NHS Bedfordshire Draft Pharmaceutical Needs Assessment

September 2010

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1. Executive summary

The White Paper, *Pharmacy in England: Building on strengths* – delivering the future published by the Department of Health in April 2008 highlighted the variation in the quality of Pharmaceutical Needs Assessments (PNAs) produced by PCT nationwide and recommended a review in order to ensure that they serve as an effective and robust commissioning tool. Based on this recommendation two clauses were introduced in the Health Bill 2009:

- To require Primary Care Trusts to develop and publish pharmaceutical needs assessments; and
- Then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision.

In setting out the agenda for restructuring the delivery of pharmaceutical services, the Pharmacy White Paper (PWP) recognises pharmacists as health professionals with expertise in the use of medicines and the importance of making better use of the clinical skills of community pharmacists and their staff in improving access to medicines and promoting their safe and effective use.

The PNA is a key tool in the process of achieving high quality and accessible services, responsive to local needs. The purpose of the PNA is to assess and prioritise local needs and service provision across Bedfordshire, to identify any unmet needs of the local population and any gaps in service provision. It goes further to identify services that community pharmacists and other providers, could provide to address these needs.

This needs assessment has drawn on several primary sources of information which have contributed to the development of an overview of the needs of our population and the current provision from a network of 63 community pharmacies, 23 dispensing doctors and other providers for pharmaceutical services. A steering group was formed to oversee the development of the PNA and to ensure that a robust procedure was in place. A clear strategy was produced for engaging with a wide range of stakeholders in the process of developing this needs assessment.

This document builds on the health priorities identified by the Joint Strategic Needs Assessments (JSNA) which were developed jointly by the PCT and the two unitary authorities in Bedfordshire – Bedford Borough and Central Bedfordshire.

In assessing the needs of our community, we recognise that Bedfordshire has an aging population with very specific needs and also that there are substantial residential developments planned from now to 2021 and beyond which will increase the population and possibly change the demography. People from black and minority ethnic groups represent 11% of the county's total population and are mainly concentrated in the urban area of Bedford. People from some ethnic groups have a much younger age profile and can be expected to form a larger percentage of the population in future years.

The PNA aims to reduce inequalities in health across Bedfordshire. Data from the Office of National Statistics shows that in Bedfordshire there are fewer residents living in the lowest 40% most deprived areas than the national equivalent. Three areas in Bedford town are among the 10% most deprived areas in England and a further 6 areas in Bedford and Kempston are among the 20% most deprived. These areas have poor health outcomes and poor performance on a range of well-being indicators. No areas in Central Bedfordshire are in the 20% most deprived nationally for overall deprivation. However, for some of the individual aspects of deprivation (such as education, crime and income) communities in parts of Houghton Regis, Dunstable, Leighton-Linslade and Sandy fall into the most deprived 10% nationally.

Some members of our society experience inequalities more than others and within Bedfordshire the following groups have been identified as being at risk of marginalisation - people who misuse drugs and alcohol, have mental ill-health, long-term conditions or disabilities and from black and minority communities; homeless and rough sleepers; those in the criminal justice system; gypsies and travellers; looked after children; pregnant teenagers and their children; migrant workers and refugee communities. It is well documented that some of these groups of people can be easily reached by community pharmacists and supported through pharmaceutical services.

In Bedfordshire there are 63 community pharmacies registered to provide pharmaceutical services under the NHS pharmacy contract. One of these is an internet / wholly distant selling pharmacy and one is contracted to provide a 100 hour service (open for 100 hours a week).

The NHS Pharmaceutical Services are split into three tiers:

1. Essential Services – these are the 'necessary services' and all NHS pharmacy contractors must provide these
2. Advanced Services – these are specified by the Department of Health and community pharmacists may choose to provide these services
3. Enhanced Services – these are commissioned locally by PCTs, PBC and other partnering organisation based on identified local need.

With the exception of the north Bedfordshire area all residents of Bedfordshire can access a pharmacy or dispensing doctor within 5 miles of their home. 99% of residents can access a pharmacy within a 20 minute car journey and an estimated 80% can access a pharmacy within a 30 minute walk. There is currently adequate provision of dispensing services out of hours within Bedfordshire.

This PNA identifies that by improving the level and quality of delivery of existing pharmaceutical services and expanding on the offering and uptake of local enhanced services the local population of Bedfordshire will benefit from improved access and choice to community health care. Some of the recommendations for reducing gaps in pharmaceutical service provision are:

- to improve access to pharmaceutical services in north Bedfordshire and a gap in the south between Leighton Buzzard and Dunstable where there are also pockets of deprivation.
- that community pharmacists to develop a robust Clinical Effectiveness Programme for evaluating and ensuring the quality delivery of services with adequate support from the PCT and the Local Pharmaceutical Committee.
- to create an effective system for targeting patients who would benefit most from Medicines Use Reviews and ensuring that there is joint working with other health care professionals, particularly GPs and Community Nurses. There should also be a move for all community pharmacies to offer the service.
- for the PCT to work closely with the Local Pharmaceutical Committee to improve the take up of local enhanced services.
- that the need for a rationalisation of commissioning to ensure that services are offered where there is an identified local need.
- for the need for PCT commissioners and project managers to consider the role of community pharmacy in the provision of Local Enhanced Services so that the general public have more choice and improved access to services closer to home.
- for consideration to be given to increasing the uptake of Repeat Dispensing to support patient safety, free up GP time and improve stock management and patient satisfaction.
- for the need to support vulnerable groups e.g. older people, people with disabilities, those with long term conditions and complex therapies taking an integrated approach involving pharmacy services.
- for the PCT and PBC groups to consider involving community pharmacists in vascular screening and obesity management in Bedfordshire.
- for Community pharmacists to take every opportunity to engage in continued professional development in order to acquire and maintain the clinical skills necessary to deliver the expanding role of the pharmacy profession.

This PNA should be used by commissioners within the PCT, the PBCs and partnering organisations in their annual prioritisation program to inform commissioning of local pharmaceutical services.

2. Introduction

2.1. Background

The White Paper, *Pharmacy in England: Building on strengths* – delivering the future was published by the Department of Health in April 2008. It highlighted the variation in the structure and quality of PCT Pharmaceutical Needs Assessments (PNAs) and confirmed that they required further review and strengthening to ensure they were an effective and robust commissioning tool. Based on this recommendation two clauses were introduced in the Health Bill 2009 (now the Health Act 2009):

- To require Primary Care Trusts to develop and publish pharmaceutical needs assessments; and
- Then to use PNAs as the basis for determining market entry to NHS pharmaceutical services provision.

Following this statement new Regulations have now been finalised and were laid in Parliament on 26 March 2010. The Regulations came into force on 24 May 2010 and require PCTs to develop and publish their first PNA under these Regulations by 1 February 2011. The Regulations address the first of the two clauses set by the Health Bill. It is expected that further guidance will be produced to support PCTs and contractors in the second clause which refers to the use of PNAs in determining market entry.

Pharmaceutical Needs Assessments were first developed in 2004/5 to support the implementation of the new community pharmacy contractual framework and market entry arrangements. At the time Bedfordshire was split into two separate PCTs – Bedford and Heartlands PCTs. This PNA will be the first since the merger of the two PCTs into NHS Bedfordshire.

The PNA is a key tool in the process of achieving high quality accessible services responsive to local needs. The purpose of the PNA is to assess local needs and service provision across Bedfordshire, to identify any unmet needs of the local population and any service gaps, and to identify any services that community pharmacists could provide to address these needs.

The PNA should not be used in isolation - it is important that this document contributes to and becomes an integral part of the Bedfordshire Joint Strategic Needs Assessment (JSNA) and also integrates with the PCTs commissioning strategic plan. The PNA will also ensure that NHS Bedfordshire has robust and relevant information to assess applications for providing pharmaceutical services.

The PNA aims to:

- identify what is needed at a local level to support the commissioning intentions for pharmaceutical and other services that could be delivered by community pharmacies and other providers
- contribute to the overall Joint Strategic Needs Assessment (JSNA) and commissioning strategy to ensure that pharmaceutical services play a key part in the development of services
- ensure that the PCT has robust and relevant information on which to base decisions about applications for market entry. This includes determining which directed services should be provided by applicants who use the exemptions from control of entry (other than that for distance selling pharmacies). The importance of the PNA in this role will be reinforced (subject to parliamentary approval) when it becomes the legislative basis on which applications to provide NHS services will be assessed.
- support the commissioning of high quality pharmaceutical services and form part of the overall 'QIPP' (see Ch 3.2) agenda for the PCT and should be evidence based.

2.2. NHS Bedfordshire Strategic Plan[1]

The PCT's vision has been set in our strategic plan for 2009-2013 and our aim is as follows:

"As the leader of the NHS in Bedfordshire, we will optimise the use of resources, in the context of a growing and ageing population, to deliver our goals."

Our Four Strategic Goals are to:

1. improve the health and wellbeing of the population in Bedfordshire and its local communities in a fair and transparent way
2. reduce unfairness in health and reduce health inequalities
3. to ensure a better healthcare experience for the population of Bedfordshire
4. to ensure that the people of Bedfordshire have more choice and access to high quality, safe, clinically and cost effective local health services.

The NHS Bedfordshire strategy is about leading change. We need to change how healthcare is delivered, with greater integration of service provision with our partners to deliver care closer to home and reduce the reliance on

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1 A Healthier Bedfordshire – working with you for life. Delivering our Strategic Plan 2009-2013 www.bedfordshire .nhs.uk

hospital care, when appropriate; to focus more on prevention; and to offer patients more choice.

The overall health of the people in Bedfordshire is better than the national average, but additional progress is required to meet the higher East of England average life expectancy. Across Bedfordshire there are significant inequalities in health between different geographical areas and marginalised groups. We have an ageing population; more people will suffer from long term conditions and will require support to maintain healthy, independent lives. Bedfordshire is an area targeted for new housing developments. The resulting increase in population will not be matched by a corresponding increase in central funding.

The population profile within Bedfordshire is similar to that in the East of England. The estimated resident population in Bedfordshire in 2009 is 412,000, of whom 157,000 live in Bedford Borough and 255,000 in Central Bedfordshire. However, the number of people registered with GPs in Bedfordshire at 1 October 2009 was around 4% higher at 430,375. It is felt that the number of people registered with GPs is higher because people move out of area without informing their GP and also that records of patients who have passed away may not have been updated.

In view of the PCT strategy as outlined, community pharmacy can play a major role in the delivery of this strategy provided the delivery of essential services are monitored to ensure high standards are maintained and the appropriate enhanced services are commissioned by the PCT from pharmacies.

Community pharmacies are:

1. easily accessible – 99% of the UK population can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport[2] and can help the PCT provide care to the population closer to home.
2. open for extended hours and most people can visit a pharmacy at time that is convenient to them and provide choice and access.
3. ideal for people seeking a less formal environment and those hard to reach groups who are less likely to visit their GP with health problems which will reduce health inequalities.
4. resourced with highly trained and experienced healthcare professionals able to offer a wide range of services including healthy life style advice, advice on medicines and long term conditions, health screening, support for the prevention of diseases and treatment of minor ailments.

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2 As at 31 March 2007, 96% of the population in the 10% most deprived areas could reach a pharmacy within 10 minutes by walking or public transport, compared with 84% at 31 March 2006. Source – Pharmacy White Paper, 2008.

A national survey on the use and perceptions of pharmacies reported that:

- Most adults use pharmacies. The term 'pharmacy' is well understood.
- 84% of adults visit a pharmacy (78% for health-related reasons) at least once a year. Three-quarters of people have visited in the last six months.
- Excluding those who report never visiting a pharmacy, an adult visits a pharmacy 16 times a year, of which 13 visits are for health related reasons.
- An estimated 1.6 million visits take place daily, of which 1.2 million are for health-related reasons.
- Women, those aged over 35 and those with a long term health condition or disability are frequent users.

2.3. Practice Based Commissioning (PBC) Groups

There are 5 PBC groups within NHS Bedfordshire – Horizon (Bedford area and North Bedfordshire), Ivel Valley, West Mid Beds, Leighton Buzzard, Chiltern Vale (Southern Bedfordshire area).

Practice Based Commissioning is a government policy which devolves responsibility for commissioning services from Primary Care Trusts (PCTs) to local GP practices. Under Practice Based Commissioning, GPs are given a commissioning budget which they will have the responsibility for buying in services. This model allows for commissioning:

- a greater variety of services from a greater number of providers
- in settings that are closer to home and more convenient to patients
- which brings the decision making process closer to communities
- that makes a more efficient use of services e.g. eliminating unnecessary hospital stays
- with a greater involvement of front line doctors and nurses in decision making.

2.4. Pharmaceutical Services

The amended NHS Pharmaceutical Services Regulations clarifies what is regarded as pharmaceutical services and how they relate to PNAs as follows:

> *"**3A.**—(2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by a Primary Care Trust for—*
>
> *(a) the provision of pharmaceutical services (including directed services) with a person on a pharmaceutical list;*

(b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or

(c) the dispensing of drugs and appliances with a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by a Primary Care Trust with a dispensing doctor)."

There are 63 community pharmacies within the NHS Bedfordshire locality, one of these is a 'distance selling pharmacy' and three have an 'Essential Small Pharmacy Local Pharmaceutical Service' contract. In addition to this there are 23 Dispensing Doctors offering dispensing services to patients on their dispensing lists. In the financial year 2009-10, 15% of all prescription items were supplied by dispensing practices.

2.5. Community Pharmacy Contract

Most community pharmacists provide services under a national contractual Framework which was introduced in April 2005. Currently there are three tiers of services[3] – essential, advanced and enhanced services:

a) Essential services: Are services which each community pharmacy must provide. These services include; dispensing drugs and appliances, disposal of unwanted drugs, promotion of healthy lifestyles, prescription linked intervention, public health campaigns, signposting and support for self-care.

b) Advanced services: Are services which can be provided if the pharmacist is suitably accredited against a competency framework and the pharmacy premises meets standards that facilitate the provision of these services in a suitable, confidential environment. This includes Medicine Use Reviews (MURs) & prescription interventions, Stoma Customisation and Appliance Use Reviews (AURs).

Dispensing Doctors also have the facility to offer a similar service to their dispensing patients called a Dispensing Review of the Use of Medicines (DRUMs). This service is currently available from 20 (90%) of the Dispensing practices.

c) Local enhanced services: Are services commissioned by PCTs according to identified local needs and in line with their strategic planning. Examples include stop smoking schemes, supervised administration (e.g. of methadone), supply of emergency hormonal contraception. This PNA addresses the local enhanced services that are directed by the Department of Health. These services are referred to as 'directed enhanced services'[4] and were introduced in April 2008 following the publication of the Pharmacy White Paper.

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3 The National Health Services (Pharmaceutical Services) Regulations 2005, Part 2, Essential Services.
4 The National Health Service Act 1977. The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005

The way pharmaceutical services are commissioned in the future could, however, change and the current 'control of entry' test for determining pharmacy applications is expected to be replaced. Developing a PNA is the first step towards improving this process. Furthermore **'service evaluation'** is recommended alongside the community pharmacy contractual framework to ensure that rewards can be better directed at pharmacies that fully embrace the new direction of change. This service evaluation or performance management may take the form of 'Balanced Scorecards'. The balanced scorecard is a strategic planning and management system to align business activities to the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals[5]. This system is supported by the Strategic Health Authority and is currently in place for GPs in Bedfordshire. There are plans to extend it to Community Pharmacy contractors.

3. Context for PNAs

The Pharmacy White Paper, Pharmacy in England - Building on strengths delivering the Future published in April 2008 sets out a vision for building on the strengths of pharmacy and outlines the Government's programme for a 21st century pharmaceutical service.

It identifies practical, achievable ways in which pharmacists and their teams can improve patient care in the coming years through personalised pharmaceutical services. It also identifies the role that pharmacists can play in promoting the safe use of medicines, in reducing inappropriate hospital admissions and in ensuring that integrated care supports patients as they move between hospital and the community. This White paper builds on *A Vision for Pharmacy in the New NHS* launched in July 2003 and *Our health, our care, our say: a new direction for community services*, published in January 2006 and it sets out a new strategic direction for improving the health and well-being of the population. They focused on a strategic shift to locate more services in local communities closer to people's homes.

In setting out the agenda for restructuring the delivery of pharmaceutical services, the Pharmacy White Paper (PWP) recognises pharmacists as health professionals with expertise in the use of medicines and the importance of making better use of the clinical skills of community pharmacists and their staff in improving access to medicines and promoting their safe and effective use. It also puts forward a broad range of proposals to build on progress over the previous three years which has succeeded in embedding community pharmacy's role in improving health and well-being and reducing health inequalities. These include proposals for how pharmacies will, over time:

5 The Balanced Scorecards system was originated by Drs. Robert Kaplan (Harvard Business School) and David Norton as a performance measurement framework.

- become ‘healthy living’ centres – promoting health and helping more people to take care of themselves;
- offer NHS treatment for many minor ailments (e.g. coughs, colds, stomach problems) for people who do not need to go to their local GP;
- provide specific support for people who are starting out on a new course of treatment for long term conditions such as high blood pressure or high cholesterol;
- offer screening for those at risk of vascular disease – an area where there are significant variations in access to services and life expectancy around the country;
- use new technologies to expand choice and improve care in hospitals and the community, with a greater focus on research; and
- be commissioned based on the range and quality of services they deliver.

For PCTs the PWP presents a timely opportunity to take stock of progress with the development and integration of pharmacy services and the Pharmaceutical Needs Assessment is key in moving this forward.

3.1. Joint Strategic Needs Assessment

Since 1 April 2008, local authorities and PCTs have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) by virtue of Section 116 of the Local Government and Public Involvement in Health Act 2007. The JSNA informs Local Area Agreements and the Sustainable Communities Strategy. The Operating Framework for the NHS in England 2008/2009 referred to the importance of JSNAs in informing PCT Operational Plans. The guidance on JSNA[6] says that “needs assessment is an essential tool for commissioners to inform service planning and commissioning strategies”. It indicates that the JSNA will contain a range of information to inform a number of local authority and PCT strategies and plans and that ensuring linkage of these plans will encourage joined-up commissioning across health and social care.

The process of producing a JSNA establishes the current and future health and well being needs of a population, designed to lead to improved outcomes and reductions in health inequalities. This is a partnership duty, which involves a range of statutory and non-statutory partners, informing commissioning and the development of appropriate, sustainable and effective services.

The preparation of the PNA took into account the analysis of health needs as outlined in the JSNA and examined these in terms of pharmaceutical need and provision. In future the PNA will also be used to inform further development of the JSNA.

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6 Joint Strategic Needs Assessment guidance. ww.dh.gov.uk/en/.../JointStrategicNeedsAssessment/index.htm

3.2. QIPP Agenda

QIPP (Quality, Innovation, Productivity and Prevention) is the acronym used by the NHS to describe the approach to a successful delivery of national and local service and quality objectives within the anticipated constraints in future funding. The PCT has adopted the QIPP agenda in the design and structure of local services. Medicines management is a key area through which this agenda can be delivered and the prescribing team at NHS Bedfordshire is working closely with Practice Based Commissioning groups to realise cost efficiencies whilst ensuring that quality of prescribing is maintained. Some of these initiatives involve reviewing local formularies and switching patients' medication in line with formulary choices. Where a patient's medication is changed it is important that they are given adequate support to understand the reasons why their medication is being changed and a re-assurance of continued quality of care. Community pharmacists are ideally placed to contribute to this process and should be engaged in the delivery of the QIPP agenda with regards to medicines management.

3.3. Control of Market Entry

One of the proposals for developing PNAs was to have robust and relevant information on which to base decisions about applications for market entry. This includes determining which directed enhanced services should be provided by applicants who use the exemptions from control of entry, with the exception of distance selling pharmacies.

Currently, applicants wanting to be included on the pharmaceutical list must satisfy a 'control of entry test' as specified in the NHS Pharmaceutical Services Regulations 2005.

It is expected that new legislation will be passed which will reinforce the use of PNAs in determining applications for market entry.

Applications for admission to the pharmaceutical lists will no longer be determined on the basis of 'neighbourhoods' but rather on the basis of 'localities' as defined in this PNA (see Ch 5. Localities definition and description).

4. Process followed in developing the PNA

This needs assessment has drawn on several primary sources of information which have contributed to the development of a picture of the needs of our population and the current provision from a network of 63 community pharmacies, 23 dispensing doctors and other providers for pharmaceutical services. A steering group was formed at the very start of the project to oversee the development of the PNA and to ensure that a robust procedure was in place. Membership of the steering group covered a wide range of stakeholders including:

PCT public health, medicines management, primary care contractors, communications team and commissioners; Practice Based Commissioning groups representation, Local Pharmaceutical Committee, Local Medical Committee; Patient group representative.

A communications strategy was developed to ensure adequate engagement with all stakeholders (see Appendix 3)

Primary sources of information used were:

1. A baseline survey of community pharmacies conducted to build a accurate and current picture of provision of pharmaceutical services from community pharmacies. This was done in the form of questionnaire sent to all community pharmacies contracted to NHS Bedfordshire to provide pharmaceutical services. 70% of pharmacies completed this questionnaire.
2. Review of data held by the primary care contracting team on dispensing service provision by dispensing doctors.
3. Public view on pharmaceutical services determined from questionnaires distributed to the public from community pharmacies, dispensing doctors, PCT website and via some patient groups. The consultation process was advertised through the local media.
4. Review of data from our Joint Strategic Needs Assessment and QoF[7] datasets.
5. Results of the annual community pharmacy patient survey for 2008/09 report.
6. Information from a multidisciplinary audit conducted across the PCT in 2009/10 on Medicines Use Review service provided by community pharmacies. The audit process captured the views of patients, GPs, community pharmacists and the PCT.
7. Synthesis from national datasets and statistics.

An analysis of the datasets listed above have been combined to provide a comprehensive picture of our population, their current and future need and how our pharmacy network can be used to support the PCT to improve the health and wellbeing of our population.

A draft document of the Pharmaceutical Needs Assessment will be published for consultation over a 60 day period and a full report of this consultation process will be produced and necessary amendments made to the final document.

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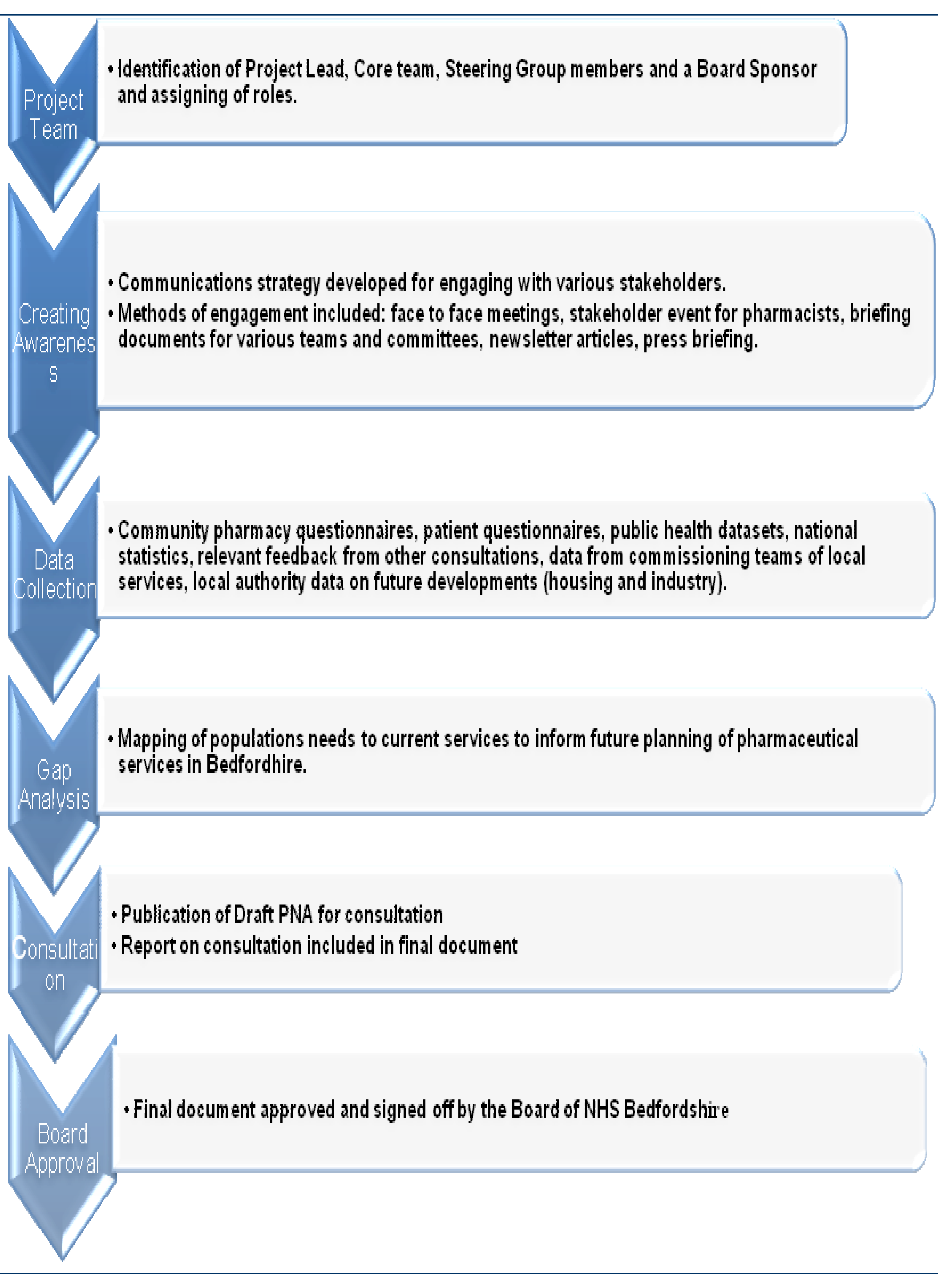
7 QOF – Quality and Outcomes Framework, was introduced in 2004 as part of the General Medical Services Contract. It is voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients. This scheme requires practices to maintain accurate records of disease registers and level of monitoring of patients with the indicated health conditions and is a useful source of information on local disease prevalence.

