

# Bradford District Health and Wellbeing Board Pharmaceutical Needs Assessment

2025-2028



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**The production of the Pharmaceutical Needs Assessment has been overseen by the Pharmaceutical Needs Assessment Steering Group on behalf of the Bradford District Health and Wellbeing Board.**

**The PNA covers the time period 2025-2028. A revision of the PNA will be published within 3 years of the publication of this document in line with the regulations, or sooner if a substantial change occurs within this time.**

**It is the responsibility of the Health and Wellbeing Board to decide whether a new assessment is a proportionate response to the change in the availability of services.**

**Date Issued: 1<sup>st</sup> October 2025**

#### **VALIDITY STATEMENT**

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# 1. Executive Summary

A Pharmaceutical Needs Assessment (PNA) is a statement of needs for pharmacy services in a local area. It provides information for commissioners to help ensure that pharmacies across the district are located in the right places, and that pharmacies are commissioned to provide services according to the needs of the local population. The PNA aims to identify any gaps in the current provision and assess whether there will be any gaps in the near future by looking at prospective commissioning intentions, housing developments within the Bradford District and the population demographics.

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

The Bradford District Health and Wellbeing Board has prepared this PNA in accordance with the requirements set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013., which covers the Bradford District geographical area.

The statement of need for pharmacy services in the Bradford District has been made based on a range of information sources:

- Public Engagement exercise
- Pharmacy Questionnaire
- Public Health data on health needs
- Details of WYICB and Local Authority commissioning plans
- Details of future housing developments
- Demographic trends

## **Main conclusions of the PNA**

Having considered likely changes to the number of people requiring pharmaceutical services, the demography of the area, and the health and wellbeing of people in the district, the PNA has not identified any future needs or services that if provided now or in the future would secure improvements or better access to services across the district which are not already met by providers currently on the pharmaceutical list.

Access to pharmaceutical services for the residents of Bradford District is good and the main conclusion of this PNA is that, in accordance with the regulations in the area, current provision of pharmaceutical services is sufficient, with pharmacies appearing to be located in areas of greatest need, as determined by population density, deprivation and identified health needs.

This PNA also looks at potential changes during the lifetime of the of the document, including current populations demographics and predicted population growth in the district, along with planned housing developments and the distribution of services across the District. This document concludes that current provision will be sufficient to meet the future needs of residents during the three-year lifetime of this PNA.

Responses from both the Public and Pharmacy Questionnaire demonstrated that people were able to get to a pharmacy of their choice when required, and that Pharmacies were open at these core

times and were providing the services that people wanted. It should be noted that although people were happy with current access to the pharmacy of their choice, the main area of concern from members of the public was concern of any potential closures. Similarly, Pharmacies felt they were providing sufficient but had concerns about any potential funding issues that may impact their services in the future.

More detailed conclusions of the PNA can be found in **Chapter 8 – Conclusions**

## 2. Introduction

### 2.1 Purpose of the Bradford District Pharmaceutical Needs Assessment

Since 1st April 2013, every Health and Wellbeing Board (HWBB) in England has had a statutory responsibility, to publish and keep up-to-date, a statement of the need for pharmaceutical services for the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Broadly, the PNA should describe the current range of pharmaceutical services, the need for such services and potential future need (for example, to support an ageing population or new housing development). It should identify any service gaps and highlight any new services that may be required.

The PNA is used by the West Yorkshire Integrated Care Board (WYICB) to assess applications for new pharmacies, to determine if the proposed pharmacy meets an identified need. Market entry is the term used to describe this process, by which applications for new premises are made, processed and determined.

PNAs are also used by WYICB and local commissioning bodies in making decisions on which other NHS and local authority funded local services need to be provided by local community pharmacies.

PNAs need to be sufficiently robust to withstand potential legal challenges from potential market entrants. The NHS Litigation Authority, NHS Resolution, Primary Care Appeals, will refer to the PNA when hearing appeals on WYICB decisions.

In addition to the PNA, the Bradford District Health and Wellbeing Board have a statutory duty to publish a Joint Strategic Needs Assessment (JSNA). The JSNA describes the current and future health and care needs of the local population to inform the commissioning of health and care services. The PNA should therefore be considered alongside the Bradford District JSNA, which is accessible via the following link: <http://jsna.bradford.gov.uk>. This PNA draws on work undertaken in producing the JSNA and will not duplicate the details of the JSNA but will refer readers to those documents where they should be read in conjunction with this PNA.

### 2.2 Development of the Bradford District Pharmaceutical Needs Assessment

A West Yorkshire Pharmaceutical Needs Assessment Steering Group was established on behalf of each Health and Wellbeing Board of the five West Yorkshire Local Authorities to oversee the development of the PNA. The Steering Group convened in July 2024 and included representation from NHS England, Community Pharmacy West Yorkshire (CPWY), WYICB and each Authorities respective Public Health teams.

In accordance with the Bradford District Health and Wellbeing Board, this PNA covers the Bradford District geographical area, which includes practices located in this geographical area only. The Craven element will be included in the North Yorkshire Health and Wellbeing Board PNA.

In producing the 2025-2028 PNA a number of tasks were undertaken:

- We reviewed the previous PNA to understand gaps and amended the methodology accordingly

- We published a public questionnaire to seek views from the public on their experience of using pharmacies in Bradford District. A copy of the results can be found in **Appendix 1**
- We published a pharmacy questionnaire to map out current provision and to identify intentions for the future. A copy of the results can be found in **Appendix 2**
- Additional information on current service provision was provided by NHS England, Community Pharmacy West Yorkshire, WYICB and local commissioners in Public Health
- Information on population health was provided by the Bradford Council Public Health Analysis Team
- The draft PNA was compiled based on all of the above sources of information
- As required by the regulations set out in the Health Act 2009, the Bradford District Health and Wellbeing Board has a duty to publicly consult on the Pharmaceutical Needs Assessment for a minimum period of 60 days. **The consultation commenced on 1<sup>st</sup> April 2025 and ended on the 31<sup>st</sup> May 2025.**

### 2.3 Pharmaceutical Needs Assessment Localities

The localities that have been used for the Pharmaceutical Needs Assessment match the boundaries of the five constituencies within Bradford District:

- Bradford East
- Bradford South
- Bradford West
- Keighley
- Shipley

This approach is consistent with the current Joint Strategic Needs Assessment products and previous pharmaceutical needs assessments published by the City of Bradford Metropolitan District Council.

### 2.4 Data collection and limitations

Data from the Census, ONS population estimates and planning information on known housing developments within the lifetime of the PNA, were collated to help identify current and likely future population size and characteristics (e.g., age, ethnicity).

The Joint Strategic Needs Assessment and Office for Health Improvement and Disparities (OHID) fingertips Health profiles and National General Practice Profiles were used to identify health needs of the population.

Information regarding current service provision, was obtained from NHSEI. This was then uploaded to the Strategic Health, Planning and Evaluation (SHAPE) tool from OHID and maps of pharmacies were created, to enable assessment for any gaps in the provision of services by location and opening times. All maps can be found in **Appendix 3** of this needs assessment.

In order to identify provision of pharmaceutical services by contractor's both within and outside of the Health and Wellbeing Board's area, data on the number and location of prescriptions dispensed was obtained from the NHS Business Services Authority. This data was collated on the 21<sup>st</sup> May 2024 and therefore only data provides a snapshot in time only.

## 3. Understanding Provision and Scope of Pharmacy Services

### 3.1.1 Community Pharmacy Contractual Framework

The Community Pharmacy Contractual Framework for 2019/20 to 2023/24: supporting delivery for the NHS Long Term Plan was published in July 2019 and sets out the agreement between the Government, NHS and Pharmaceutical Services Negotiating Committee (PSNC) on how community pharmacy will support the delivery of the NHS Long Term Plan. More details can be found [here](#).

The start of April 2024 marks the end of the five-year Contractual Framework arrangement which was agreed in the summer of 2019. At the time of writing negotiations on the arrangements for the next financial year – 2025/2026– are still in progress between Community Pharmacy England, the Department of Health and Social Care (DHSC) and NHS England.

