27	24	



## 3.2.3 Advanced Services

### 3.2.3.1 Medicines Use Review & Prescription Interventions

#### Meeting the needs of those with a protected characteristic

Age	✓	Older people, on multiple medications for long term conditions may require MURs. People of working age may wish to access this service during extended hours
Disability	✓	MURs help to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering MURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	MURs may help women who are planning pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- We would like to see all Herefordshire pharmacies offering MURs, to ensure that all residents can access the service through their regular pharmacy
- We wish to see all pharmacies targeting the service at people who will benefit the most. This will support pharmacies delivering the maximum number of MURs per annum
- It should be noted by all Commissioners of services that individual patient permissions are needed to be granted by NHS England for an MUR to be completed away from the pharmacy premises.
- Providing MURs in the domiciliary setting may improve access for people who are less able to visit a pharmacy.

#### The Future

We anticipate there will be an increase in the number of people requiring MURs as our population ages, as a result of population growth & local housing developments and because of local strategy to provide more care outside of hospital. Our benchmarking analysis demonstrates that there is sufficient capacity, within the current pharmacy network, to meet this future need.

#### Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
  - People with long term conditions with multiple medicines benefit from regular reviews
  - It is estimated that up to 20% of all hospital admissions are medicines related<sup>11</sup> and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose).
- We have determined that MURs are not necessary to meet a pharmaceutical need, but are **relevant** in that they **improve access** to medicines reviews and clinical support. The following factors have influenced this decision:
  - Whilst MURs may only be provided by community pharmacists there are other comparable services that can be provided by other healthcare professionals (e.g. practice nurses, hospital pharmacists)
  - There is published evidence to demonstrate the benefits of MURs
  - There is good alignment with local strategic priorities in that MURs contribute towards the effective management of long term conditions
- 27 pharmacies offer the service; all pharmacies should aim to complete 400 MURs per annum.
- Closer working relationships with primary care practices could enable referrals for suitable patients to benefit from MURs.
- We have identified the following gaps:
  - The pattern of community pharmacy opening hours may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend
  - There is scope for pharmacies to increase the number of MURs which are undertaken; this applies to all localities which should be encouraged.
  - The 3 month rule means that the service may not be accessed from a pharmacy other than the regular pharmacy.



## 3.2.3 Advanced Services

### 3.2.3.2 New Medicine Service (NMS)

#### Overview

- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence
- The service is focused on the following patient groups and conditions:
  - Asthma and COPD
  - Diabetes (Type 2)
  - Hypertension
  - Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (this can be from primary or secondary care) or are identified opportunistically by the community pharmacist
- The number of NMS interventions which a pharmacy may undertake is linked to their volume of dispensing in any given month

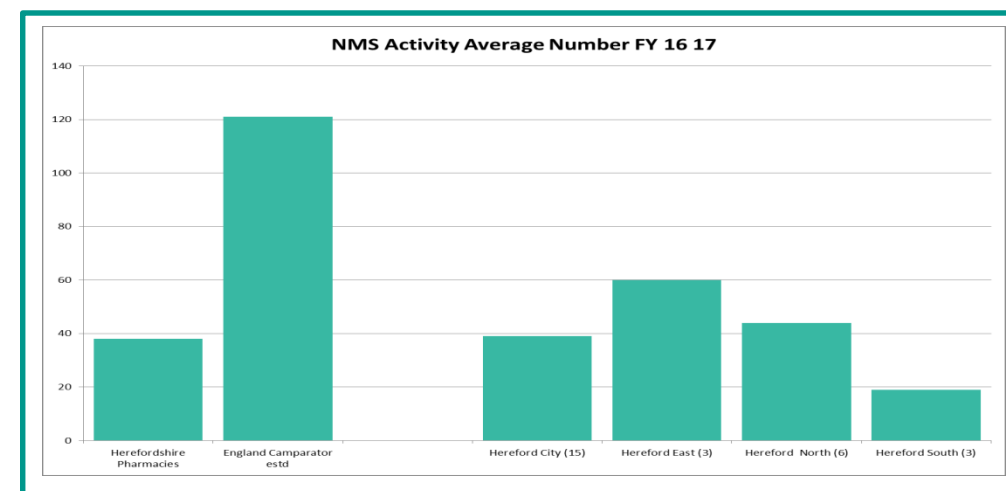
#### The Evidence Base

- A recent randomised controlled trial<sup>11</sup> demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective:
  - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
  - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group
  - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent
- In a study evaluating a telephone based pharmacy advisory service<sup>12</sup>, pharmacists met patients' needs for information and advice on medicines, when starting treatment

#### The Current Picture

- 24 (88%) pharmacies offer the NMS
- Exceptions occur in HR1, HR2 and HR9
- Benchmarking data (graph below) summarises Herefordshire's provision and performance against England data:
  - The proportion of pharmacies offering the service is higher than the England average
  - However, the average number of NMS reviews undertaken is lower than the England average
- With respect to activity (see table):
  - We observe that there is variation between pharmacies in terms of the number of NMS reviews undertaken.
  - This is reflected in the numbers aggregated across localities.
  - Locality working and integration into primary care could optimise patient benefits of this service but is dependent upon qualifying categories.

Financial Year 16 17	NMS Activity 2016/17			
	City	East	North	South
No. of active pharmacies = 24 in total	13	6	3	2
No. NMS Reviews undertaken (range)	0-124	39-72	3-80	0-49
Total Activity	592	180	220	57
NMS reviews per 1,000 people	7.4	4.5	5.7	1.8



## 3.2.3 Advanced Services

### 3.2.3.2 New Medicine Service (NMS)

#### Meeting the needs of those with a protected characteristic

Age	✓	Older people on multiple medications for long term conditions may benefit from the NMS. People of working age may wish to access this service during extended hours
Disability	✓	The NMS helps to assess & provide support to patients to help improve adherence to medicines e.g. large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the NMS
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	NMS may help women who are <i>planning</i> pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- We would like to see all pharmacies offer the NMS; where a pharmacy does not offer the service, they should be encouraged to signpost to an alternative pharmacy
- To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening.
- Adopting an integrated approach to service delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for patients.

#### The Future

- The NMS was originally implemented as a time-limited intervention. NHS England has stated it will continue to commission the service at the time of writing. *We wish to see all pharmacies in Herefordshire offering, and proactively delivering the service, for as long as this is commissioned .*
- Our benchmarking analysis demonstrates there is sufficient capacity in the system, to meet any increased future demand

#### Conclusions

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems<sup>11</sup>:
  - Only 16% people take a new medicine as prescribed
  - 10 days after starting a new medicine, almost one third of patients are non-adherent
  - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or unintended consequence of the prescribed medicine
- On balance, we have determined that the service is not necessary to meet a pharmaceutical need, but is **relevant in that it improves access to medicines reviews and clinical support**. The following factors have influenced this decision:
  - The service may only be provided by community pharmacists but other healthcare professionals may offer comparable services
  - There is published evidence to demonstrate the benefits of the NMS
  - There is good alignment with local strategic priorities in that the service contributes towards the effective management of long term conditions and admission avoidance
  - The number of reviews undertaken in Herefordshire is lower than England average but could be increased in all localities
  - The long term future of the service is not known at this point in time.
- **24 pharmacies offer the service;**
- We have identified the following gaps:
  - 3 pharmacies don't offer the service at all
  - Limited access on weekday & Saturday mornings up until including 8:00am; Saturday afternoons; and Sundays. This pattern of opening may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend
  - There is variation between localities with respect to the number of reviews undertaken but the reasons for this are not clear

## 3.2.3 Advanced Services

### 3.2.3.3 Stoma Appliance Customisation Service (SACS)

#### Overview

- This service involves the customisation of stoma appliances, based on a patient's measurements or a template
- The aim of the service is to ensure proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- There are no limits on the number of SACS which may be undertaken

#### The Current Picture

- 0 (0%) pharmacies, in the community pharmacy questionnaire, reported that they offered the SAC service. However NHS England reported 7 pharmacies (26%) as able to provide the service but no activity data is available.
- 1 of the 27 pharmacies which don't offer the service, told that they would be willing to provide the service in the future
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their on-going care.
- Therefore, this remains an option for community pharmacies to provide additional support to stoma patients.
- Activity for SAC in general across the country is noted as higher when there is a Dispensing Appliance Contractor in the area.
- PACT data would suggest that 67% of appliance prescriptions are dispensed outside Herefordshire through DAC companies.

#### The Evidence Base

- There is no published evidence to demonstrate the benefits of SACS
- The stated benefits of improving the duration of usage and reducing waste are theoretical

#### Meeting the needs of those with a protected characteristic

Age	✓	Older people are more likely to have stomas and therefore may require access to the SACS
Disability	✓	SACS help to assess need & provide support to help people with disabilities manage their stoma
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful SACS
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	SACS may be required during pregnancy to help accommodate changing body shape
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Conclusions

- The service aims to ensure the proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- Within Herefordshire, 7 pharmacies nominally are able to provide the SAC service but no activity data is available.
- We have concluded that the pharmacy & DACs based SAC service, within Herefordshire, is not necessary to meet a pharmaceutical need but it is a **relevant service** for the following reasons:
  - Our analysis of dispensing indicates that residents may choose to access pharmacy or DAC based stoma customisation both within and outside of the area. They may also opt to receive stoma customisation support from the stoma nurse providing their ongoing care
  - The SAC service provides theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved patient outcomes or value for money
- We have not identified any current or future gaps with the service

## 3.2.3 Advanced Services

### 3.2.3.4 Appliance Use Reviews (AURs)

#### Overview

- Appliance Use Reviews (AURs) may be provided by community pharmacies and dispensing appliance contractors. They may be carried out by an appropriately trained pharmacist or specialist nurse either within the contractor's premises or in a patient's own home
- The purpose of AURs is to improve a patient's knowledge and use of any 'specified appliance' that they have been prescribed. The pharmacy would normally dispense and undertake a review with a view to improving adherence and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient
- The number of AURs which may be undertaken is linked to the volume of appliances dispensed i.e. 1/35 of specified appliances (see box on the right)

#### The Current Picture

- 1 (3%) pharmacy advised us that they offer the AUR service:
  - A further 2 of the remaining 26 pharmacies which don't offer the service, told us that they would be willing to provide the service in the future
- There is no activity data available .
- With respect to non-pharmacy providers, advice on the use of appliances may be offered by the hospital or clinic responsible for ongoing care.

#### Specified Appliances

- Catheter appliances, accessories & maintenance solutions
- Laryngectomy or tracheostomy appliance
- Anal irrigation kits
- Vacuum pump or constrictor rings for erectile dysfunction
- Stoma appliances
- Incontinence appliances

#### The Evidence Base

- There is no published evidence to demonstrate the benefits of AURs
- The stated benefits of improving adherence and reducing waste are theoretical

#### Meeting the needs of those with a protected characteristic

Age	✓	Older people are more likely to use appliances and as such require AURs
Disability	✓	Disabled people are more likely to use appliances and as such may require AURs
Gender	✓	Appliance advice can be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Conclusions

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste
  - The AURs limit impacts upon the number of people eligible for the service
  - Over 70% appliances are dispensed outside of the area; and it follows that AURS will be undertaken outside the area
  - The reviews are specialist in nature and patients often receive the support they need from the hospital or clinic responsible for their ongoing care
  - Hospitals may refer directly to appliance manufacturers who supply directly; such patients may not be aware that pharmacies offer AURs
- We have determined that AURs are not necessary to meet a pharmaceutical need **but are relevant** for the following reasons:
  - The service potentially provide a choice of provider for people who prefer to use a pharmacy or DAC based service rather than the hospital or clinic providing their ongoing care; as such the service may improve accessibility
  - There is insufficient published evidence to demonstrate improved patient outcomes or value for money
- We are not aware of any complaints or dissatisfaction with the current service level and have not identified any current or future gaps.

## 3.2.4 Local Enhanced Services

### 3.2.4.1 NHS England Pharmacy Vaccination Service

#### Overview

- The aim of the immunisation programme is to minimise the health impact of disease through effective prevention
- NHS England Vaccination service has been established to deliver population-wide evidence based immunisation programme with a view to:
  - Ensuring timely delivery of immunisations to achieve optimum coverage for the target population
  - Promote a choice of provider for patients and facilitate the “Every Contact Counts” approach
  - Improving access to influenza vaccination services
  - Addressing the historically low uptake of seasonal influenza vaccination by those aged under 65 who fall into an ‘at risk’ group and those aged 65+
- The specification of the service currently includes the following vaccination options from April 2016 - March 2018:
  - Seasonal Influenza vaccinations

#### The Current Picture

- During Financial Year 16 17 16 (60%) Herefordshire pharmacies provided 1352 NHS flu vaccinations representing 5.4% of NHS England area of Arden, Hereford and Worcester.
- 19 (70%) pharmacies are commissioned to provide the service Financial Year 17 18 so increased activity is expected via expansion of number of pharmacies and increase in the cohorts of patients, carers, care homes and domiciliary care staffs now added for eligibility.
- The table on the next page summarises availability of services:
  - There is reasonable access, and a choice of pharmacy, on weekdays (9:30am-5:30pm) and on Saturday (10am – 1pm) in all localities
  - Service availability is more limited in all localities during extended hours, which is when people of working may wish to access the service:
    - Three pharmacies offer the service before 8am in Hereford City only
    - Access is available in most areas on Saturdays
    - **Map 6** provides an overview of the distribution of pharmacies against a background of the older people (65+) population and shows that all localities have a choice of provider
- **Non Pharmacy providers: currently** include GPs and midwives

#### Provider Criteria

- Pharmacies must meet the following criteria:
  - There must be a designated consultation area or alternative premises that meets specific criteria including workspace & infection control requirements
  - The service must be provided by an accredited pharmacist working under the NHS England Core PGD for Administration of 2016/17 and 17/18 Vaccinations,
  - A Declaration of Competences for Vaccination Services including Centre of Pharmacy Postgraduate Education (CPPE) on immunisations and basic life support training must be completed
  - Pharmacists must attend relevant study days/courses, keeping up to date with clinical literature
  - Pharmacist must be aware of the need to have hepatitis B vaccination.
  - Standard operating procedures must be available
  - All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists
  - Pharmacies participating in the service are expected to work in partnership with local GPs to identify and encourage those that have failed to attend previous vaccination appointments
  - Specific information is sent to GP practices with patient consent.