Figure 1 Summary of Development process



5. Localities definition and description

Bedfordshire County is split into two unitary local authorities – Bedford Borough and Central Bedfordshire. The demography and health needs of these geographical areas vary significantly and as such the JSNAs and this PNA consider some of the data on population characteristics and health indicators under the separate unitary authority localities

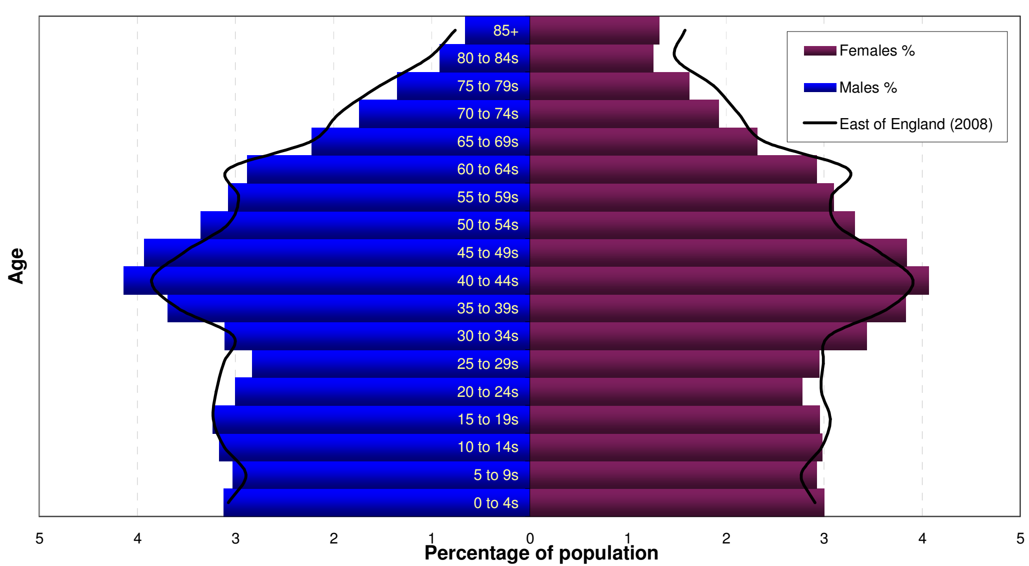
Further to this the PCT area has been divided up at the Lower Super Output Area (LSOA) level for the purposes of determining health and pharmaceutical need in the PNA. The JSNA uses a similar approach and this will ensure that the PCT has a consistent system in place for determining health needs in Bedfordshire. The description of localities in terms of their demography and health needs has been done at the level for which data is available. This includes LSOA, Wards and unitary authority boundaries.

The boundaries for Rural and Urban areas in Bedfordshire was mapped out historically for identifying 'Controlled Areas' for the purposes of determining Community Pharmacy applications. It is recommended that these boundaries are reviewed in light of the recent developments in Bedfordshire.

5.1. Population

The current age and sex structure of Bedfordshire's population is shown below. It is similar but not identical to that of the East of England. The structure is a result of varying birth and death rates in the past as well as net in-migration which happens more in certain age groups.

Figure 2 Figure Bedford age structure 2009



Births were predicted to remain relatively stable at approximately 5,000 a year across Bedfordshire over the next 12 years. However, there was a significant increase in the number of births in the Borough in 2008-2009 compared to earlier years, with much of the increase attributable to mothers born outside the UK. If this trend continues it will result in an early rise in the preschool and younger school age populations.

Proportions of people aged 0-15 or 65+ are similar across the districts, though Central Bedfordshire has a lower percentage of older people compared to Bedford Borough. Bedfordshire has proportionally fewer older people and slightly more younger people than the East of England, as shown Table 1.

Table 1 Population summary (mid year 2009 forecast)

	Bedfordshire	Bedford Borough	Central Bedfordshire	East of England‡
Total	411,900	157,000	254,900	5,728,700
Aged 0-15	80,100 (19.4%)	30,900 (19.7%)	49,200 (19.3%)	1,087,800 (19.0%)
Aged 65+	63,200 (15.3%)	25,000 (15.9%)	38,300 (15.0%)	970,400 (16.9%)

Source: Beds County Council Population Estimates and Forecasts 2008

‡ East of England estimate for 2008, source: Office of National Statistics via ERPHO: http://www.erpho.org.uk/viewResource.aspx?id=17861

The changes in the age structure of the population for males and females over the next five years is shown in the tables appendix 1.

5.2. Bedfordshire's Ageing Population

The number of older people is increasing as people are living longer and due to the post-war 'baby-boom' generation age. The most dramatic percentage increases will be seen in those aged 85 and over. Between 2008 and 2013, the number of women in this age group is set to increase by 21% and the number of men will increase by 27% - more than 3,000 additional very old people in total.

There are 61,700 people aged 65 and over living in Bedfordshire, which is predicted to rise to over 72,200 by 2013 and to 88,800 by 2021. The highest population of older people is in Bedford Borough, particularly in the rural wards of north east Bedfordshire. Population estimates suggest that Mid Bedfordshire will experience the largest growth of older people over the next 10-20 years.

Figure 3 Predicted, male age structure: 2009, 2012 & 2015

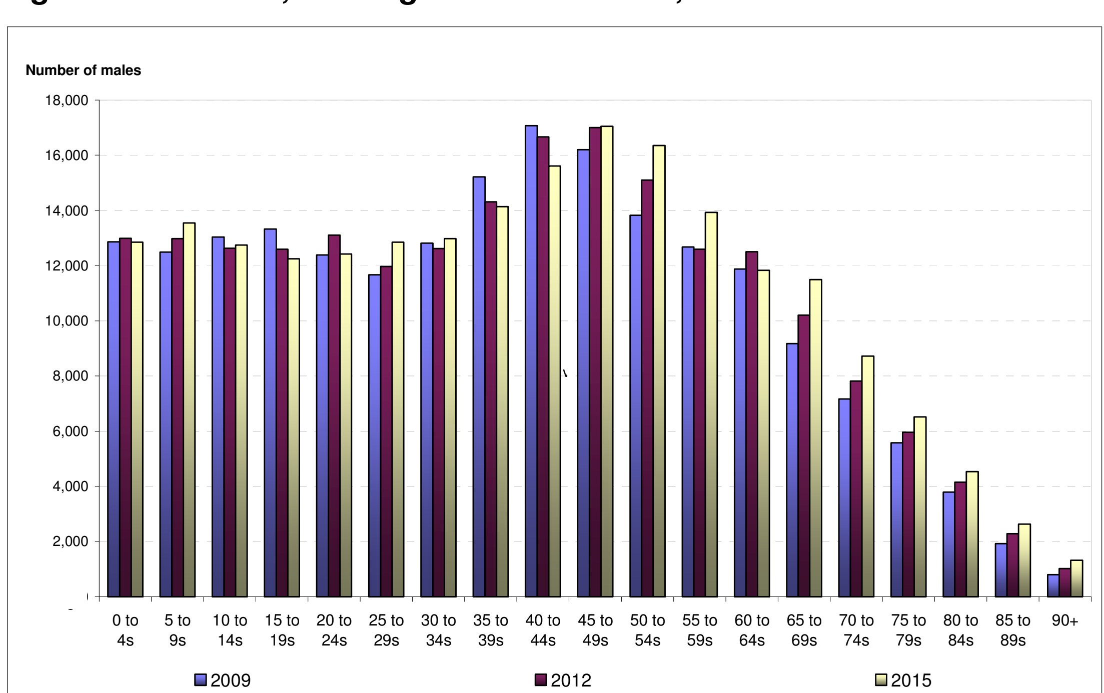
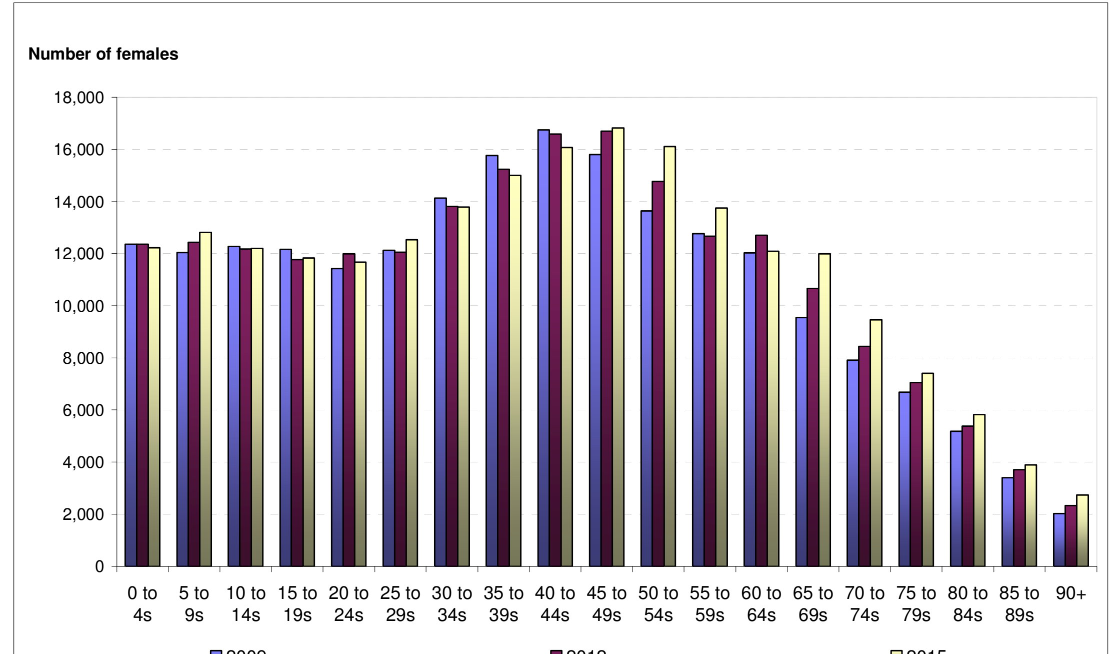


Figure 4 Predicted, female age structure: 2009, 2012 & 2015



As Bedfordshire's population ages, the number of people with poor health in Bedfordshire will rise:

- Around 20% of people aged over 75 are registered blind or partially sighted, this equates to 5,600 people in Bedfordshire in 2008 and 6,700 by 2015.
- The number of obese people aged 65 and over with a body mass index (BMI) above 30 is estimated to be 14,800 in 2008, rising to 18,300 by 2015. Increasing obesity will drive rising levels of diabetes and associated complications.
- The prevalence of incontinence for people living at home is between 7-10% for men aged 65 and over and 10-20% for women aged 65 and over. For Bedfordshire this amounts to between 5,200 and 9,400 people aged 65 and over with an incontinence problem who live in the community in 2008, rising to between 6,500 and 11,600 by 2015.
- It is estimated that there are 4,230 people aged 65 and over who have a long standing health condition caused by a heart attack and that this will rise to 5,285 by 2015.
- It is estimated that there are 1,340 people aged 65 and over who have a long standing health condition caused by bronchitis and emphysema and that this will rise to 1,690 by 2015.
- The number of people aged 65 and over who attend hospital A&E departments as a result of falls in Bedfordshire is predicted to rise from 3,700 in 2008 to 4,500 by 2015. Hospital admissions resulting from falls in the same age group is predicted to rise from 1,300 in 2008 to 1,500 by 2015.

5.3. Housing development

Parts of Bedford Borough lie within the Milton Keynes and South Midlands (MKSM) sub regional growth area and substantial residential development is planned in the Borough to 2021 and beyond. The total number of dwellings scheduled for completion between 2001 and 2021 is 17,500 with major growth in the Marston Vale MKSM growth area, including the new community of Wixams, and significant new development planned for areas on the fringes of Bedford and Kempston such as Biddenham, Eastcotts and Wootton. In Bedford, significant growth is planned for Cauldwell and Castle wards, including the redevelopment of Bedford town centre.

Achievement of these housing targets will require acceleration in the number of completions compared to recent years. In the 5 year period from 2004/05-2008/09 annual completions in the Borough averaged 520. Subject to market conditions, this is expected to rise to 1,000 completions *each year* to 2021. ***(Appendix 2, Figures 1 & 2)***

5.4. Ethnicity

People from black and minority ethnic groups represent 11% of the county's total population and are mainly concentrated in the urban area of Bedford.

Table 2 Ethnic origin in Bedfordshire and Districts (percentages)

		Bedford	Central Bedfordshire	Bedfordshire	East Of England
White	British	78.4	89.0	85.0	86.9
	Irish	1.2	1.2	1.2	1.1
	Other White	5.4	2.9	3.9	3.6
Mixed	White and Black Caribbean	1.0	0.5	0.7	0.5
	White and Black African	0.2	0.2	0.2	0.2
	White and Asian	0.6	0.4	0.5	0.5
	Other Mixed	0.5	0.4	0.4	0.4
Asian or Asian British	Indian	4.3	1.3	2.5	1.6
	Pakistani	2.0	0.7	1.2	1.0
	Bangladeshi	1.5	0.3	0.8	0.5

		Bedford	Central Bedfordshire	Bedfordshire	East Of England
	Other Asian	0.6	0.4	0.5	0.5
Black or Black British	Caribbean	1.7	0.6	1.1	0.7
	African	1.0	0.8	0.8	1.0
	Other Black	0.3	0.1	0.2	0.2
Chinese or other ethnic group	Chinese	0.9	0.6	0.7	0.7
	Other ethnic group	0.6	0.5	0.5	0.6

Source: ONS (neighbourhood statistics - period 2007)

People from some ethnic groups have a much younger age profile, particularly the Pakistani, Bangladeshi, and mixed White and Black Caribbean communities. These groups tend to have a higher fertility rate than average and can be expected to form a larger percentage of the population in future years.

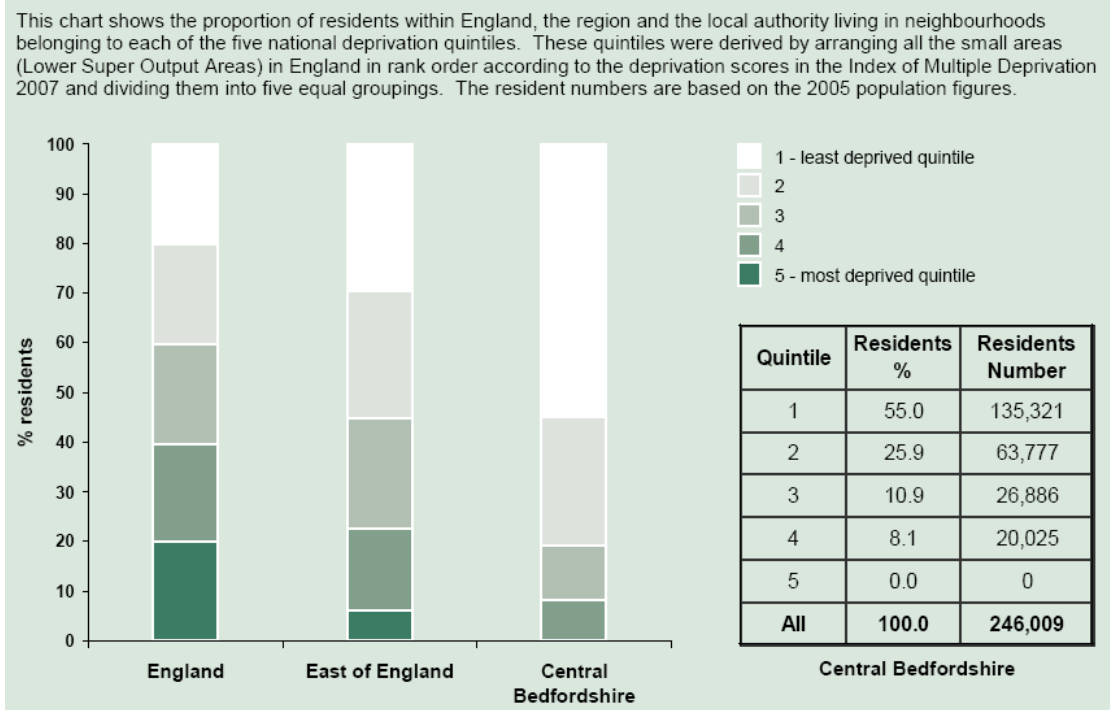
5.5. Deprivation and Current Health Inequalities

Deprivation is measured by the Department for Communities and Local Government and a score, the Index of Multiple Deprivation (IMD), is produced for small geographic areas in England. By arranging these in rank order and then dividing them into five equal groups or quintiles the relative levels of deprivation in a larger area can be visualised. These quintiles are numbered 1 (least deprived) to 5 (most deprived).

Across the whole of England, there are an equal number of areas in each of the five quintiles. Figure 5 and Figure 6 show how many of areas within Central Bedfordshire and Bedford Borough belong to each quintile.

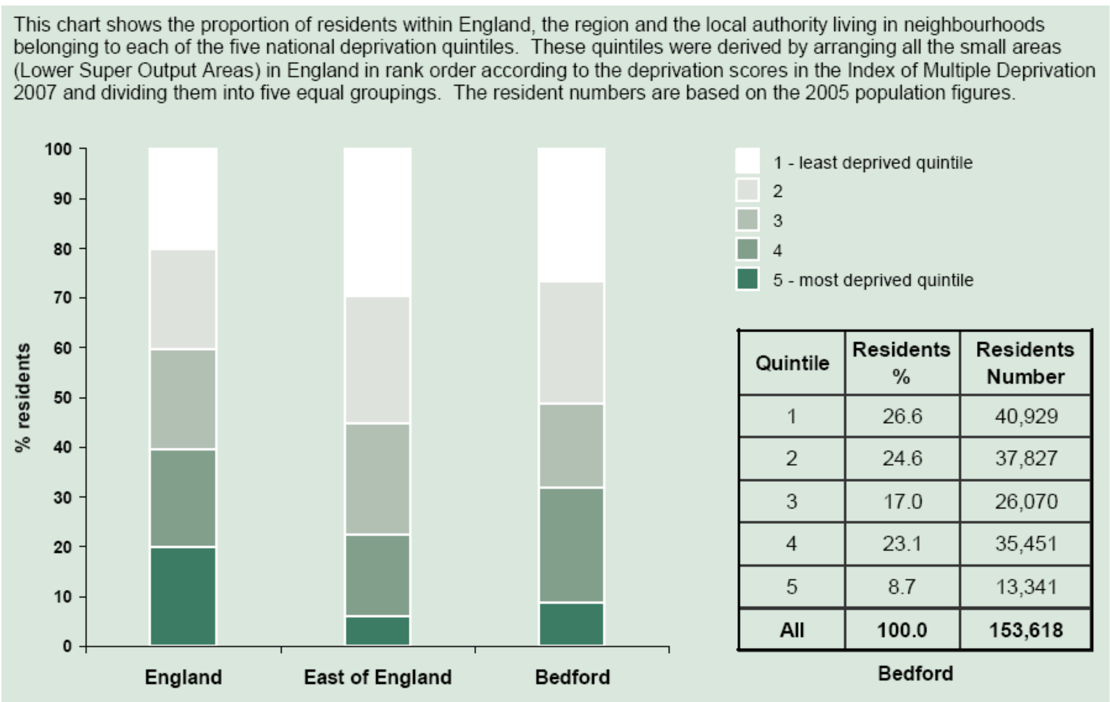
The IMD includes elements relating to poverty and poor housing. Higher levels of deprivation in a local authority correlate to reduced life expectancy when considered across the whole of England, but do not account for all the differences seen in life expectancy. For small areas within Bedfordshire the correlation is weak. However, the IMD is still useful in identifying small areas where poverty may affect health.

Figure 5 Residents living in five deprivation bands: Central Bedfordshire, 2007



Quintile	Residents %	Residents Number
1	55.0	135,321
2	25.9	63,777
3	10.9	26,886
4	8.1	20,025
5	0.0	0
All	**100.0**	**246,009**

Figure 6 Residents living in five deprivation bands: Bedford Borough, 2007



Quintile	Residents %	Residents Number
1	26.6	40,929
2	24.6	37,827
3	17.0	26,070
4	23.1	35,451
5	8.7	13,341
All	**100.0**	**153,618**

Figure 7   Indices of Multiple Deprivation 2007

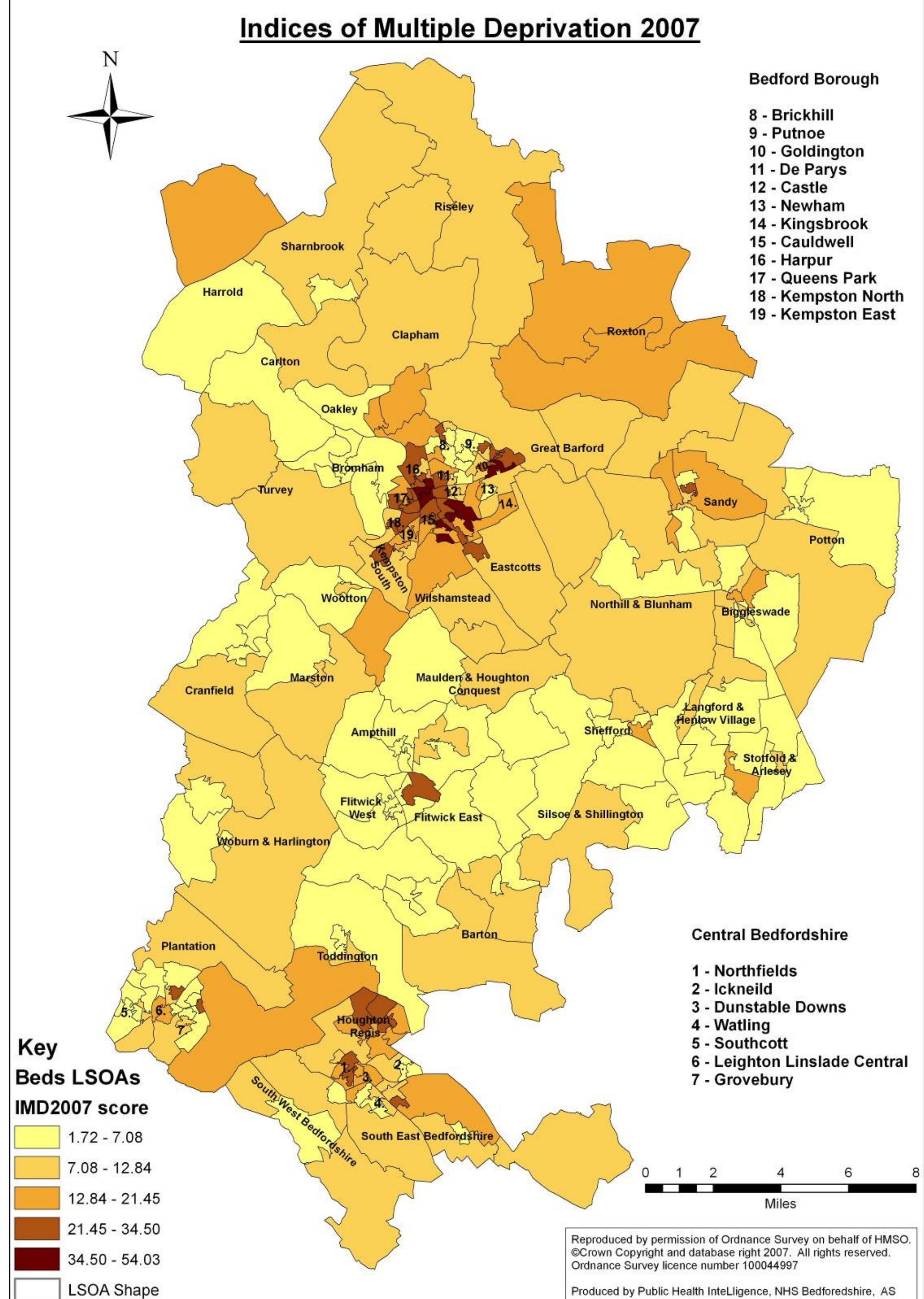


Figure 7   Indices of Multiple Deprivation 2007shows the area of NHS Bedfordshire in terms of the deprivation in 2007 by Lower Super Output Area (LSOA). It has the wards marked on top for geographical location.