Community pharmacies provide four types of Pharmaceutical Services which fall under the contractual framework:

- Essential Services – services all pharmacies are required to provide
- Advanced Services – services pharmacy owners can choose to provide
- Local Enhanced Services – services that can be commissioned by WYICB
- National Enhanced Services – Nationally specified service

### 3.1.2 Essential Services

All community pharmacies are required to provide all nine essential services. These services are:

- Discharge Medicines Service
- Dispensing appliances (though not all pharmacies provide this directly)
- Dispensing Medicines
- Disposal of Unwanted Medicines
- Healthy Living Pharmacy (HLP)
- Public Health (promotion of healthy lifestyles)
- Repeat Dispensing and eRD
- Signposting
- Support for self-care

All these services are provided under a clinical governance framework which includes clinical audit.

NHSE is responsible for ensuring that all pharmacies deliver all the essential services as specified. Each pharmacy must demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide evidence will be asked to provide an action plan, outlining with timescales how it will then achieve compliance. These self-assessments are supported by contract monitoring visits

A full description of Essential Services can be found in **Appendix 5**.

### 3.1.3 Advanced Services

In addition to essential services, the community pharmacy contractual framework allows for community pharmacy contractors to provide Advanced Services as long as they meet the requirements set out in the Secretary of State Directions. Currently there are nine advanced services:

- Appliance Use Review Service (AUR)
- Flu Vaccination Advanced Service

- Hypertension Case Finding Service
- Lateral Flow Device Tests Supply Service (LFD Service)
- New Medicine Service (NMS)
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service.
- Stoma Appliance Customisation (SAC)

Further information on each of these advanced services can be found in **Appendix 6**.

### **3.1.4 Local Services (Enhanced)**

The third tier of Pharmaceutical Service provided by community pharmacies is that of Local Enhanced Services. These are locally developed and designed to meet local health needs and can be commissioned by different commissioners including local authorities and WYICB. The following services can be commissioned:

- Antiviral Access Services
- Care Homes
- EHC & Sexual Health
- ENT Assessment Service
- Flu Vaccination Services
- Independent Prescribing (IP) Pathfinder
- Leeds Pharmacy Access to Self-Care (Previously Known as Pharmacy First)
- Minor Ailments & Head Lice Service
- Needle & Syringe Programme
- Palliative Care Formulary Service
- Stop Smoking
- Supervised Consumption
- Translation Service

A full description of Enhanced Services can be found in **Appendix 7**.

### **3.1.5 Necessary Services**

Necessary services are defined within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended as those services that are provided:

- Within the Health and Wellbeing Board's area and which are necessary to meet the need for pharmaceutical services in its area and
- Outside the Health and Wellbeing Board's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area

For the purposes of this pharmaceutical needs assessment, the Health and Wellbeing Board has agreed that necessary services are:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services provided through Pharmacy First services

### **3.1.6 National Enhanced services**

This is a new type of Enhanced service developed in December 2021. NHS England commissions an Enhanced service that is nationally specified. There is currently only one National Enhanced service – Covid-19 Vaccination Service.

A full description of National Enhanced Services can be found in **Appendix 9**.

### **3.1.7 Locally commissioned services**

City of Bradford Metropolitan District Council and NHS Bradford District and Craven Clinical Commissioning Group may also commission services from pharmacies and dispensing appliance contractors, however these services fall outside the definition of pharmaceutical services. For the purposes of this document, they are referred to as locally commissioned services and include the following services which are commissioned by Bradford Council:

- Substance Misuse Services - Needle and Syringe Programmes, supervised consumption of medicines to treat addiction, e.g. methadone; signposting to Substance Misuse Services
- Stop Smoking services - Proactive promotion of smoking cessation through to provision of Living Well Stop Smoking Service by contracted Pharmacies
- Pandemic and seasonal Flu services - Providing continuity of dispensing of essential medicines, provision of antiviral medicines; flu vaccination services through the Bradford Flu Voucher Scheme
- Sexual Health Services (commissioned by Local Sexual Health) - Emergency hormonal contraception services - 10 Pharmacies contracted to provide EHC. Signposting to Sexual Health Service

### **3.1.8 Integrated Care Systems**

Integrated Care Systems (ICS) are a partnership of health and care organisations working together to plan and deliver joined up services and to improve population health. They comprise an integrated care partnership which is the broad alliance of organisations concerned with improving health and wellbeing, and an integrated care board (ICB) which brings together the local NHS organisations.

ICBs replaced Clinical Commissioning Groups (CCGs) on 1st July 2022. They are statutory organisations responsible for planning services to meet the health needs of the population.

Since April 2023, ICBs have become responsible for all local commissioning previously undertaken by regional NHSE teams under the pharmaceutical services contract. This includes Local Enhanced Services and Local Pharmaceutical Services.

West Yorkshire (ICS) brings together organisations in Bradford and Craven, Calderdale, Kirklees, Leeds, and Wakefield.

### **3.1.9 Opening hours**

Pharmacies have two different types of opening hours: core and supplementary. Core hours are usually 40 or 100.

Since April 2005 primary care trusts were required to grant applications for inclusion in the pharmaceutical list where the applicant agreed to provide pharmaceutical services for a minimum of 100 hours per week. From May 2023, existing 100-hour pharmacies have been able to apply to the ICB to reduce their core opening hours to a minimum of 72 hours.

40-hour pharmacies must also apply to the ICB if they want to change the core opening hours of their pharmacy.

Supplementary hours are those over and above the core hours. If a pharmacy is decreasing their supplementary hours, they need to give five weeks' notice to the ICB. If a pharmacy is increasing its hours, it must notify the ICB in advance but there is no specified notice period.

## **3.2 Pharmaceutical Service Providers**

### **3.2.1 Dispensing GPs**

A GP may dispense NHS prescriptions for their own patients who live in a controlled locality, and live more than 1.6 km (1 mile in a direct line) from a pharmacy. Dispensing GPs do not provide any other pharmaceutical services as outlined above. Controlled localities are defined as areas which are 'rural in character' and were introduced to improve access for rural patients to pharmaceutical services. There is one GP Practice within the Bradford District that is a dispensing GPs, which is based in Haworth.

### **3.2.2 Distance Selling**

A Distance Selling Pharmacy must provide all essential services remotely and must deliver prescriptions to patients as face-to-face dispensing services are not permitted by Distance Selling Pharmacies. However, they may provide advanced and enhanced services on the premises. Patients have the right to access pharmaceutical services from any community pharmacy including distance selling pharmacies of their choice and therefore can access any of the many Distance Selling Pharmacies available nationwide.

### **3.2.3 Dispensing appliance contractors**

Dispensing Appliance Contractors (DACs) are a specific subset of NHS pharmaceutical contractors who supply on prescription, appliances such as stoma and incontinence aids, dressings, and bandages (see **Appendix 8** for full terms of service for DACs). They cannot supply medicines. There is one Dispensing Appliance Contractor in the District. Many patients use DACs for a variety of pharmaceutical services, meaning need for these services in pharmacies, including Stoma Appliance Customisation and Appliance Utilisation Review services, is lower and so not provided.