#### The Evidence Base

- In 2011/12, pharmacies in one area used ‘PharmOutcomes’ to record vaccinations and notify GP colleagues<sup>13</sup>:
  - 4,192 people were vaccinated (approximately 15% of total vaccinated).
  - 35% were under 65 and in ‘at risk’ groups (other providers vaccinated 17% in this category)
  - 19% patients stated vaccination was unlikely without pharmacy access.
  - 97% rated the service as ‘excellent’
  - 13% of patients cited difficulties in obtaining the vaccine from other providers
- A literature review<sup>14</sup> of community pharmacy delivered immunisation services demonstrates:
  - Immunisation can be safely delivered through community pharmacy
  - Patient medication records are effective at identifying ‘at risk’ clients to be invited for immunisation and this can increase uptake of vaccine
  - User satisfaction with pharmacy based services is high

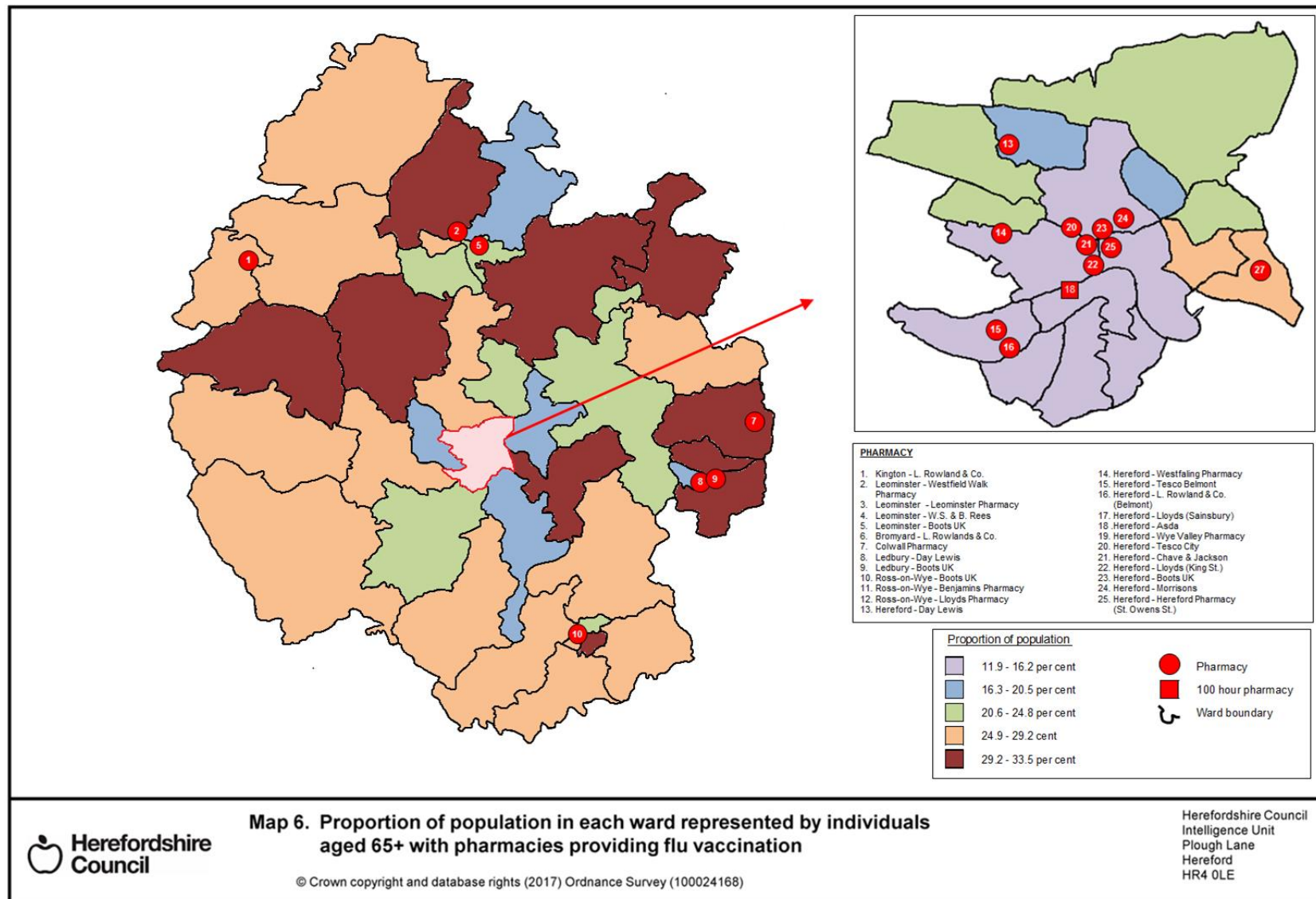
## 3.2.4 Advanced Services

### 3.2.4.1 NHS England Pharmacy Vaccination Service

Locality		Number of Pharmacies Offering NHS Flu Vaccination Service								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am–4pm
City	ASDA	1	0	1	1	1	1	1	1	1
	Boots Hereford	0	1	0	1	1	1	1	0	1
	Chandos	0	1	0	1	1	0	0	0	0
	Chave & Jackson	0	1	0	1	1	1	1	0	0
	Day Lewis Hereford	0	1	0	1	0	1	0	0	0
	Dudley Taylor	0	1	0	1	1	1	0	0	0
	Lloyds in Sainsburys	1	1	1	1	1	1	1	1	1
	Lloyds King Street	0	1	0	1	1	1	0	0	0
	Morrisons	0	0	1	1	0	1	1	1	1
	Rowlands Belmont	0	1	0	1	1	1	0	0	0
	Rowlands H Dene	0	1	0	1	0	0	0	0	0
	Rowlands Westfaling	0	1	0	1	0	0	0	0	0
	Tesco Stores Belmont	0	0	0	0	0	0	0	0	0
	Tesco Stores Bewell St	1	1	1	1	0	1	1	1	0
	Wye Valley Pharmacy	0	0	0	0	0	0	0	0	0
North & West	Boots Leominster	0	1	0	1	1	1	1	0	0
	Leominster Pharmacy	0	0	0	0	0	0	0	0	0
	WS Rees Pharmacy	0	0	0	0	0	0	0	0	0
	Rowlands Kington	0	1	0	1	1	1	1	0	0
	Westfield Wk Pharmacy	0	1	1	1	1	1	0	0	0
East	Boots Ledbury	0	1	0	1	1	1	1	0	0
	Colwall	0	1	0	1	0	1	0	0	0
	Day Lewis Ledbury	0	1	0	1	0	1	0	0	0
	Rowlands Bromyard	0	1	0	1	0	1	1	0	0
South & West	Benjamin's Pharmacy	0	1	0	1	1	0	0	0	0
	Boots Ross on Wye	0	1	0	1	1	1	1	0	1
	Cohens Chemist	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>		<b>3</b>	<b>20</b>	<b>5</b>	<b>22</b>	<b>14</b>	<b>9</b>	<b>11</b>	<b>4</b>	<b>5</b>
<b>Percentage of Total</b>		<b>11%</b>	<b>80%</b>	<b>18%</b>	<b>81%</b>	<b>52%</b>	<b>33%</b>	<b>41%</b>	<b>15%</b>	<b>18%</b>

## 3.2.4 Advanced Services

## 3.2.4.1 NHS England Pharmacy Vaccination Service



## 3.2.4 Advanced Services

### 3.2.4.1 NHS England Pharmacy Vaccination Service

#### Meeting the needs of those with a protected characteristic

Age	✓	The service is available to those over 65 and under 65 in at risk groups; people of working age may wish to access the service during extended hours
Disability	✓	Pharmacy services may be more accessible and convenient for people with a physical disability
Gender	✗	No specific needs identified.
Race	✓	BAME people are more likely to be in the “at risk” groups
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- We wish to see this service commissioned from as many pharmacies as possible in Herefordshire to support increased uptake of seasonal influenza vaccine in those aged under 64 who are at risk; it is of note that a further 7 pharmacies told us, in the community pharmacy questionnaire, that they would be willing to provide this service
- In particular, we wish to see all pharmacies which are open for extended hours on weekdays, Saturdays and Sundays offering the service. This would improve access for people who work full time and who may find it difficult to attend for vaccination during working hours.

#### The Future

- NHS England has advised that they may wish to broaden the current portfolio to include shingles, pertussis, Fluenz ® and rotavirus vaccination

#### Conclusions

- NHS England Flu Pharmacy Vaccination Service has been established to improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of “*Every Contact Counts*”
- We have concluded that this service is not necessary to meet a pharmaceutical need but is **relevant** in that:
  - Community pharmacy is one of a range of providers offering the vaccinations. Many are open during extended hours on weekdays and at weekends. As such, the pharmacy-based service **offers improvements in both access and choice**
  - There is emerging published evidence to support the role of community pharmacy in delivering immunisation services
  - The service will support Herefordshire with achieving vaccination targets and coverage, particularly in those aged under 64 years who are at risk
- 19 pharmacies are currently offering the vaccination service; 6 additional pharmacies have advised that they would be willing to provide the service in the future
- There are opportunities to improve service availability during extended hours on weekdays, Saturdays and Sundays
- NHS England as commissioner will continue to evaluate outcomes of the pharmacy based service within the larger picture of other providers e.g. GP practices and midwives.
- Financial Year 17 18 has seen the addition of care home, domiciliary care staff as eligible persons to receive an NHS vaccination. There have been outbreaks in care homes in which few staff have received vaccinations. There is an opportunity for a pharmacist led domiciliary vaccination service to ensure staff are vaccinated in local care homes emerging.



## 3.3 Locally Commissioned Services

### 3.3.1 Overview

#### Overview

- The Regulations<sup>1</sup> require that the HWB considers how other services affect the need for pharmaceutical services. Within our PNA, we look at this from two perspectives:
  - a. Firstly, we review how other NHS services impact upon pharmaceutical need (this is considered throughout the PNA)
  - b. Secondly, an assessment of services which have been directly commissioned from pharmacy by other organisations
- In this section of the PNA, we undertake a detailed review of the services which are commissioned from pharmacy :
  - Emergency Hormonal Contraception
  - Stop Smoking Service
  - Supervised Consumption Service
  - Needle and Syringe Programme
 Plus CCG commissioned services:
  - Pharmaceutical advice to care homes
  - Services for palliative care, and availability of specialist medicines
  - Education to patient groups and Pharmacy First Minor Ailment Scheme
- In undertaking our assessment, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out current and future gaps and identifying areas for further improvement
- We have found it helpful to consider whether or not a locally commissioned service is necessary to meet a pharmaceutical need; or if we believe that it is relevant in that it secures improvements in access or choice
- It should be noted that applications **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services) and should not be submitted on the basis of gaps or needs identified for locally commissioned services

### Healthy Living Pharmacy (HLP) Programme

- Herefordshire Council has been working in partnership with Hereford Clinical Commissioning Group and Hereford & Worcestershire Local Pharmacy Committee (LPC) to develop the Healthy Living Pharmacy (HLP) status in the County.
- The concept of the HLP builds upon the role of community pharmacies and attempts to establish them as a key element within public health services. It aims to do this through the delivery of high quality services, advice and intervention as well as regular health promotion activities
- The ambition for Healthy Living Pharmacies is as follows:
  - A community pharmacy that consistently delivers a range of high quality health and wellbeing services
  - Has achieved defined quality criteria requirements and met productivity targets linked to local health needs
  - Has a team that proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol
  - Has a trained Health Champion who is proactive in promoting health and wellbeing messages, signposts the public to appropriate services and enables and supports the team in demonstrating the 'ethos' of an HLP
  - Has premises that are fit for purpose for promoting health and wellbeing messages as well as delivering commissioned services
  - Engages with the local community and other health and social care professionals, especially their local GP practice
  - Is recognisable by the public through the display of the HLP logo
- **At the time of PNA development 25 out of 27 pharmacies have completed HLP Level 1 status having commenced the programme in March 2017.**
- **Achievement of Level 1 is a pre-requisite for both CCG and LA locally commissioned services**
- Further opportunity exists to integrate this work into the emerging Council initiative of "Healthy Living Network" of organisations.