Three areas in Bedford town are among the 10% most deprived areas in England and a further six areas in Bedford and Kempston are among the 20% most deprived. These areas also have poor health outcomes and poor performance on a range of well-being indicators.

No areas in Central Bedfordshire are in the 20% most deprived nationally for overall deprivation. However, for some of the individual aspects of deprivation (such as education, crime and income) communities in parts of Houghton Regis, Dunstable, Leighton-Linslade and Sandy fall into the most deprived 10% nationally.

Life expectancy

Life expectancy is a useful overall measure of health. Recent measures of life expectancy have become available at medium sized geographic areas (Middle Super Output Area – MSOA). These help us identify areas with lower life expectancy, whether they are deprived or not.

At MSOA level in 2005-7 the maximum life expectancy was 84.9. Life expectancy is calculated using the number of deaths at all ages. Smaller areas are likely to have fewer deaths compared with a larger geographic area so we use the 95% confidence intervals (CI) to show the results are more uncertain in the smaller areas. In this case the CI is from 75.9 to 93.8 years. This means that we are 95% confident that the result is between those figures but it could be as high as 93.8 years or as low as 75.9 years.

In Bedfordshire at MSOA level, the maximum life expectancy was 84.9 (75.9, 93.8) years and minimum was 72.1 (CI 69.6, 74.7) years for men, a difference of 12.8 years. For women the maximum life expectancy was 90.9 (83.7, 98.0) years and minimum was 75.5 (73.0, 78.0) years for men, a difference of 15.4 years. On average, people in NHS Bedfordshire are expected to live slightly longer than in England, and the gap is increasing.

There is evidence that life expectancy is increasing at a faster rate than healthy life expectancy. If current trends continue, people are likely to spend a greater proportion of their life living with a disability or long-term illness.

Health inequalities are driven by differences in high risk lifestyle behaviours such as smoking, obesity and physical inactivity; variations in access to healthcare; and by wider socio-economic factors, such as poverty, housing, employment and the built environment.

Inequalities

Inequalities not only relate to deprivation and location; some members of our society experience inequalities more than others. There are complex reasons why people can become marginalised. Within Bedfordshire, with our partners we have identified the following groups as at risk of being marginalised:

- People who misuse drugs and alcohol
- People with mental ill-health, including dementia
- People with long-term conditions or disabilities
- People from black and minority communities
- Homeless and rough sleepers
- Those in the criminal justice system, including young offenders
- Gypsies and travellers
- Looked after children
- Pregnant teenagers and their children
- Migrant workers and refugee communities

Future Health Inequalities

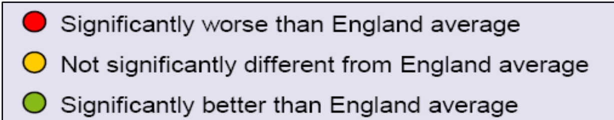
Predicting inequalities across small areas is complex. Over the period 2002 to 2005, the gap between average premature death rates in Bedfordshire's least and most deprived fifth of MSOAs increased. By contrast, the gap in all-age, all-cause mortality between these groups has decreased slightly. Due to the small numbers involved, additional years of information is needed to understand the true trend, although currently there is no robust local evidence that health inequalities are decreasing.

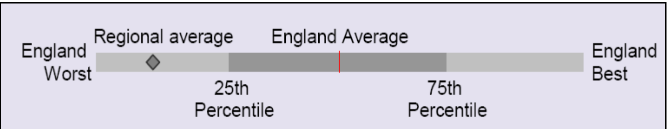
National life expectancy at birth is increasing for both men and women, including in the most deprived areas (5th quintile) but it is increasing more slowly in these deprived areas so the gap continues to widen and it is widening more for women than men. The 2010 target to reduce health inequalities remains challenging.

5.6. Comparison of Key Health Indicators

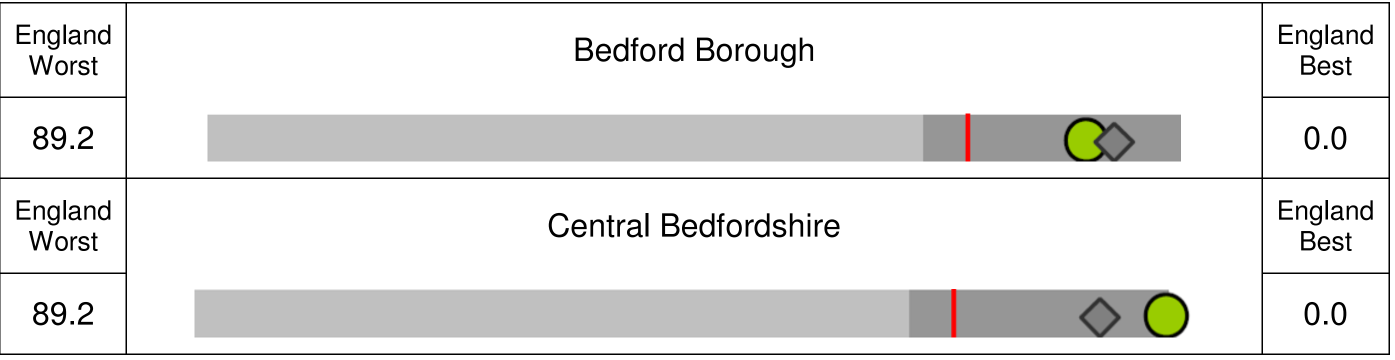
The indicators below show how Bedfordshire compares with the rest of the East of England and with England as a whole.

Figure 8 Key health indicators, 2010





Deprivation



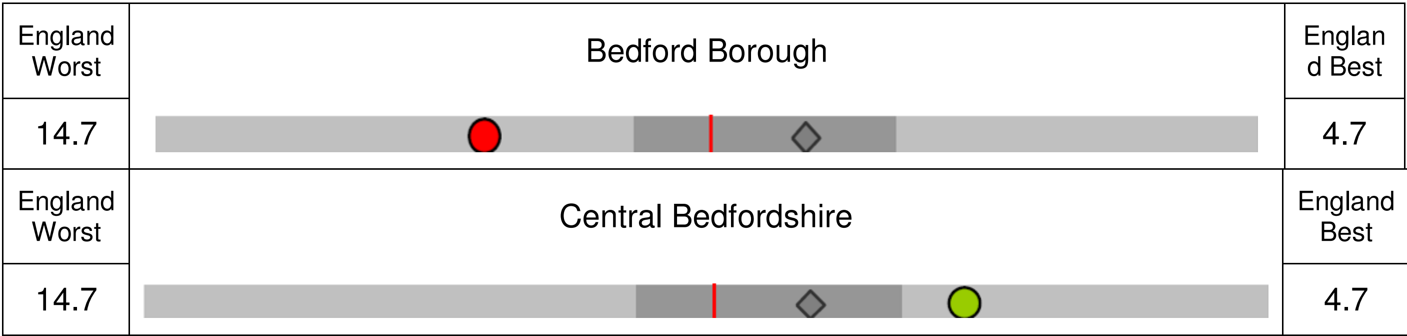
% of people in this area living in 20% most deprived areas of England 2007

Cardiovascular disease and diabetes disproportionately affect those in areas of high deprivation

Educational achievement is one of the predictors of life expectancy and is lower in areas of higher deprivation

There are important inequalities in health between different geographical areas and marginalised groups.

Obese Children



% of schoolchildren in reception year, 2008-9

In 2008/09, 11.6% of 4-5 year olds and 17.5% of 10-11 year olds across Bedford Borough were obese. An additional 13.8% of 4-5 year olds and 14.2% of 10-11 year olds were overweight.

Likewise, in Central Bedfordshire, 7.3% of 4-5 year olds and 16.0% were obese. 13.3% of 4-5 year olds and 13.9 of 10-11 year olds were overweight.

Children who are obese are more likely to grow up to be obese adults and present a range of co-morbidities at an earlier age than if they were not obese

Obese children are more likely to suffer psychological abuse at school and in the community.

Adults Who Smoke

England Worst	Bedford Borough	England Best
35.2		10.2
England Worst	Central Bedfordshire	England Best
35.2		10.2

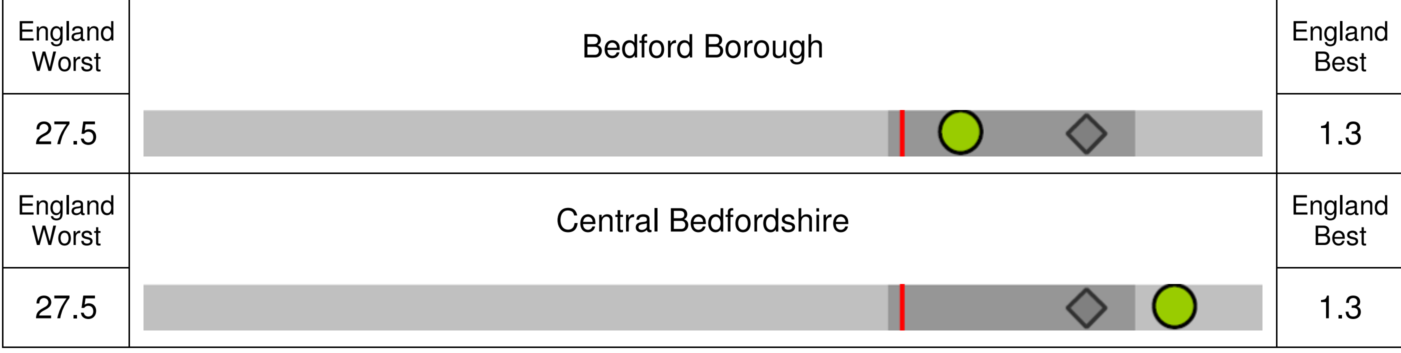
%, direct estimate from health survey for England, 2006-2008

Smoking is the biggest single cause of preventable illness, inequalities in health and early death in the UK

Smoking kills more than 120,000 people in the UK each year and costs the NHS up to £1.7 billion a year in England

Current estimates are that 84,000 adults in Bedfordshire smoke and we are achieving reductions in prevalence.

Drug Misuse



Crude rate per 1,000 population aged 15-64, 2006-2007

Drug misuse is an issue that has an impact on our local community in a number of different ways, having social, financial and health related implications.

In 2007/08 the number of problematic drug users in Bedfordshire was 1,946

A number of initiatives are in place locally to support individuals who misuse substances. In 2007/08 the number of problematic drug users in Bedfordshire who were engaged in an effective treatment programme was 788.

Breast Feeding Initiation

England Worst	Bedford Borough	England Best
39.7		92.7

England Worst	Central Bedfordshire	England Best
39.7		92.7

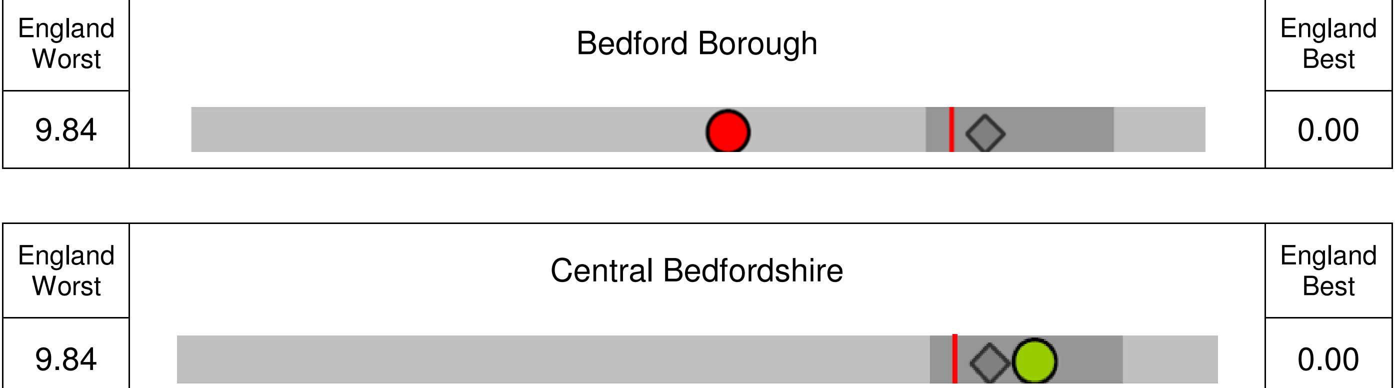
% of mothers initiating breast feeding where status known 2008-2009

Breastfeeding is accepted as the best form of nutrition for infants to provide all of the vital nutrients, as well as health benefits for both mother and child.

Exclusive breastfeeding is recommended for the first six months of an infant's life

Breastfeeding initiation rates in Bedfordshire are continuing to rise. In 2006/07 the breastfeeding initiation rate in Bedfordshire was 58.5%, rising to 62.2% in 2007/08 and to 71.5 % in 2008/09.

Statutory Homelessness



Crude rate per 1,000 households 2008-2009

The number of households officially recognised as newly homeless in Bedfordshire in 2007 was 688. National league tables (CLG 2008) shows Bedford ranked as 70th highest in England (363 homeless), whilst South Bedfordshire was 145th (180 homeless) and Mid Bedfordshire 203rd (145 homeless).

70 -80% of households placed in temporary accommodation are likely to have complex and interrelated support needs which requires joined up working at strategic and operational level.

Life Expectancy- Male

England Worst	Bedford Borough	England Best
73.6		84.3

England Worst	Central Bedfordshire	England Best
73.6		84.3

At birth, years 2006-2008

Life Expectancy - Female

England Worst	Bedford Borough	England Best
78.8		88.9

England Worst	Central Bedfordshire	England Best
78.8		88.9

At birth, years 2006-2008

On average, both men and women in Bedfordshire live longer than men and women in England. Life expectancy is increasing more rapidly in men, reducing the gap between female and male life expectancy.

Obese Adults

England Worst	Bedford Borough	England Best
32.8		13.2

England Worst	Central Bedfordshire	England Best
32.8		13.2

%, direct estimate from Health Survey for England 2006-2008

The Foresight Report (2007) identifies that levels of obesity will reach almost 60% by 2050, if unchecked

Unmanaged obesity can lead to a range of chronic conditions including type II diabetes, CHD, stroke, hypertension, several cancers, up to nine years lost life and a range of psychosocial issues

It is estimated that one fifth of the adult population in Bedfordshire are currently obese and 40% of men and 30% of women are overweight

The direct healthcare costs of managing overweight and obesity are predicted to rise by 700% by 2050.

Early Deaths from Heart Disease and Stroke

England Worst	Bedford Borough	England Best
125.0		40.1
England Worst	Central Bedfordshire	England Best
125.0		40.1

Directly age standardised rate per 100,000 populations under 75, 2006-2008

The second most common cause of death in Bedfordshire is cardiovascular disease.

The most common cause of death is all cancers. However, a death from CVD is higher in the Bedford area and is more closely linked to deprivation than cancers.

People Diagnosed With Diabetes

England Worst	Bedford Borough	England Best
6.72		2.69
England Worst	Central Bedfordshire	England Best
6.72		2.69

% people on GP register with a recorded diagnosis of diabetes, 2008-2009[8]

Diabetes type II is increasing due to an ageing population and rising levels of obesity. The number of people with diabetes on GP registers has increased from 13,500 in March 2005 to 15,950 in March 2008.

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8 QOF data are collected by GP practices as part of an incentive scheme for good practice. Generally, figures and prevalence have found to be an underestimate of the true value.

The overarching priorities to improve the health and wellbeing of children and young people in include:

- Ensuring a healthy start to life - including early access to antenatal care, reducing smoking and improving nutrition in pregnancy, promoting breastfeeding and increasing immunisation and vaccinations
- Ensuring children and young people are able to make responsible decisions in relation to drugs, alcohol, and sexual health
- Promoting, protecting and treating the mental and emotional health of children and young people.
- Supporting children and young people to lead healthy lifestyles including reducing smoking and childhood obesity, and increasing physical activity and healthy eating
- Transforming services for disabled children

For adults, the seven outcomes required by 'Our health, Our care, Our say', 2006 are;

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination or harassment
- Economic wellbeing
- Personal dignity and respect

Making these outcomes a reality for people in Bedfordshire needs a partnership approach and an integration of various services.

A number of the health indicators highlighted above refer to specific patient groups that are accessible to community pharmacy services and the PCT should consider involving pharmacists in the delivery of services to support improving these indicators. Female Life expectancy in Bedford Borough is lower than the regional average and Central Bedfordshire. It is well documented that females visit community pharmacies more than men do and initiatives to improve the life expectancies can be supported by community pharmacy. A similar approach can be taken for increasing awareness of Diabetes, health risk associated with obesity, referral to breast feeding support programs, screening for cardiovascular diseases improving healthcare among the Homeless.

6. Current provision

6.1. Overview of pharmaceutical service provision

In Bedfordshire there are 63 community pharmacies registered to provide pharmaceutical services under the NHS pharmacy contract. One of these is an internet / distant selling pharmacy – internet pharmacies are not able to provide the full range of essential services, they may however provide some enhanced and advanced services where appropriate. One pharmacy located in Bedford is contracted to open for 100 hours a week and a further three applications have been granted for 100 hour contracts; these pharmacies are yet to open.

Three community pharmacies in Bedfordshire have an Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contract – identified in Figure 9. These contracts expire in March 2011 and will be reviewed on the basis of the needs identified in this PNA.

Dispensing Doctors

In some, more rural, areas where a community pharmacy may not be viable, patients can receive their medicines from the surgery's own dispensary. A voluntary Dispensary Services Quality Scheme (DSQS) is in place, which demonstrates a commitment by dispensing practices to achieving standards around governance, training and simple reviews of the use of medicines by patients. Pharmaceutical services (other than dispensing) can be commissioned to take place within dispensing practices. Where a practice does not employ a pharmacist to manage the dispensary, these services will be limited to those not requiring the supervision of a pharmacist.

In Bedfordshire there are 23 Dispensing Doctors – 20 of which have signed up to the Dispensary Services Quality Scheme. Dispensing doctors may only dispense to patients on their dispensing list and these are patients who live within designated controlled localities[9] in Bedfordshire. Applications for patients wanting to be included on the list of a dispensing practice are made to the PCT for approval. In the financial year 2009-10 15% of all prescription items (1,053,310) were supplied by dispensing practices and the total number of patients on GPs' dispensing lists that year was 63,000.

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

Dispensing Appliance contractors

Appliance contractors are unable to supply medicines. Most specialise in supplying stoma appliances, such as colostomy, urostomy and ileostomy bags and associated materials providing a specialist service in a niche market. Appliance contractors usually cover a wider geographical area than a pharmacy, often spanning more than one PCT, and sometimes provide services nationwide.

There are no Dispensing Appliance Contractors (DACs) registered with NHS Bedfordshire, however data from NHS Business Services Authority identified about twenty DACs dispensing to patients in Bedfordshire. Dispensing Appliance Contractors are contracted by the NHS to also provide advanced services related to appliance use.

Community Pharmacy Survey:

The survey showed that 98% of pharmacists were willing to dispense all appliances.

6.2. PNA survey of Current Pharmaceutical Service Provision by Community Pharmacies

A survey was sent out to all community pharmacy contractors in Bedfordshire in June 2010 as part of the process of developing a complete overview of the level of pharmaceutical service provision. A questionnaire was developed by the PCT and distributed to all 63 contractors in our area. Responses received:

- 31 contractors completed the PCT questionnaires
- 13 contractors (all branches of Lloyds Pharmacy) completed and submitted a template questionnaire developed by the Pharmaceutical Services Negotiating Committee (PSNC) rather than the PCT questionnaire.
- 1 contractor, The Co-operative Pharmacy, submitted their own set of data.

In total, 45 (71%) pharmacies responded, however due to the lack of uniformity of the responses received, we failed to gain as much information from the questionnaires as the PCT had hoped to. The reasons for contractors not using the PCT questionnaire were that:

1. They felt some of the information requested was commercially sensitive
2. The pharmacy multiples wanted to complete the forms centrally and could not do this for all their branches in the various PCTs using different templates.

Key findings:

Access to pharmacies – All the pharmacies that responded to the question (31) said there was parking within 50m of the shop and a bus stop within

5minutes' walk from the shop. Only 2 pharmacies did not have disabled parking within 10m and 4 did not have entrances suitable for wheelchair access. 2 of these pharmacies said in-store areas were not accessible by wheelchair (but work is underway in one of the two pharmacies to resolve this).

Disabled facilities – 11 pharmacies have installed a Hearing Loop and 11 pharmacies had other facilities in store to support disabled people.

In 24 pharmacies (including Lloyds) there was wheelchair access to the consultation area.

Consultation Rooms

All 45 pharmacies stated that they had consultation rooms on their premises (3 of these are not closed rooms). PCT Primary Care Contracting records show that at least 58 pharmacies out of the 62 have consultation rooms. More than 50% have seating for 3 people allowing a carer to be present at a consultation and 60% of those who answered the question said there was a computer terminal in the consultation room which allows for ease of record keeping in the process of a consultation. Just under 50% (21) of respondents said there was a sink in the consultation room – again this allows a wider range of services to be provided from the pharmacy.

Only 27% of pharmacies have access to customer toilets on their premises. With just 4% of respondents saying there was room for expansion of the premises it is not likely that existing pharmacies will be able to build customer toilets in-store.

IT facilities

Almost all pharmacies have access to standard software applications i.e. Microsoft word and excel as well as Adobe Acrobat – this means that documents sent out electronically can be accessed. There is however some limitation to accessing the internet and accessing emails. Communication between the PCT and pharmacy contractors will be greatly improved if all pharmacists could access an email account at work (preferably an nhs.net account) and our PCT intranet which provides access to a wide resource of local healthcare information. Access is much better for independent pharmacies than for large multiples.

One pharmacy responded that patient records are not backed-up daily – all pharmacies must follow requirements for Information Governance regarding patient records.

Foreign Language

When asked if regular pharmacy staff spoke any foreign languages, 31 contractors responded, out of which 74% said they did. The languages spoken include – French, German, Hungarian, Romanian, Hindi, Punjabi, Gujurati, Banghali, Urdu, Bengali, Shona, Slovak, Czech, Yoruba, Italian, Swahili, Afrikaan, Mandarin and Cantonese. This is a very useful resource as

ethnicity data for Bedfordshire shows that 20.4% of residents are from a non-British/Irish origin with 8.4% being of Asian origin. It is also known that health inequalities are more prevalent among people from black and minority ethnic groups and the PCT should consider working with pharmacists to improve access to this group.

Enhanced Pharmaceutical Services

Majority of pharmacists were willing to provide enhanced services if commissioned by the PCT at an agreed remuneration with the Local Pharmaceutical Committee.

Some pharmacies provide a number of non-NHS funded services to their customers including; collection and delivery of prescriptions (free of charge), health screening, emergency hormonal contraception and Care Home services.

Pharmacists also expressed an interest in specific services which will be considered by the PCT for future developments.

Dispensing of Appliances

A recent change to the pharmaceutical regulations means that pharmacist can choose to opt out of dispensing the full range of medical appliances. The survey showed that only 2 (4%) of the 45 respondents did not want to dispense the full range of appliances and have chosen to only dispense dressings.

Key recommendations:

- All pharmacies should be made accessible by wheelchair with a greater awareness required for supporting people with disabilities.
- Customers should be made better aware of the availability of consultation rooms where a private conversation with the pharmacist or pharmacy staff is required.
- Where possible, pharmacies should consider having a computer in the consultation room (networked to patient's records) and also a sink.
- Patients should be made aware of the availability of consultation rooms in pharmacies for private conversations. Feedback from patient groups suggests that they would like some more privacy when discussing health problems with pharmacy staff.
- All contractors should aim to provide their pharmacy staff with access to the PCT intranet and internet websites and also to an email account.
- The PCT and local authorities should tap into language access in community pharmacies to reach ethnic minority groups.