## 4. Understanding the population of Bradford District

### 4.1 Population of Bradford District

#### 4.1.1 Overall Bradford

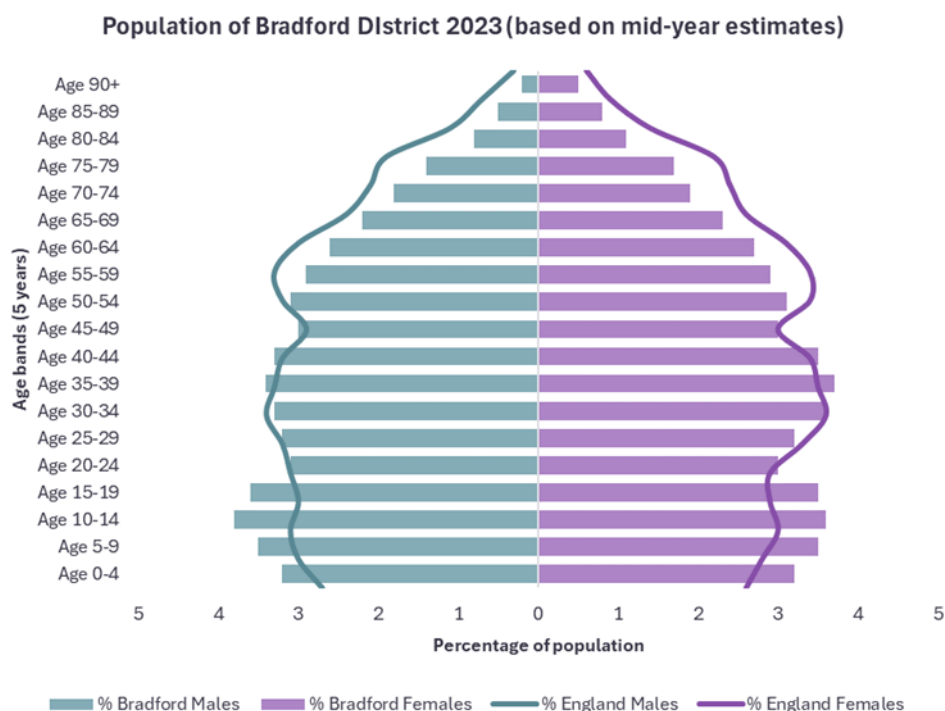
The current resident population of Bradford District is 560,194 (2023). Bradford District has a higher than average young population (0-19 year olds) when compared to the overall national picture (approximately 30% compared to 23% for England); this is more evident among the South Asian population. Over the next 4 years (2025-2028), the Office of National Statistics (ONS) predicts that the population of Bradford District is projected to increase by approximately 4,100 people (+0.7%), to 564,315.

Bradford is a university city which affects the influx (both on a daily and term-time basis) of predominantly young people. The needs of the university population are met by the current pharmaceutical provision.

Consistent with other patterns of health care use, a high proportion of service users for pharmacies would be expected from the younger child population (i.e. parents and families) as well as the older population. The current population (2023) of 0-9 year olds in Bradford District is 75,294. Over the next 4 years (2025-2028) this is projected to decrease by approximately 4,000 children (-5.3%) to 71,270. The current population of 65 year olds in Bradford District is 86,375, which is projected to increase by approximately 6,600 people (+7.6%) over the next 4 years (2026-2029) to 92,937. None of these projections take into account the effect of the COVID-19 pandemic.

**Figure 1: Age structure of the Bradford District Population**

Data source: ONS mid-year population estimates, 2023



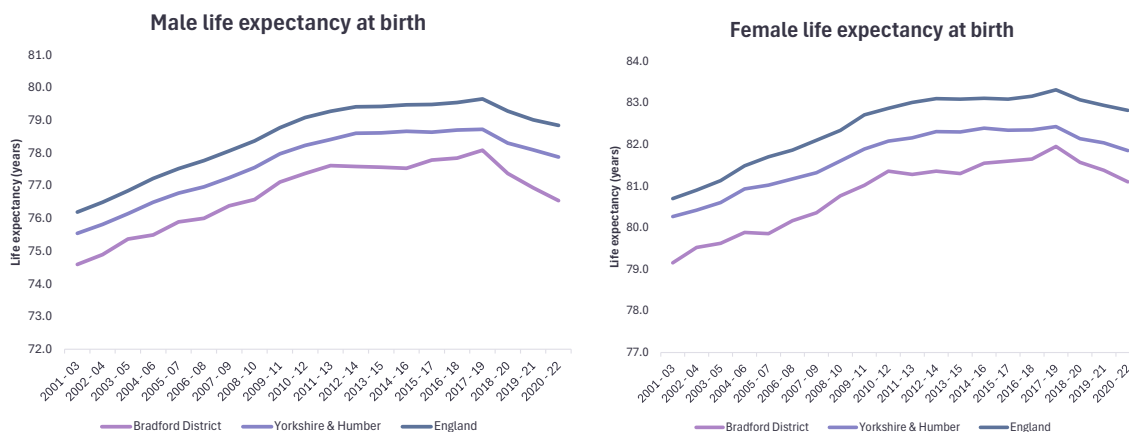
The population has a diverse ethnic base with 38.8% of the Bradford District population from Black and Minority Ethnic groups. 30.5% of the population of Bradford District are of South Asian origin, which are predominantly people of Pakistani heritage (25.5%).

Recent data on life expectancy is still influenced by the COVID-19 pandemic, which shows a continued general decline since 2018-2020 both nationally and within Bradford District.

In 2020-22 male life expectancy at birth was 76.6 years in Bradford District, decreasing from 76.9 years in 2019-21. For females, life expectancy at birth was 81.1 years, decreasing from 81.4 years in 2019-21. As in previous years life expectancy in the district is below the England average for both males (78.9 years) and females (82.8 years).

## Figure 2: Life expectancy trends in Bradford District

Data source: Office for Health Improvement and Disparities. Public health profiles. 2025 <https://fingertips.phe.org.uk> © Crown copyright 2025

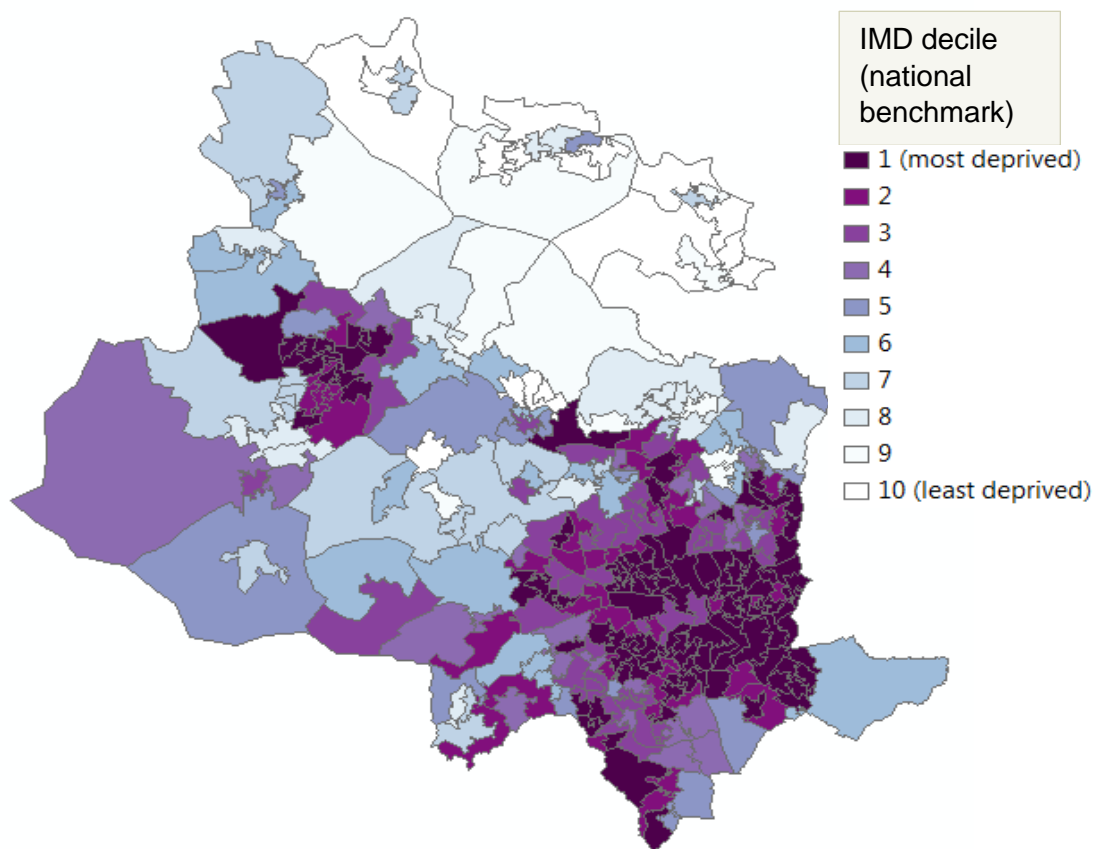


Bradford District is a relatively deprived district which faces unusual challenges relating to deprivation. Bradford District is the second most deprived local authority in Yorkshire, with Hull being the most deprived. 34.7% of people in Bradford District live in areas which are in the most deprived 10% areas of England (2019).