## 3.3 Locally Commissioned Services

### 3.3.2 Emergency Hormonal Contraception

#### Overview

- The pharmacy-based service provides access to emergency hormonal contraception (EHC) to young women aged 13-19 years, who have had unprotected sexual intercourse within the last 72 hours
- Pharmacies supply and supervise the consumption of levonorgestrel 1,500 micrograms
- Those seeking the EHC service are not currently provided with free condoms and access to a C-Card scheme which are included in other areas.
- This service aims to:
  - Increase access and knowledge of EHC and other types of contraception for women aged between 13 and above
  - Raise awareness of safer sexual practice
  - Reach to sexually active young people who do not use sexual health services
  - Signpost to specialist services where required
  - Allow faster response to clients' needs, without the need to see a doctor

#### The Current Picture

- 17 (63%) pharmacies have been commissioned to provide the service
- The table (next page) and following page provide an overview of the availability of the service and teenage conception rates:
  - Although teenage conception numbers are relatively low in Herefordshire it is important to offer good access to emergency contraception.
  - Pharmacy has provided a key service for many years but further potential exists for 100 hour pharmacy to deliver consistently; for pharmacies near wards with higher than the England teenage conception rate to provide the service consistently.
  - There is a choice of pharmacy, in all localities, on weekdays (9:00am – 5:30pm) and Saturdays up until 5pm
  - Access is more limited during extended hours
  - The service can only be accessed on weekday mornings, up until and including 8am, in 1 pharmacy in Hereford City
  - The impact of the closure of the Walk In Centre July 2016 in Hereford City must be monitored closely to ensure prompt access continues to be available to females per se.
- **Non-pharmacy providers** include: GP surgeries, ish Contraception & Sexual Health Clinic (Hfd City).

#### Provider Criteria

- Pharmacists delivering this service must:
  - Attend an NHS Hereford accreditation workshop and have a DBS check
  - Complete the relevant CPPE Open Learning Programmes: Emergency Hormonal Contraception, dealing with difficult discussions, contraception, Child Protection and e-assessment
- Pharmacies are required to:
  - Have an approved private and confidential consultation area
  - Put into place standard operating procedures (including safeguarding and Fraser competency)
  - Have appropriate indemnity insurance
  - Provide information on PharmOutcomes® electronic platform to record activity as per commissioner requirements.

#### The Evidence Base

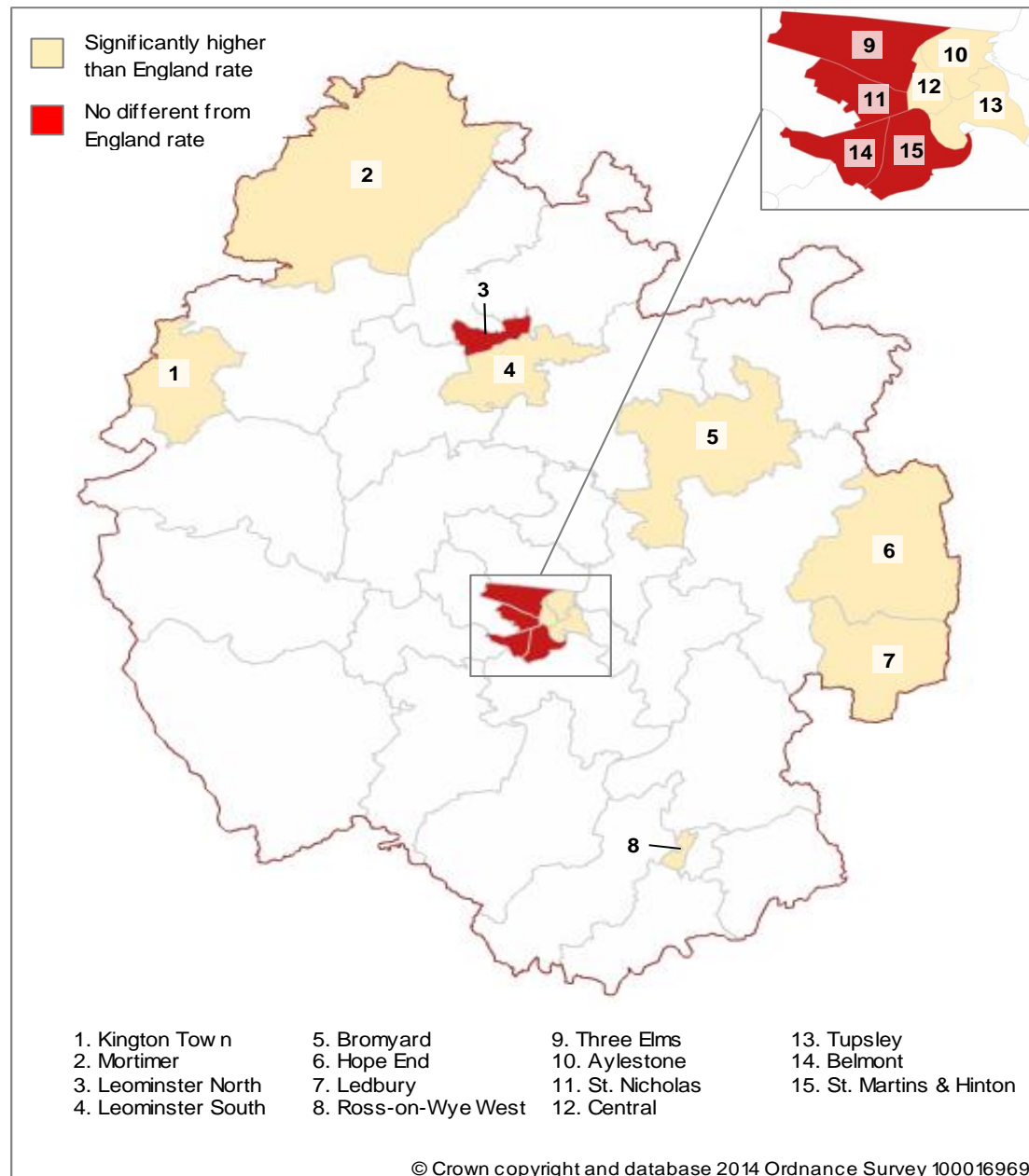
- The effectiveness of pharmacy-based EHC services, at reducing unwanted pregnancies, has been demonstrated in studies:
  - Pharmacy-based services provide timely access to EHC, with most women able to receive it within 24 hours of unprotected intercourse<sup>15,16</sup>
  - EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them<sup>14,15</sup>
  - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service<sup>17</sup>
  - Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits<sup>18</sup>. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing<sup>19</sup>
  - 10% of women, choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies<sup>15</sup>

## 3.2.1 Essential Services

### 3.2.1.2 Opening Hours & Access (cont...)

Locality		Number of Pharmacies Commissioned to provide Emergency Hormonal Contraception 17 18								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am–4pm
City	ASDA	1	1	1	1	1	1	1	1	1
	Boots Hereford	0	1	0	1	1	1	1	0	1
	Chandos	0	1	0	1	1	0	0	0	0
	Chave & Jackson	0	1	0	1	1	1	1	0	0
	Day Lewis Hereford	0	1	0	1	0	1	0	0	0
	Dudley Taylor	0	1	0	1	1	1	0	0	0
	Lloyds in Sainsburys	1	1	1	1	1	1	1	1	1
	Lloyds King Street	0	1	0	1	1	1	0	0	0
	Morrisons	0	0	1	1	0	1	1	1	1
	Rowlands Belmont	0	0	0	0	0	0	0	0	0
	Rowlands H Dene	0	1	0	1	0	0	0	0	0
	Rowlands Westfaling	0	0	0	0	0	0	0	0	0
	Tesco Stores Belmont	0	0	0	0	0	0	0	0	0
	Tesco Stores Bewell St	0	0	0	0	0	0	0	0	0
Wye Valley Pharmacy	0	0	0	0	0	0	0	0	0	
North & West	Boots Leominster	0	1	0	1	1	1	1	0	0
	Leominster Pharmacy	0	1	0	1	1	1	1	0	0
	WS Rees Pharmacy	0	0	0	0	0	0	0	0	0
	Rowlands Kington	0	0	0	0	0	0	0	0	0
Westfield Wk Pharmacy	0	1	1	1	1	1	0	0	0	
East	Boots Ledbury	0	1	0	1	1	1	1	0	0
	Colwall	0	0	0	0	0	0	0	0	0
	Day Lewis Ledbury	0	1	0	1	0	1	0	0	0
	Rowlands Bromyard	0	1	0	1	0	1	1	0	0
South & West	Benjamin's Pharmacy	0	0	0	0	0	0	0	0	0
	Boots Ross on Wye	0	1	0	1	1	1	1	0	1
	Cohens Chemist	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>		<b>2</b>	<b>16</b>	<b>4</b>	<b>10</b>	<b>12</b>	<b>15</b>	<b>10</b>	<b>3</b>	<b>5</b>
<b>Percentage of Total</b>		<b>7%</b>	<b>60%</b>	<b>15%</b>	<b>37%</b>	<b>44%</b>	<b>55%</b>	<b>37%</b>	<b>11%</b>	<b>19%</b>

**Figure 4: Teenage Conception rates in Herefordshire wards compared to national rate, 2012-14.**



Fewer teenagers are getting pregnant or having babies in Herefordshire. Teenage pregnancy is defined as under-18 conceptions including those leading to live births and terminations.

The number of under-18 conceptions in Herefordshire has reduced consistently since 2007-09, with a rate of 23.1 conceptions per 1000 in 2012-14 for girls aged 15 to 17, broadly similar to the national rate (24.9 per 1000 in England and Wales).

Herefordshire under-16 conception rates (13-15 years) have followed the national and regional declining trend from 2009 to 2014.

Under-18 conception rates are generally higher in more deprived areas of Herefordshire, particularly north Leominster and South Wye.

In 2015/16 there were 17 under-18 births, of which six were to mothers from the most deprived quartile in the county and one to a mother from the least deprived quartile.

In 2015 almost half of all terminations in Herefordshire were to women in their 20s.

**Reference: Understanding Herefordshire: Joint Strategic Needs Assessment 2017.**

## 3.3 Locally Commissioned Services

### 3.3.2 Emergency Hormonal Contraception

#### Meeting the needs of those with a protected characteristic

Age	✓	Service only available to those aged 13 and above
Disability	✓	Service and advice may need to be tailored for those with learning disabilities and cognitive impairment.
Gender	✓	The service is only appropriate for women
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Activity and Performance FY 16 17

- Financial Year 16 17 there were 746 FP10 prescriptions were issued by Herefordshire GPs for EHC.
- 17 pharmacies provided advice and supply of 849 doses in this time period; Monday activity was twice that of any other day
- 70 doses were for persons resident outside HR postcodes;
- Age ranges seen were:
  - 16-19 years -269 consultations
  - 20-24 years -196 consultations
  - 25-29 years 158 consultations which totalled 73% of persons presenting for these 3 age groups
- 59.2% were seen within 24 hours of unprotected sexual intercourse (UPSI) with a further 30.3% seen within 48 hours  
Rationale for choosing pharmacy were primarily listed as “convenience” and “no appointment necessary”
- Distance from home postcode to pharmacy who provided the service was for 599 persons less than 10km to the pharmacy.

#### Further Provision

- Ideally residents should have access to EHC, within their own localities, every day of the week. This is important because EHC needs to be taken as soon as possible after unprotected intercourse and certainly within a maximum of 72 hours

#### EHC – Summary of Activity (2016/17) By Locality

Locality	No. of Pharmacies Commissioned	No. of Active pharmacies	No. of Doses Supplied	% Total Doses
Hereford City	9	7	564	66%
North & West	3	3	110	13%
East	2	1	95	12%
South	1	1	80	9%

#### Conclusions

- This service provides timely access to EHC for young women aged 13 years and above (changed from 14 years to 13 years Jan 18).
- We have determined that the service is **necessary to meet the pharmaceutical needs** of our population:
  - There is published evidence to demonstrate the benefits of pharmacy – based EHC supply, particularly for young women
  - The service is an important element of Teenage Pregnancy within the Joint Strategic Needs Assessment for Herefordshire
  - 17 pharmacies have been commissioned to provide the service; 7 have indicated that they would be willing to provide this in the future
- Service accessibility, including late at night and at weekends, usually sets pharmacy aside from other providers. Therefore this should be borne in mind when making commissioning arrangements.
- This service in HR2 and Leominster must be delivered by all providers
- Detailed outcome data should be used to inform and expand the current provision but it is acknowledged that female service users do visit pharmacies remote to their local area to ensure further anonymity.
- Our pharmacy survey suggested further development of this to include a C-card, chlamydia screening and treatment plus wider contraceptive provision including emergency provision of oral contraceptives.

## 3.3 Locally Commissioned Services

### 3.3.3 Stop Smoking

#### Overview

- Herefordshire pharmacies provide Level 1 and 2 stop smoking services ; this includes opportunistic information and advice; and supply of Nicotine Replacement Therapy (NRT) and varenicline under PGD from January 2018 onwards.
- This service, which is available to any smoker aged 12 or above who is motivated to quit, aims to:
  - Improve access and choice to stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids
  - Reduce smoking related illnesses and deaths by helping people to give up smoking
  - Improve the health of the population by reducing exposure to passive smoking
  - Help service users access additional treatment by offering referral to specialist services where appropriate
- All providers are expected to achieve a 4 week quit rate as high as possible and meet the Russell Standard.