6.3. General Access to essential pharmacy services

Figure 9 Distribution of community pharmacies and dispensing doctors

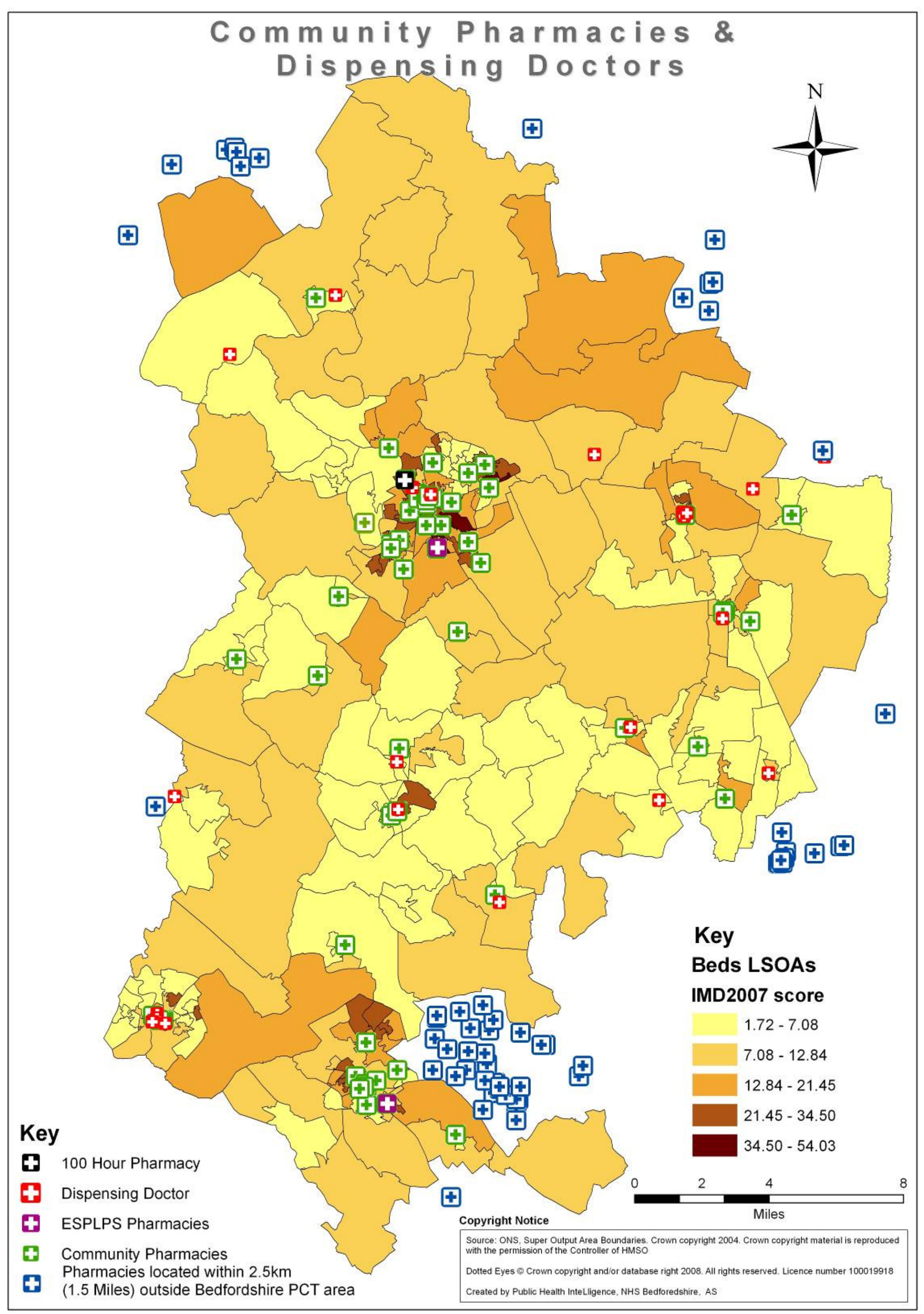
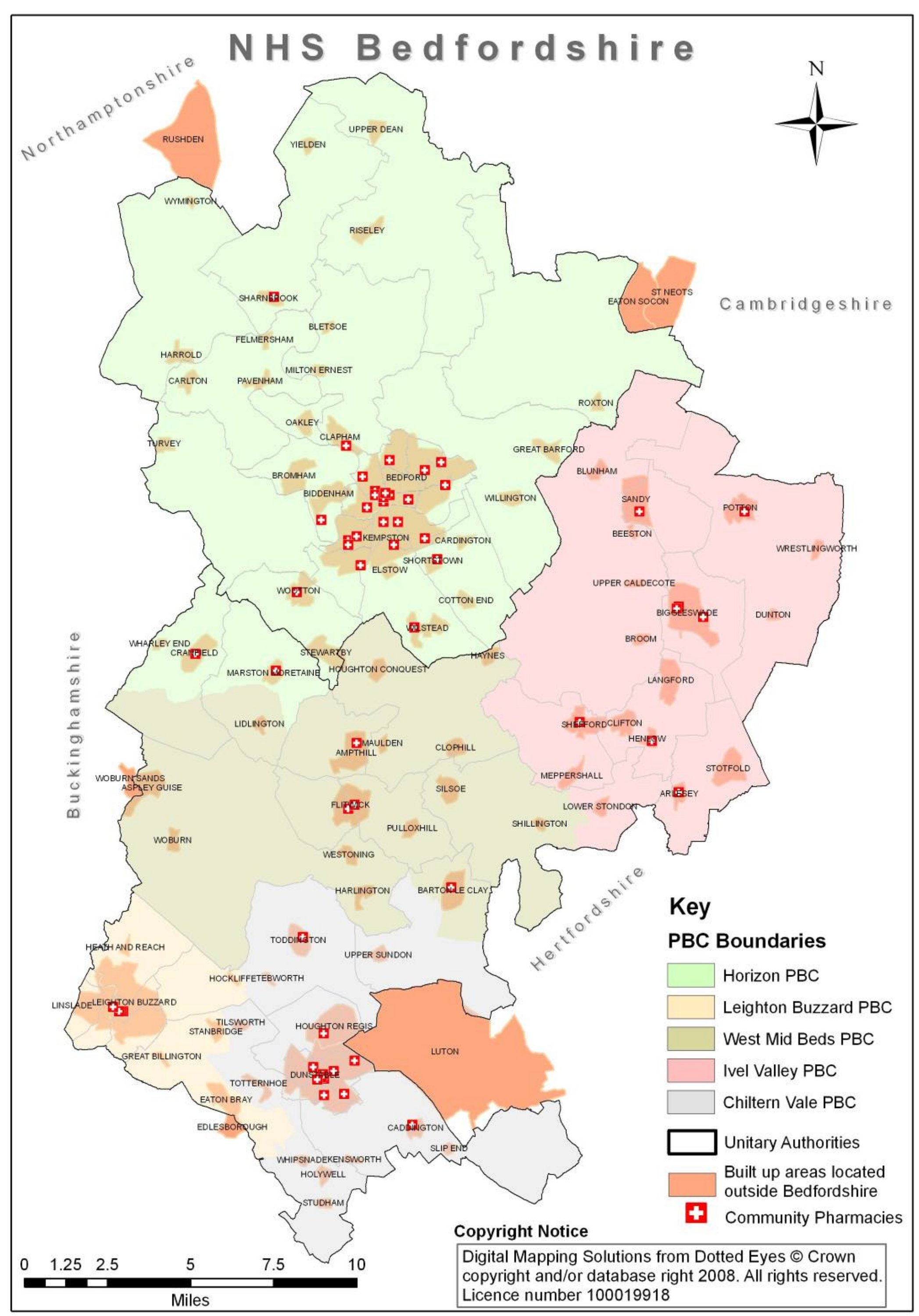


Figure 10 Map showing the distribution of Community Pharmacies within PBC boundaries



Community Pharmacies opening and closing hours

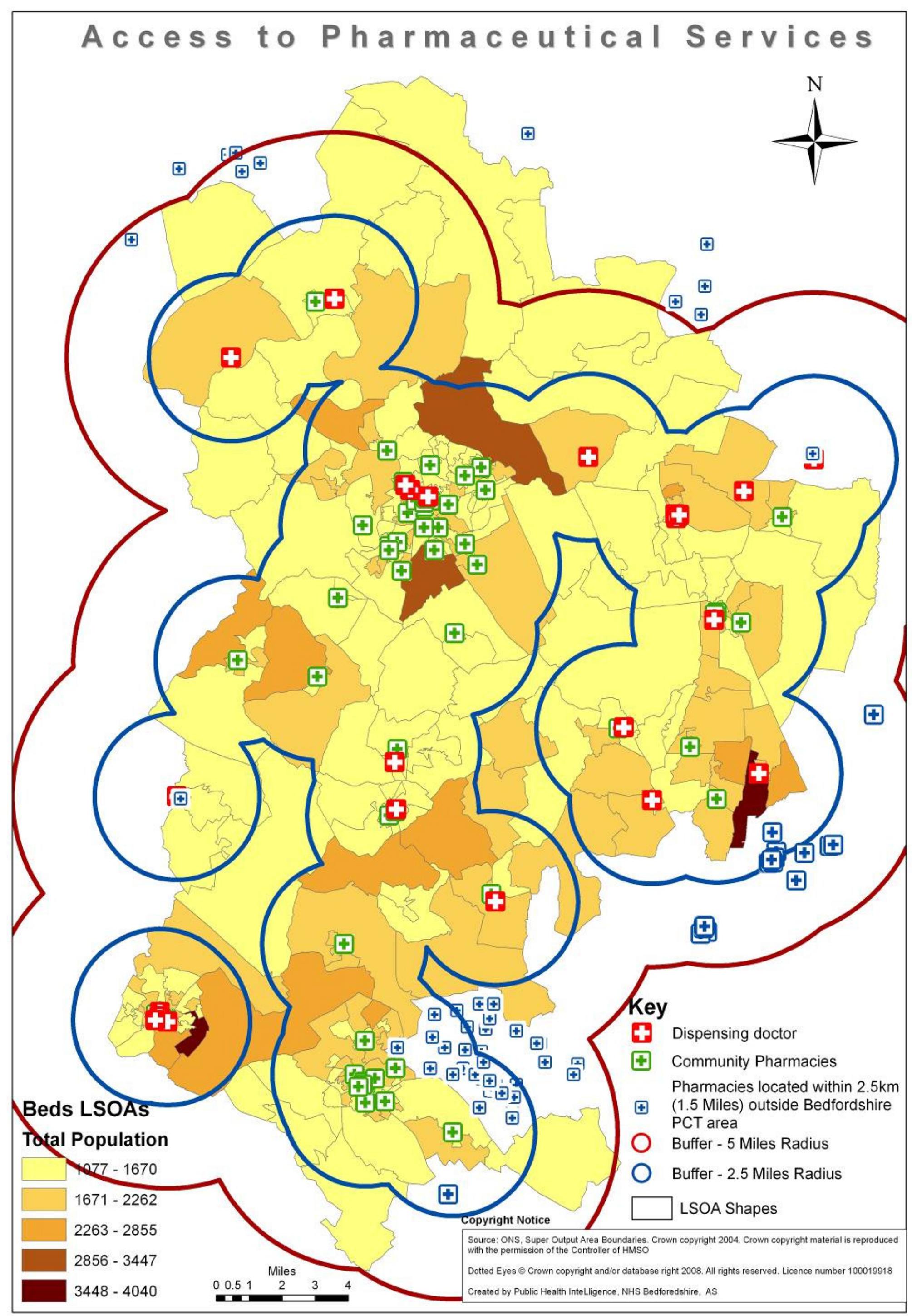
Core hours: Each pharmacy is required to be open for a minimum of 40 hours a week as part of the requirement for providing 'essential' pharmacy service. Pharmacies may also apply for a contract to provide a '100 hour service'. These pharmacies have to open for a minimum of 100 hours a week and are exempt from control of market entry. There is one 100 Hour pharmacy operating within NHS Bedfordshire, located in Bedford.

Supplementary hours: These are provided as an addition to the pharmacy's contracted core hours and pharmacies must state at the time of application to the PCT what the supplementary opening hours will be. Supplementary hours can be changed provided a 90 day notice is submitted to the PCT.

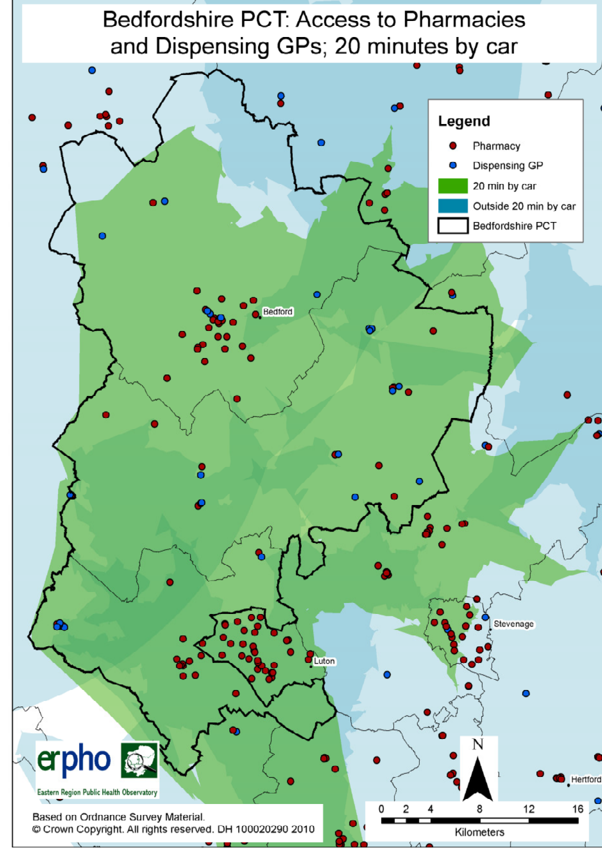
Appendix 5 Opening Hours of Community Pharmacies and Dispensing Doctorsshows details of opening hours of community pharmacies and dispensing doctors in Bedfordshire.

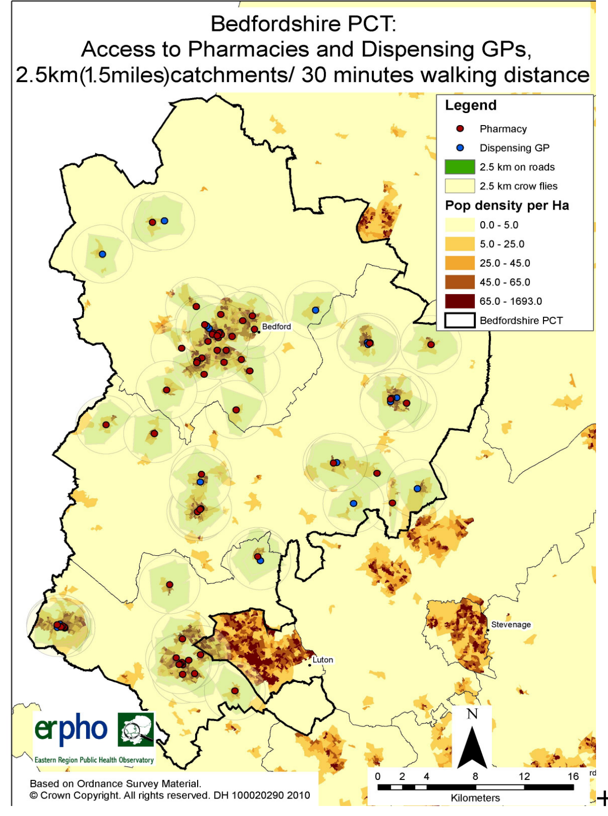
With the exception of the north Bedfordshire bordering Northampton and Cambridgeshire and the tail end of the south east border, all residents of Bedfordshire can access a pharmacy or dispensing doctor within 5 miles. The areas outside of this buffer zone are actually covered by pharmacies close to our border within the Cambridgeshire and Luton PCT areas.

Figure 11 Map showing access to community pharmacies and dispensing doctors in Bedfordshire



The map shows that there is generally a good coverage of pharmaceutical services (community pharmacies and dispensing doctors) over Bedfordshire with most urban areas and areas of high deprivation having access to a service within 2.5 mile radius and the rural areas within a 5 mile radius. There are however some gaps in the north of the county bordering Northamptonshire and Cambridgeshire and in some relatively deprived areas between Dunstable and Leighton Buzzard.





The population of Bedfordshire is 412,000 out of which 99% can access a community pharmacy or dispensing doctor within a 20 minute car journey. 1% (4000 approx) have to travel a little further, however they can access community pharmacies in neighbouring PCT areas. The density map shows that the area with poor access to pharmacy services in the north of Bedfordshire also falls in the lowest population density band.

An estimated 80% of residents can access a pharmacy or dispensing doctor within a 30 minute walking distance. This tends to be in the more densely populated urban areas where there is also a higher

Table 3 below shows the dispensing activity from community pharmacies at PCT level in the East of England. The average number of Pharmacies per 100,000 population is fewer in the East of England (EoE) than the national average and in Bedfordshire the number is fewer than the EoE average. It must be noted however that we have a high number of dispensing doctors in this region which compensates for the fewer numbers of pharmacies. The average number of prescription items dispensed per pharmacy in Bedfordshire is very similar to the England average.

Table 3 Community pharmacies in contract with PCTs at 31 March, prescription items dispensed per month and population by PCT, England 2008-09

	Number of community pharmacies 2008-09	Prescription items dispensed per month (000)s 2008-09	Population (000)s Mid 2008	Pharmacies per 100,000 population 2008-09	Mean items dispensed per pharmacy
EAST OF ENGLAND	1,035	6,266	5,729	18	6,054
Bedfordshire	**63**	**389**	**411**	**15**	**6,181**
Cambridgeshire	93	565	605	15	6,071
East and North Hertfordshire	112	681	538	21	6,077
Great Yarmouth and Waveney Teaching	47	298	212	22	6,330
Luton Teaching	39	242	192	20	6,195
Mid Essex	57	367	370	15	6,447
Norfolk	114	790	756	15	6,933
North East Essex	52	428	329	16	8,224
Peterborough	39	223	164	24	5,731
South East Essex	75	398	337	22	5,301
South West Essex Teaching	79	442	397	20	5,595
Suffolk	93	576	598	16	6,190
West Essex	48	308	279	17	6,410
West Hertfordshire	124	561	541	23	4,522
ENGLAND	**10,475**	**64,205**	**51,446**	**20**	**6,129**

Sources: NHS Prescription Services of the NHS Business Services Authority

Population data, Office of National Statistics (2008 Mid Year Estimates based on 2001 mid-year estimates)

The average number of prescription items dispensed per pharmacy in Bedfordshire is very similar to the England average. There does not appear to be a need for more community pharmacies at this time, however this may change in view of the planned development in Bedfordshire.

6.4. Access to prescription medicines Out of Hours

There are three providers of community based Out of Hours (OOH) medical care in Bedfordshire. In addition to this we have a ‘walk-in medical centre’ in Putnoe, Bedford which is open 7 days a week from 8am to 8pm. The OOH services are spread geographically to provide cover to residents in North Bedfordshire, Mid Bedfordshire and South Bedfordshire.

BED-DOC is based at Bedford Hospital and provides cover to the northern part of Bedfordshire.

M-DOC is based at Biggleswade Hospital and provides cover mid-Bedfordshire.

Care UK is based in Luton and provides cover to the southern part of Bedfordshire.

All the Out of Hours services issue prescriptions for dispensing of medication from community pharmacies when pharmacies are still open (e.g. late opening pharmacy and pharmacies open at weekends). They do also have a supply of emergency medicines based on an OOH medicines formulary, which can be given to patients when pharmacies are shut. OOH services receive a supply of pre-packed medicines purchased from a pre-packing unit. In the case of BED-DOC, they have access to the dispensary at Bedford Hospital.

Putnoe walk-in-centre also have a stock of pre-packaged medicines which they issue when pharmacies are shut, this tends to be on a Sunday afternoon only. There is a community pharmacy located within 2 minutes’ walk from the walk-in-centre, open from 8:30 am till 7:30pm week days and 9am to 5pm on Saturdays.

Figure 12shows the cover provided by community pharmacies late evenings (after 6pm, Saturdays and Sundays).

With the exception of the Northern Bedfordshire border and the tail end of the south east border (see Fig. 12 below), all residents of Bedfordshire can access a pharmacy or dispensing doctor within 5 miles on a late evening or a Saturday. People would have to travel a little further on a Sunday in the more rural areas with much lower population densities. The areas outside of this buffer zone are actually covered by pharmacies close to our border within the Cambridgeshire and Luton PCT areas.

The PNA patient questionnaire showed that only 3% of patients would like to access a pharmacy on a Sunday and 94% said they can usually find a pharmacy open when needed.

Disabled access – Although 30% of respondents to the pharmacy survey did not respond to the question, of those who responded:

93% had disabled parking within 10m of the store; 87% had suitable entrance for wheelchairs and for 97% in-store areas are accessible to wheelchairs.

Figure 12 Out of Hours Dispensing Provision in Bedfordshire

Repeat Dispensing

Two thirds of prescriptions generated in primary care are for patients needing repeat supplies of regular medicines and as such, account for a significant workload for practices.[10] Many of the patients receiving these prescriptions have relatively stable long term conditions. Repeat dispensing is an alternative model for prescribing and dispensing regular medicines to patients on stable long-term treatment, where repeat supplies are managed by the patient's pharmacy of choice. The patient receives a batch of prescriptions to be dispensed at regular intervals by the pharmacy and provides adequate supply of their medication until the next review with the GP.

Potential benefits of this service include:

For the GP and practice

- reduction in workload issuing and re-authorising repeat prescriptions
- reduced medicines waste
- earlier detection of medicines-related problems.

For the patient

- improved access to regular medicines
- simplified one-stop process for obtaining next supply of medicines
- regular contact with pharmacist to discuss medicines-related issues
- pharmaceutical support for self-care and the management of long-term conditions.

The implementation of repeat dispensing at GP practices fits within the QIPP agenda as it results in better quality service to patients and improved efficiencies for the healthcare professional as well as reducing waste within the NHS. Remuneration to pharmacy contractors for this services is built into the community pharmacy contract and by failing to make use of this provision PCTs are not benefitting from this payment.

In 2009/10 only 1% of prescriptions were generated as batch prescriptions for repeat dispensing in Bedfordshire.

> Repeat dispensing should be encouraged within the PCT and built into the QIPP agenda. This may require a re-launch of the service with buy-in from all PBC groups.

Access to Palliative Care Drugs

Minimal stocks of palliative care drugs are required to be kept in community pharmacies and out-of-hours centres, in order to meet the urgent needs of

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10 Guidance to the implementation of repeat dispensing January 2009 www.nhsemployers.org/publications

palliative care patients, and avoid unnecessary delay in treatment. This list of drugs has been approved by the Bedfordshire and Luton Joint Prescribing Committee. The Out of Hours centres have managed well with maintaining adequate stock levels of palliative care drugs. There hasn't been an emergency call out since this system was set up in 2006 however access to palliative care medicines through community pharmacies could be improved. The provision of this service from community pharmacies was set up on a good will basis and has not been managed efficiently. This provision should be reviewed and offered as a Local Enhanced Service. Ideally, there ought to be a number of pharmacies well distributed to provide reasonable access across our PCT area and hold stock of palliative care drugs both in the course of the working day and out of hours. This will reduce potential delays from Community Nurses needing to access one of the three OOH centres to obtain the necessary supplies. 100 hour pharmacies are well placed for improving access to these emergency medicines out of hours and must be included in the list of pharmacies providing this service.

Feedback from Macmillan nurses – nurses sometimes have to contact several pharmacies in order to get hold of palliative care drugs in an emergency.

Pharmacy survey – 95% of community pharmacies were willing to provide an Urgent access to medicines service and 46% were willing to provide Out of Hours Services.

6.5. Advanced Pharmacy services

Medicines Use Reviews and Prescription Intervention Service

Medicines Use Reviews (MURs) are a face to face conversation between patients and pharmacists and are designed to identify any problems a person is experiencing with their medicines. They provide the opportunity to improve patient's use of their medicines, reduce wastage, improve their health and reduce unnecessary hospital admissions. Prescription Intervention service is similar to an MUR and will be triggered by the pharmacist identifying a potential clinical issue from a prescription handed in at the pharmacy which is then investigated further by in an MUR consultation.

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

Pharmacists must have the necessary accreditation in order to provide this service and the pharmacy must also have premises which meet the national standards to ensure the MURs take place in a confidential environment.

Within our PCT, 47 pharmacies out of 62 (excluding the internet pharmacy) are authorised to provide MURs. Pharmacists receive a payment of £28 for each MUR and can conduct a maximum of 400 consultations per year. Patients are expected to have no more than one MUR within 12 months unless an exceptional need necessitates this. In 2009-10 a total of 10,622 were conducted in Bedfordshire at a total cost of just under £300,000. The average number of MURs per accredited pharmacy was 226, 13 pharmacies conducted 350+ MURs and 3 pharmacies achieved their annual ceiling of 400 MURs.

Medicines Use Review service is very useful for patients, particularly those with long term conditions and the PCT must tap into this resource by directing pharmacists to target specific patient groups. The service can be built into treatment pathways for patients long terms conditions of priority within the PCT e.g. diabetes, cardiovascular disease, respiratory disease. Considering the fact that 35-50% of medicines are not taken correctly, 4-5% of hospital admissions are medicines related and 60,000 reported safety incidents involve medicines, MURs should be recognised as an essential service for patients on regular and multiple medication. Several incidents have been reported locally and nationally regarding interface problems with medicines of patients discharged from secondary care. Targeting MURs for patients post discharge will help address some of these issues.

An audit[11] of MUR service provision in our PCT was carried out in 2009/10 feeding into a national audit programme. This audit involved four groups of people – PCT, Community Pharmacists, GPs and patients. The audit was a snapshot of MURs done over a period of 2 weeks. The summary of responses can be found in **Error! Reference source not found.**, and some of the key findings are as follows:

- Large pharmacy multiples tend to offer more MURs than small multiples and independents[12]
- 79% of MURs were targeted at patients with Long Term Conditions and those on multiple medications (91% taking 3 or more medicines)
- 23% of patients were seen for subsequent MURs showing that the service is becoming established in some pharmacies
- Patients had a very good understanding of MURs and the need for it and were likely to make the recommended changes.