This effects of deprivation are shown in the gap in life expectancy between the most and least deprived areas of the district, with people born in the most deprived areas of the district being shown to have lower life expectancy on average than people born in the least deprived areas of the district. A male born in the most deprived areas of Bradford District can expect to live 9.7 years less than a male born in the least deprived areas. For females, this gap is 8.2 years.

Severe deprivation affects many different areas; parts of **City, Eccleshill, Great Horton, Keighley Central, Little Horton, Manningham, and Tong** wards are all amongst the most deprived 10% of areas in England. Some deprived areas have become less so since Indices of Multiple Deprivation (IMD) 2019. This is particularly the case in **Tong** and **Little Horton** wards. There is a clear geographical disparity with the most deprived parts of the district mainly located around the Bradford city area. For instance, both Bowling and Barkenend and Manningham have over 90% of their population in living in the most deprived decile.

**Figure 3: Index of multiple deprivation (2019) decile by LSOA in Bradford District**  
 Data source: Department for Communities and Local Governments, 2019



The 2021 rate of under 18 conception in Bradford District (14.9 births per 1,000 15-17 year olds) is higher than the England average (13.1 births per 1,000 15-17 year olds) but lower than the regional average (17.1 births per 1,000 15-17 year olds). The proportion of under 18 conceptions leading to an abortion in Bradford District was 38.3% in 2021; this is lower than both the national (53.4%) and regional (44.5%) averages.

Estimated smoking prevalence (18+) in Bradford District is 14.4% (2023); prevalence is higher in the Bradford District than both regional (12.7%) and national (11.6%) averages. Smoking prevalence rates increase among those who are in routine and manual occupations was 29.7% in Bradford District.

The proportion of adults (18+) in the Bradford District estimated to be overweight or obese was 65.7% (2022/23); this is higher than the national average (64.0%) but below the regional average (66.6%). Excess weight (including obesity) in children aged 10 and 11 in the Bradford District is higher than the national and regional averages at 39.0% compared to 35.8% in England and 37.5% in Yorkshire and the Humber.

#### 4.1.2 Identified patient groups

The following patient groups have been identified as living within, or visiting, Bradford District.

- Those sharing one or more of the following Equality Act 2010 protected characteristics:
  - Age

- Disability which is defined as a physical or mental impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities
- Pregnancy and maternity
- Race which includes colour, nationality, ethnic or national origins
- Religion (including a lack of religion) or belief (any religious or philosophical belief)
- Sex
- Sexual orientation
- Gender re-assignment
- Marriage and civil partnership
- University students
- Offenders
- Homeless and rough sleepers
- Traveller and gypsy communities
- Refugees and asylum seekers
- Military veterans
- Visitors to the area for business or to visit friends and family or the sporting and leisure facilities in the district

Any supporting information to regarding these patient groups can be found via the district's Joint Strategic Needs Assessment (<https://jsna.bradford.gov.uk/>).

#### **4.1.3 Local area profiles**

Recognising the variation in health and care needs across the district, area profiles are routinely published by the local authority. The area profiles show the key characteristics of the main localities in the Bradford District. The profiles include a range of demographic information and outline the key health issues pertinent to those local areas. There are five recognised areas in Bradford District, made up of 6 wards in each area (30 wards in total).

More detailed Public Health Area profiles and individual ward profiles to support the information in this needs assessment can be found on the Bradford JSNA website at:

<https://jsna.bradford.gov.uk/locality-profiles/>

## 4.2 Health and Care Services in Bradford District

Table 1 outlines the range of health and care services in the Bradford District. There are 69 general practices, two acute hospital trusts, 68 dental practices and 137 pharmacies, in addition to a number of community services offered from a range of locations across the District.

**Table 1: Provision of health care in Bradford<sup>1</sup>**

Service Type	Number of services/ Name	Address
General Practice	There are 57 medical contracts (some practices have more than one site, and some premises house more than one practice) located with Bradford District. There is currently 1 dispensing GP practices in the Bradford District sited at Haworth.	West Yorkshire Integrated Care Board <a href="https://www.westyorkshire.icb.nhs.uk/">https://www.westyorkshire.icb.nhs.uk/</a>
Extended GP Access	There are currently 8 service hubs operating across the district: North Hub (Shipley Medical Practice, Bingley Medical Practice and Moorside Surgery), Central Hub (Picton Medical Centre, New Otley Road Medical Practice and Park Grange Medical Centre) and South Hub (The Ridge Medical Practice and Bowling Hall Medical Practice).	Bradford Care Alliance <a href="https://bradfordcarealliance.org/">https://bradfordcarealliance.org/</a>
Other health care providers	Airedale Hospital NHS Foundation Trust	Airedale Hospital, Skipton Road, Steeton, BD20 6TD.
	Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary, Duckworth Lane, Bradford BD9 6RJ & St Luke's Hospital, Little Horton Lane, Bradford, BD5 0NA
	Bradford District Care Foundation Trust	New Mill, Victoria Road, Saltaire, BD18 3LD
	Eccleshill Independent Sector Treatment Centre	450 Harrogate road, Eccleshill, Bradford BD10 0EP
	The Yorkshire Clinic	Bradford Road, Bingley BD16 1TW
	Westbourne Green Community Health Care Centre	2 Heaton Road Bradford BD8 8RA
	Westwood Park Diagnostic Treatment Centre	Swift Drive, off Cooper Lane, Bradford BD6 3NL

<sup>1</sup> This is not a comprehensive list of services and locations as some providers operate out of a range of locations, VCS also provide care and support services.

	Yorkshire Eye Hospital	Optegra Yorkshire Eye Hospital 937 Harrogate Road, Apperley Bridge, Bradford, West Yorkshire, BD10 0RD
	Locala Sexual Health Services	Howard House 2nd Floor Howard House, Bank Street, Bradford, BD1 1EE.
	Local Care Direct (GP out of hours).	<a href="https://www.localcaredirect.org/">https://www.localcaredirect.org/</a>
Pharmacies	There are currently 129 pharmacies within Bradford District. 14 of these are Distance selling pharmacies, and 17 are open for more than 72 hours per week.	<a href="https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy">https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy</a>
Hospices	There are 2 local hospices within Bradford District	Marie Curie Hospice, Maudsley Street, Bradford, BD3 9LE Sue Ryder Manorlands Hospice, Manorlands, Keighley, BD21 9HJ