#### The Current Picture

- 15 (55%) pharmacies have been commissioned to provide a behavioural support service towards stopping smoking until March 2018.
- A further 3 pharmacies provide pharmacotherapy upon voucher provision
- The table, on the right, summarises the relative performance of pharmacies (2016/17 data). Only 9 pharmacies were active in terms of behavioural support. In Financial Year 16 17
  - Pharmacies recruited 192 out of 311 patients from the data available
  - 136 male; 175 female with 26 pregnant or planning pregnancy and 2 breastfeeding
  - 159 patients set a quit date with 70 validated quit at 4 weeks in the pharmacy
  - There is variation between localities with respect to the number of quit dates set with Hereford HR4 City being most active.
  - Community pharmacy achieved a 4 week quit rate of 44% in supporting patients to stop smoking.
- Non-pharmacy providers included: Healthy Lifestyle Trainer Service (HLTS), HALO and GP practices. No data exists for GP practice providers.
- Community pharmacies have provided a local service helping patients to stop smoking for many years but this service has de-commissioned primary care providers in a targeted population approach by HLTS.**

#### Provider Criteria

- Pharmacists must:
  - Complete a local level 2 Smoking Cessation training programme and the online National Centre for Smoking Cessation Training (Level 1 and 2)
  - Demonstrate competency in providing advice on smoking cessation in accordance with the Stop Smoking Service accredited training programme and register with the Stop Smoking Service
  - Ensure attendance at least one mandatory update training session, as arranged by the Stop Smoking Service
- The pharmacy must:
  - Have a private space for confidential counselling of clients
  - Have indemnity insurance, policies and standard operating procedures.

#### The Evidence Base

- There is good evidence to support the role of community pharmacists in stop smoking services<sup>14,15</sup>:
  - Studies have demonstrated the effectiveness and cost effectiveness of pharmacy-based stop smoking services, in improving quit rates
  - Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff
  - Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records
  - Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar

Financial Year 16 17 Outcome Data	No. Patients recruited	Quit Date Set	No. DH Validated Quits at 4 weeks	% 4 week Quit Rates
HLTS	25	25	3	12%
HALO	73	61	20	49%
Community Pharmacies	192	159	70	44%

## 3. Locally Commissioned Services

### 3.4 Stop Smoking

#### Meeting the needs of those with a protected characteristic

Age	✓	The service may be accessed by anyone aged 12 years or over. Smoking prevalence may vary between age groups and there are opportunities to target services at specific age segments of the population
Disability	✓	Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment
Gender	✗	Smoking prevalence is higher in young women
Race	✓	Language may be a barrier to delivering the service. BAME groups more susceptible to Diabetes, CVD etc made worse by smoking
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Good evidence of improved outcomes in pregnancy
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified.

#### Further Provision

- We wish to see all commissioned pharmacies proactively identifying (e.g. through their patient medication records or opportunistic interventions within the pharmacy) patients who may benefit from stopping smoking
- We would like to see improved access to the service during extended hours, where there is demand for this
- In our community pharmacy questionnaire, 23 pharmacies in total said they are or would be willing to provide the service in the future

#### The Future

- A review of the service is currently underway by Herefordshire Council commissioning intentions in the prevention agenda in terms of support for stopping smoking.
- Within any commissioned service involving a number of providers there is a need to monitor closely outcomes of service providers and in this case 4 week quit rates as required by the DH.

#### Conclusions

- Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking
- We have determined that, on balance, the service is **necessary to meet the pharmaceutical needs of our population and is relevant in that it improves access to stop smoking support.** The following factors have underpinned this decision:
  - There is published evidence to support community pharmacy-based stop smoking services
  - Pharmacy is one a range of providers commissioned to provide stop smoking services, and potentially has benefits in that it may be accessed during extended hours and at weekends in some localities
  - The service supports us with meeting our strategic priorities around cardiovascular disease, cancer and COPD
  - Pharmacy performance can be variable, particularly with respect to achieving the required quit rate
- 18 pharmacies are commissioned to provide the service; however, only 9 of these were active during Financial Year 1617.
- Access to the service has been good on weekdays (9:00 – 5pm) and Saturdays (up to 7pm) but at other times may be difficult for people who work full time to access the service.
- 23 pharmacies indicated their willingness to provide stop smoking service.
- A targeted service for stop smoking support has been introduced FY 18 19 since draft status, outcomes of which will inform future pharmacy involvement in behavioural support.

## 3.3 Locally Commissioned Services

### 3.3.4 Supervised Consumption

#### Overview

- The pharmacy based supervised consumption service, has been commissioned in accordance with National Drug Misuse Guidelines
- It aims to support service users to comply with their prescribed opiate substitute medication. As such it helps to reduce incidents of accidental death through overdose; reduce the diversion of controlled drugs into the community and supports harm reduction by reducing the need for service users to inject drugs
- Pharmacists are required to:
  - Supervise the consumption of methadone or buprenorphine on a daily basis (or dispense when the pharmacy is closed)
  - Monitor the patient's response to prescribed treatment; and withhold treatment if this is in the interest of patient safety, liaising with the prescriber or named key worker as appropriate
  - Undertake health promotion activities which may include displaying leaflets and/or provision of opportunistic advice)
  - Signpost or refer on to other substance misuse services as necessary

#### The Current Picture

- 19 (70%) pharmacies have been commissioned to provide this service
- 17 (63%) are active but 2 pharmacies have not provided the service in Financial Year 16 17.
- Financial Year 16 17, 187 services users were supported through 1,980 supervised doses
- The table (next page) provides an overview of the availability and distribution of the service:
  - There is good access, and a choice of pharmacy, on weekdays (9:00am – 5:30pm); and Saturdays (10:00am – 5pm) in all localities
  - Access outside of these hours is more limited, particularly:
    - Up until and including 8am on weekdays,
    - On weekday and Saturday evenings; and Sundays when choice is reduced in all localities
- It is important for all patients to have equitable access to supervised services including those registered as dispensing patients in rural practices.

#### Provider Criteria

- Pharmacists should have completed (or have plans to complete within 6 months of joining the scheme) the CPPE package on 'Substance Use and Misuse'
- The pharmacy must ensure that the service is only provided by an accredited pharmacist
- There must be a consultation area which provides sufficient confidentiality for the service user
- The pharmacy must put into place indemnity insurance, relevant policies and standard operating procedures

#### The Evidence Base

- Studies have demonstrated the effectiveness of community pharmacy-based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion<sup>14,15</sup>:
  - There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users
  - Recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination
  - Most drug users value community pharmacy-based services highly



## 3.3 Locally Commissioned Services

### 3.3.4 Supervised Consumption

	* Not active during FY 16 17	Number of Pharmacies Commissioned to provide Supervised Consumption FY 16 17								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am–4pm
City Hereford	ASDA	1	1	1	1	1	1	1	1	1
	Boots Hereford	0	1	0	1	1	1	1	0	1
	Chandos	0	1	0	1	1	0	0	0	0
	Chave & Jackson	0	1	0	1	1	1	1	0	0
	Day Lewis Hereford	0	1	0	0	0	0	0	0	0
	Dudley Taylor	0	0	0	0	0	0	0	0	0
	Lloyds in Sainsburys	0	0	0	0	0	0	0	0	0
	Lloyds King Street	0	1	0	1	1	1	0	0	0
	Morrisons	0	1	1	1	0	1	1	1	1
	Rowlands Belmont	0	1	0	1	1	1	0	0	0
	Rowlands H Dene	0	1	0	1	0	0	0	0	0
	Rowlands Westfaling	0	1	0	1	0	0	0	0	0
	Tesco Stores Belmont*	1	1	1	1	0	1	1	1	1
	Tesco Stores Bewell St*	1	1	1	1	0	1	1	1	0
Wye Valley Pharmacy	0	0	0	0	0	0	0	0	0	
North & West	Boots Leominster	0	1	0	1	1	1	1	0	0
	Leominster Pharmacy	0	0	0	0	0	0	0	0	0
	WS Rees Pharmacy	0	0	0	0	0	0	0	0	0
	Rowlands Kington	0	1	0	1	1	1	1	0	0
	Westfield Wk Pharmacy	0	1	1	1	1	1	0	0	0
East	Boots Ledbury	0	0	0	0	0	0	0	0	0
	Colwall	0	0	0	0	0	0	0	0	0
	Day Lewis Ledbury	0	1	0	1	0	1	0	0	0
	Rowlands Bromyard	0	1	0	1	0	1	1	0	0
South & West	Benjamin's Pharmacy	0	1	0	1	1	0	0	0	0
	Boots Ross on Wye	0	1	0	1	1	1	1	0	1
	Cohens Chemist	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>		<b>3</b>	<b>19</b>	<b>5</b>	<b>19</b>	<b>11</b>	<b>14</b>	<b>8</b>	<b>4</b>	<b>5</b>
<b>Percentage of Total</b>		<b>11%</b>	<b>70%</b>	<b>18%</b>	<b>70%</b>	<b>41%</b>	<b>52%</b>	<b>30%</b>	<b>15%</b>	<b>18%</b>

### 3. Locally Commissioned Services

#### 4. Supervised Consumption

##### Meeting the needs of those with a protected characteristic

Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the supervised consumption service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

##### Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access for service users
- We anticipate that a review will provide further insights into how we can more effectively align service provision with need
- In our community pharmacy questionnaire, 24 pharmacies stated they were or would be willing to provide this service.
- Concerns exist over provision of supervised services in more rural areas and how patients of rural practices needs are being met since dispensing practices can not operate this service.
- Further work needs to be done in this area to ensure that the provision to more rural patients is equitable.

##### The Future

- Herefordshire Council will closely monitor outcomes of adult alcohol and drug services through contract management of Addaction
- This will be used to inform future commissioning of the service

##### Conclusions

- The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community
- We have determined that this service is **necessary to meet the pharmaceutical needs of our population** for the following reasons:
  - The service is only available through community pharmacy
  - Published evidence suggests that a community pharmacy model of supervised consumption can improve health outcomes for service users including improved adherence to treatment
  - There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse
- 19 pharmacies are commissioned to provide the service. In our pharmacy questionnaire, a further 5 pharmacies stated they would be willing to provide this service in the future
- With respect to service access, we have identified this is more limited on weekday mornings up until & including 8am; on weekday evenings and Saturday evenings and on Sunday.
- The implication of this is that service users may have less flexibility as to when they are able to attend the pharmacy; it also means that pharmacies which do not open at weekends are not able to offer such close supervision of their service users
- Further opportunities exist for HR2 pharmacies to become active.

## 3.3 Locally Commissioned Services

### 3.3.5 Needle & Syringe Programme

#### Overview

- Addaction is the prime contractor for the needle and syringe programme and subcontracts with Herefordshire pharmacies
- The aim of the service is protect the health and reduce the rate of blood borne viruses and drug related deaths among injecting service users until they are ready and willing to cease injecting and achieve a drug-free life
- Pharmacies are required to:
  - Provide clean injecting equipment and encourage exchange for used needles and syringes
  - Support with the safe disposal of used equipment
  - Provide health promotion advice, in relation to both substance misuse and sexual health
  - Refer on to specialist drug and alcohol services.
  - Signpost on to other health and social care professions, to support their broader needs (e.g. hepatitis and HIV screening, primary care etc)

#### The Current Picture

- 5 (18%) pharmacies have been commissioned to provide the service
- The table (next page) provides an overview of the availability and distribution of the service:
  - There is one or more pharmacies commissioned to provide the service in each locality
  - However, because the service is only commissioned from a small number of pharmacies, access and choice is defined and does not include:
    - Up until and including 8am on weekdays
    - On weekday evenings (7pm onwards) there is no provision
    - On Saturday evenings (7pm onwards),
    - On Sundays there are only two pharmacies that offer the service
- Non-pharmacy providers of the service include Addaction main and branch sites across Herefordshire.
- Activity Financial Year 16 17 suggests 8,339 interactions majority of which were in HR4, HR6 and HR9 with much smaller uptake in Ledbury and Kington.
- 86% were male , rest female or undisclosed who used the service.
- It is not known with current data sets how many provisions relate to persons residing outside Herefordshire.