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11 Multidisciplinary Audit report 2009/10, https://starfish.bedfordshire.nhs.uk/

12 For the purposes of the Audit Large Multiples were defined as having 20 or more pharmacies and small multiples as having 2-19 pharmacies.

- Only 2 out of the 22 GPs who responded said they referred patients for MURs and 77% said there had been no previous meeting with local pharmacies to discuss MURs.

The overriding perceptions of patients who have accessed the service show that it is highly valued. Patients can only access a MUR service from a pharmacy that they have regularly used for their prescriptions for at least 3 months. In light of this, all community pharmacists must be encouraged to provide an MUR service to ensure that all patients receiving regular multiple medications can have access to the service. This will also make it easier for other health care professionals to refer patients to the regular pharmacies for a medicines use review. It is important that GPs and pharmacists work together to realise the full potential of MURs.

75% of community pharmacies provide a MUR service. We should aim to have **all** pharmacies providing this service in order to effectively build it into care pathway for appropriate patients.

Pharmacists need to work with GPs to improve the benefit of this service to patients.

Community pharmacy survey (and PCT records) showed that 93% of pharmacies already have a purpose built consultation room for MUR providing service.

There are no advanced services on Appliance use currently being offered to patients by pharmacists or Appliance contractors. Contractors providing these services must develop the necessary competencies required to support patients who regularly use appliances.

6.6. Directed Local Enhanced Services

Sexual Health

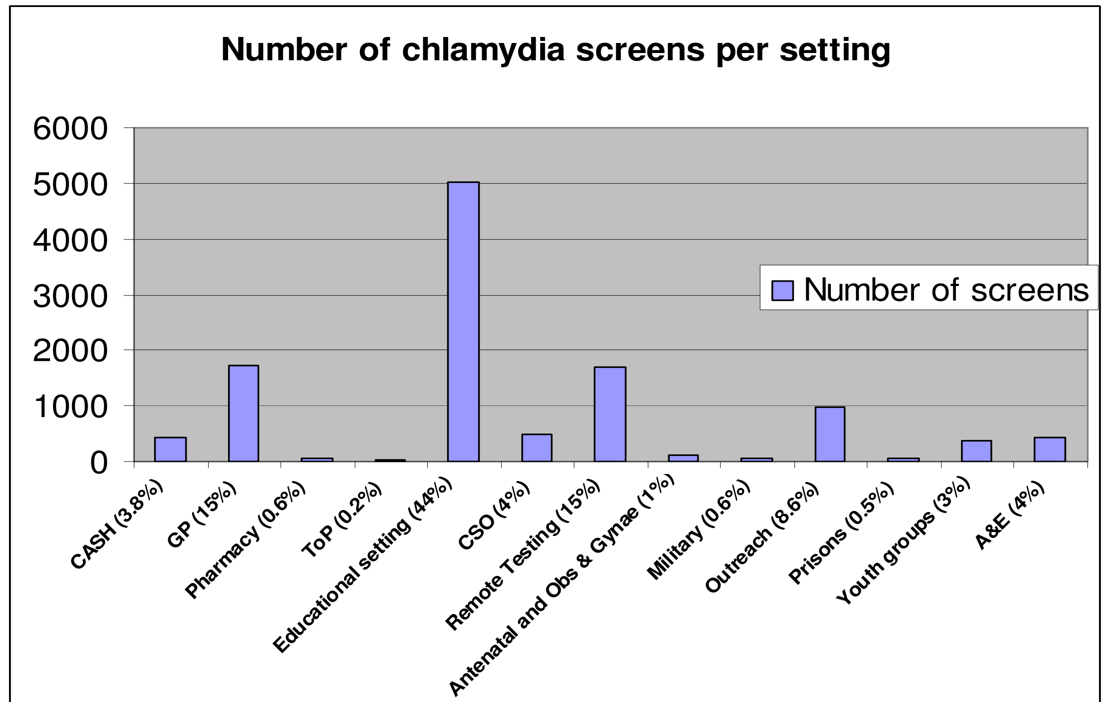
Sexually transmitted infections (STIs) disproportionately affect young people. Research shows that young people are more likely to have higher numbers of sexual partners, use barrier contraception inconsistently and are more likely to become re-infected after being diagnosed with and treated for an initial STI.

Chlamydia Screening and Treatment

Chlamydia is the most common STI and left untreated can lead to pelvic inflammatory disease, ectopic pregnancy, and infertility. The incidence of sexually transmitted infections (STIs) in Bedfordshire is in line with the national average. However, infection with chlamydia (diagnosed in clinics of genito-urinary medicine) is increasing. Some of this increase is due to increased testing but the high proportion of positive tests is of concern. 1 out of 12 young people screened opportunistically (that is to say without symptoms) for chlamydia were found to be infected.

National targets for chlamydia screening were set at: 17% for 2008/09, 25% for 2009/10 and 35% for 2010/11 of young persons aged between 15 and 24 years. In the last financial year 2009/10 NHS Bedfordshire achieved the national target and screened 25.9% of young people in Bedfordshire.

Table 4: Chlamydia screens per setting NHS Bedfordshire 2009/10[13]



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13 Data set from National Chlamydia Screening Programme Data tables 2009/10
http://www.chlamydiascreening.nhs.uk/ps/data/data_tables.html

Evidence from the National Chlamydia Screening Programme shows that to achieve the target in an effective and sustainable way core services must play a bigger role in delivering Chlamydia screening. Core services are defined as contraceptive and sexual health services (CASH), GPs, pharmacies and termination of pregnancy (TOP) providers. NHS Bedfordshire has historically relied heavily on outreach work predominantly in education settings to deliver our target. Performance from CASH, GP and pharmacy has been relatively low and we should aim to provide more screening from these core services.

There are currently 10 pharmacies signed up to provide chlamydia screening and treatment and the PCT should look to commission more pharmacies for this service.

Advantages of offering chlamydia screening from pharmacies

- High street locations
- Long opening hours
- Important in rural areas with few sexual health services
- Fits in with emergency hormonal contraception, sale /distribution of condoms and pregnancy testing
- Access to free treatment under Patient Group Directions

Figure 13 Provision of sexual health services in Bedfordshire

Figure 13 shows the location of sexual health services in relation to the population of 15 – 24 year olds within LSOAs as well as Teenage Pregnancy Hotspots.

Emergency Hormonal Contraception:

NHS Bedfordshire launched a Local Enhanced Service for the provision of Emergency Hormonal Contraception through Community Pharmacies in 2008. Initially four pharmacies fulfilled the requirements to offer the service and this has now increased to seven pharmacies. In 2009/10 the total number of EHC consultations was 144, most of these being generated from three pharmacies. Pharmacies can sell the emergency hormonal contraception over the counter based on the professional judgement of the pharmacist however this costs the customer about £26 which is quite prohibitive especially for young people. Adequate access to contraception services will help reduce the rate of teenage pregnancy.

Teenage Pregnancy

Under-18 conception *rates* allow comparisons between areas and over time as they account for differences in population size. 'Hotspot' wards, with a rate among the highest 20% in England have a 2005-07 under-18 conception rate equal or higher than **53.3** per 1000 females aged 15-17. There are 11 such wards in NHS Bedfordshire.

Table 5: Bedford Borough and Central Bedfordshire under 18 conception 'Hot Spot' Wards 2005-2007

Ward	Area	U18 conception rate per 1000 females 15-17yrs presented as 3 year aggregates
Goldington	Bedford Borough	70.7
Kingsbrook	Bedford Borough	67.9
Newnham	Bedford Borough	60.2
Kempston East	Bedford Borough	54.3
Cauldwell	Bedford Borough	53.5
Dunstable Central	Central Bedfordshire	52.6
Houghton Hall	Central Bedfordshire	79.9
Manshead	Central Bedfordshire	78.2
Parkside	Central Bedfordshire	66.7
Stanbridge	Central Bedfordshire	60.8
Tithe Farm	Central Bedfordshire	74

Source: ONS 2010

Table 6 Under 18 conception data

ONS Data provisional figures	**England**	**East of England**	**Bedford Borough**[14]	**Central Bedfordshire**[15]
U18 provisional rate (2008)	**40.5**	**31.4**	**42.2**	**31.1**
% leading to abortion (2008)	**-**	**-**	**46%**	**56%**
% change in rate (1998 Baseline 37.2)	**13%**	**17.2%**	**10%**	**16%**
2010 target	**23.3**	**-**	**23.6**	**18.6**

(Source: Office for National Statistics, 2010 and The Teenage Pregnancy Unit, 2010)

"-" Data not available at time of this document being produced

Other providers of sexual health services

1. Brook and Terrence Higgins Trust

From December 2009, Terrence Higgins Trust (THT) and Brook have been providing an integrated contraceptive and sexual health service in partnership with the PCT to our residents. Brook clinics are aimed at under 25 year olds, with THT clinics open to all ages. These services include the supply of emergency contraception, screening and treatment of sexually transmitted diseases. Clinic times and locations (correct at time of publishing) are as follows:

Table 7 Terrence Higgins Trust clinics (all ages)

Location	**Venue**	**Date and Time**
Bedford	Broadway House, First Floor, 4/6 The Broadway, Bedford MK40 2TE	Mon 6-9pm Thurs 5-8pm, Sat 10am-1pm
Biggleswade	Health Centre, Saffron Road Biggleswade, Beds SG18 8DJ	Tuesday 6-9pm
Dunstable	Kirby Road Clinic, Dunstable, Bedfordshire, LU6 3JH	Tuesday 9am-12pm

14 ONS 2008 Provisional figures
15 Teenage Pregnancy Unit February 2010

Table 8 Brook clinics (young persons 25 years old)

Location	Venue	Date and Time
Bedford	Broadway House, First Floor, 4/6 The Broadway, Bedford MK40 2TE	Mon 3-5pm, Tues 3.45-6.45pm, Fri 12-3pm, Sat 1.30-4.30pm
Dunstable	Dunstable College, Kingsway, Dunstable, LU5 4HG	Mon 12-2pm
Flitwick	Health Centre, The Highlands, Flitwick, Beds, MK45 1DZ	Mon 3.30-6.30pm
Houghton Regis	Tithe Farm Neighbourhood Centre, Houghton Regis, Beds, LU5 5QN	Tues 3.30-5.30pm
Leighton Buzzard	TACTIC, 17 Hockliffe Street, Leighton Buzzard, LU7 1EZ	Wed 4-6pm
Biggleswade	Health Centre, Saffron Road Biggleswade, Beds SG18 8DJ	Thurs 3.30-6.30pm
Sandy	Health Centre, Northcroft, Sandy, Beds, SG19 1JQ	Friday 4-6pm
Sandy Upper School	Engayne Avenue, Sandy, SG19 1BL	Wed 12:30 – 3pm
John Bunyan Upper School	Mile Rd, Bedford, MK42 9TR	Thurs 1:15 – 3:15pm

2. **Primary care (GP) Integrated Sexual Health Services: sphere clinics**

There are currently eight GP practices across NHS Bedfordshire delivering integrated sexual health services to registered and non-registered patients. These services again include the supply of emergency contraception and screening and treatment of sexually transmitted infections. Sphere clinics are available at the following practices(see Figure 13):

Table 9 Sphere clinic locations and clinic times

Dr Logan & Partners Asplands Medical Centre, Woburn Sands	Mondays 3.30 – 6 pm
Leighton Road Surgery Linslade, Leighton Buzzard	Tuesdays 3.30-5.30pm
Wootton Vale Healthy Living Centre, Wootton,	Tuesday 5-8pm
Kirby Road Surgery, Dunstable	Tuesday 2pm – 4pm
Dr M Thomas & Ptrs, Cranfield	Thursday 12-2pm
Dr Peacock, Great Barford	Tuesday 2 – 3:30pm

Even though there are other providers of sexual health services besides community pharmacists, there is a restriction to the access time which is not always ideal especially where emergency contraception is needed. It is important to increase the numbers of community pharmacies offering sexual health services and those opening late evenings and weekends as well as those located in areas of high teenage population should be targeted.

Figure 13 shows the geographical spread of community based sexual health services against the population density mapped for young persons aged 15 – 24 years at whom these services are targeted. From this map the areas identified as a priority for providing these services are: Arlesey, Clapham, Marston, Barton, the area to the north of Putnoe and Brickhill in Bedford. Cranfield has a high population of young people because of the university campus and even though there is a sphere clinic in the area, the clinic runs only on a Thursday from 3-5pm. A community pharmacy providing this service in that area will give a much improved access.

PNA Pharmacy Survey – Even though only a hand full of pharmacy contractors are currently providing sexual health services, nearly all the pharmacies said they were willing to provide EHC (95%) and Chlamydia screening and treatment (98%).

Stop Smoking Services

Smoking is the UK's single greatest cause of preventable illness and early death, contributing to a wide range of illness, including various cancers, respiratory diseases and heart disease. It is both a cause and a consequence of health inequalities with prevalence higher in more deprived communities, routine and manual groups and BME communities.

Currently in Bedfordshire Level 2 service (intermediate intervention) is mainly delivered within GP practices even though Smoking Cessation services are offered by a range of providers in Bedfordshire as shown in Table 10 below.

Table 10 Providers of Smoking Cessation services

Location of Stop Smoking Services	Level 1*	Level 2**	Level 3***
Community Pharmacy	✓	✓	
Prison		✓	✓
Hospital General	✓		
Hospital Maternity	✓	✓	
Children Centres	✓	✓	
Schools	✓	✓	
GP Practices	✓	✓	
Dental/Opticians	✓		
Workplace (Specialist Service)			✓
Mental Health Trust	✓	✓	
Military Bases		✓	
Bedfordshire Community Health Services	✓		

*Level 1 - Referral to Stop Smoking Services (brief interventions)

**Level 2 - Stop smoking advisory service (intermediate interventions)
***Level 3 - Specialist smoking advisory service (specialist interventions)

Overall coordination, including training, administration and data collection is provided by Specialist smoking advisory service.

The percentage of pharmacies offering smoking cessation services is very low – 0.7% in 2009/10 and the Stop Smoking Team at NHS Bedfordshire are very keen to increase the activity levels from community pharmacies. Two PCTs within East of England achieved 50% of their quits through community pharmacy in 2009/10.

Even though Bedfordshire exceeded their target number of quits in the last financial year, engaging more community pharmacists will ensure that:

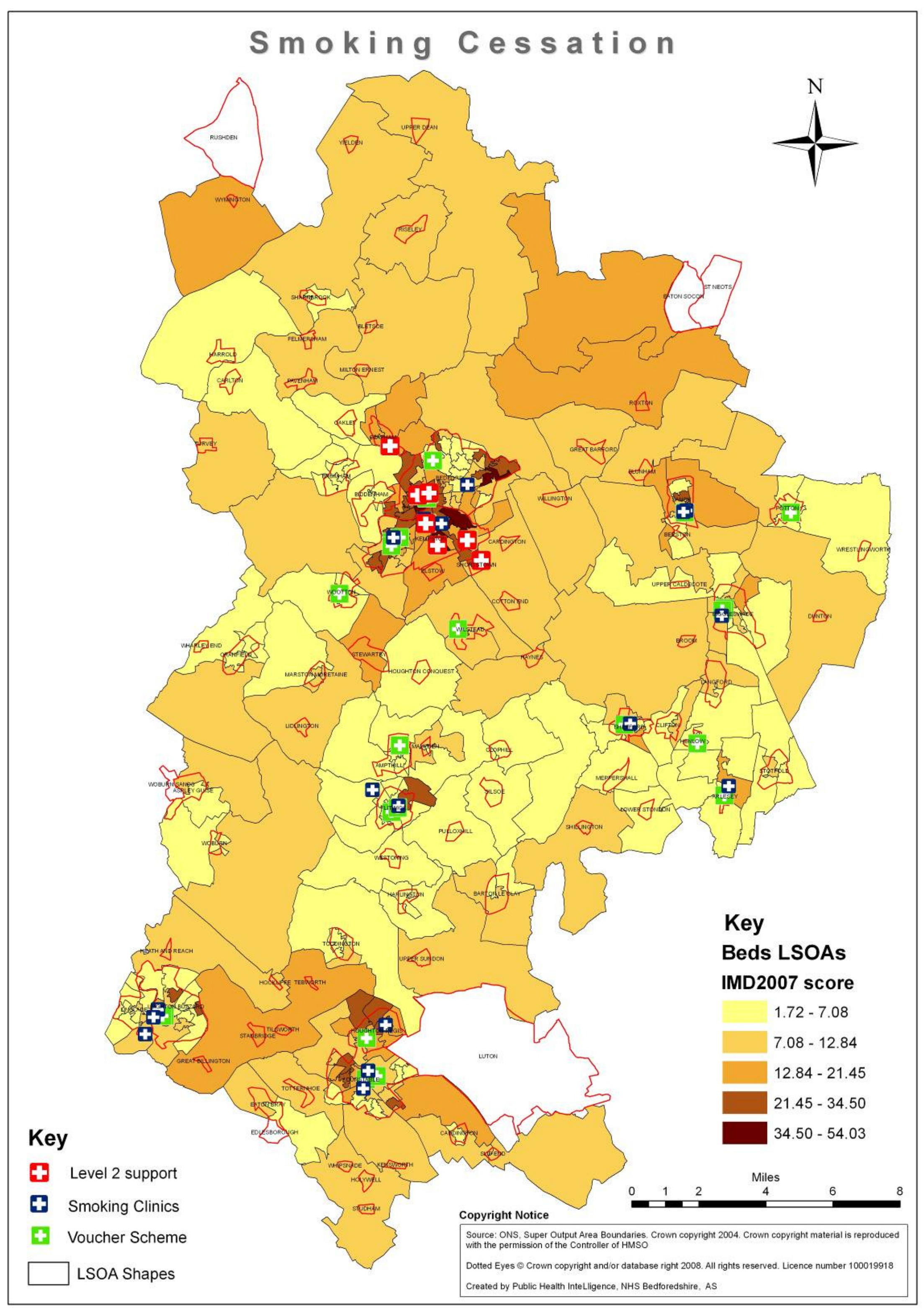
- the service is accessible to a wider range of people especially those from ethnic minorities and routine & manual workers
- there is more choice for the public with respect to the location of services and longer / more flexible opening times
- better access to the more deprived localities – 27% of quits in 2009/10 were from the 20% most deprived MSOAs, however in order to address Health Inequalities 30% or more should be achieved from this group.
- the public have access to a one-stop service as community pharmacies are able to supply nicotine replacement therapy using the PCT voucher scheme and this has the potential of increasing success rate. In 2009/10 61% of quitters used nicotine replacement therapy.

Table 11 Number of pharmacies providing smoking cessations service 2009-10

No. of pharmacies	Scheme	PBC locality
8	Level 2 delivery	Horizon* & Leighton Buzzard
40	Voucher scheme for supply of Nicotine Replacement Therapy	Horizon, Leighton Buzzard & West Mid Beds
0	Referral to Stop Smoking Services	

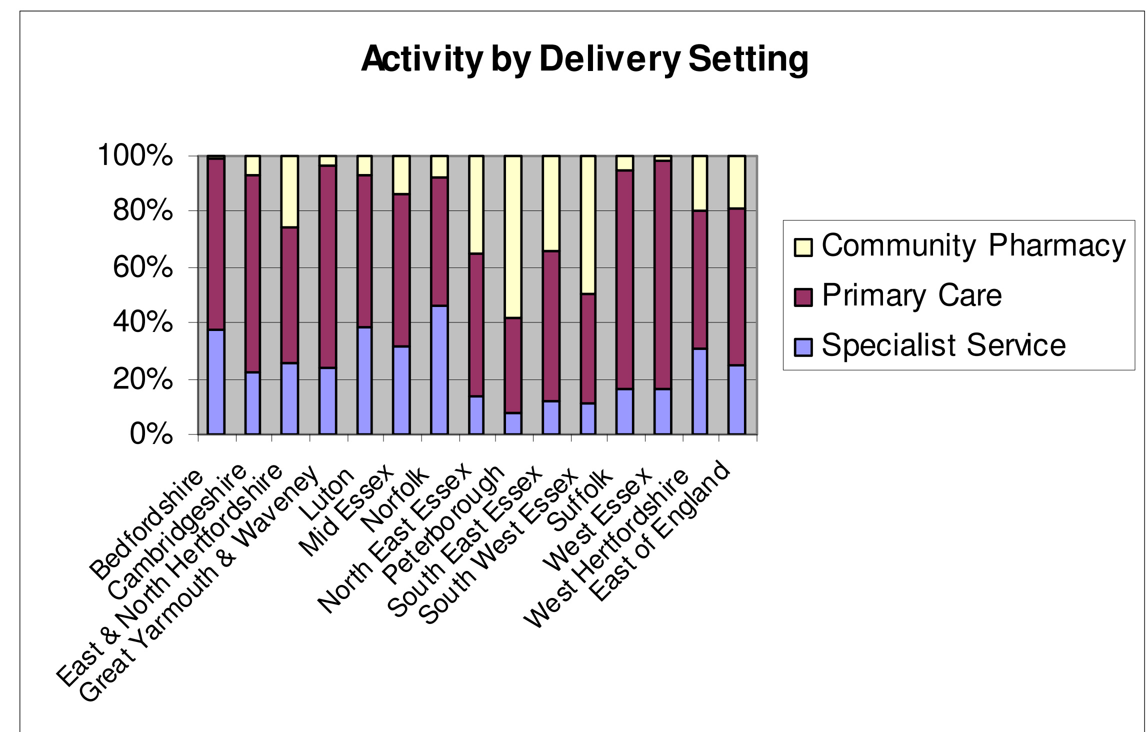
* Horizon PBC covers the Bedford Borough area

Figure 14 Smoking Cessation Services in Bedfordshire



The majority of pharmacies offering smoking cessation services are currently only participating in the voucher scheme for the supply of Nicotine Replacement Therapy and there is a need for more pharmacies to offer Level 2 services.

Figure 15 Delivery of Stop Smoking Service by sector



Source: East of England Stop Smoking Services; A regional overview 2009-10

Table 12 Activity by Service Delivery

	Specialist	Primary Care	Community Pharmacy
% of annual quits	36%	61%	0.7%
Success Rate	68%	52%	65%

Smoking in Pregnancy

The National Institute for Health and Clinical Excellence recommended in 2008 that Stop Smoking Services be targeted at:

- Women who smoke, that are either pregnant or are planning to become pregnant, as well as their partners and family members who may smoke;
- Mothers of infants and young children, particularly those that are breast feeding, and their partners and family members.

It is the responsibility of a wide range of services to take action to address this important health issue. These include those working in fertility clinics, midwives, GP's, dentists, hospital and community pharmacists and those working in children's centres, voluntary organisations and occupational health services.

Quit rates among pregnant women increased from 25 in 2008/09 to 140 in 2009/10, 460% increase with about a third of all pregnant smokers accessing the service. Pharmacy staff are well placed to reach this target group and provide further choice and improved access to this group.

Community pharmacies should also actively promote smoking cessation through the Public Health campaign programme and the promotion of healthy lifestyles as part of their essential services.

Substance misuse

Substance misuse services are managed by the Bedfordshire Drug and Alcohol Action Team (B:DAT). B:DAT is a multi-agency partnership working to implement the National Drug Strategy, comprising of senior staff from the main organisations in the county who are involved in tackling drug and alcohol related issues and responsible for commissioning services. BDAT offers a range of services including one to one support, information and advice about drugs, referrals to other agencies, free condoms, needle exchange, safer injecting advice, black box therapy (Dunstable) and acupuncture.

The Share Care team is a specialist prescribing and support service for people with a street drug dependency e.g. heroin and they work closely with the community pharmacists in this role. NHS Bedfordshire are commissioned by B:DAT to manage the administration of the substance misuse service provided by community pharmacists in Bedfordshire. These services are:

1. Supervised consumption service – where opioid dependent clients are directed to accredited pharmacists by the Shared Care team for regular supply of opioid substitutes (mainly methadone and buprenorphine). It is important that this service is easily accessible as clients may need to collect their medication on a daily basis.
2. Needle exchange service – aimed at reducing harm in people using injectable drugs. Addaction, a service supporting people with drug misuse issues (within B:DAT) also provide a needle exchange service. They have two sites; one in Bedford and one in Dunstable (see **Figure 16 Map of provision of Substance Misuse services by Community Pharmacies**).

B:DAT commissioned a needs assessment which was carried out in November 2009. The information is based on data for 2008/09 financial year. Some of the key findings in the report relevant to pharmaceutical services were:[16]

> "There was some disappointment in terms of the limited number of pharmacies that opened in the evenings; there was also some criticism in terms of the compassion of staff working in pharmacies and this message

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16 Bedfordshire Adult Drugs Needs Assessment November 2009

> was conveyed by interviewees in Bedford and Dunstable. This may suggest there is a training need amongst pharmacy staff.
>
> On the whole those who accessed needle exchange services in Bedford felt that existing provision was adequate.
>
> The lack of needle exchange facilities in Dunstable was highlighted by some interviewees who commented that Addaction was the only provider of needle exchange. Several interviewees requested that needle exchange facilities should be available in pharmacies.
>
> Areas requiring improvement, Harm reduction - There is also a need for primary care to have a much greater role in meeting the general healthcare needs of drug users."