## 5. Community Pharmacy Services in Bradford

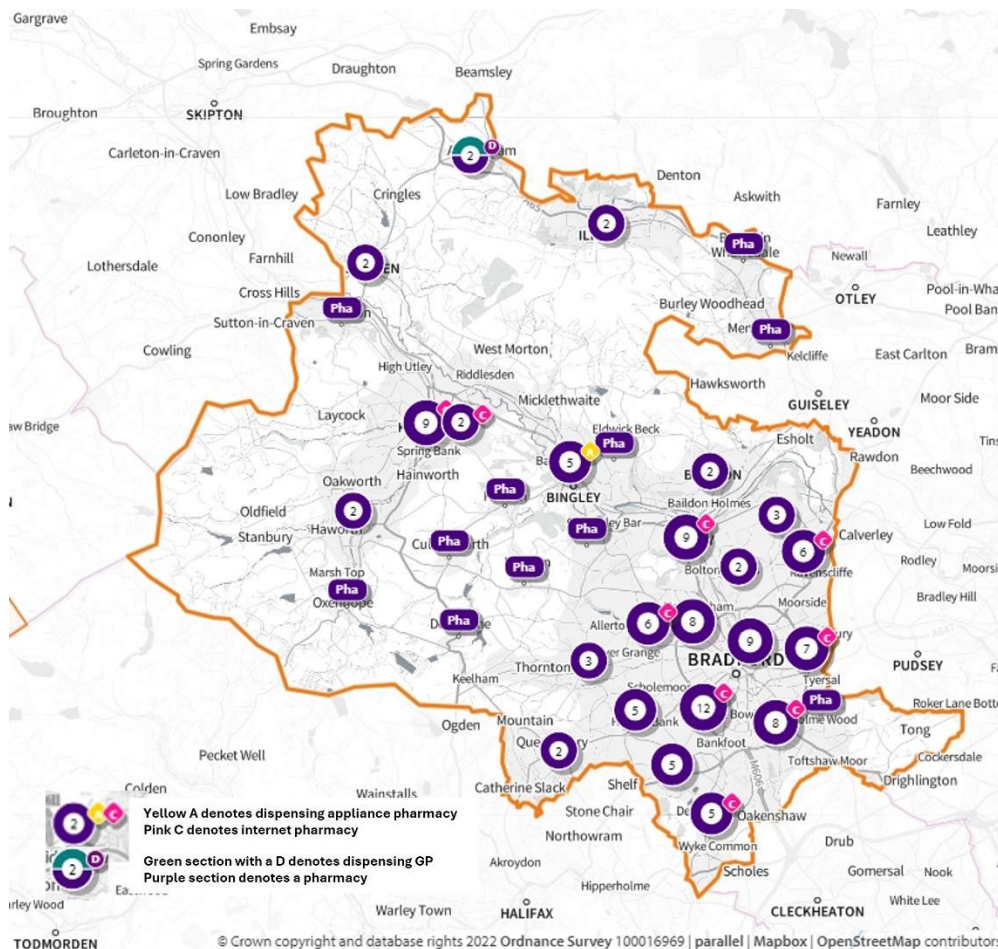
### 5.1 Current Provision

There are currently 129 pharmacies within Bradford District, 14 of which are Distance selling and do not provide essential services on their premises. There are 17 pharmacies which are open for more than 72 hours per week and 69 are open on a Saturday. Each locality has over 20 or more pharmacies, with on average 4,200 people served per pharmacy across the district. A breakdown of current provision by area is provided in **Table 4**.

**Table 2: Number of Pharmacies by locality**

Area	Number of Pharmacies (Excl. distance selling)	Estimated Population Served Per Pharmacy
Bradford East	27	4,579
Bradford South	23	4,679
Bradford West	31	3,958
Keighley	22	4,574
Shipley	26	3,788
<b>Bradford</b>	<b>129</b>	<b>4,287</b>

**Figure 4: Map of premises at which pharmaceutical services are provided in Bradford District**



## 5.2 Items dispensed

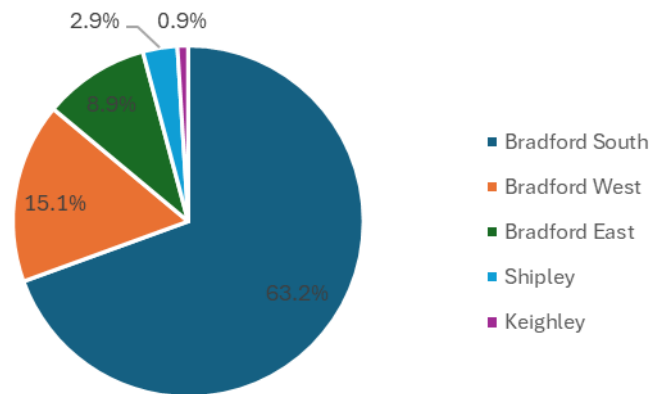
Dispensing data was provided by NHS Business Services Authority (NHSBSA) based on an extract of dispensing data for between April 2023 and March 2024 to show where in the district items are being dispensed to and from what dispensing service. It should be noted that this refers to items dispensed not the number of prescriptions; it is "the number of times a product appears on a prescription"

Prescriptions generated in Bradford District services are mainly dispensed in community pharmacies (91.0%), with the majority of the remaining prescriptions (6.0%) dispensed by Distance Selling Pharmacies. 1.2% are dispensed by dispensing GPs, with 0.9% are prescribed and dispensed at the same practice (PADM - Personally Administered medicines and drugs).

82.4% of Bradford generated prescription items are dispensed at community pharmacies within Bradford, with 6% dispensed from Distance Selling Pharmacies (most of which are based within Bradford). The majority of the remaining prescriptions are generated with North Yorkshire community pharmacies (6.8%).

Across the district (**Figure 5**), the majority of prescriptions generated in Bradford South locality (63.2%), followed by Bradford West (15.1%).

**Figure 5: Proportion of prescriptions generated across Bradford District, 2023/24**



## 6. Understanding factors likely to impact on pharmacy provision over the next 3 years

### 6.1 Future Housing Plans: The Local Plan for the Bradford District

Bradford Council has developed its housing strategy (A place to call home, a place to thrive) for the district over the period to 2030. Full details of the strategy can be found here:

<https://www.bradford.gov.uk/media/5754/bradford-housing-strategy-2020-to-2030.pdf>

The Core Strategy, by setting housing targets for 27 different settlement and sub areas, provides a good indication of the scale and development which is likely to take place over the planned period to 2030.

Even though the sites have yet to be allocated, given that all of the development sites are relatively small any increased demand would not generate the volume of prescriptions needed for a new pharmacy to be viable and demand will be met by existing pharmacies. The response from the pharmacy survey demonstrated a willingness of pharmacies to increase the number of services provided (if they were commissioned). This demonstrates that the existing pharmacies are likely to be willing to increase their capacity to provide pharmaceutical services to a greater number of patients should this be needed,

The targets for new housing developments are set out in **Table 3** as follows:

**Table 3: Targets for housing developments**

<b>The Regional City of Bradford (20,075) Divided as follows:</b>				
<b>Bradford City Centre</b>	<b>7,000</b>		<b>Bradford NE</b>	<b>1,850</b>
<b>Shipley &amp; Canal Rd Corridor</b>	<b>1,750</b>		<b>Bradford SW</b>	<b>3,175</b>
<b>Shipley</b>	<b>1,200</b>		<b>Bradford NW</b>	<b>2,900</b>
<b>Bradford SE</b>	<b>2,200</b>			
<b>The Principal Towns (3,350) Divided as follows:</b>				
<b>Ilkley</b>	<b>300</b>		<b>Bingley</b>	<b>850</b>
<b>Keighley</b>	<b>2,200</b>			
<b>Local Growth Centres (2,875) Divided as follows:</b>				
<b>Burley in Wharfedale</b>	<b>625</b>		<b>Menston</b>	<b>350</b>
<b>Queensbury</b>	<b>450</b>		<b>Silsden</b>	<b>700</b>
<b>Steeton with Eastburn</b>	<b>175</b>		<b>Thornton</b>	<b>575</b>
<b>Local Service Centres (1,375) Divided as follows:</b>				
<b>Addingham</b>	<b>175</b>		<b>Harden</b>	<b>60</b>
<b>Baildon</b>	<b>250</b>		<b>Haworth</b>	<b>250</b>
<b>Cottingley</b>	<b>150</b>		<b>Oakworth</b>	<b>75</b>
<b>Cullingworth</b>	<b>175</b>		<b>Oxenhope</b>	<b>25</b>
<b>Denholme</b>	<b>80</b>		<b>Wilsden</b>	<b>125</b>
<b>East Morton</b>	<b>10</b>			

## 6.2 Population Change

The Bradford population is projected to increase by 0.7% (4,100 people) throughout the life of the PNA (2025-2028) to 564,315. The largest growth is expected generally among those aged 65 and over, with larger increases seen in 45-49 year olds also. The population of under 15 years olds is also projected to fall, with the largest decrease expected in those aged between 5 and 9 years of age.