#### Provider Criteria

- Pharmacists must:
  - Complete an appropriate CPPE package and maintain appropriate CPD
  - Ensure that the service is supervised by an accredited pharmacist
  - Ensure that pharmacy staff involved in the service attend mandatory training sessions
- The pharmacy must:
  - Have a consultation area which provides sufficient confidentiality
  - Ensure there are sufficient stocks of kits; and store these safely so they are inaccessible to customers and in accordance with sterile medical equipment
  - Put into place indemnity insurance, relevant policies (including a needle stick injury policy) and standard operating procedures; and ensure that staff have read and understood these
  - Ensure protective equipment to deal with spillages is readily available and kept close to the storage site
  - Display the national logo or a locally approved logo
  - Ensure the service is available on Monday to Saturday (with the exception of Bank Holidays)

#### The Evidence Base

- The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies<sup>14,15</sup>:
  - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
  - Most drug users value community pharmacy-based services highly

## 3.3 Locally Commissioned Services

### 3.3.5 Needle & Syringe Programme

		Number of Pharmacies Commissioned to provide Needle Exchange Services FY 16 17								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:00am – 5.30pm	7pm or later	Open until 5:30pm	Open all day	9am – 12pm	5pm or later	7pm or later	Open 10am–4pm
City Hereford	ASDA	0	0	0	0	0	0	0	0	0
	Boots Hereford	0	1	0	1	1	1	1	0	1
	Chandos	0	0	0	0	0	0	0	0	0
	Chave & Jackson	0	0	0	0	0	0	0	0	0
	Day Lewis Hereford	0	0	0	0	0	0	0	0	0
	Dudley Taylor	0	0	0	0	0	0	0	0	0
	Lloyds in Sainsburys	0	0	0	0	0	0	0	0	0
	Lloyds King Street	0	0	0	0	0	0	0	0	0
	Morrisons	0	0	0	0	0	0	0	0	0
	Rowlands Belmont	0	0	0	0	0	0	0	0	0
	Rowlands H Dene	0	0	0	0	0	0	0	0	0
	Rowlands Westfaling	0	0	0	0	0	0	0	0	0
	Tesco Stores Belmont*	0	0	0	0	0	0	0	0	0
	Tesco Stores Bewell St*	0	0	0	0	0	0	0	0	0
Wye Valley Pharmacy	0	0	0	0	0	0	0	0	0	
North & West	Boots Leominster	0	0	0	0	0	0	0	0	0
	Leominster Pharmacy	0	0	0	0	0	0	0	0	0
	WS Rees Pharmacy	0	0	0	0	0	0	0	0	0
	Rowlands Kington	0	1	0	1	1	1	1	0	0
Westfield Wk Pharmacy	0	1	1	1	1	1	0	0	0	
East	Boots Ledbury	0	0	0	0	0	0	0	0	
	Colwall	0	0	0	0	0	0	0	0	
	Day Lewis Ledbury	0	1	0	1	0	1	0	0	
	Rowlands Bromyard	0	0	0	0	0	0	0	0	
South & West	Benjamin's Pharmacy	0	0	0	0	0	0	0	0	
	Boots Ross on Wye	0	1	0	1	1	1	1	0	1
	Cohens Chemist	0	0	0	0	0	0	0	0	
<b>Grand Total</b>		<b>0</b>	<b>5</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>2</b>
<b>Percentage of Total</b>		<b>0%</b>	<b>18%</b>	<b>4%</b>	<b>18%</b>	<b>15%</b>	<b>18%</b>	<b>11%</b>	<b>0%</b>	<b>7%</b>

### 3. Locally Commissioned Services

#### 5. Needle & Syringe Programme

#### Meeting the needs of those with a protected characteristic

Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access for service users
- In our community pharmacy questionnaire, a number of pharmacies expressed an interest in providing this service which would increase the access by virtue of longer opening hours
- Barriers to delivering the service including concerns about safety and a perceived lack of demand
- Determination and analysis of postcode origin of service users and data in terms of entry into mainstream support services would be helpful in the future to understand the population needs. Anecdotally this service is accessed by Shropshire service users and this needs to be understood further for North County provision.

- **The Future**
- Herefordshire Council will commission needle exchange services through the drug and alcohol support services.
- Continuous review of services will be used to inform future commissioning of the service

#### Conclusions

- The needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public
- We have determined that this service is **necessary** to meet the pharmaceutical needs of our population for the following reasons: The service is primarily available through community pharmacy.
- There is published evidence that pharmacy-based needle exchange programmes are cost effective and improve outcomes
- There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse
- 5 pharmacies are commissioned to provide the service.
- In our pharmacy questionnaire, a further 12 pharmacies stated they would be willing to provide this service in the future
- Whilst the service is available in all localities, access and choice is relatively limited
- We have identified the following gaps in that there is no access to the service, however, the extent to which this impacts upon pharmaceutical need will need to be explored:
  - Up until and including 8am on weekdays
  - On weekday evenings (7pm onwards)
  - On Saturday evenings (7pm onwards)
  - Sundays
- Initial work has been undertaken with Herefordshire Council and the prime provider Addaction in the training and supply of naloxone to manage overdose situations from pharmacies. This work could be progressed in order that this is offered to those users not yet in mainstream support services by virtue of accessing syringe needle exchange programme.

### 3. Locally Commissioned Services

#### 7. Summary of Locally Commissioned services Herefordshire CCG

##### CCG Patient Education Talks

Herefordshire CCG commissions a small number of periodic Patient education talks to patient groups e.g. those taking part in Programmes of cardiac rehabilitation following serious cardiac events. Patient feedback is positive following the opportunity to Ask questions particularly on the continued need for taking any Medicines plus day to day management towards improving Patient understanding and compliance. We have therefore determined that this service although reaching relatively small numbers of patients **improves access** to pharmaceutical advice.

##### CCG Support for Emergency Medicines including Palliative care in hours out of hours

During Financial Year 16 17, 37 call outs were made to community pharmacists with a total of 83 medications issued. The majority of call outs were on a Sunday, 20 of 37. The mean time from call out to handover of 41 minutes ( $\pm 22$ ), and 29 (87.9%) required travelling less than five miles. Usage of the service remained relatively consistent at about 3 call outs per month, with a range of 1 to 7. The vast majority of call outs were for palliative patients.

70% of medicines were for Scheduled Controlled Drugs (morphine injections, oxycodone preparations, midazolam, oral morphine); Call outs for non-palliative patients would have either resulted in A and E attendance or the patient would have been directly admitted to hospital. This service complements the in hours service whereby 17 community pharmacies are commissioned to keep medicines used in palliative care in stock to support in hours access.

This service is supported by patients, prescribers within the OOHs service providing pharmaceutical advice and supply of medicines in a high risk area.

**Therefore this service is determined as “Necessary” to meet the needs of the population and should continue to be built into relevant commissioner arrangements.**

##### CCG Pharmaceutical Advice to Care homes Scheme

During Financial Year 16 17 116 visits to care homes were made by community Pharmacy providers. The usual supplying community pharmacy undertakes an initial visit and depending upon the need for an action plan will undertake a further visit later in the year. These visits support the wider quality assurance agenda and information is shared with the provider and also the responsible Commissioner.

The purpose of the service is to provide assurance against NICE SC1 and examines the standards of:

- Medicines Policy including staff training on medicines;
- Examination of prescriptions before dispensing to reduce waste;
- Self- administration policy in place;
- Systems for safe transfer of care and accurate medicines reconciliation;
- Multi- disciplinary medication reviews;
- Covert administration;
- Cold chain medicines; and
- Controlled Drugs plus appropriate stock levels and ordering systems.

**We have determined that from the content of action plans together with an increasingly complex care setting that there is a need for an advisory service to care homes. However we would wish to see this service updated to ensure that optimal benefit is obtained when other NHS England initiatives are realised e.g. through the Pharmacy Integration fund which proposes a “Care Home Pharmacist” role 2018**

##### CCG Pharmacy Intervention Scheme

This service was commissioned during Financial Year 1718 whereby community Pharmacists intervene at the point of dispensing to illustrate both Governance based and cost saving initiatives following receipt of a Prescription in the community pharmacy. Interventions are managed through PharmOutcomes electronic platform and ensure that messages reach the practice based pharmacist for follow up. Key interventions Include those drugs not expected to be prescribed in primary care, Drugs which are included on the “Treatment Policy” and for example are suitable for purchase or self care. A pilot commenced and is showing a return on investment in prescribing costs plus safety interventions. **At this stage we the service secures improvement to pharmaceutical Services but requires further development on key interventions by the CCG and wider delivery by pharmacies.**

### 3. Locally Commissioned Services

#### 7. Summary of Locally Commissioned services Herefordshire CCG

##### CCG Pharmacy First NHS Minor Ailment Scheme

Financial Year 16 17 saw 68 consultations across 12 providers who provided advice and a medicine under NHS terms within the specification of this Service. 10 conditions are currently included within the service specification and 30 formulary medicines are included to treat if necessary minor self limiting conditions e.g. contact dermatitis, hay fever, thrush, indigestion as examples. By far the highest clinical presentation is for hay fever with various antihistamines both oral and topical.

Patients reported that they would have consulted their GP practice had the service not been available. At the time of writing DH is consulting on Availability of over the counter medicines on NHS prescriptions. Whilst the outcomes of this are awaited there will be a need to re-model this service towards provision of advice and supply of medicines for specific patient where over the counter provision would be excluded. **We conclude that this service improves access but requires updating with improved uptake by pharmacies across the County when commissioned.**

**ONPOS (Online Non-Prescription Ordering System)** allows nurses to order stock dressings that are not patient specific so may be used for any patient, reducing waste. ONPOS enables nurses access to first line formulary dressings in a timely manner to deliver better patient care Workload efficiencies are seen in District Nurse, Nursing Home and Practice Nurse teams with reduced processing of prescriptions by GPs and practice admin staff

Improved formulary adherence from 50% with FP10 model to >90% in teams that are using ONPOS and utilisation of ONPOS for dressing ordering enables immediate implementation of formulary changes. Community pharmacy was chosen as the preferred supply route for ONPOS on the basis of timely ordering, procurement knowledge and nurse confidence in the pharmacists' ability to advise on product availability and potential alternatives. Alternative supply routes used for ONPOS in other areas include NHS Supply Chain and appliance contractors.

Currently community pharmacies supply all 7 District Nursing teams, 12 Care Homes (Nursing) and 18 GP practice sites in Herefordshire. **Herefordshire CCG will continue to monitor outcomes of this service.**

##### CCG On demand availability of specialist medicines

**including antivirals.** Herefordshire CCG commissions a service in which selected community pharmacies keep in stock medicines which enhance access to these medicines which would not be expected to be routinely kept in stock e.g. rarely used medicines used in palliative care. This service also allows enhanced stock levels of antiviral medicines to be kept in stock to support prompt access in the event of an out of season outbreak of flu for example. At the time of writing the 100 hour pharmacy is a reference point for this service but in our questionnaire further pharmacies would be willing to stock these medicines. **Therefore, at this stage we deem this to be a necessary service in order to avoid unplanned admissions. This could be further expanded to support Primary Care Home initiatives In line with the CCG and Joint Drugs Formulary medicines and appliances. Community pharmacy provision of antivirals is pivotal to Hereford Council pandemic flu multiagency arrangements.**

##### Summary of CCG commissioned services

Since the production of the previous PNA all commissioned services through pharmacy regardless of which commissioner have been transferred to an electronic platform PharmOutcomes. This has been possible through close working between NHS England, NHS Herefordshire CCG and Herefordshire Council. As a result it is now possible to have rich real time outcome data on service provision which can then be reflected towards more sensitive commissioning arrangements. However, this does mean that although there is richness of outcomes data for pharmaceutical services it can only be compared with comparable data of other service providers when commissioning arrangements are in development.

It also highlights the need for equitable pharmaceutical service provision across the County regardless of where you are registered with a GP practice or postcode. **Therefore we conclude that the use of an electronic platform has and continues to improve service outcome data quality assurance of service provision.**

## 4. The Assessment

### 4.1 Pharmacy Survey Findings

**The pharmacy based survey provided 311 responses with rich qualitative data.** 84% overall satisfaction of pharmaceutical services being described as “excellent” or “good”. Top level results are included in Appendix F which demonstrate 97% were from individuals. Key headers:

#### **Level of access to pharmaceutical services in Herefordshire**

68% of responses indicated that people use a pharmacy at least once a month in the main for their own care but also 51% replied for a family member. Reasons for visiting on behalf of another person predominantly were because of disability, transport problems or for children. 89% reported using the same pharmacy all the time primarily because of friendly, knowledgeable staff and because they offer a delivery service (19%). Proximity to the GP practice and near to home were the primary reasons reported for choice of pharmacy.

#### **Locations and travel times**

98% of respondents reported being able to travel to the pharmacy in less than 20 minutes but 18% reported some parking difficulties.

#### **Opening times**

Slight increase on the previous PNA was noted in that 63% knew of longer opening hours of pharmacies in Herefordshire however 61% did not know specific locations of these pharmacies. 9% were not satisfied with current opening hours but this would require further work on understanding which sites had prompted this answer. Sensitivity around lunch hours was expressed for those working and using the pharmacy in their lunch hour which was during a lunchtime closing of the pharmacy.

**Waiting times** 79% reported “excellent” or “good” in terms of waiting times, availability of medicines with 81% reporting they received sufficient supporting information on their medicines. A suggestion of better notification of availability of medicines would be helpful when they had to be ordered in, for example.

A number of responses noted particularly useful opening times of pharmacies would be on Saturdays, Sundays, before 9am and after 8pm. Again it would be necessary to be able to identify where these responses had been generated.

**Equality** No specific issues with access were identified currently for people of a particular race or culture, who are pregnant or who are a particular gender. However 2 comments related to understanding that under 18s may want to obtain pharmacist advice and may not necessarily have presented with an adult; that medicines suitability for under 18s may be different to that when “adult” and care needs to be taken in managing persons presenting whose first language is not English.

Additional comments are summarised where possible or alternatively as reported by respondents to the questionnaire.