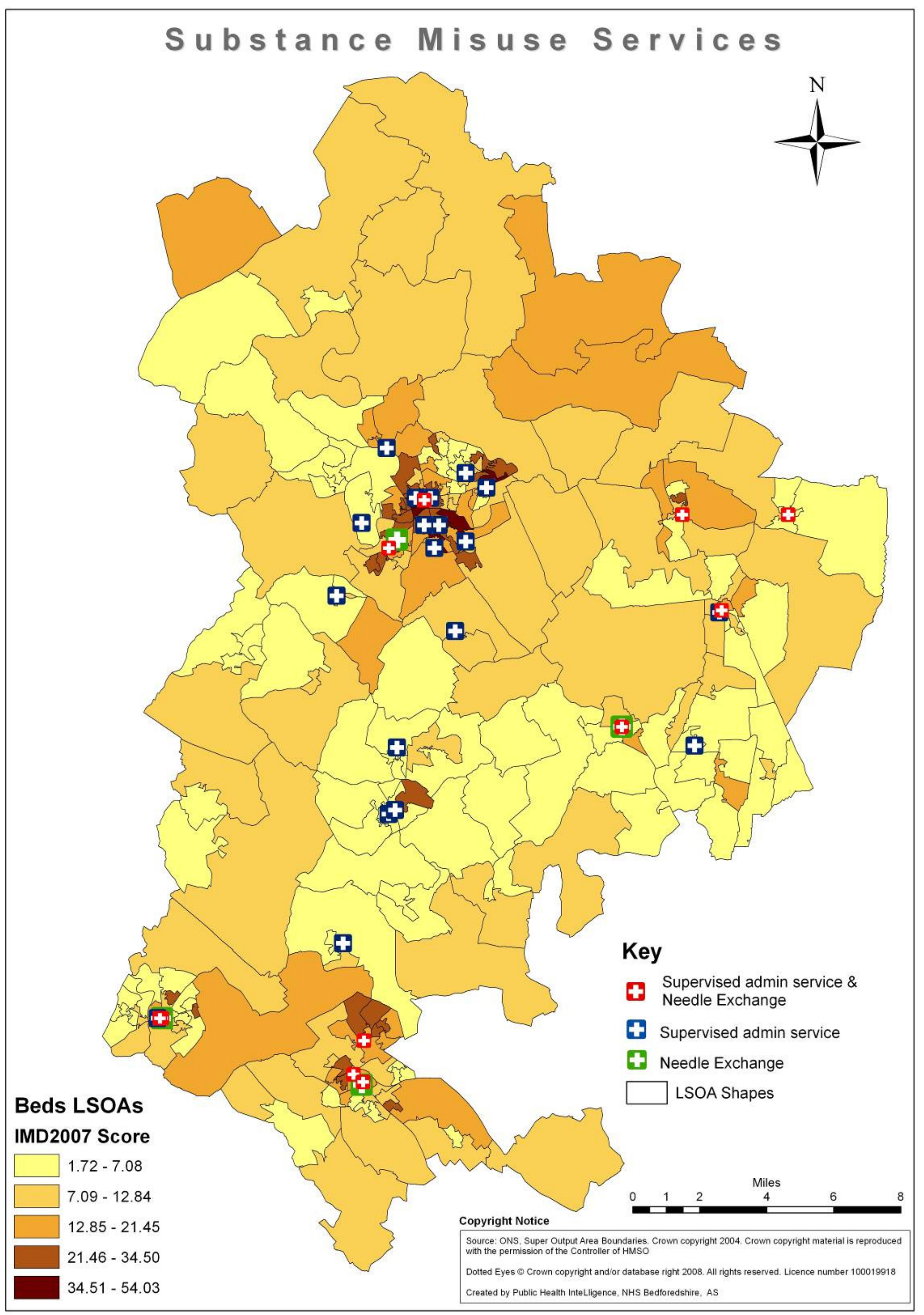
There are currently 12 pharmacies providing a needle exchange service and 25 provide a supervised consumption service (see **Figure 16 Map of provision of Substance Misuse services by Community Pharmacies**).

The Shared Care team are satisfied with the level of access to supervised consumption across Bedfordshire with the exception of the Mid-Bedfordshire area. There is a particular need for provision of this service in Flitwick.

As there has been no change in the number of pharmacies offering a needle exchange service in Bedfordshire since the Drugs Needs Assessment was carried out in 2009, we can conclude that there is still a need for provision in this area.

> Pharmacists and their staff providing this service must be given ongoing training to develop and maintain the necessary competences.

Figure 16 Map of provision of Substance Misuse services by Community Pharmacies



6.7. Feedback from Patient Surveys

Community Pharmacy Patient Satisfaction Survey 2008/09

The pharmacy contract requires all community pharmacies under the Essential Services, to undertake an annual patient satisfaction survey. The content of the patient survey is specified within the pharmacy contract as outlined in ***appendix 4***.

The aim of the survey is to allow patients to provide valuable feedback to community pharmacies on the services they offer, providing them with potential areas for quality improvement. It is also intended to feed into the commissioning cycle to help inform future planning for commissioning of services. As part of our annual Practice Quality Improvement Programme (PQIP), the Clinical Governance team produces an analysis of the responses received from pharmacies in order to facilitate shared learning.

The report on the survey conducted in 2008-09 showed that most patients in Bedfordshire are very satisfied with the service they receive from community pharmacies. Across Bedfordshire as a whole, the findings did not show one overriding area of weakness which needs to be addressed by pharmacies generally, but highlighted a range of areas which patients have identified as in need of improvement.

The areas which showed the greatest strength across all pharmacies related to the staff overall, and included their efficiency, politeness and listening skills (Q5a, d, e, f). Only one pharmacy reported issues with staff as an area for improvement. Many patients were also happy with the service received from the pharmacists themselves (Q5c), but this area scored less highly than the staff generally. Cleanliness of pharmacy premises also scored highly in all pharmacies.

Areas identified as being in need of improvement are: offering advice on healthy eating (Q7b), physical exercise (Q7c) and healthy lifestyles generally (Q6b) and disposing of medicines you no longer need (Q6c). Only one pharmacy reported that giving general advice on a healthy lifestyle was a strength for them, while no pharmacies reported that giving advice on other public health issues (stopping smoking, healthy eating and exercise) was seen as a strength by their patients.

Suggestions to improve how they could offer advice on health improvement issues, in particular stopping smoking, included more staff training and availability of relevant literature.

> Health promotion delivery in community pharmacy needs to be improved and performance monitored.

PNA Patient Questionnaire on Pharmaceutical Services

In July 2010, a patient and public engagement project was undertaken to seek patient views to inform and influence the development of the PNA. Two

questionnaires were designed for distribution in community pharmacies and GP dispensing practices for patients and customers to complete and return.

A total of 4000 surveys were distributed within Bedfordshire at community pharmacy and GP dispensing practices. As of 18 August 2010, 159 questionnaires were received relating to community pharmacies and 56 questionnaires were received relating to GP dispensing services.

Some of the key points highlighted in the report of this consultation were:

- The public tend to use pharmacies at various convenient locations and not just those located close to their homes and can usually find one open when required.
- Most people use pharmacies and GP dispensaries within the standard opening hours (9am – 6pm) during the week and not many require pharmacies to be open late evenings and on Sundays
- Majority of people will visit a pharmacy or dispensary at least once a month making it a good location to promote healthy lifestyles and offer supporting services
- 87% of people using GP dispensing services travel to the practice by car, where as a more varied mode of travel is use by those who use community pharmacies
- 44% of respondents use pharmacies for purchasing medicines over the counter – pharmacies should be used more in promoting self-care among the public
- Most people felt that the medication they required was usually in stock and that the dispensary and pharmacy staff know about their medication.
- The availability of private areas for more confidential conversations should be better advertised as most pharmacies now have consultation rooms. There should also be better sign-posting to other NHS services.
- Other comments regarding problems with dispensing services included long waiting times for getting prescriptions dispensed in pharmacies and medications not being in stock. (There have been fairly severe supply issues for some pharmaceutical products recently and could be the cause of these experiences). There was one comment from a patient who uses a dispensing practice, about having to go to a pharmacy when the practice dispensary staff are on holiday or off sick as this was a small practice.
- 28% of those who completed the survey considered themselves as having a form of disability and most people said it is was important for them to access the building easily, have easy to read labels. Others said they would benefit from support in taking their medication at the right time and removing medicines from containers.

6.8. Service provision by Community Pharmacies in neighbouring PCTs

There are 64 community pharmacies within 2.5km (1.5miles) of NHS Bedfordshire borders*. These pharmacies will be accessible to some of our residents and the services they offer have to be recognised and acknowledged. Residents of NHS Bedfordshire will be able to use these pharmacies for essential pharmaceutical services if required. With regards to enhanced pharmaceutical services, access to these services vary depending on what is being commissioned in that PCT area and also the services that respective pharmacies choose to provide. In terms of ensuring equitable access to services available to Bedfordshire residents, the PNA will focus on services currently commissioned in our PCT area. There is generally a reciprocal agreement for members of public to make use of essential pharmacy services (e.g. dispensing, selfcare advice etc) outside their PCT border however there are some enhanced services that could be restricted to residents of a particular PCT area. Where a community pharmacy is located outside NHS Bedfordshire border but accessed by several of our residents, the PCT should look to commission enhanced services directly from these pharmacies where a need is clearly identified.

Sexual Health Services

Emergency Hormonal Contraception is available from 39 pharmacies on our borders. Most of these are located in Luton but also Northampton and Cambridgeshire. Dunstable is one of the areas identified as a 'teenage pregnancy hotspot' and young people could access the EHC services available in Luton.

Stop Smoking Services

There are 20 pharmacies offering stop smoking services which could be accessed by Bedfordshire residents.

Substance misuse

There are 6 pharmacies in Luton and Northamptonshire providing needle exchange services. This is particularly helpful as we do not have access to these services in north Bedfordshire and there is a need for improved access in the Dunstable area.

There are 27 pharmacies offering a supervised administration service between Luton, Northamptonshire and Cambridgeshire who can provide improved access for patients needing this service in Bedfordshire.

* Data from community pharmacies on the Buckinghamshire border is outstanding.

7. Future developments

Community pharmacy services in Bedfordshire should be developed further in the following areas:

1. **Offering Vascular Screening** - The Department of Health set out a vascular check program in 2008 in an effort to prevent cardiovascular diseases including - coronary heart disease, stroke, diabetes, and kidney disease – earlier in life. Cardiovascular disease currently affects the lives of over 4 million people in England. It causes 36% of deaths (170,000 a year in England) and is responsible for a fifth of all hospital admissions.[17] The burden of these conditions falls disproportionately on people living in deprived circumstances and on particular ethnic groups, such as South Asians. Vascular disease accounts for the largest part of the health inequalities in our society and our public health data shows that early deaths from heart disease and stroke is higher than the regional average in Bedford. Prevalence of diabetes is also significantly worse than the national average in Bedford borough.

   The recommended model for delivering the vascular checks was aimed at making it available in a variety of settings to ensure that the widest possible range of people are reached. Community pharmacy has been identified as one of these settings and this is further supported by the Pharmacy White Paper, 2008. Pharmacies are ideally placed to reach some of the 'hard to reach' groups and including them in the delivery of the cardiovascular screening programme will narrow inequalities rather than widen them.

   Currently in Bedfordshire, vascular checks are being delivered by GP practices and some outreach teams, with no involvement of community pharmacy as yet.

2. **Providing Medicines management in Care Homes** – Pharmacies and dispensing doctors provide a dispensing service to Care Homes (Nursing and Residential) under private arrangements agreed with the management of the Home. There is a need for further pharmaceutical input to support the appropriate handling and use of medicines by residents in the Homes. A recent study – Care Home Use of Medicines Study[18] - Commissioned by the department of health highlighted concerns around medication errors arising from prescribing, dispensing, monitoring and administration of medicines. Even though there are action plans for pharmacies and dispensing doctors supplying medicines regularly to Care Homes, a local initiative by a

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17 Putting prevention first; Vascular Checks: risk assessment and management

18 Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people. Qual Saf Health Care 2009;**18:**341-346 doi:10.1136/qshc.2009.034231 **http://qshc.bmj.com/content/18/5/341.full.html#ref-list-1**

multidisciplinary team in Bedford (assigned to the Horizon PBC) has shown benefits of involving pharmacists in case management. This approach will require the services of a clinically trained pharmacist or possibly a supplementary or independent prescriber to carry out medication reviews and also ensure efficiencies and safe practice in the use of medicines.

3. **Support for patients in domiciliary care –** The Medicines Management team are concerned about this group of patients and with regards to the use and handling of medicines. There are issues around the role of domiciliary care agencies in managing and administering medication as well as the inappropriate use of monitored dosage systems (e.g. dossett boxes). A wider variety of compliance aids should be considered for patients requiring help with the administration of medicines. The practice payment for community pharmacy contractors includes a contribution for provision of auxiliary aids for people eligible under the Disability Discrimination Act. There are concerns however for patients who may not be eligible under this Act who still need some support with managing their medication which need to be addressed. Community pharmacies should be involved in medicines management for these patients and there should be a system in place offering MURs to the homebound as well as educating domiciliary carers on handling medicines. A referral system should be considered involving other health care professionals, social services and carers.
4. **Support for the Homeless** – Statutory homelessness in Bedford Borough is significantly worse than England average and the Regional average (as shown by the health indicators). The majority of homeless are those in temporary accommodation and who also tend not be registered with a GP. This group of people have complex health needs that can be supported by community pharmacists. In 2007 a project was completed by the medicines management team to identify the pharmaceutical support required by homeless people living in Hostels. This resulted in the development of an Enhanced Service - 'Hostel Support Service', yet to be commissioned. The service was designed to provide support and advice on storage, supply and administration of drugs and appliances, reflecting the needs of the clients and encouraging independent living wherever possible. A more recent Health Needs Assessment for the Homeless in Bedfordshire highlights the ongoing need for improved access to health services. The enhanced pharmacy service may help meet some of these needs.
5. **Alcohol misuse intervention -** Alcohol is one of the leading causes of ill health world wide, surpassed only by tobacco and blood pressure. Its misuse has a huge impact on health and social care costs. There is growing evidence to suggest large numbers of people in the UK are drinking over recommended limits.

A recently completed Health Needs assessment on Alcohol in Bedfordshire highlighted that fact that 1323 admissions to Bedford Hospital in 2008/2009 were attributed to alcohol, rising to 1486 in 2009/10. It is also reported that 50% of all violent assaults are alcohol related.

The assessment makes several recommendations on how to reduce the incidence of alcohol misuse in Bedfordshire including the use of screening and brief interventions in primary care settings. With the appropriate training, community pharmacists and their staff could effectively support local initiatives. An initial approach would be to train pharmacists to provide appropriate advice and sign-posting in promoting self care in the pharmacy, with a potential of developing a service to provide a higher level of counselling and support.

6. **Becoming 'healthy living' centres** – This model of health service was proposed in the Pharmacy White Paper with the aim of promoting health and helping more people to take care of themselves. It supports the PCT's strategic goal 'to improve the health and wellbeing of the population in Bedfordshire and its local communities in a fair and transparent way' as well as embracing the QIPP agenda to invest in preventative healthcare.

8. Shaping the future

8.1. Gap Analysis for Pharmaceutical Services

Identified Need	Current service provision by Community Pharmacy	Current service provision by other providers	Gaps in provision	How Community Pharmacy can meet identified Gaps
PUBLIC HEALTH NEEDS				
Smoking Although overall prevalence of smoking in Bedfordshire is lower than the national average it is still an issue in the more deprived localities and needs to be addressed.	Supply of Nicotine Replacement Therapy (NRT) via voucher scheme – there is adequate provision of this service in three of the PBC localities (Horizon, West-mid Beds and Leighton Buzzard) and needs to be made available across all of the PCT area. Stop smoking advice service – the level of activity for the service is inadequate and more pharmacists should be commissioned to provide this service across	Several Health care professionals offer a referral service to 'Stop smoking advisers'. GP practices offer a Level 2 advisory service. Specialist advisors providing services at clinics across the county.	Areas in Bedfordshire that are not adequately supported are north Bedfordshire and the mid sector. Community pharmacy can provide the necessary cover in these areas and will also provide better access due to longer opening hours as well as reach isolated groups such as the homeless, young men & manual workers, people from ethnic minorities; and people	Sign-posting Promoting healthy lifestyles- opportunistic and brief advice/interventions Community based outreach Self-care support Local enhanced stop smoking services

	Bedfordshire, but particularly in the more deprived localities. Sale of NRT over the counter.		who do not routinely access healthcare services.	
Sexual Health Teenage Pregnancy – 11 wards in Bedfordshire are ‘Hotspot’ wards with conception rates among the highest 20% in England. Chlamydia infections are on the rise. All PCTs are required to engage with the National Chlamydia Screening Program.	7 community pharmacies provide Emergency Hormonal Contraception (EHC) as a local enhanced service. 10 pharmacies participate in chlamydia testing and treatment. Public Health Campaigns	GPs Brook Terrence Higgins Trust clinics Primary Care - Sphere clinics Outreach programs	Timely access to EHC outside clinic times and GP opening times. Access to young people not registered with a GP or not in an education setting to test for chlamydia and one stop access to treatment.	Sign-posting Increased participation in local enhanced services for sexual health (chlamydia screening and treatment, free supply of EHC). Promoting supply and proper use of condoms Sexual health advice
Obesity Childhood obesity is a major concern in Bedfordshire. In adulthood, obesity increases the chance of developing conditions such as	Over the counter sale of weight loss aids and support for self care Some private (non NHS) initiatives to support weight management including diet programmes	There are local initiatives in place to modify behaviour and increase physical activity – BeeZee bodies, Change for Life, promoting physical	Promotion of these initiatives and further support from Health care providers	Public Health campaigns Promoting healthy lifestyles Sign-posting Potential development of an obesity management service.

Type 2 Diabetes, cardio vascular disease, depression, back pain and some cancers.	Dispensing	activity in the work place and promoting healthy lifestyles		NHS Health Checks
<u>Self Care and Minor Ailments</u> There is a need to promote self-care in the community and to use community pharmacy as the first port of call for the management of minor ailments.	Self care support as is covered in the pharmacy essential service provision Sale of non-prescription medication to treat minor ailments Referral / sign posting to appropriate healthcare professional	GPs Community nurses Practice nurses Other healthcare professionals Inappropriate use of the walk-in centre	Potential gap for people in deprived areas who cannot afford to purchase medication over the counter to treat minor ailments	Potential for minor ailments services in specific localities where this need is identified.
SPECIAL NEEDS GROUPS				
<u>Older People</u> There is a clear growth in population of older people whose pharmaceutical needs must be met.	Dispensing (often with private arrangements for collection and delivery services) Support for Self-care – use of compliance aids where appropriate Medicines Use Reviews	Dispensing doctors GP medication reviews may cover some of these issues Care Home support	Inadequate use of a variety of medicines management support aids to support disabilities.	Repeat Dispensing There should be an increased awareness to support disability which tends to increase with age for example poor eyesight, impaired hearing, decreased dexterity.

Long term conditions People with long term conditions need more pharmaceutical support due to the potential issues associated with long term use of medicines.	Dispensing Medicines Use Reviews Sign-posting Self care support Disposal of medicines	GPs Nursing staff Other health care providers	Improved interface between secondary and primary care Improved management of medication	Targeted MURs with referrals from other HCP Repeat Dispensing Monitoring and screening services Seasonal vaccination Access to healthy lifestyle services e.g. smoking cessation, weight management
Patients in Domiciliary care Require extra support with managing their medication. A lot of them depend on carers to who are restricted in the level of support they can provide in the administering of medicines. This sometimes leads to unsafe and demanding requests for pharmacists to re-pack medication into	Dispensing Re-packaging of medicines into compliance aids Prescription collection and delivery (non-NHS funded)	Social services	Inadequate use of a variety of medicines management support aids to support disabilities. Lack of ability to access GP / Pharmacies with a risk of medicines management issues being overlooked.	Self-care support – promoting independence and the safe administration of medicines Targeted MUR (may have to be done in the patient's home) Repeat dispensing Advisory support for Carers to enable them to administer medicines Referral system through community nurses, social services and carers

compliance aids.				
<u>End of life care</u> With an increasing number of people choosing to die in their own homes there is a need to ensure palliative care medicines are readily available in the community with appropriate support systems	Dispensing Self care support Sign-posting Prescription collection and delivery (non-NHS service)	GPs Community nurses Home care providers Hospital pharmacy Red-Cross and other voluntary service provide medicines delivery service	Availability of palliative care drugs in the community. Access to robust advice regarding the medicines used in end of life.	Local enhanced service to hold stock of palliative care drugs Continued professional development to ensure competencies around the use of these medicines are kept up to date NHS funding prescription delivery service
PEOPLE IN RESIDENTIAL CARE				
Care Homes / Nursing Homes Intermediate Care Units – Biggleswade Hospital and Archer unit HMP Bedford Yarlswood Detention Centre	Dispensing Prescription collection and delivery Disposal of unwanted medicines (only for Care Homes without Nursing)	Bedford Hospital pharmacy Dispensing doctors Primecare (Dispensing services for HMP Bedford)	Some of the residents will benefit form clinical medication reviews There is an urgent need to improve prescription ordering systems in order to reduce waste. Pharmaceutical support for the handling and	Increased clinical pharmacy support and direct access of residents to a pharmacist Access to Enhanced pharmaceutical services by residents Robust communication systems to be implemented to ensure patient safety Development of good ordering systems to reduce

			administration of medicines and staff training	waste Regular support from dispensing contractor with regards to staff training on medicines issues.
PCT STRATEGIC PRIORITIES				
Focus on Prevention There is a need to reduce early deaths from heart disease and stroke, diabetes, and preventable cancers	Healthy lifestyle advice Prescription intervention Self-care support	Health care professionals	Access to hard to reach groups – homeless, ethnic minority, men between the ages of 25 – 60 years	NHS Health Checks Sexual health screening and treatment Smoking cessation Weight management Vaccination services
Emergency Planning Ability to respond to healthcare needs in emergency states e.g. flu pandemic	Self-care Treatment of minor ailments Distribution of medication Business continuity plans	Variable	Having robust integrated systems in place	All pharmacies must have business continuity plans in place and keep these regularly updated. Contractors should be prepared to share these plans with the PCT to allow for a smoother operation in a time of emergency.
Reduce emergency admissions and medication related harm	Sign-posting Prescription intervention	Other primary care professionals Anticoagulation	A need to improve the management of patients with long	Targeted MURs

	MURs Identifying adverse reactions to medication (e.g. falls) Waste disposal – reduces the potential for stock holding of medicines in the home.	services are now available at several GP surgeries.	term conditions.	NHS Health Checks Repeat dispensing Anticoagulation service in localities with identified need.
GENERAL ACCESS TO PHARMACEUTICAL SERVICES				
Pharmaceutical services medication (including out of hours provision). Control of entry for pharmaceutical services should ensure a rational location of pharmacies to meet specific local pharmaceutical needs.	Community pharmacy essential service	Dispensing doctors Out of hours centres	On the whole, there is good provision of essential dispensing services across Bedfordshire. There is however a potential for more pharmaceutical services in some deprived areas in south Bedfordshire, and the area of north Bedfordshire bordering Northampton and Cambridgeshire. Pharmaceutical services in these areas are currently	There is a potential need for enhanced pharmaceutical services in the north of Bedfordshire and the identified gap in the south of the region. There are a number of planned housing developments in Bedfordshire and the increase in numbers of the local population should be closely monitored to ensure adequate provision of services.

<table>
<tr><td></td><td></td><td></td><td>being provided by by dispensing doctors and pharmacies in the neighbouring PCTs. Also they are areas of low population density.</td><td></td></tr>
<tr><td>Cross Border Commissioning</td><td colspan="4">In view of the number of community pharmacies just outside Bedfordshire who provide services to our residents, commissioning of enhanced services from these pharmacies (where the necessary services are not being commissioned by their PCT) should be considered in order to improve pharmaceutical care and reduce inequalities across the PCT population.</td></tr>
</table>

8.2. Recommendations for developing services

1. There is a need to improve the quality of delivery and monitoring of essential services provided by community pharmacies as these services play a vital role in most of the health needs identified in the table above. A robust Clinical Effectiveness Programme should be developed and performance managed. It is important that community pharmacists are able to adequately meet the standards required for provision of essential services before Enhanced and Advanced services are offered. The PCT must ensure that a robust contract management strategy is developed to monitor and support pharmacists in their delivery of essential pharmaceutical services.
2. Medicines Use Reviews have been shown to be beneficial to patients receiving this service and consideration should be given to building it into case management plans for patients who will benefit from these. For example those with long term conditions, those taking multiple medication or complex therapies. The PCT should identify patient groups to be targeted for MURs and to establish a good referral system from other health care professionals. All pharmacists should aim to provide this service in order to make it accessible to all patients who may need it. There are currently 47 pharmacies out of 62 (excluding the distance selling pharmacy) offering MURS. There are however 58 pharmacies with consultation rooms and so can offer the service provided the pharmacist is accredited to do so. Pharmacies should consider developing their workforce to take on more roles within the pharmacy in order to free up the pharmacist to pursue more clinically related enhanced services. Again MURs can be used to support the QIPP agenda, giving it a more multidisciplinary approach among health care professionals.
3. The PCT should work closely with the Local Pharmaceutical Committee to improve the take up of local enhanced services and to ensure that a quality and effectiveness is demonstrated in the delivery. Services should be regularly evaluated and decommissioned where the agreed standards are not being met.
4. There should be a rationalisation of commissioning to ensure that services are offered where there is an identified local need.
5. PCT commissioners and project managers should consider the role of community pharmacy in the provision of Local Enhanced Services, bearing in mind that pharmacies offer further choice to the public. There are also members of the public who do not otherwise access healthcare, many of whom will have public health needs, smoking, obesity, sexual health issues (chlamydia) etc... Shifting more services (where appropriate) out of GP practices to community pharmacies will increase capacity at the surgeries to take shift secondary care functions into the community and so offer care closer to home. Some of the services which should be considered include vascular checks, smoking cessation, minor ailments schemes and vaccination programmes.