**Figure 6: Projected population change, Bradford 2025-2028**

Data source: ONS sub national population projections, 2018



## 7. Analysis of Needs

### 7.1 Analysis of need by area

The analysis of needs is presented in **Table 4**. Although the analysis is presented at an area level (five constituency areas in the Bradford District), the analysis has been informed by the district wide JSNA available at: <https://jsna.bradford.gov.uk/> and further locality profiles available at: <https://jsna.bradford.gov.uk/locality-profiles/>

This section considers all of the information presented in the PNA, describing a range of factors which contribute to a need for pharmacy services now and for the life span of this PNA. This has been used together with the results of the public and pharmacy surveys, and the maps describing current service provision, to make an assessment of need for each local area in the district.

**Table 4: Analysis of Needs by area**

Bradford East	
<p><b>Area Profile:</b> Population</p>	<ul style="list-style-type: none"> <li>• The population of Bradford East (based on 2022 ONS mid-year population estimates) was 123,626.</li> <li>• The proportion of residents who describe themselves as from an ethnic minority is 54% (2021 Census), which is higher than the Bradford average (43%).</li> <li>• Population density is considerably higher than the Bradford average at 4,313 people per square km (Bradford average 1,491).</li> <li>• Bradford East has a lower life expectancy for both males (76.3) and females (80.2) when compared to the district average (M 77.5; F 81.6). Within Bradford East life expectancy for males is lowest in Bradford Moor (73.1) and highest in Bolton and Undercliffe (78.5). For Females rates are lowest in Bowling and Barkerend (78.0) and highest in Eccleshill (82.4) (Office for Health Improvement &amp; Disparities. Public Health Profiles. 2025)</li> </ul>
<p>Employment and Deprivation</p>	<ul style="list-style-type: none"> <li>• The 2019 National Statistics data highlights Bradford East as being the most deprived decile within the Bradford District, with 37.5% of Bradford East LSOAs in the most deprived decile</li> <li>• The proportion of the population living in families that are income-deprived in Bradford East (26.3%) is higher than the Bradford average (20.5%).</li> <li>• The proportion of people claiming benefits is higher in this area than the Bradford average. The proportion of claimants claiming either Universal Credit or Job Seekers Allowance is 9.5% (n= 7,080) compared to the district average of 7.2% (NOMIS, Mar 2024).</li> </ul>
<p>Health Need</p>	<ul style="list-style-type: none"> <li>• 2021/22-23/24 data indicates that excess weight among 4-5 year olds is 23.0% in Bradford East, this is higher than the district average of 22.3%. This is more so among 10-11 year olds with 41.9%, compared to 40.3% across Bradford.</li> <li>• 2018-20 under 75 mortality from cancer in Bradford East (133.4 per 100,000 population) is similar to the Bradford average (135.3 per 100,000 population). Under 75 mortality from cardiovascular</li> </ul>

	<p>disease and respiratory disease is higher in Bradford East than the Bradford average.</p> <ul style="list-style-type: none"> <li>Further health data relating to this area can be found at <a href="http://jsna.bradford.gov.uk">jsna.bradford.gov.uk</a></li> </ul>		
Planned Development	<ul style="list-style-type: none"> <li>There is potential for up to 4,750 new homes in the area before 2030; the location of these homes is to be determined. Any increased demand is likely to be met by existing pharmacies within the life of the PNA.</li> </ul>		
<b>Necessary Services:</b> Current provision		<b>Currently Provide</b>	<b>Not Currently Providing</b>
	Pharmacy First	26 pharmacies	1 pharmacy
<b>Relevant Pharmaceutical Services:</b> Gaps in provision	<b>There are no current gaps in the provision of relevant pharmaceutical services in the area of the Health and Wellbeing Board.</b>		
<b>Other Relevant Services:</b> Current provision		<b>Currently Provide</b>	<b>Not Currently Providing</b>
	Stop Smoking Support	14 pharmacies	13 pharmacies
	Contraception	13 pharmacies	14 pharmacies
	Lateral Flow Device Test Supply	19 pharmacies	8 pharmacies
	Blood Pressure Tests	23 pharmacies	4 pharmacies
<b>Relevant Services:</b> Gaps in provision	<b>There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.</b>		
<b>Improvements and Better Access:</b> gaps in provision related to Market Entry and Exit Regulations	<b>The PNA has not identified any future needs which could not be met by pharmacies currently on the pharmaceutical list which would form part of its commissioning intentions.</b>		

Bradford South			
Area Profile: Population	<ul style="list-style-type: none"> <li>The population of Bradford South (based on 2022 ONS mid-year population estimates) was 107,612.</li> <li>The proportion of residents who describe themselves as from an ethnic minority is 29% (2021 Census), which is lower than the Bradford average (43%).</li> <li>Population density is higher than the Bradford average at 2,476 people per square km (Bradford average 1,491).</li> <li>2016-20 data shows that Bradford South males have a life expectancy of 76.8, which is below the district average (77.5). Females in Bradford South have a life expectancy of 80.w, which is below the district average (81.6) (Office for Health Improvement &amp; Disparities. Public Health Profiles. 2025).</li> <li>Within Bradford South life expectancy for males is lowest in Tong (74.2) and highest in Wibsey (80.2). For females rates are lowest in Tong and (78.6) and highest in Wyke (83.2).</li> </ul>		
Employment and Deprivation	<ul style="list-style-type: none"> <li>2019 National Statistics data highlights Bradford South as the third most deprived area within the Bradford District, with 20.2% of Bradford South LSOA's in the most deprived decile nationally</li> <li>The proportion of the population living in families that are income-deprived in Bradford South (22.9%) is higher than the Bradford average (20.5%).</li> <li>The proportion of people claiming benefits is similar in this area to the Bradford average. The proportion of claimants claiming either Universal Credit or Job Seekers Allowance is 7.1% (n= 4,820) compared to the district average of 7.2% (NOMIS, Mar 2024).</li> </ul>		
Health Need	<ul style="list-style-type: none"> <li>2021/22-23/24 data shows that excess weight among 4-5 year olds is higher (23.4%) compared to the Bradford average (22.3%), the rate among 10-11 year olds is 40.2%, similar to the district average of 40.3%.</li> <li>2018-20 data shows that under 75 mortality from cancer (163.0 per 10,000 population), cardiovascular disease (116.0 per 100,000 population) and respiratory disease (53.8 per 100,000 population) is higher in Bradford South than the Bradford averages (cancer = 135.5; cardiovascular disease = 100.9; respiratory disease = 41.4).</li> <li>Further health data relating to this area can be found at <a href="https://jsna.bradford.gov.uk">jsna.bradford.gov.uk</a></li> </ul>		
Planned Development	<ul style="list-style-type: none"> <li>There is potential for up to 5,825 new homes in the area before 2030; the location of these homes is to be determined. Any increased demand is likely to be met by existing pharmacies within the life of the PNA.</li> </ul>		
Necessary Services:		Currently Provide	Not Currently

Current provision			<b>Providing</b>
	Pharmacy First	20 pharmacies	3 pharmacies
<b>Necessary Services:</b> Gaps in provision	<b>There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.</b>		
<b>Other Relevant Services:</b> Current provision		<b>Currently Provide</b>	<b>Not Currently Providing</b>
	Stop Smoking Support	10 pharmacies	13 pharmacies
	Contraception	12 pharmacies	11 pharmacies
	Lateral Flow Device Test Supply	15 pharmacies	8 pharmacies
	Blood Pressure Tests	18 pharmacies	5 pharmacies
<b>Relevant Services:</b> Gaps in provision	<b>There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.</b>		
<b>Improvements and Better Access:</b> gaps in provision related to Market Entry and Exit Regulations	<b>The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.</b>		