#### **Extra pharmaceutical services which could be provided (81 replies):**

- *Suitable availability of medicines re packaged into Monitored Dosage Systems (MDS) for mental health patients but not reliance on this facility by e.g. care agencies so that the patients most likely to benefit could receive their medicines in this way. (Currently patients with some degree of carer support would not be eligible for a MDS but this is raised several times in our responses received.*
- *Access to full medical history of patients would facilitate further public health type interventions e.g. weight management but would require patient consent and further IT developments to Summary Care Record.*
- *A sharps deposit service – a pharmacy based would be preferable rather than a separate drop off and collection arrangement.*
- *General medical advice rather than having to wait for a GP appointment*
- *A lack of ability to have a prescription dispensed at a pharmacy or online when registered with a dispensing practice was expressed and consequent inability to collect prescription when working. (PNA response: a patient is able to have their prescription dispensed according to their choosing and is not prohibited from using a pharmacy based service.)*
- *Notable differences between pharmacy based service to that of dispensing practice in standards of staff employed, pharmacist being present at all times and ability to seek advice on self care with medicines over the counter and pharmacist led medication reviews.*
- *Alter dispensing practices to pharmacies as registered pharmacy premises and standards of staff training with superintendent pharmacist.*
- *Utilising pharmacies far more in preventative health based services e.g. diabetes screening services.*
- *More advertising of self care including rural practice options for purchasing medicines and availability on Saturdays.*
- *More choice and equal access to electronic prescriptions and electronic repeat prescriptions and summary care record but this needs practice uptake.*



## 4.1 Pharmacy Survey Summary contd

- *More access to patient Summary Care Record by the pharmacist*
- *More joining up of surgery to pharmacy communications to reduce Lost prescriptions*
- *More public health messages spread via pharmacies such as healthy living and eating etc. Active signposting to other organisations where 'regulars' disclose a need such as being isolated or access to benefits. A laptop/computer/tablet where people can be shown ways of finding out information for themselves, possibly with assistance from staff if needed, e.g WISH or the NHS websites*
- *More public health based service to support weight loss including teenagers*
- *Smoking cessation programmes for those patients using nebulisers with chest disease*
- *NHS Health Checks provided at Community Pharmacies, with appointment times convenient to people who work full time, with Pharmacists having full access to the EMIS Medical Records (with patient consent). GP Practices that I know of only provide NHS Health Checks appointments during the day-time on specific week days, which is not convenient for people working full time (especially relevant as Health Checks are targeted at 40 to 74 years)*
- *No I like my pharmacy local because it's accessible and the people are nice- maybe more leaflets about 16 year olds procuring medicine in the future*
- *Rather than waiting two weeks to see a GP for minor issues would want a trained pharmacist to become first point of call. If prescriptions could be issued could alleviate pressure on GP services (104 replies)*
- *There may be some pharmacies open in the evening or on Sundays but they are mostly in Hereford city which is 15 miles away. This level of service should be available in every market town in Herefordshire.*
- *Try opening in the market towns on Sunday*
- *Would like to see all their products on the their shelves prices in black in on white background; and,*
- *Various complimentary comments on providers of pharmaceutical services.*

### **Additional comments received from individuals, health professional at the synthesis stage of developing the PNA.**

- *Provision of pharmacy based minor ailment clinics without the need to refer back to the GP practice.(PNA response –this would need to be in line with the licensing arrangements of medicines brought over the counter since many have strict patient eligibility attached to them e.g. use in pregnancy.)*
- *Access to pharmaceutical services before 10am on Sundays and after 4pm on Sundays was felt to be a useful option (currently out of hours providers would use stock to provide urgent medicines to the patient)*
- *.Extension of sexual health services to include C-card and condom distribution schemes. Furthermore, provision of azithromycin under PGD for chlamydia positive test and also emergency supplies of regular oral contraceptives should be enabled.*
- *Smoking cessation for patients with mental health problems is inadequate and needs to be commissioned*
- *Provision of medicines in MDS systems for mental health systems would enable some patients to be discharged and managed better in community settings.*
- *Provision of flu vaccinations to care home and domiciliary care staff is now available NHS funded – explore a domiciliary pharmacist based service for care homes in Herefordshire to increase uptake particularly in staff groups which is emerging as a gap in early 2018.*
- *Systematic medicines assessment before discharge with MDS an option for short term support when patients arrive home and medication review services built in thereafter.*
- *Interface between secondary care and primary care with electronic communication options to benefit health and social care commissioned services involving medicines e.g. advanced SCR read write access or Transfer of Care platform using PharmOutcomes.*
- *Interface Gap across primary and secondary care and local authority for optimising medicines use to ensure patients have all the support they need*

## 4.1 Pharmacy Survey Summary contd

### **Additional comments received from individuals, health professional at the synthesis stage of developing the PNA- contd**

- *There is a gap in pharmaceutical supply and advice support for community services i.e. community hospitals, DNs, community physios etc., rehab clinics for falls HF, respiratory, diabetes*
- *Provision of MDS are a gap where there is no formal assessment for the need for MDS for patients on discharge from hospital and in re-enablement centres e.g. community hospitals nor at home currently in Herefordshire .  
This leads to over use of MDS as requested by patients or carers even when outside good practice guidance e.g. care homes where self admin would be preferable to keep patients independent.  
This leads to more unfunded work for community pharmacies which is often done as good will even for patients which have had this service turned down by their usual dispenser e.g. 2 dispensing practice patients in last few months noted*
- *There is a lack of equity of patient and also Lack of staff awareness of medicines optimisation in the discharge process .*
- *As part of the community services review comments on pharmaceutical services included:*
  - *Ensure that pharmacies have adequate sized consultation rooms*
  - *Ensure that these are well signposted for private conversations*
  - *There are particular gaps for dispensing practice patients where they do not have equal access to medicines electronically for various reasons some of which are due to the limitations of IM&T and some because they have not be made aware of the right to choose a dispenser.*
- *This will affect patients if they need to access medicines out of hours or whilst on holiday. Whilst we await EPS4, which will include all contractors community pharmacy and dispensing practices, it'd be useful to ensure all appropriate patients have been given a choice.*

*With regards to the community pharmacy service and osteoporosis the following points would be very helpful:*

- *Administration technique for oral bisphosphonates- reiterating continued compliance*
- *Explanation that Calci D 1 OD is not a 'lesser' dose of supplement compared to Adcal D3 !*
- *Those on long term oral bisphosphonates should be reassessed after 5 years (as per NICE guidance)*
- *Long term conditions/ drug therapy ie: epilepsy, long term PPI's, glucocorticoids inhaled and ingested – patients need a bone health review with GP / FRAX*
- *Community Pharmacy could have a role in the monitoring of some of the NICE requirements as per Quality Standards*

## 4.2 Looking to the Future

### Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we describe our vision and ambition for how community pharmacy may support the delivery of our local strategic priorities and public health outcomes as set out in section 2.4
- In determining our vision (summarised in the table on the right), we have reflected on the strengths of community pharmacy in terms of its:
  - **Accessibility**, often during extended hours and without an appointment
  - **Knowledge and skills**, both in relation to medicines expertise and healthcare more generally
  - **Broad customer base**, who use pharmacies for a variety of health and non-healthcare reasons
  - **Under-utilisation**, of our existing network of pharmacies which provides a real opportunity to expand the role and services provided
- The use of medicines is the most common intervention in primary care. In this respect we have recognised the need to see pharmacy more closely integrated into patient pathways, as well as a wider role in medicines optimisation. This would help to promote seamless care, as well as potentially facilitating improved outcomes.
- It is our intention that the potential service developments, set out on page 92 onwards, will be considered alongside other priorities by Hereford Council and our partner organisations when developing future commissioning strategy
- However, because local strategy is still emerging and we are redesigning various services and pathways, it is not possible to set out the specific circumstances under which such services will be commissioned (*if at all*)
- Finally, procurement rules are such that where it is determined that community pharmacy has a role to play in the delivery of an existing or new service then this may be subject to a formal tendering process, to which pharmacies will be invited to participate

### Our Vision for Pharmacy

<b>An established 'first port of call'</b>	<i>We wish to see community pharmacy widely recognised, and used, as a first port of call, reducing demand on other services particularly General Practice and unscheduled care providers. We envisage that this may include building upon existing, and potentially commissioning new, pharmacy based services.</i>
<b>An enhanced role in Self Care</b>	<i>Pharmacy is well placed to support Herefordshire residents with self-care. There are opportunities to enhance the role of pharmacists in helping people to manage long term conditions and facilitating them living independently at home</i>
<b>A wider role within primary care</b>	<i>There are opportunities to maximise the role which community pharmacy undertakes within primary care, with a view to enhancing choice for our residents, providing care closer to home and optimising use of skill mix. This may include commissioning a wider range of pharmacy-based services to be provided by pharmacists (or their staff) and/or through other healthcare professionals from working within pharmacy premises e.g. NHS Health Checks</i>
<b>A network of Public Health Practitioners</b>	<i>A key ambition is to create a network of public health practitioners, using the concept of Healthy Living Pharmacies as a solid foundation upon which to deliver, and potentially expand, the range of public health activities undertaken within pharmacy. Through a more integrated offering, that we will maximise opportunities to make "Every Contact Count" and "Healthy Living Network" local initiative.</i>
<b>Taking pharmacy to Herefordshire Residents</b>	<i>We believe there are opportunities to provide more pharmacy services on an outreach basis – whether this is directly to people in their own homes or in other settings e.g. the work place</i>

## 4.2 Looking to the Future

### 4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care & Patient Voice
<p><b>Public Health Prevention:</b></p> <p><b>1. Stop Smoking Service</b> Ensure pharmacies are commissioned to provide both behavioural support and pharmacotherapy services i.e. one stop service. Key interventions are males, those with respiratory conditions, pregnancy but potential exists for outreach work with younger patients e.g. college based, employer based.</p> <p><b>2. Blood Pressure Checks</b> Information is emerging through Care Navigation of the number of persons requesting blood pressure checks e.g. prior to operations and also opportunistically. This could also be offered through an integrated multidisciplinary approach on a locality basis or integrated into NHS Health Checks.</p> <p><b>3. Weight Management</b> Scope could include: a) Advice &amp; brief interventions on weight management, healthy eating &amp; exercise, b) Pharmacy-based weight management service</p>	<p><b>In general:</b></p> <ul style="list-style-type: none"> <li>• An established “first port of call”</li> <li>• An enhanced role in self-care</li> <li>• A network of public health practitioners – <i>“Making Every Contact Count”</i></li> </ul> <p>• A wider, defined and acknowledged role in primary care</p> <p>• Support people who are overweight and obese to lose weight</p>	<ul style="list-style-type: none"> <li>• Emphasis on prevention</li> <li>• Encourage and support smokers to quit smokers</li> </ul> <p>• Improve inequalities in Health e.g. reduce under 75 cardiovascular mortality rate</p> <p>• Support people who are overweight and obese to lose weight</p>	<ul style="list-style-type: none"> <li>• Improve inequalities in Health</li> <li>• Prepare children &amp; young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates</li> <li>• Self management</li> <li>• Long Term Conditions (people aged 55 – 65)</li> </ul>	<ul style="list-style-type: none"> <li>• Investment in prevention and self-management as the key to maximising wellbeing and independence</li> <li>• Stop smoking service articulated through pharmacy survey particularly for working persons and also mental health conditions.</li> <li>• Observation of increased number of public comments in relation to health prevention agenda upon previous PNA.</li> </ul>

## 4.2 Looking to the Future

### 4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care & Patient Voice
<p><b>Public Health:</b></p> <p><b>4. Domiciliary Flu Vaccination Service</b></p> <ul style="list-style-type: none"> <li>Flu vaccination -eligible cohort groups are now increased to include staff working in care homes/ domiciliary care staff.</li> </ul>	<ul style="list-style-type: none"> <li>An established “first port of call”</li> <li>An enhanced role in self- care</li> <li>A network of public health practitioners – “<i>Making Every Contact Count</i>”</li> <li>Domiciliary provision of flu vaccination to ensure uptake of care home residents – nursing and residential, housebound plus their staff is developed during 2018.</li> <li>A co-ordinated multi-disciplinary plan for dealing with both out of season and in season outbreaks including provision of flu vaccinations and antivirals for both treatment and prophylactic use.</li> </ul>	<ul style="list-style-type: none"> <li>Emphasis on prevention</li> <li>Improved uptake of vaccinations especially vulnerable groups e.g. care home residents plus the staff looking after them</li> <li>Provision of medicines in and out of flu season in a timely manner through multi agency working to ensure prompt access where necessary.</li> <li>Support people who are overweight and obese to lose weight</li> </ul>	<ul style="list-style-type: none"> <li>Improve inequalities in Health</li> <li>Prepare children &amp; young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates</li> <li>Self management</li> <li>Long Term Conditions (people aged 55 – 65)</li> <li>A co-ordinated multi-disciplinary plan for dealing with both out of season and in season outbreaks including provision of flu vaccinations and antivirals for both treatment and prophylactic use.</li> </ul>	<ul style="list-style-type: none"> <li>Investment in prevention and self-management as the key to maximising wellbeing and independence</li> </ul>
<p><b>5. Healthy Living Pharmacies</b></p> <ul style="list-style-type: none"> <li>Complete foundation level 1 for delivering public health services (2 remaining pharmacies @ January 2018 ) to 100% delivery.</li> <li>Exploration of HLP Level 2 with Herefordshire CCG, NHS Local Professional Network.</li> </ul>	<ul style="list-style-type: none"> <li>An established “first port of call”</li> <li>An enhanced role in self- care</li> <li>A network of public health practitioners – “<i>Making Every Contact Count</i>”</li> </ul>	<ul style="list-style-type: none"> <li>Emphasis on prevention</li> <li>Increasing accessibility to primary care based services</li> <li>Supporting GP Forward View</li> </ul>	<ul style="list-style-type: none"> <li>Increasing accessibility to primary care based services</li> <li>Supporting GP Forward View</li> <li>Increasing knowledge and awareness of community pharmacy based services.</li> </ul>	<ul style="list-style-type: none"> <li>Investment in prevention and self-management as the key to maximising wellbeing and independence</li> <li>Increasing knowledge and awareness of community pharmacy based services.</li> </ul>