6. Consideration must be given to increasing the uptake of Repeat Dispensing in view of the benefits this scheme has to offer, both to patients and to healthcare providers. Most importantly it supports patient safety, frees up GP's time, and improves stock management and patient satisfaction.
7. Support for vulnerable groups e.g. older people, people with disabilities, those with long term conditions and complex therapies should take an integrated approach involving pharmacy services. There should be an increased awareness of the needs of these patient groups in community pharmacies who should also be able to offer support in terms of various physical and compliance aids, adequate sign-posting to other healthcare services and self-care. The PCT should keep pharmacists informed of the availability of local services by communicating effectively with them. All community pharmacists in Bedfordshire have access to the NHS Bedfordshire intranet site where most of this information is available. The community pharmacy survey showed that a number of pharmacists either had no access or had restricted access to the internet. There are also issues with accessing emails particularly with some of the pharmacy multiples. Efforts should be made to improve IT facilities in order to improve communication between the PCT and pharmacists.
8. The PCT and PBC groups should consider involving community pharmacists in vascular screening in Bedfordshire. There is clear direction in the Pharmacy White Paper on pharmacists playing a role in this service provision and how this will help reduce health inequalities. A similar approach should be taken in the obesity management programme.
9. With the role of community pharmacists developing more clinically, pharmacists should take every opportunity to engage in continued professional development. The MUR audit responses showed that only 17% of pharmacists identified learning needs from MUR consultations. MURs should act as triggers for developing pharmacists' clinically skills and this potential should be maximised.
10. The PCT and LPC should work together to improve social marketing of Enhanced Services in Community Pharmacies whilst raising public awareness of the expertise and clinical skills of pharmacists and their staff.

8.3. Action Planning

Table 13 Summary of recommended actions for Local Enhanced Service Provision

Enhanced Service	Recommendation
Smoking Cessation	Service already exists, however should be improved by increasing Community Pharmacy uptake.
Sexual Health Services – Chlamydia Screening and Treatment, Emergency Hormonal Contraception	Service already exists, however should be improved by increasing Community Pharmacy uptake and prioritising the localities with high population of young people.
Substance Misuse service	Service already exists, however should be improved by increasing Needle Exchange service particularly in Dunstable and Supervised administration in the Flitwick area. Further support should be given to pharmacists who offer these services.
Minor Ailment Scheme	Could be considered in localities of high deprivation to promote Self care by providing advice and support as well as supplying medication where required for minor ailments.
Gluten Free Food Supply	This service should be commissioned to allow patients with diagnosed gluten intolerance to receive supplies of gluten free food without the need to visit their GP for a prescription each time.
Care Home Service	Community pharmacists could be included in an integrated healthcare plan for patients and reducing medication errors in Care Homes by providing advice and support in: clinical and cost-effective use of drugs; proper and effective ordering, administration, storage and handling of drugs; medication reviews.
Home Delivery	Where this is deemed essential for patients in Domiciliary Care and End of Life to ensure they have access to their medication in a timely manner.
On demand availability of Specialist Drugs	This service should be commissioned particularly to ensure availability of Palliative care drugs as more patients choose to spend their final days at home or in a community setting. It may also be considered for other conditions where a need is identified.

NHS Vascular Checks	Community pharmacists should be included in the provision of this service to improve access and increase choice for the public.
Anticoagulation Service	Community pharmacists could be included in the provision of this service to improve access and increase choice for the public.
Language Access Service	This service could be considered where a need is identified, requiring the pharmacist or their staff to provide advice and support to patients regarding their medication and health matters relevant to them in a language understood by the patient.

9. Exempt applications

Four categories of pharmacy applications are exempted from the reformed control of entry test. They are:

- Pharmacies based in approved retail areas (large retail shopping areas 15,000 square metres or more leasehold gross floor space away from town centres).
- Pharmacies that intend to open for at least 100 hours per week
- Consortia establishing new one stop primary care centres
- Wholly mail-order or internet based pharmacy services

Applicants using one of the four exemptions to the control of entry test are required to provide the following enhanced services (with the exception of distant selling pharmacies):

- Smoking cessation (Level 1 and 2)
- Emergency hormonal contraception
- Chlamydia screening and treatment
- On demand availability of palliative care drugs
- Medicines Use Reviews. The pharmacy will have a consulting room which meets the criteria for providing this service.
- Supervised administration and Needle Exchange based on the demand at the time identified by our substance misuse commissioner.
- Bank holiday rotas when required
- Vaccination service
- Distribution of medication in emergency situations (e.g. flu pandemic)
- Develop and keep up to date business continuity plans (including distant selling pharmacies)
- And any advanced or local enhanced services as deemed appropriate by the PCT.

All applicants should therefore be prepared to offer these services and attain the necessary competencies and accreditation.

10. Conclusions

It is evident that community pharmacy has a major role to play in the provision of pharmaceutical services to the local population of Bedfordshire. There are several areas in healthcare provision where pharmacists can contribute towards patient care. It is therefore important that there is a clear strategy to prioritise this work in line with the NHS Bedfordshire Strategic as outlined for 2009-2013.

Several recommendations have been made following the gap analysis and these should be shared with various stakeholders involved in developing commissioning plans for the PCT and partnering organisations e.g. the local authorities. The PNA must feed into the annual prioritisation program at NHS Bedfordshire ensuring that pharmaceutical needs are built into healthcare services whilst focusing on how community pharmacies may improve access to ‘hard to reach’ and some vulnerable groups within our localities.

In order to effectively incorporate community pharmacy services into existing service programs the PCT will need to consider choice of services and accessibility, alternative models for provision of services in the community, promoting innovation, stimulating the local market, commissioning a more integrated delivery of services and supporting pharmacies to develop their skill mix.

The PNA must also feed into the decision making process for determining pharmacy applications. The current mapping of rural and urban areas should be reviewed and re-determined in light of the various developments in housing and industry in the Bedfordshire area.

Community pharmacists must be kept informed and should take notice of health service initiatives in our local areas to ensure that patients and the public benefit from a well integrated NHS service with adequate referral to the appropriate healthcare professional.

It is apparent from this PNA that uptake of Enhanced Pharmacy Services currently by community pharmacies very low and every effort should be made to work with the Local Pharmaceutical Committee to improve on this. Community pharmacies must invest in developing their businesses further to meet the new challenges faced by the profession’s evolving roles. This may involve changing the skill mix within the pharmacy, developing the workforce, making changes to the pharmacy premises, improving record keeping and building a closer working relationship with local GPs and other health care professionals.

11. References

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2) A Healthier Bedfordshire – working with you for life. Delivering our Strategic Plan 2009-2013.
3) Pharmacy White Paper: Pharmacy in England, Building on strengths – delivering the future.
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6) PNAs as part of World Class Commissioning; NHS Employers, Ref: EGUI05101, January 2009.
7) Primary & Community Care - improving pharmaceutical services; Department of Health, March 2009.
8) Bedford Joint Strategic Needs Assessment.
9) Central Bedfordshire Joint Strategic Needs Assessment.
10) Report on the Pharmacy Patient Survey 2008-09, NHS Bedfordshire.
11) PNA Patient and Public Engagement Report, August 2010.
12) High Quality Care for All – NHS Next Stage Review Final Report; Department of Health, June 2008.

12. Appendices

Appendix 1 Bedfordshire Population data

Table 1 Bedfordshire - male population estimates and projections 2008 to 2015

	2008	2009	2010	2011	2012	2013
0 to 4s	12,731	12,867	13,015	12,991	12,992	12,955
5 to 9s	12,526	12,497	12,598	12,846	12,987	13,139
10 to 14s	13,225	13,042	12,904	12,906	12,633	12,531
15 to 19s	13,595	13,328	13,018	12,652	12,598	12,577
20 to 24s	12,071	12,382	12,505	12,626	13,108	12,998
25 to 29s	11,667	11,672	11,676	11,681	11,974	12,267
30 to 34s	12,973	12,817	12,662	12,506	12,625	12,743
35 to 39s	15,645	15,221	14,797	14,372	14,315	14,257
40 to 44s	17,095	17,070	17,044	17,018	16,668	16,318
45 to 49s	15,804	16,199	16,594	16,988	17,005	17,022
50 to 54s	13,405	13,830	14,255	14,679	15,098	15,517
55 to 59s	12,946	12,684	12,422	12,160	12,602	13,044
60 to 64s	11,447	11,875	12,303	12,732	12,507	12,282
65 to 69s	8,875	9,176	9,477	9,778	10,209	10,639
70 to 74s	7,000	7,171	7,341	7,512	7,816	8,120
75 to 79s	5,484	5,578	5,672	5,766	5,955	6,144
80 to 84s	3,664	3,788	3,913	4,037	4,162	4,287
85 to 89s	1,807	1,927	2,047	2,167	2,285	2,403
90+	738	801	864	926	1,025	1,126
Total	**202,699**	**203,924**	**205,106**	**206,344**	**208,562**	**210,369**

Source: Bedfordshire County Council

Table 2 Bedfordshire - female population estimates and projections 2008 to 2015

	2008	2009	2010	2011	2012	2013
0 to 4s	12,271	12,358	12,341	12,352	12,362	12,326
5 to 9s	12,065	12,033	12,138	12,253	12,430	12,623
10 to 14s	12,304	12,274	12,368	12,431	12,177	12,027
15 to 19s	12,322	12,159	11,940	11,766	11,768	11,764
20 to 24s	11,281	11,426	11,371	11,300	11,991	12,045
25 to 29s	12,251	12,134	12,017	11,899	12,057	12,214
30 to 34s	14,282	14,127	13,973	13,817	13,808	13,800
35 to 39s	15,985	15,762	15,538	15,315	15,237	15,160
40 to 44s	16,736	16,744	16,753	16,762	16,590	16,418
45 to 49s	15,382	15,808	16,233	16,658	16,699	16,740
50 to 54s	13,297	13,639	13,980	14,322	14,770	15,218
55 to 59s	12,992	12,762	12,532	12,301	12,662	13,023
60 to 64s	11,593	12,031	12,470	12,908	12,704	12,501
65 to 69s	9,206	9,545	9,884	10,224	10,664	11,104
70 to 74s	7,821	7,913	8,005	8,097	8,437	8,777
75 to 79s	6,563	6,686	6,809	6,932	7,049	7,166
80 to 84s	5,143	5,173	5,204	5,234	5,381	5,528
85 to 89s	3,268	3,395	3,523	3,651	3,712	3,772
90+	1,928	2,018	2,108	2,198	2,331	2,464
Total	**206,689**	**207,987**	**209,185**	**210,420**	**212,830**	**214,671**

Source: Bedfordshire County Council

Appendix 2 Growth projections in Bedfordshire

Figure 1 Growth projections for North and Mid Bedfordshire, March 2010 (Renaissance Bedford)

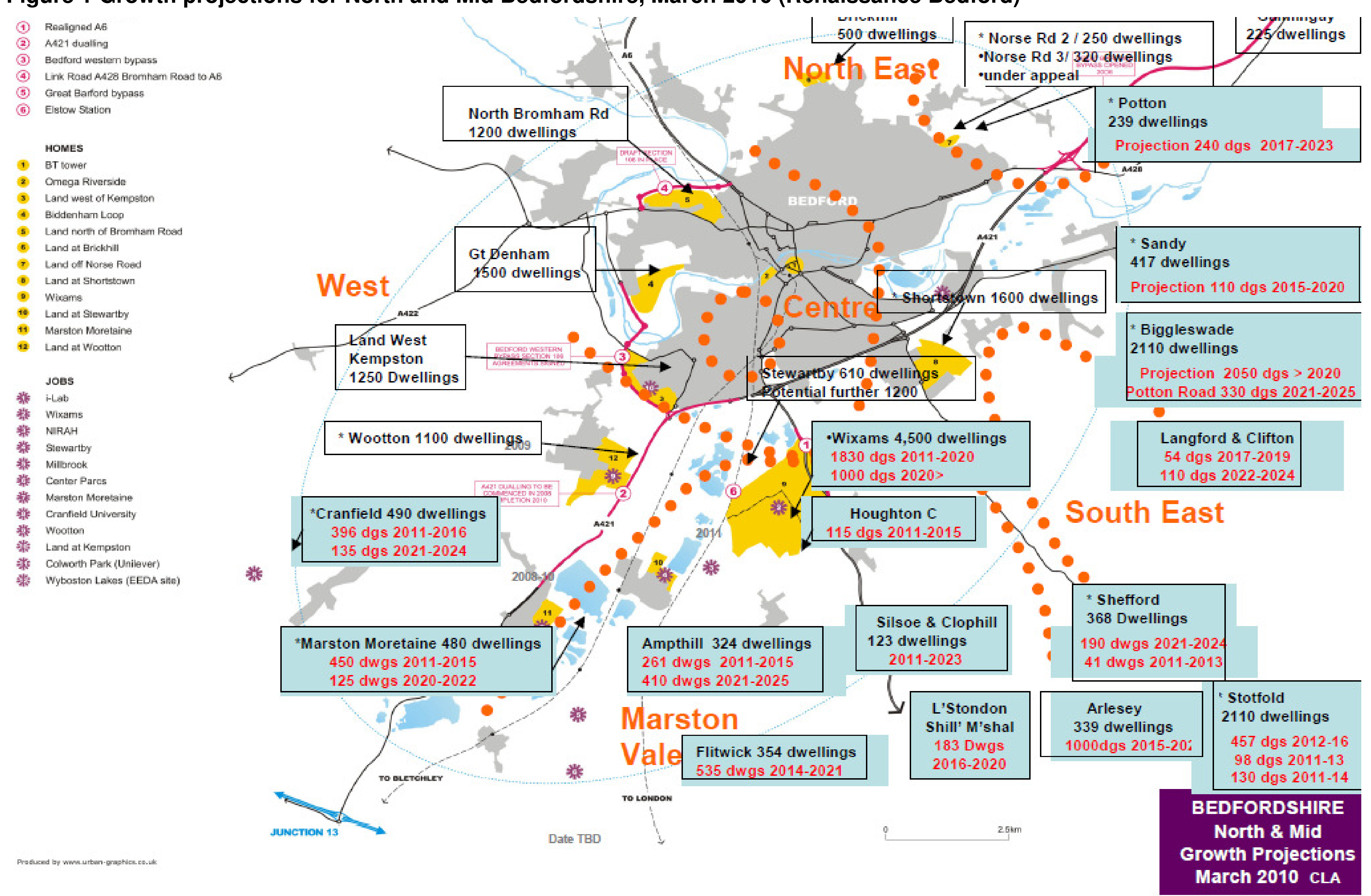
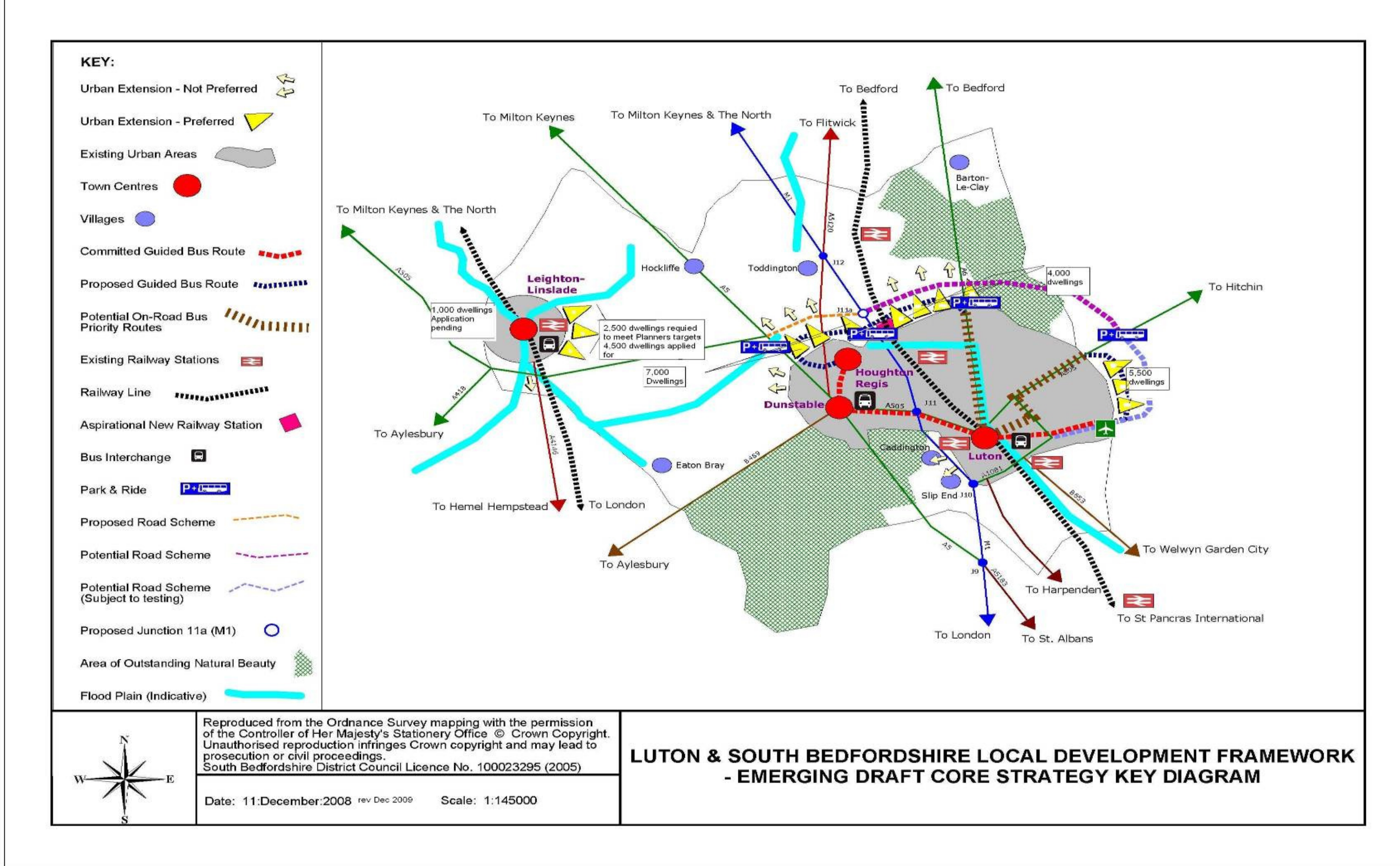


Figure 2 Growth projections for South Bedfordshire and Luton, December 2009



Appendix 3 PNA Communications strategy

NHS Bedfordshire Pharmaceutical Needs Assessment - Communications Plan

Author	Version	Date	Review
Belinda Ekuban	0.1	June 2010	

Pharmaceutical Needs Assessment

1. Background

The PCT has a statutory duty to publish its first Pharmaceutical Needs Assessment (PNA) by 1 February 2011.

The Health Act 2009 amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs, following recommendations in the White Paper *Pharmacy in England: Building on strengths* for more robust PNAs. The amended Pharmacy Regulations were consulted on in late 2009/early 2010 and came into force on 24 May 2010.

2. Scope

The scope of this plan is to outline methodologies for all internal and external communications regarding the PNA process.

3. Objectives

The objectives of this communications plan are:

- To promote awareness and understanding of PNA and the commissioning opportunities it presents, in the most appropriate and effective manner to the stakeholders identified in this plan e.g. community pharmacists, GPs, patients, members of the public, PCT Commissioners, PBC consortia and Hospital Trusts.

- To assist with the mapping current provision of pharmaceutical services and patient experience of current services to identify gaps that need to be met.

- To ensure that the PNA process meets the requirements for consultation stated in the Pharmacy Regulations.

4. Stakeholders:

The Amended Pharmacy Regulations requires PCTs to consult with the following on their PNA:

- any Local Pharmaceutical Committee for its area
- any Local Medical Committee for its area
- the persons on its pharmaceutical lists and its dispensing doctors list
- any LPS chemist with whom the Primary Care Trust has made arrangements for the provision of any local pharmaceutical services;
- any person with whom the Primary Care Trust has made arrangements for the provision of dispensing services
- any relevant local involvement network, and any other patient, consumer or community group in its area which in the opinion of the Primary Care Trust has an interest in the provision of pharmaceutical services in its area;
- any NHS trust or NHS foundation trust in its area; and
- any neighbouring Primary Care Trust

In addition to this list, there are internal stakeholders within the PCT including the PCT Board, Public Health Team, Medicines Management Team, Primary Care Commissioners, Primary Care Contracting Team, Communications and Public Engagement Department as well as partnering Practice Based Commissioning Groups.

The table below lists the key communication objectives for each group

Stakeholder Group	Key objectives
Internal : PCT Board Commissioners Public Health Medicines Management Contracting Communications and Public Engagement	• To raise awareness of the PNA development, process involved and risks and opportunities to the PCT • To ensure the PNA addresses concerns relating to commissioning of pharmaceutical services • To ensure commissioning intentions are accurately reflected in the PNA • To promote the use of the PNA as a commissioning tool • To engage the participation of these groups in developing a robust PNA that will also fit the Joint Strategic Needs Assessment and the PCT's Operational Plan.
External (public): General Public Patients Groups Individual Service Users Bedford Borough Central Bedfordshire Council LINKs Representatives	• To raise awareness of the PNA development, process involved and the consultation plan • To encourage willingness to provide feedback on current pharmaceutical services available to people living in Bedfordshire • To provide opportunities for feeding back information on services that the public would like to be able to access through their pharmacies • To ensure the pharmaceutical needs of the public are being met.
External (Healthcare partners): Community Pharmacists LPC General Practioners Dispensing Doctors LMC Bedford and L&D Hospital Pharmacies, Neighbouring PCTs- Luton, Cambridgeshire, Buckinghamshire, Hertfordshire	• To raise awareness of the processes of the PNA and the opportunities and risks it raises for providers and commissioners of pharmaceutical services • To encourage feedback on the processes involved in the development of the PNA and ensuring a robust analysis is done • To raise awareness on how the PNA will be used within the PCT as a commissioning tool • To support the PCT in producing an accurate mapping of current pharmaceutical service provision by participating in data collection exercises on request.

5. Key Messages
Pharmaceutical Needs Assessments will:

- Assess the current provision of pharmacy services within Bedfordshire and identify local needs and opportunities for service developments;
- Enable patients and public to share their views and experiences of local pharmacy services to shape and influence the future development of services and
- NHS Bedfordshire has a legal obligation to undertake this assessment.

6. Engaging and consulting

Engagement
This engagement process seeks to facilitate patient views and experiences to assist in the assessment and mapping of current health needs and provision. These views will feed in to the draft PNA process which will then go to a formal 60 day consultation.

According to the timescales stated within the PNA timeline any engagement would need to be completed by mid July 2010 at the latest.

Consideration needs to be given to how we might engage with harder to reach/seldom-heard groups and individuals and this may have cost/resource implications.

Consultation
The aim of the consultation process will be to raise awareness of the draft PNA and to seek and secure views on the proposals from stakeholders and interested parties. Bearing in mind that the context and content of a draft PNA may prove difficult to adapt to a wider audience, the engagement process will enable the comments, and views of the wider public to inform and influence the PNA at an earlier stage. Feedback on the outcomes of the consultation to respondents will also need to be facilitated once the PNA has been approved (Feb 2011).

6. Channels of Communication will include:

- A briefing event for Community Pharmacists
- Briefing papers to various stakeholder groups
- Newsletter articles
- Bulletins on Starfish (PCT Intranet)
- Bulletins on the PCT website
- Questionnaires to pharmacists and the public
- Public engagement in the form of focus groups

7. Planning and delivery of communications

In order to reach the diverse range of stakeholders effectively, communications will need to be planned centrally and delivered effectively. The table, on the following page, outlines each of the identified stakeholder groups, the desired outcome from communications and how this will be achieved.