Bradford West			
Area Profile: Population	<ul style="list-style-type: none"> <li>The population of Bradford West (based on 2022 ONS mid-year population estimates) was 122,688.</li> <li>The proportion of residents who describe themselves as from an ethnic minority is 70% (2021 Census), which is higher than the Bradford average (43%).</li> <li>Population density is higher than the Bradford average 3,443 people per square km (Bradford average 1,491).</li> <li>Bradford West has a lower life expectancy for males (75.7), compared to the district average of 77.5. Females also have lower life expectancy (80.7) when compared to district average of 81.6.</li> <li>Within Bradford West life expectancy for both males and females is lowest in Manningham (M 72.3; F 77.4) and highest in Thornton and Allerton (M 78.2, F 82.8).</li> </ul>		
Employment and Deprivation	<ul style="list-style-type: none"> <li>2019 National Statistics data highlights Bradford West as the 2nd most deprived area within the Bradford District, with 26.0% of Bradford West LSOA's in the most deprived decile</li> <li>The proportion of the population living in families that are income-deprived in Bradford West (25.3%) is higher than the Bradford average (20.5%).</li> <li>The proportion of people claiming benefits is higher in this area than the Bradford average. The proportion of claimants claiming either Universal Credit or Job Seekers Allowance is 10.1% (n= 7,850) compared to the district average of 7.2% (NOMIS, Mar 2024).</li> </ul>		
Health Need	<ul style="list-style-type: none"> <li>2021/22-23/24 data indicates that excess weight among 10-11 year olds is 42.9% in Bradford West, this is higher than the Bradford average (40.3%)</li> <li>Under 75 mortality from cardiovascular disease and respiratory disease is higher in Bradford West than the Bradford average.</li> <li>Further health data relating to this area can be found at <a href="https://jsna.bradford.gov.uk">jsna.bradford.gov.uk</a></li> </ul>		
Planned Development	<ul style="list-style-type: none"> <li>There is potential for up to 7,575 new homes in the area before 2030; the location of these homes is to be determined. Any increased demand is likely to be met by existing pharmacies within the life of the PNA.</li> </ul>		
Necessary Services: Current Provision		<b>Currently Provide</b>	<b>Not Currently Providing</b>
	Pharmacy First	31 pharmacies	0 pharmacies

<b>Necessary Services:</b> Gaps in provision	<b>There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.</b>		
<b>Other Relevant Services:</b> Current provision		<b>Currently Provide</b>	<b>Not Currently Providing</b>
	Stop Smoking Support	12 pharmacies	19 pharmacies
	Contraception	17 pharmacies	14 pharmacies
	Lateral Flow Device Test Supply	16 pharmacies	15 pharmacies
	Blood Pressure Tests	25 pharmacies	6 pharmacies
<b>Relevant Services:</b> Gaps in provision	<b>There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.</b>		
<b>Improvements and Better Access:</b> gaps in provision related to Market Entry and Exit Regulations	<b>The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.</b>		

<b>Keighley</b>			
<b>Area Profile:</b> Population	<ul style="list-style-type: none"> <li>• The population of Keighley (based on 2022 ONS mid-year population estimates) was 100,621.</li> <li>• The proportion of residents who describe themselves as from an ethnic minority is 20% (2021 Census), which is lower than the Bradford average (43%).</li> <li>• Population density is lower than the Bradford average at 604 people per square km (Bradford average 1,491).</li> <li>• Keighley has a higher life expectancy for both males (78.5) and females (82.6) when compared to the district average (M 75.5; F 81.6).</li> <li>• Within Keighley life expectancy for both males and females is lowest in Keighley Central (M 74.9, F 78.0) and highest in Ilkley for (M 81.10; F 85.1).</li> </ul>		
Employment and Deprivation	<ul style="list-style-type: none"> <li>• Keighley is the 2nd least deprived area within the Bradford District, with 13% of the LSOAs within the area in the most deprived decile</li> <li>• The proportion of the population living in families that are income-deprived in Keighley (14.7%) is lower than the Bradford average (20.5%).</li> <li>• The proportion of people claiming benefits is lower in this area than the Bradford average. The proportion of claimants claiming either Universal Credit or Job Seekers Allowance is 4.7% (n= 2,800) compared to the district average of 7.2% (NOMIS, Mar 2024).</li> </ul>		
Health Need	<ul style="list-style-type: none"> <li>• 2023 ONS population data indicates that Keighley has a higher proportion of people aged 65+ (21.0%) compared with the Bradford average (15.4%), which has its own challenges. Conversely, it is a relatively less deprived area than others in the district.</li> <li>• In Keighley, under 75 mortality from cancer (135.5 per 100,000 population), cardiovascular disease (100.9 per 100,000 population) and respiratory disease (41.4 per 100,000 population) is lower than the Bradford averages (Cancer 124.0; Cardiovascular disease 79.3; Respiratory disease 29.8)</li> <li>• Further health data relating to this area can be found at <a href="https://jsna.bradford.gov.uk">jsna.bradford.gov.uk</a></li> </ul>		
Planned Development	<ul style="list-style-type: none"> <li>• There is potential for up to 3,900 new homes in the area before 2030; the location of these homes is to be determined. Any increased demand is likely to be met by existing pharmacies within the life of the PNA.</li> </ul>		
<b>Necessary Services:</b> Current provision		<b>Currently Provide</b>	<b>Not Currently Providing</b>
	Pharmacy First	21 pharmacies	1 pharmacy

<b>Necessary Services:</b> Gaps in provision	<b>There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.</b>		
<b>Other Relevant Services:</b> Current provision		<b>Currently Provide</b>	<b>Not Currently Providing</b>
	Stop Smoking Support	10 pharmacies	12 pharmacies
	Contraception	15 pharmacies	7 pharmacies
	Lateral Flow Device Test Supply	13 pharmacies	9 pharmacies
	Blood Pressure Tests	18 pharmacies	4 pharmacies
<b>Relevant Services:</b> Gaps in provision	<b>There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.</b>		
<b>Improvements and Better Access:</b> gaps in provision related to Market Entry and Exit Regulations	<b>The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.</b>		

<b>Shipley</b>			
<b>Area Profile:</b> Population	<ul style="list-style-type: none"> <li>• The population of Shipley (based on 2022 ONS mid-year population estimates) was 98,497.</li> <li>• The proportion of residents who describe themselves as from an ethnic minority is 10% (2021 Census), which is lower than the Bradford average (43%).</li> <li>• Population density is lower than the Bradford average at 1,027 people per square km (Bradford average 1,491).</li> <li>• Shipley has a higher life expectancy for both males (79.7) and females (83.9) when compared to the district average (M 77.5; F 81.6)</li> <li>• Within Shipley life expectancy for both males and females is lowest in the Shipley Ward (M 76.7; F81.8) and highest in Wharfedale (M82.9; F87.6).</li> </ul>		
Employment and Deprivation	<ul style="list-style-type: none"> <li>• 2019 National statistics data highlights Shipley as the least deprived area within the Bradford District, with just 2% of the area's LSOA's in the most deprived decile</li> <li>• The proportion of the population living in families that are income-deprived in Shipley (11.0%) is lower than the Bradford average (20.5%).</li> <li>• The proportion of people claiming benefits is lower in this area than the Bradford average. The proportion of claimants claiming either Universal Credit or Job Seekers Allowance is 3.3% (n= 1,945) compared to the district average of 7.2% (NOMIS, Mar 2024).</li> </ul>		
Health Need	<ul style="list-style-type: none"> <li>• 2020 ONS population data indicates that Shipley has a higher proportion of people aged 65+ (22.5%) compared with the Bradford average (15.4%), which has its own challenges. Conversely, it is a relatively less deprived area than others in the district.</li> <li>• Shipley Area has a lower than average proportion of children aged both 4 to 5 and 10 to 11 who are overweight or obese.</li> <li>• Under 75 mortality from cancer, cardiovascular disease and respiratory disease is lower in Shipley than the Bradford average.</li> <li>• Further health data relating to this area can be found at <a href="https://jsna.bradford.gov.uk">jsna.bradford.gov.uk</a></li> </ul>		
Planned Development	<ul style="list-style-type: none"> <li>• There is potential for up to 5,625 new homes in the area before 2030; the location of these homes is to be determined. Any increased demand is likely to be met by existing pharmacies within the life of the PNA.</li> </ul>		
<b>Necessary Services:</b> Current Provision		<b>Currently Provide</b>	<b>Not Currently Providing</b>

	Pharmacy First	20 pharmacies	6 pharmacies
<b>Necessary Services:</b> Gaps in provision	<b>There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.</b>		
<b>Other Relevant Services:</b> Current provision		<b>Currently Provide</b>	<b>Not Currently Providing</b>
	Stop Smoking Support	12 pharmacies	14 pharmacies
	Contraception	13 pharmacies	13 pharmacies
	Lateral Flow Device Test Supply	16 pharmacies	10 pharmacies
	Blood Pressure Tests	21 pharmacies	5 pharmacies
<b>Relevant Services:</b> Gaps in provision	<b>There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.</b>		
<b>Improvements and Better Access:</b> gaps in provision related to Market Entry and Exit Regulations	<b>The PNA has not identified any future needs which could not be met by pharmacies already currently on the pharmaceutical list which would form part of its commissioning intentions.</b>		

## 7.2 Public Questionnaire

### 7.2.1 Purpose of the public engagement exercise

As part of the needs analysis it was recognised that in order to fully understand the population health and care needs that could be met through pharmacy services, a community engagement exercise would need to be carried out. Such an exercise was conducted with the purpose of providing people in the Bradford District with the opportunity to tell us what their experience of community pharmacies is, and to identify any health and care needs that could potentially be met through community pharmacies. An online survey was developed to maximise the response rate. The survey was promoted through social media and could be accessed via the council website.