## 4.2 Looking to the Future

### 4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care & Patient Voice
<p><b>Public Health:</b></p> <p><b>6. Healthy Living Network</b></p> <ul style="list-style-type: none"> <li>Integration of HLP Level 1 pharmacies in to Hereford Council “Healthy Living Network” programme</li> </ul>	<ul style="list-style-type: none"> <li>An established “first port of call”</li> <li>An enhanced role in self-care</li> <li>A network of public health practitioners – <i>“Making Every Contact Count”</i></li> </ul>	<ul style="list-style-type: none"> <li>An established “first port of call”</li> <li>An enhanced role in self-care</li> <li>A network of public health practitioners – <i>“Making Every Contact Count”</i></li> </ul>	<ul style="list-style-type: none"> <li>Prepare children &amp; young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates</li> <li>Self management</li> <li>Long Term Conditions (people aged 55 – 65)</li> </ul>	<ul style="list-style-type: none"> <li>Investment in prevention and self-management as the key to maximising wellbeing and independence</li> </ul>
<p><b>7. Provision of Naloxone</b> through commissioned Council Provider of Drugs and Alcohol Services</p>	<ul style="list-style-type: none"> <li>An established “first port of call”</li> <li>An enhanced role in self-care</li> <li>A network of public health practitioners – <i>“Making Every Contact Count”</i></li> </ul>	<ul style="list-style-type: none"> <li>An established “first port of call”</li> <li>An enhanced role in self-care</li> <li>A network of public health practitioners – <i>“Making Every Contact Count”</i></li> </ul>	<p>Support for users to understand options on mainstream services to support rehabilitation model.</p>	<p>Support for users to understand options on mainstream services to support rehabilitation model.</p>
<p><b>8. Raising profile of public information on community pharmacy based services:</b></p> <p>a) Inclusion of community pharmacy based services into WISH Council website</p> <p>b) Evaluating the impact and activity of “Care Navigation” initiative in Hereford with pharmacies as a key signpost for advice on self care.</p> <p>c) Pharmacy Provision of Healthy Start Vitamins</p>	<ul style="list-style-type: none"> <li>Provision of information &amp; support on range of leisure, health, housing and support issues</li> <li>An established “first port of call”</li> <li>An enhanced role in self-care</li> <li>A network of public health practitioners – <i>“Making Every Contact Count”</i></li> </ul>	<ul style="list-style-type: none"> <li>An established “first port of call”</li> <li>An enhanced role in self-care</li> <li>A network of public health practitioners – <i>“Making Every Contact Count”</i></li> </ul>	<ul style="list-style-type: none"> <li>Prepare children &amp; young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates</li> <li>Self management</li> <li>Long Term Conditions (people aged 55 – 65)</li> </ul>	<ul style="list-style-type: none"> <li>Investment in prevention and self-management as the key to maximising wellbeing and independence</li> </ul>

## 4.2 Looking to the Future

### 4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care & Patient Voice
<p><b>Pharmacy First Minor Ailments Service</b></p> <ul style="list-style-type: none"> <li>Re- design the current Herefordshire Pharmacy First Minor Ailment Scheme when DH intentions are known on the status of prescribing of medicines OTC status This could include supply of prescription only medicines under patient group directions</li> </ul>	<ul style="list-style-type: none"> <li>An established 'first port of call' = "Pharmacy First" message</li> <li>A wider role within primary care with this role embedded into locality working.</li> <li>An enhanced role in self- care</li> <li>Continue to develop <b>Care Navigation</b> and utilise early results to inform closer working relationships with GP practices.</li> </ul>	<ul style="list-style-type: none"> <li>Keeping Independent &amp; promoting self-care</li> <li>Making health &amp; wellbeing a personal agenda</li> <li>Developing local community capacity</li> </ul>	<ul style="list-style-type: none"> <li>Right care, in the right place, at the right time</li> <li>GP Forward View and STP alignment towards joint working and improved communications between primary care providers.</li> <li>Develop and improve IT communications.</li> </ul>	<ul style="list-style-type: none"> <li>Investment in prevention and self-management as the key to maximising wellbeing and independence</li> </ul>
<p><b>Screening &amp; Diagnostics</b></p> <ul style="list-style-type: none"> <li>Pharmacy based screening and/or diagnostics e.g. <ul style="list-style-type: none"> <li>NHS Health Checks</li> <li>Blood-borne virus testing</li> <li>Spirometry</li> </ul> </li> <li>These could be undertaken by pharmacists or other healthcare professionals working within pharmacies.</li> </ul>	<ul style="list-style-type: none"> <li>A wider, defined and acknowledged role in primary care</li> </ul>	<ul style="list-style-type: none"> <li>Emphasis on prevention</li> <li>Early identification and actions to reduce the impact of disease and disability</li> </ul>	<ul style="list-style-type: none"> <li>Improve inequalities in Health e.g. NHS Health Checks to reduce under 75 cardiovascular mortality rate</li> <li>Capacity for NHS Health Checks (particularly where performance issues with existing providers)</li> </ul>	<ul style="list-style-type: none"> <li>Frail and Elderly (aged 65+)</li> <li>Long Term Conditions (people aged 55 – 65)</li> <li>People living with Dementia</li> <li>End of Life Care</li> </ul>
<p><b>Diabetes Prevention Programme</b></p> <ul style="list-style-type: none"> <li>Integration of community pharmacy base into National Diabetes Prevention Programme. Hereford is a pilot site for this programme.</li> </ul>	<ul style="list-style-type: none"> <li>Optimal use of the benefits of Healthy Living Pharmacy network in order to further develop the skills of the designated Health Champion within these pharmacies.</li> </ul>	<ul style="list-style-type: none"> <li>Emphasis on prevention</li> <li>Early identification and actions to reduce the impact of disease and disability</li> </ul>	<ul style="list-style-type: none"> <li>Raise awareness of the modifiable factors in developing Type 2 diabetes through increasing public awareness of risk factors.</li> <li>Referral of eligible persons into the Diabetes Prevention Programme</li> </ul>	<ul style="list-style-type: none"> <li>Investment in prevention and self-management as the key to maximising wellbeing and independence</li> </ul>

## 4.2 Looking to the Future

### 4.2.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JSNA Principles & Priorities	CCG Priorities	Integrated Care
<p><b>Integrated medicines Optimisation</b></p> <p><b>Information Technology</b></p> <ul style="list-style-type: none"> <li>Reduce the variation in the options for patients to order and receive their medicines.</li> <li>Ensure choice is offered to patients across the County in the way that they order and receive their pharmaceutical advice and supply of medicines.</li> <li>Wider role in relation to Summary Care Record with options for read write access when this becomes available to pharmacies.</li> </ul> <p><b>NHs net address:</b></p> <ul style="list-style-type: none"> <li>Community pharmacies need to universally ensure that they have nhs net addresses.</li> </ul> <p><b>Develop integrated medicines optimisation services for people who are cared for in more than one setting</b></p> <ul style="list-style-type: none"> <li>Support for patients to improve adherence e.g. aide memoires, text messages, domiciliary services</li> </ul>	<ul style="list-style-type: none"> <li>An enhanced role in self-care</li> <li>A wider role in primary care</li> <li>Taking pharmacy to Herefordshire Residents</li> <li>Safe exchange of information between contractors will be secured through use of nhs net communication.</li> </ul> <ul style="list-style-type: none"> <li>Opportunities may include: Patients identified as high risk, with regards to medicines e.g. post discharge referred into community pharmacy for follow up using "Transfer of Care " PharmOutcomes platform to highlight new medicines , significant changes to medicines or opportunities to support patients to stop smoking.</li> </ul>	<ul style="list-style-type: none"> <li>Joining up services to ensure timely and effective solutions to individual problems</li> <li>Early identification and actions to reduce the impact of disease and disability</li> <li>Support a comprehensive pathway that spans health and social care with IT services integrated as far as possible.</li> </ul> <ul style="list-style-type: none"> <li>Joining up services to ensure timely and effective solutions to individual problems</li> <li>Early identification and actions to reduce the impact of disease and disability</li> <li>Support a comprehensive pathway that spans health and social care with IT services integrated as far as possible.</li> </ul>	<ul style="list-style-type: none"> <li>Right care, in the right place, at the right time e.g. acute medicines management;</li> <li>reduce unplanned admissions;</li> <li>increase percentage of people aged 65+ who are still at home 91 days after discharge</li> </ul> <ul style="list-style-type: none"> <li>Facilitate exchange of medicines information between clinical settings</li> <li>Identification, &amp; notification to prescribers, of people not taking preventative medicines e.g. those at high risk of CVD</li> </ul>	<ul style="list-style-type: none"> <li>Self management</li> <li>Frail and Elderly (aged 65+)</li> <li>Long Term Conditions (people aged 55 – 65)</li> <li>People living with Dementia</li> <li>Articulated as part of review of Community Services Re-design work</li> </ul> <ul style="list-style-type: none"> <li>Appropriate safe and consented access to individual patient held information in order to support safe and timely provision of medicines advice.</li> </ul>



## 4. Looking to the future

### 4.2.1 Pharmacy Services and Premises

#### Our Aspiration for Pharmacy Services and Premises

- Throughout the document, we have reflected upon both the gaps and the areas for improvement as described within our PNA; and our vision and ambition for pharmacy
- In doing so, we have identified the HWB aspirations for pharmacy premises and services, for existing contractors. These are summarised in the table on the right
- It follows that we would anticipate that these aspirations be priorities for future applications
- Healthy Living Pharmacy Level 1 and progressing towards Level 2
- Appendix C outlines the current non- NHS commissioned services which are provided by some community pharmacies
- National contractual changes in the core pharmacy contract with reduction in income and fluctuating income as drug prices currently fluctuate considerably may mean that some of these services are reviewed by community pharmacies.
- However, Appendix C also demonstrates community pharmacies in Herefordshire willingness to consider new services to meet the needs of the population including a number of preventative interventions towards promoting self- care and maintaining good health.
- The local near 100% achievement of Healthy Living Pharmacy Status Level 1 is to be commended and should provide a platform for further work in the time line of this PNA.

Element	Aspiration for Pharmacy Services & Premises
Pharmacy opening hours	<ul style="list-style-type: none"> <li>• 7 day a week opening</li> <li>• Extended hour opening as part of core hours:               <ul style="list-style-type: none"> <li>○ Weekdays (which ever is longest):                   <ul style="list-style-type: none"> <li>• Open by 8am (or earlier) and not closing before 7pm; or</li> <li>• As a minimum, opening at the same time as GP surgeries and closing 30 minutes later</li> </ul> </li> <li>○ Saturday, open from 9am–5pm as a minimum; ideally open until 7pm or later; and co-ordinated with GP opening where applicable</li> <li>○ Sunday, open for a minimum of 6 hours and co-ordinated with GP opening, where applicable</li> </ul> </li> </ul>
Advanced services	<ul style="list-style-type: none"> <li>• Accredited &amp; prepared to offer MURs, NMS, AURs &amp; SACs</li> <li>• Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval)</li> </ul>
Enhanced services	<ul style="list-style-type: none"> <li>• Accredited and prepared to offer all currently commissioned services, relevant to the needs of the local population</li> <li>• Prepared to seek accreditation for &amp; offer future enhanced services (if required)</li> </ul>
Locally commissioned services	<ul style="list-style-type: none"> <li>• Accredited and prepared to offer all locally commissioned services relevant to the needs of their population</li> <li>• Prepared to seek accreditation for &amp; offer future locally commissioned services (if required)</li> <li>• Actively seek to improve standards of care</li> </ul>
Consultation Area	<ul style="list-style-type: none"> <li>• Minimum of one area, fully compliant with the Regulations and with the following additional characteristics:               <ul style="list-style-type: none"> <li>○ Space for a chaperone and/or a wheel chair</li> <li>○ Sink with hot water</li> <li>○ Equipped with a telephone, computer, secure IT connection &amp; access to NHS.net email</li> <li>○ Access to patient medication records</li> <li>○ Security measures i.e. panic button &amp; CCTV</li> <li>○ Patient toilet nearby</li> </ul> </li> </ul>
Meeting the needs of those with a disability	<ul style="list-style-type: none"> <li>• Premises and services should be suitably adapted to meet the needs of those with a disability including:               <ul style="list-style-type: none"> <li>○ Wheelchair access to all public areas within the pharmacy</li> <li>○ Hearing loop, including within the consultation area</li> <li>○ Provision of support for people with cognitive impairment</li> <li>○ Provision HLP Level 1 including a 'dementia friendly' environment</li> </ul> </li> </ul>