Target Stakeholders	Methods of Engagement	Activity
Internal : PCT Board Commissioners Public Health Medicines Management Contracting Communication and Public Engagement	Representation on PNA Steering Group Regular updates by email Project reports at appropriate team meetings Consultation on draft PNA	Ownership of the project as it impacts on the functions of all these departments within the PCT. Participation in PNA process either by taking on key roles or acting in an advisory role.
External (public): General Public Patients Groups Individual Service Users Bedford Borough Central Bedfordshire Council LINKs Representatives	Printed materials – questionnaires / leaflets to be distributed through pharmacies and other community locations Attendance at public events or established focus groups LINKs representation at Steering Group meetings (or on circulation list for minutes from steering group meetings) Consultation on draft PNA	Raising awareness of the PNA and provide details of how to participate. Engage locally about views on current services available and identify any gaps in healthcare provision that could be met by commissioning pharmaceutical services
External (Healthcare partners): Community Pharmacists LPC General Practitioners Dispensing Doctors LMC Bedford Hospital Pharmacy Luton & Dunstable Hospital Pharmacy Neighbouring PCTs- Luton, Cambridgeshire, Buckinghamshire, Hertfordshire, Northamptonshire.	Newsletters / emails / letters of correspondences with regular updates on the PNA process Community Pharmacy Briefing session Printed materials – questionnaires to pharmacies and relevant stakeholders to map current service provision Reporting at Committee / Team Meetings Consultation on draft PNA	Partnering with the PCT in ensuring a robust PNA is developed. Providing accurate information in a timely manner to support the mapping of current pharmaceutical service provision and willingness to provide other services. Feedback on gaps in pharmaceutical services that could be commissioned by the PCT

Appendix 4 Community Pharmacy Patient Questionnaire

This section is about why you visited the pharmacy today

Q1 Why did you visit this pharmacy today?

To collect a prescription for: Yourself ☐ Someone else ☐ Both ☐ **OR**

For some other reason (please write in the reason for your visit):

If you did not collect a prescription, please go to Q3.

Q2 If you collected a prescription today, were you able to collect it straight away, did you have to wait in the pharmacy or did you come back later to collect it?

Straight away ☐ Waited in pharmacy ☐ Came back later ☐

Q3 How satisfied were you with the time it took to provide your prescription and/or any other NHS services you required?

Not at all satisfied ☐ Not very satisfied ☐ Fairly satisfied ☐ Very Satisfied ☐

This section is about the pharmacy and the staff who work there more generally, not just for today's visit

Q4 Thinking about any previous visits as well as today's, how would you rate the pharmacy on the following factors? Please tick one box for each aspect of the pharmacy listed below, to show how good or poor you think it is:

ANSWERS:	Very poor	Fairly poor	Fairly good	Very good	Don't know
a) The cleanliness of the pharmacy	☐	☐	☐	☐	☐
b) The comfort and convenience of the waiting areas (e.g. seating or standing room)	☐	☐	☐	☐	☐
c) Having in stock the medicines/appliances you need.	☐	☐	☐	☐	☐

d) Offering a clear and well organised layout ………. ☐ ☐ ☐ ☐ ☐

e) How long you have to wait to be served …………. ☐ ☐ ☐ ☐ ☐

f) Having somewhere available where you could speak without being overheard, if you wanted to…… ☐ ☐ ☐ ☐ ☐

Q5 Again, including any previous visits to this pharmacy, how would you rate the pharmacist and the other staff who work there? Please tick one box for each aspect of the service listed below, to show how good or poor you think it is:

ANSWERS:	Very poor	Fairly poor	Fairly good	Very good	Don't know
a) Being polite and taking the time to listen to what you want ……………………………………	☐	☐	☐	☐	☐
b) Answering any queries you may have…..…….. …	☐	☐	☐	☐	☐
c) The service you received from the pharmacist…..	☐	☐	☐	☐	☐
d) The service you received from other pharmacy staff…	☐	☐	☐	☐	☐
e) Providing an efficient service ……………………....	☐	☐	☐	☐	☐
f) The staff overall ……………………….. ………....	☐	☐	☐	☐	☐

Q6 Thinking about all the times you have used this pharmacy, how well do you think it provides each of the following services?

ANSWERS:	Not at all well	Not very well	Fairly well	Very well	Never used
a) Providing advice on a current health problem or a longer term health condition…………………..	☐	☐	☐	☐	☐
b) Providing general advice on leading a more healthy lifestyle …………………………………...	☐	☐	☐	☐	☐
c) Disposing of medicines you no longer need ……..	☐	☐	☐	☐	☐

d) Providing advice on health services or

information available elsewhere ………………….. ☐ ☐ ☐ ☐ ☐

Q7 Have you ever been given advice about any of the following by the pharmacist or pharmacy staff?

Stopping smoking……..... ☐ Yes ☐ No
Healthy eating……………. ☐ Yes ☐ No
Physical exercise………… ☐ Yes ☐ No

Q8 Which of the following best describes how you use this pharmacy?

This is the pharmacy that you choose to visit if possible………………………… ☐
This is one of several pharmacies that you use when you need to…………….. ☐
This pharmacy was just convenient for you today ……………………………….. ☐

Q9 Finally, taking everything into account - the staff, the shop and the service provided - how would you rate the pharmacy where you received this questionnaire?

Poor ☐ Fair ☐ Good ☐ Very Good ☐ Excellent ☐

Q10 If you have any comments about how the service from this pharmacy could be improved, please write them in here:

[*Insert here, if required, additional questions relating to healthcare service provision*]

These last few questions are just to help us categorise your answers

Q11 How old are you?

16-19 ☐ 20-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+☐

Q12 Are you… Male ☐ Female ☐

Q 13 Which of the following apply to you:

You have, or care for, children under 16 ………………………………. ☐
You are a carer for someone with a longstanding illness or infirmity… ☐
Neither ……………………………………………………………………… ☐

Thank you for completing this questionnaire

Appendix 5 Opening Hours of Community Pharmacies and Dispensing Doctors

PBC locality	Company Name	Address	Town	Opening Times	Closed for Lunch	Late opening (after 6pm)	Saturday Opening	Sunday Opening	Consultation room	Smoking cessation	Supervised admin service	Needle Exchange	Emergency Hormonal Contraception	Chlamydia
Chiltern Vale	**Boots the Chemists**	36-40 Broadwalk	Dunstable	**9.00 - 17.30**			**Closed**	**Closed**	**X**					**X**
Chiltern Vale	**Herington (Chemists) Ltd**	7 High Street South	Dunstable	**Mon/Fri 9.00-18.30 Tues/Wed/Thurs 9.00-5-17.30**		**Mon/Fri till 18:30**	**9.00 - 12.00**		**X**					
Chiltern Vale	**Langdale Pharmacy**	64 Langdale Road	Dunstable	**9.00 - 18.30**		**M-F till 18.30**	**9.00 - 13.00**	**Closed**	**X**					
Chiltern Vale	**Lloyds Pharmacy**	17-18 Bedford Square	Houghton Regis	**Mon - Fri 9.00 - 13.00 & 14.00 - 18.00**	**Y**	**to 18.15 M-F**	**9.00 - 13.00**	**Closed**	**X**		**X**			
Chiltern Vale	**Lloyds Pharmacy**	116 High Street	Dunstable	**Mon - Fri 09.00 - 13.30 & 14.30 - 18.00**	**Y**	**to 18.30 M-F**	**Closed**	**Closed**	**X**					
Chiltern Vale	**Lloyds Pharmacy**	7-9 Broadwalk	Dunstable	**09.00 -13.00 & 15.00 - 18.00 Mon-Fri**	**Y**		**09.00 - 17.30**	**Closed**	**X**		**X**	**X**		
Chiltern Vale	**LPC Pharmaceuticals**	57 Katherine Drive	Dunstable	**09.00-13.00 & 14.00-18.00 M-F**	**Y**		**09.00-13.00**	**Closed**	**X**					
Chiltern Vale	**Mayfield Pharmacy**	12 Mayfield Road	Dunstable	**09.00 -13.00 & 14.00 - 18.00 Mon - Fri**	**Y**		**09.00 - 13.00**	**Closed**	**X**					**X**

Chiltern Vale	**Medigreen Pharmacy**	31 Manor Road	Caddington	**09.00-13.00 & 14.00-18.00pm Mon-Fri**	**Y**		**09.00 - 12.00**	**Closed**	**X**					
Chiltern Vale	**Sainsbury Pharmacy**	2-8 Luton Road	Dunstable	**08.00-21.00 Mon-Fri**			**08.00-21.00**	**10.00 - 16.00**	**X**					
Chiltern Vale	**Tuda Pharmacy**	14 High Street	Toddington	**09.00-13.00 & 14.00-18.00**	**Y**		**9.00 - 13.00**	**Closed**	**X**					
Chiltern Vale	**West Street Pharmacy**	8-10 West Street	Dunstable	**09.00-19.30 Mon-Fri**		**M-F till 7:30**	**09.00-13.00**	**Closed**	**X**		**X**	**X**		
Chiltern Vale	**Your Local Boots Pharmacy**	70 West Street	Dunstable	**Mon-Fri 09.00-13.00 & 14.00-19.00**	**Y**	**M-F until 19.00**	**09.00-13.00**	**Closed**	**X**					
Horizon	**Bedford Pharmacy**	11a Union Street	Bedford	**Mon-Fri 09.00 - 13.00 & 14.00 - 18.30**	**Y**	**M-F until 18.30**	**Closed**	**Closed**	**X**					
Horizon	**Berkeley Pharmacy**	30 Gostwick Road	Bedford	**Mon-Fri 9.00 - 13.00 & 14.00 - 17.30**	**Y**		**Closed**	**Closed**	**X**	**Leve l 2**	**X**		**X**	
Horizon	**Boots**	Unit 3 Interchang e Retail Park, Race Meadows Way	Bedford	**Mon - Fri 09.00 - 20.00; Sat 09.00 - 13.30 & 14.00 - 18.00; Sun 11.00 - 13.30 & 14.00 - 17.00**		**to 20.00 M-F**	**09.00 - 13.30 & 14.00 - 18.00**	**11am-1.30pm, 2pm-5pm**	**X**					**X**
Horizon	**Boots the Chemists**	33-37 Harpur Centre	Bedford	**Mon - Fri 09.00 - 17.30**			**08.30-17.30**	**10.00 - 16.00**	**X**					

Horizon	**D R Allen Chemist**	30 Mill Road	Cranfield	**Mon/Tues/Thurs 09.00 - 13.00 & 14.00 - 18.30; Wed 09.00 - 13.00; Fri 09.00 - 18.30; Sat 09.00 - 13.00**	**Y**	**to 6.30 M-F**	**09.00 - 13.00**		**X**					
Horizon	**Ellis Pharmacy**	88 London Road	Bedford	**Mon-Fri 09.00-1.00 & 13.30-19.00**	**Y**	**to 19.00 M-F**	**09.00-13.00**	**Closed**	**X**		**X**			
Horizon	**Fairleys**	103 Church Lane	Bedford	**Mon-Fri 09.00-13.00 & 14.00-18.00; Sat 09.00-12.30**	**Y**		**09.00-12.30**	**closed**	**X**					**X**
Horizon	**Goldharts Chemists**	41-43 St Peter's Street	Bedford	**08.30 - 18.30**			**Closed**	**Closed**	**X**		**X**			
Horizon	**Herbert & Herbert**	88 High Street	Clapham	**Mon-Fri 09.00-17.30; Sat 09.00-17.00**			**09.00-17.00**	**Closed**	**X**		**X**	**X**		
Horizon	**Janssens Pharmacy**	28 Ampthill Road	Bedford	**Mon-Fri 09.00-13.00 & 14.00-18.00; Sat 09.00-13.00**	**Y**		**09.00-13.00**	**Closed**	**X**	**Level 2**	**X**	**X**	**X**	
Horizon	**Kay's Chemist**	108 Bromham Road	Bedford	**Mon-Fri 09.00 - 17.30**			**Closed**	**Closed**	**X**	**Level 2**	**X**			
Horizon	**Kidmans Surgical Chemist**	141-143 Castle Road	Bedford	**Mon-Fri 09.00 - 18.00; Sat 09.00 - 13.00**			**09.00 - 13.00**		**X**					**X**

Horizon	**Lindleys Chemist**	15 Ford end Road	Bedford	**Mon-Fri 09.00 - 21.00; Sat 09.00 - 21.00, Sun 09.00 - 13.00**		**to 9 M-Sa**	**09.00-21.00**	**09.00-13.00**	**X**					
Horizon	**Lloyds**	107 Brickhill Drive	Bedford	**Mon-Fri 09.00-18.00; Sat 09.00-13.00**			**09.00-13.00**	**Closed**	**X**					
Horizon	**Lloyds Pharmacy**	245 Bedford Road	Kempston	**09.00-14.00 & 15.00-18.30 Mon-Fri**	**Y**	**to 18.30 M-F**	**Closed**	**Closed**	**X**					
Horizon	**Lloyds Pharmacy**	98 Bedford Road	Kempston	**09.00-13.00 & 14.00-18.00 Mon-Fri**	**Y**		**Closed**	**Closed**	**X**					
Horizon	**Lloyds Pharmacy**	242 Bedford Road	Kempston	**09.30 - 13.00 & 14.00 - 18.00 Mon-Fri; 09.00 - 12.00 & 15.00-17.00 Sa**	**Y**		**09.00 - 12.00 & 15.00 - 17.00**	**Closed**	**X**		**X**	**X**		
Horizon	**M & K Pharmachem Ltd**	108 Bromham Road	Bedford	**Mon-Fri 09.00 - 17.30**			**Closed**	**Closed**	**X**					
Horizon	**McLaren Pharmacy**	67 Bedford Road	Marston Moretaine	**Mon-Fri 09.00-18.00; Sat 09.00-14.00**			**09.00-14.00**	**Closed**						
Horizon	**Mieklejohn Pharmacy**	141 Harrowden Road	Bedford	**Mon-Fri 09.00 - 17.30; Sat 09.00 - 17.00**			**09.00-17.00**	**Closed**	**X**	**Leve l 2**	**X**		**X**	
Horizon	**Sainsburys Clapham Road, Bedford**	90 Clapham Road	Bedford	**Mon-Fri 07.00-23.00 & Sat 07.00-22.00 & Sun 10-16.00**		**to 23.00 M-F & to 22.00 Sa**		**10.00-16.00**	**X**					

Horizon	Sharnbrook Pharmacy	61 High Street	Sharnbrook	Mon-Fri 08.30-18.30; Sat 09.00-13.00		M-F till 6:30	09.00 - 13.00	Closed						
Horizon	**Shortstown Pharmacy**	Shortstown	Bedford	**Mon-Fri 09:00 - 17.30; Sat 09.00-17.00**			**09.00-17.00**	**Closed**	**X**	**Leve l 2**			**X**	
Horizon	**Superdrug Stores plc**	11-15 Allhallows	Bedford	**Mon-Sat 08.30-17.30**			**08.30-17.30**	**Closed**	**X**		**X**	**X**		
Horizon	**Tesco Pharmacy**	Riverfield Drive	Bedford	**Mon-Sat 08.00-13.00 & 14.00-20.00; Sun 10.00-16.00**	**Y**	**to 20.00 Mon-Sat**	**08.00-20.00**	**10.00-16.00**	**X**		**X**			**X**
Horizon	**The Co-operative Pharmacy**	86 Queen's Drive	Putnoe	**Mon-Fri 08.30-19.30**		**M-F until 19:30**	**09.00-17.00**	**Closed**	**X**		**X**			
Horizon	**The Village Pharmacy**	Kingswood Way	Great Denham	**Mon-Fri 09.00-13.00 & 14.00-17.30**	**Y**		**Closed**	**Closed**	**X**		**X**			
Horizon	**Wootton Pharm**	43a Tithe Barn Road, Wootton	Bedford	**Mon-Fri 09.00-13.00 & 14.00-17.30**	**Y**		**Closed**	**Closed**	**X**		**X**			**X**
Horizon	**O M Pharmacy**	1 The Broadway	Bedford	**Mon - Fri 08.45-13.00 & 14.00-18.30**	**Y**	**M-F until 18.30**	**Closed**	**Closed**	**X**	**Leve l 2**			**X**	
Ivel Valley	**Arlesey**	31 High Street	Arlesey	**08.45-13.00 & 14.30-18.15 M-F**	**Y**	**to 18.15 M-F**	**Closed**	**Closed**	**X**					
Ivel Valley	**Boots the Chemists**	9-10 Market Square	Biggleswad e	**Mon-Fri 08.30-18.00; Sat 08.30-17.30; Sun 10.00-16.00**			**08.30-17.30**	**10.00-16.00**	**X**					

Ivel Valley	**Jardines UK Ltd**	5 Kingsfield Road	Biggleswade	**Mon-Fri 09.00-13.00 & 14.00-18.00; Sat 09.00-12.30**	**Y**		**09.00-12.30**	**Closed**	**X**					
Ivel Valley	**Lloyds**	5 Market Sq.	Sandy	**Mon-Fri 08.30-18.00; Sat 09.00-13.00**			**09.00-13.00**	**Closed**	**X**		**X**	**X**		**X**
Ivel Valley	**Lloyds Pharmacy**	Richard Daniels House	Shefford	**Mon-Fri 08:30-18.30 (varied lunch breaks)**	**Y**	**to 18.30 Mon-Fri**	**08.30-17.00**	**Closed**	**X**		**X**	**X**		
Ivel Valley	**Lloyds Pharmacy**	41 High Street	Biggleswade	**Mon-Fri 08.30-17.30; Sat 09.00-12.30**			**09.00-12.30**	**Closed**	**X**		**X**	**X**		
Ivel Valley	**Lloyds Pharmacy**	17 Market Square	Potton	**Mon-Fri 09.00-18.00; Sat 09.00-17.00**			**09.00-17.00**	**Closed**	**X**		**X**	**X**		
Ivel Valley	**Lloyds Pharmacy**	Market Square	Biggleswade	**Mon-Fri 08.30-18.00; Sat 09.00-17.30**			**09.00-17.30**	**Closed**	**X**		**X**			
Ivel Valley	**Lloyds Pharmacy**	4 Market Square	Sandy	**Mon-Fri 09.00-18.00; Sat 09.00-17.00**			**09.00-17.00**	**Closed**	**X**					
Ivel Valley	**Stotfold**	1 Brook Street	Stotfold	**Mon-Fri 09.00-18.00; Sat 09.00-13.00**			**09.00-13.00**	**Closed**	**X**		**X**		**X**	
Leighton Buzzard	**Boots the Chemist**	55 High Street	Leighton Buzzard	**Mon-Sat 08.30-17.30 (1 hr lunch); Sun 10.00-16.00**	**Y**		**08.30-17.30**	**10.00-16.00**	**X**					**X**

Leighton Buzzard	**Cox & Robinson Chemists Ltd**	17-19 Lake Street	Leighton Buzzard	**Mon-Fri 08.45-13.00 & 14.00-18.30; Sat 09.00-13.00**		**to 18.30 M-F**	**09.00-13.00**	**Closed**	**X**		**X**	**X**		
Leighton Buzzard	**Lloyds Pharmacy**	3-5 Market Square	Leighton Buzzard	**Mon-Fri 09.00-12.30 & 14.30-18.00; Sat 09.00-11.30 & 15.00-17.30**	**Y**		**09.00-11.30 & 15.00-17.30**	**Closed**	**X**					
Leighton Buzzard	**Rosehill Pharmacy**	41 High Street	Leighton Buzzard	**Mon-Fri 09.00-17.30; Sat 09.00-17.00**			**09.00-17.00**	**Closed**	**X**					
Leighton Buzzard	**Tesco Pharmacies Ltd**	Vimy Road	Leighton Buzzard	**Mon-Fri 08.00-20.00; Sat 08.00-20.00; Sun 10.00-16.00**		**Mon-Sat until 20.00**	**08.00-20.00**	**10.00-16.00**	**X**					
West Mid Beds	**C and H Barton Ltd**	79 Bedford Road	Barton-le-Clay	**Mon,Tues,Thurs, Fri 09.00-13.00 & 14.00-19.00; Wed 09.00-13.00; Sat 09.00-13.00 & 14.00-17.30**	**Y**	**to 19.00 M,T,Th, F**	**09.00-13.00 & 14.00-17.30**	**Closed**	**X**					**X**
West Mid Beds	**Cheeseman and Sons**	3-5 Church Street	Ampthill	**Mon-Fri 09.00-18.00; Sat 09.00-13.30**			**09.00-13.30**	**Closed**	**X**		**X**	**X**		
West Mid Beds	**Tesco Flitwick (1)**	10-12 Coniston Rd	Flitwick	**Mon-Sat 08.00-20.00; Sun 10.00-16.00**		**Mon-Fri to 20.00**	**08.00-20.00**	**10.00-16.00**	**X**					
West Mid Beds	**Tesco Flitwick (2)**	10 High Street	Flitwick	**Mon-Fri 08.30-18.30; Sat 08.30-17.30**		**Mon-Fri to 18.30**	**08.30-17.30**	**Closed**	**X**					

West Mid Beds	**Wilstead Pharmacy**	1 The Crossroads	Wilstead	**Mon-Fri 09.00-18.30; Sat 09.00-13.00**		**to 18.30 M-F**	**09.00-13.00**	**Closed**	**X**		**X**		**X**	

Notes:
This tablet makes reference to services commissioned by PCT only, some pharmacies may offer other services privately.

Smoking cessation services - pharmacies indicated provide Level 2 service.

Dispensing Doctors

PBC locality	Practice Name	Address	Town	Opening Hours
Horizon	De Parys Medical Centre	23 De Parys	Bedford	Monday - Friday 8am - 6.30
Horizon	Dr Hedges & Partners	Templars Way	Sharnbrook	Monday - Friday 8.30 -6.30pm
Horizon	Great Barford Surgery	26 Silver Street	Great Barford	Monday - Friday 8.30-1pm, 2pm - 6pm, Saturday 10-12.30
Horizon	Harrold Medical Practice	Peach's Close	Harrold	Monday - Friday 8.30-6.30pm, Saturday 8.30 - 1pm
Horizon	Linden Road Surgery	13 Linden Road	Bedford	Mon 2-6pm,Wed 9-1pm, thurs 9-1pm
Horizon	Priory Medical Practice	78 Shakespeare Road	Bedford	Monday - Friday 8.30 - 2pm
Ivel Valley	Drs Collins & Carragher	109 Station Road	Lower Stondon	Monday - Tuesday 8-1, 4 -6.30, Wednesday 8 - 5pm, Thrusday 8.30-1 3.30-6.30pm Friday 8.30-1, 2-6.30
Ivel Valley	St Neots Road Medical Centre	12 St Neot's Road	Sandy	Monday 8am -1pm, Tuesday 10am -12, 3.30-5.30, Wednesday 8am-12pm, 3.30 - 5.30, Thursday 8 -11am, Friday 8am -1pm
Ivel Valley	The Health Centre	Saffron Road	Biggleswade	Monday - Friday 8.30-12, 3-6pm

Ivel Valley	Dr Cakebread & Partners, The Health Centre	Ivedale Road	Shefford	Monday - Friday 8am -1pm, 2-6pm
Ivel Valley	Greensands Medical Practice	Stocks Lane	Gamlingay	Monday, Tuesday, Thursday & Friday 8.30-12.30, 2.-6.30 Wednesday 8.30-12.30
Ivel Valley	Ivel Medical Centre	35-39 The Baulk	Biggleswade	Monday to Friday 8.30- 12.15pm, 2.30pm - 6pm
Ivel Valley	Kings Road Surgery	27b Kings Road	Sandy	Monday & Friday - 08.15-12.30, 13.30 - 6.30, Tuesday 08.15-12.30,13.45-6.30, Wednesday & Thursday 07.00-12.30, 13.30- 6.30
Ivel Valley	Larksfield Surgery	Arlesey Road	Stotfold	Monday 8-1pm, 2- 6.30, Tuesday - Friday 8am - 6.30pm
Ivel Valley	Sandy Health Centre	Northcroft	Sandy	Monday - Friday 09am -12.30, 1.30pm - 5pm
Leighton Buzzard	Dr Chapman & Partners	29 Bassett Road	Leighton Buzzard	Monday - Friday 8.30 - 6pm
Leighton Buzzard	Dr Sivakumar, Europa House	West Street	Leighton Buzzard	Monday, Wednesday & Friday 8am -12.30, 1pm - 6pm, Tuesday 8am-6pm, Thursday 8.30 -11am, 2.30-6pm
Leighton Buzzard	Lake Street Medical Centre	20 -22 Lake Street	Leighton Buzzard	Not Applicable
Leighton Buzzard	Leighton Road Surgery	1 Leighton Road, Linslade	Leighton Buzzard	Monday - Friday 8.30-5.30
West Mid Beds	Asplands Medical Centre	Asplands Close	Woburn Sands	Monday - Wednesday 8.30-6.30pm, Thursday - Friday 8.30-1.30pm
West Mid Beds	Dr Glaze & Partners	Hexton Road	Barton Le Clay	Monday, Tuesday, Thursday & Friday 8.30-12.30, 2.30-6.30 Wednesday 8.30-12.30
West Mid Beds	Dr Ling & Partners, The Surgery	Highlands	Flitwick	Monday - Friday 8.45-12.45, 3-6pm
West Mid Beds	Houghton Close Surgery	1 Houghton Close	Ampthill	Monday - Friday 9-1, 2.15 - 6pmm

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