## 5. The Assessment

### 5.1 Conclusions – Summary of Gaps

	Summary of Needs and Improvements
Current Need	<ul style="list-style-type: none"> <li>• <b>Essential Services</b> <ul style="list-style-type: none"> <li>○ Additional pharmacy provision is required to be considered on all Bank Holidays in Hereford City, Leominster and Ross market towns and information needs to be disseminated in a timely way to all parties including the public.</li> <li>○ Up to date information on pharmacy opening hours and services, is needed in a variety of forms (not just via on NHS Choices)</li> </ul> </li> </ul>
Future Need	<ul style="list-style-type: none"> <li>• <b>Essential Services</b> <ul style="list-style-type: none"> <li>○ Additional pharmacies may be required, in the South Wye locality, Ledbury , Bromyard to meet the future pharmaceutical needs arising as a result of population growth and the local housing programmes. We have estimated that current 3 pharmacies would be sufficient to maintain the South Wye locality (assuming that estimated population growth and housing developments come to fruition) but this may need to be reviewed in the next PNA. We have set out our aspirations for pharmacy services and premises and would anticipate any new pharmacies will meet these particularly in relation to extended hour opening and willingness to offer the full range of pharmaceutical and locally commissioned services. However population change, growth within the next 3 years is not likely to impact upon current service provision at the build rates outlined. However, supplementary statements to this PNA will ensure that the PNA remains current.</li> <li>○ Although a 7 day service is provided in Herefordshire the numbers of patients who are seen post 4pm on a Sunday for example are not available but may inform the need for later opening pharmacies on a Sunday. Currently we are not made aware through this exercise of any patient complaints in accessing medicines in a timely manner.</li> </ul> </li> </ul>
Improvements or Better Access	<ul style="list-style-type: none"> <li>• <b>All services (essential, advanced, enhanced and locally commissioned)</b> <ul style="list-style-type: none"> <li>○ In all localities, extending opening hours on weekday mornings (before 9am), weekday and Saturday evenings (after 7pm) and on Sundays, would improve access, convenience and choice to all pharmaceutical and locally commissioned services. This would be beneficial for the working population of Herefordshire</li> </ul> </li> <li>• <b>Meeting the needs of those with disabilities</b> <ul style="list-style-type: none"> <li>○ There are opportunities for more pharmacies to provide support for people with disabilities particularly those with hearing impairment</li> <li>○ We anticipate that all pharmacies will take reasonable steps to meet the minimum requirements of the Equality Act 2010</li> </ul> </li> <li>• <b>Advanced services</b> <ul style="list-style-type: none"> <li>○ MURs and NMS – we wish to see all pharmacies providing these services (unless there is a valid reason not to do so)</li> <li>○ Providing MURs (subject to NHS England approval) in the domiciliary setting would improve access for the housebound and those less able to visit a pharmacy without support; it would also facilitate service provision by those pharmacies which do not have a consultation area</li> <li>○ We wish to see all pharmacies targeting MURs and NMS reviews at people who will benefit the most. This will support pharmacies delivering the maximum number of MURs per annum as well helping to improve outcomes. There are locality differences observed currently in both MUR and NMS delivery.</li> <li>○ An integrated approach to NMS delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for our residents</li> <li>○ Pharmacy Influenza Vaccination Service: We wish to see this service commissioned from as many pharmacies as possible to support increased uptake of seasonal influenza vaccine; and to consider on a locality based domiciliary service for care home / domiciliary care workers in particular but also housebound persons in conjunction with locality GP practices arrangements.</li> </ul> </li> </ul>

## 5. The Assessment

### 5.1 Conclusions – Summary of Gaps

#### Summary of Needs and Improvements

##### Improvements or Better Access (cont...)

- **Locally commissioned services**
  - **Stop Smoking Service:** Residents should have access to a one stop pharmacy based service to include behavioural support and pharmacotherapy. Improved IT referral options should enable targeted groups e.g. post discharge from hospital, those pregnant or with chest disease or males should be explored and enabled. Outcomes of a new Council led service will need to be monitored closely.
  - **EHC:** Residents should have access to EHC, within their own localities, every day of the week. This is important because EHC needs to be taken as soon as possible after unprotected intercourse and certainly within a maximum of 72 hours
  - **Supervised consumption:** Commissioning the service from a wider range of pharmacies which open for extended hours and at weekends, would improve access for service users and enhance the level of supervision at weekends which is particularly important for high risk patients.
  - **Needle & Syringe programme:** Commissioning the service from a wider range of pharmacies which open for extended hours and at weekends, would improve access and choice for service users but this is integrated into provision of non pharmacy sites
  - **Advice to Care Homes Scheme** needs to be updated and integrated into new NHS England Care Homes Pharmacist initiative 2018 and other primary case based support for care home residents.
- **Current CCG commissioned services** deliver quality based cost effective outcomes and will be updated / revised according to commissioning intentions.

##### Future improvements or Better Access

- **All services (essential, advanced, enhanced and locally commissioned)**
    - In all localities, extending opening hours on weekday mornings (before 9am), weekday and Saturday evenings (after 7pm) and on Sundays, would improve access, convenience and choice to all pharmaceutical and locally commissioned services. This would be beneficial for the working population of Herefordshire and would facilitate ensuring there is sufficient capacity to meet the future pharmaceutical needs of a growing population.
  - **Advanced services**
    - MURs and NMS – we wish to see all existing, and any new, pharmacies providing these services (unless there is a valid reason not to do so) since there are differences observed between locality provision.
  - **Locally commissioned services**
    - For all locally commissioned services, we need to understand why some pharmacies are more active than others
    - **Stop Smoking services:** we need to ensure that pharmacies are provided with the appropriate support on the aims and intentions of the Council towards supporting people to stop smoking and receive IT integrated referrals but will now need to wait for outcomes of new Council service.
    - **Substance misuse (supervised consumption and needle & syringe programme):** Continued evaluation of service will need to ensure that community pharmacy based services meet the need of the population including those rural based patients.
    - **EHC:** This service needs to be commissioned from all available pharmacies and delivered consistently with particular reference to HR2 and also Leominster area.
  - **Meeting the needs of those with a disability**
    - We would wish to ensure that new pharmacies have taken appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille where requested.
- All commissioners** need to acknowledge the PNA not only in assurance on the breadth of services currently provided by community pharmacies but also realise the further potential of service delivery noting the willingness to provide services locally.

## 6. Consultation Report

### Consultation Approach

- Herefordshire Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was issued and managed electronically:
  - All stakeholder groups, as stated within the Regulations, were invited to participate; in addition, a wider audience was invited to participate. Full details are summarised in the table below
  - Stakeholders were notified by email to provide advance notification that they were being invited to participate in the consultation; a hard copy letter was sent as back up
  - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required. All paper copies were provided within 14 days, in accordance with the Regulations
  - Respondents were required to complete a standard response form and return this electronically; however, consultation feedback was accepted in different formats providing that this was submitted in writing
- The consultation was initiated on 05/03/2018 and ended at midnight on the 04/05/2018. This period was in accordance with the minimum 60 day consultation required by the Regulations

### Consultation Outcome

- Following 60 day consultation period there were 10 on line responses received and 2 direct responses to the PNA Steering group from organisations.
- 10 on line responses comprised 3 patients:2 patient/ patient representatives; 2 community pharmacy contractors; 1 health and social care professional and 2 dispensing practices.
- There were no responses to the questionnaire that disagreed with the explanation or key findings or overall conclusions ( apart from 1 recorded as No but no explanation offered).
- 2 points of disagreement within the questions were observed and responded to in Appendix H ( points 3 and 20).
- Responses were received from 4 male/ 6 female , one person with a long term condition and another one as a carer and one with limited activity capacity. 5 persons were 45-64 years; 3 persons 25-44 years; and 1 in each age band 65-74 and 75+ years.
- Eight persons described themselves as White British and 1 Chinese.
- All comments were consolidated into a document for review by the PNA Steering Group on May 2018 HWB Board meeting.
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix H. Where applicable, the draft PNA was updated to reflect the decisions of the PNA Steering Group

### Stakeholder Groups invited to Participate in the Consultation

#### Stakeholders Specified Within the Regulations

- Healthwatch Hereford
- Herefordshire and Worcestershire Local Pharmaceutical Committee
- Herefordshire and Worcestershire Local Medical Committee
- Herefordshire NHS Pharmaceutical Services Contractors (27 pharmacies)
- 2G Mental Health Trust
- Wye Valley NHS Trust
- Taurus GP Federation and Primecare Services Ltd
- Neighbouring Health & Wellbeing Boards (Worcestershire, Shropshire, Gloucestershire plus Powys Health and WellBeing Board)

#### Other Stakeholder Groups

- NHS Herefordshire Clinical Commissioning Group
- Members of the Herefordshire Health & Wellbeing Board
- NHS England
- NHS Herefordshire Clinical Commissioning Group

## Annex A

### References

1. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)
2. Equality Act 2010; Chapter 1, Part 11
3. "Use of community pharmacies: a population-based survey". *Journal of Public Health* 2005; 27 (3): 254-262. Boardman H, Lewis M, Trinder P, Rajaratnam G, Croft P.
4. "Pharmacy in England: Building on Strengths - Delivering the Future". Department of Health 2008.
5. "Improving Health and Patient Care through Community Pharmacy - A Call to Action". NHS England, December 2013
6. "Medicines Optimisation: Helping Patients to make the most of their Medicines". *Royal Pharmaceutical Society of Great Britain (RPSGB) May 2013.* "Medicines
7. Adherence: involving patients in decisions about prescribed medicines and supporting adherence". *National Collaborating Centre for Primary Care January 2009.*
8. "The NHS's role in the public's health - a report from the NHS Future Forum" [Date of publication not stated]
9. *The NHS Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*
10. "Royal Pharmaceutical Society QI4PD Medicines Use Review audit reports". London: Royal Pharmaceutical Society Annual report 2009/10.
11. "A randomised controlled trial and economic evaluation with qualitative appraisal comparing the effectiveness and cost effectiveness of the New Medicines Service in community pharmacies in England ". Rachel A Elliott, Matthew J Boyd, Justin Waring et al. August 2014.
12. *The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines". Pharmacy World & Science 2008; 30(1), 17-23. Elliott RA, Barber N, Clifford S, Horne R, Hartley E.*
13. "PharmOutcomes Data". PSNC Website, October 2013.
14. "The contribution of community pharmacy to improving the public's health: summary report of the literature review 1990–2007". London: Pharmacy Health Link, 2009. Anderson, C., Blenkinsopp, A. Armstrong, M.
15. "Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum". *Public Health England, Jan 2014.*
16. "Community pharmacy supply of emergency hormonal contraception: a structured literature review of international evidence". *Human Reproduction* 2006; 21(1): 272-284. Anderson, C., Blenkinsopp, A.
17. "ONS Conception Statistics 2011", England and Wales, released April 2013
18. "Emergency contraception. Has over the counter availability reduced attendances at emergency departments?" *Emergency Med Journal* 2004; 21: 67–68. Kerins, M et al.
19. "Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception". *Edinburgh, Scottish Government Social Research. 2011. Kerins, M et al.*
20. "From community pharmacy to healthy living pharmacy: Positive early experiences from Portsmouth" . *Research in Social and Administrative Pharmacy* 2014; 10(1): 72-87 ; Brown D et al

## Annex B

### Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LPC	Local Pharmaceutical Committee
AUR	Appliance Use Reviews	LSOA	Lower Layer Super Output Area
BAME	Black, Asian and Minority Ethnic	LTC	Long Term Condition
CCG	Clinical Commissioning Group	MAS	Minor Ailments scheme
CCTV	Closed Circuit Television	MenC	Meninogoccal C
CIPFA	Chartered Institute for Public Finance & Accountability	MMR	Measles, Mumps and Rubella
CNS	Central Nervous System	MURs	Medicines Use Reviews
COPD	Chronic Obstructive Pulmonary Disease	NHSE	NHS England
CPD	Continuing professional development	NICE	National Institute for Health & Care Excellence
CPPE	Centre of Pharmacy Postgraduate Education	NMS	New Medicine Service
CVD	Cardiovascular Disease	NRT	Nicotine Replacement Therapy
DACs	Dispensing Appliance Contractors	NSAID	Nonsteroidal anti-inflammatory drugs
EHC	Emergency hormonal contraception	OCU	Opiate / Crack Cocaine User
EPS	Electronic prescription services	ONS	Office of National Statistics
FP10	NHS Prescription Form	PCV	Pneumococcal Conjugate Vaccine
FY	Financial Year	PGD	Patient Group Direction
GP	General practitioner	PHE	Public Health England
GPhC	General Pharmaceutical Council	PI	Prescription Intervention
GUM	Genito-urinary medicine	PMR	Patient Medication Record
Hib	Haemophilus Influenzae Type B	PNA	Pharmaceutical Needs Assessment
HIV	Human Immunodeficiency Virus	PPV	Pneumococcal Polysaccharide vaccine
HLP	Healthy living pharmacy	PSNC	Pharmaceutical Services Negotiating Committee
HPA	Health Protection Agency	PURM	Pharmacy Urgent Repeat Medication
HPV	Human Papillomavirus	QoF	Quality and Outcomes Framework
HWB	Health & Wellbeing Board	RPSGB	Royal Pharmaceutical Society of Great Britain
IBA	Identification and Brief Advice	SACS	Stoma Appliance Customisation Services
IMD	Index of multiple deprivation	SHLAA	Strategic Housing Land Availability Assessment
JHWS	Joint Health & Wellbeing Strategy	STIs	Sexually transmitted infections
JSNA	Joint Strategic Needs Assessment	UPSI	Unprotected Sexual Intercourse
LAs	Local Authorities	WHO	World Health Organisation
LMC	Local Medical Committee	WIC	Walk-in Centre