317 responses were received. The greatest number of responses was from individuals aged between 65-74 (30%); around two thirds (65%) of respondents were female, and 88% identified as being English/ Welsh/ Scottish/ Northern Irish/ British. This is not representative of the Bradford District population.

### 7.2.2 Key findings

The following gives a summary of the key findings; full results can be located in **Appendix 1**.

Most respondents stated that they usually visit a pharmacy to collect prescriptions and over the counter medication for themselves or for someone else and over half said that they visit once a month (61%).

86% of respondents said that they are able to get to a pharmacy of choice when required, with almost two thirds of respondents said that they prefer to visit their pharmacy on weekdays between 9am – 6pm (65%) followed by over a quarter who said that Saturday was their preferred day (28%). There was less demand for pharmacy services before 9am on a weekday (2.8%) and on Sundays (10%).

91% of respondents stated that they use the same pharmacy and despite some of the changes that have occurred over the last two years, such as changes to opening hours and closures, 75% still use the same pharmacy despite these changes.

Just under half (47%) of respondents would never use an online pharmacy and 36% said they have never used one but would be willing to if they had to. Overall, most people prefer to visit a pharmacy with only around 7% of respondents use online pharmacies regularly.

In terms of location, 89% answered that their pharmacy being close to their home is important and just over half (51%) find it important for their pharmacy to be close to their GP practice.

It should be noted that in the sections of the questionnaire with free text responses, many people acknowledged the challenges that pharmacies are facing and had positive things to say. There were concerns about potential closures of more pharmacies.

## 7.3 Pharmacy Questionnaire

### 7.3.1 Purpose of the pharmacy engagement exercise

The pharmacy questionnaire's purpose was to map out current provisions against what commissioners had provided and to scope out future intentions.

Out of a possible 129 pharmacies (at the time the survey went out), 35 responded to the questionnaire – giving a response rate of 27%. It should be noted that although responses were lower than expected, many contractors own more than one pharmacy and provided a single response rather than responding for each pharmacy they own.

**Table 5: Pharmacy survey response rate**

Area	Number of responses	Number of pharmacies in the area	Response Rate
Bradford East	6	27	22%
Bradford South	5	23	22%
Bradford West	5	31	16%
Keighley	11	22	50%
Shipley	8	26	21%
Total	35	129	27%

### 7.3.2 Key findings

The following gives a summary of the key findings; the full results can be located in **Appendix 2**.

The main findings from the exercise were that Pharmacies are generally open when and where people wanted them to be. There is a lot of willingness from pharmacies to provide additional services if they were commissioned to do so, including in weight management service health check and phlebotomy services, but that financial pressure and lack of funding will have an impact on the services that pharmacies are able to provide.

## 8. Conclusions

Having considered likely changes to the number of people requiring pharmaceutical services, the demography of the area, and the health and wellbeing of people in the district, the PNA has not identified any future needs or services that if provided now or in the future would secure improvements or better access to services across the district which are not already met by providers currently on the pharmaceutical list.

Access to pharmaceutical services for the residents of Bradford District is good and the main conclusion of this PNA is that, in accordance with the regulations in the area, current provision of pharmaceutical services is sufficient, with pharmacies appearing to be located in areas of greatest need, as determined by population density, deprivation and identified health needs.

This PNA also looks at potential changes during the lifetime of the of the document, including current populations demographics and predicted population growth in the district, along with planned housing developments and the distribution of services across the district. This document concludes that current provision will be sufficient to meet the future needs of residents during the three-year lifetime of this PNA.

Responses from both the Public and Pharmacy Questionnaire demonstrated that people were able to get to a pharmacy of their choice when required, and that Pharmacies were open at these core times and were providing the services that people wanted. It should be noted that although people were happy with current access to the pharmacy of their choice, the main area of concern from members of the public was concern of any potential closures. Similarly, Pharmacies felt they were providing sufficient but had concerns about any potential funding issues that may impact their services in the future.

### 8.1 Necessary services – current provision

Bradford District Health and Wellbeing Board has defined necessary services as:

- Essential services provided at all premises included in the pharmaceutical lists
- The advanced services provided by Pharmacy First Services
- Dispensing services provided by some GP practices

Preceding sections of this document have set out the provision of these services in the District.

There are currently 129 pharmacies within Bradford District, 14 of which are Distance selling and do not provide essential services on their premises. There are 17 pharmacies which are open for more than 72 hours per week and 69 are open on a Saturday. Each locality has over 20 or more pharmacies, with on average 4,200 people served per pharmacy across the district.

**Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of necessary services as defined above have been identified in any of the localities across Bradford District.**

## **8.2 Necessary services – gaps in provision**

### **8.2.1 Access to essential services**

In order to assess the provision of essential services against the needs of the population the Health and Wellbeing Board considered access through travelling times (both via car and using public transport) and opening hours as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population. The Health and Wellbeing Board has identified that the population of Bradford District is able to access a pharmacy during normal working hours are within 15 minutes walking distance (**Appendix 3, Map 4**) or within 15 minutes by car (**Appendix 3, Map 5**). When looking at public transport, the time to a pharmacy on a weekday morning shows the majority of pharmacies are within 20 minutes by public transport (**Appendix 3, Map 6**), apart from in the more rural, sparsely populated areas in the west of the district. The Health and Wellbeing Board is therefore satisfied that all residents can access a pharmacy within 15 minutes by private transport or 20 minutes by public transport.

**Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services during normal working hours have been identified in any of the localities across Bradford District.**

### **8.2.2 Access to essential services outside normal working hours**

There is good access to essential services outside normal working hours through provision by 17 pharmacies which are open over 72 hours per weeks (**Appendix 3, Map 7**), 20 pharmacies offering extended evening services (**Appendix 4, Map 8**) and 69 pharmacies offering weekend opening hours (**Appendix 3, Maps 9 & 10**).

**Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of essential services outside normal working hours have been identified in any of the localities across Bradford District.**

### **8.3 Access to advanced services**

The Health and Wellbeing Board deemed the following advanced services to be necessary:

- Pharmacy First Services

The Health and Wellbeing Board noted the number and distribution of pharmacies providing these services, with 4 in every 5 pharmacy in the district offering Pharmacy First Services. Based on the data available the Health and Wellbeing Board is satisfied that there is sufficient capacity to meet the demand for these advanced services (**Appendix 3, Map 11**).

**Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the Pharmacy First advanced services have been identified in any of the localities across Bradford District.**

### **8.2.4 Future provision of necessary services**

The Health and Wellbeing Board has taken into account the forecasted population growth and potential housing developments. It has not identified any necessary services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet the anticipated increase need for pharmaceutical services due to the forecasted population growth and housing developments.

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the need for the necessary services in specified future circumstances have been identified in any of the localities across Bradford District.**

### 8.3 Other relevant services: current provision

The Health and Wellbeing Board identified the following services to be relevant to the district.

- Stop Smoking Support
- Contraception
- Lateral Flow Device Test Supply
- Blood Pressure Tests

The Health and Wellbeing Board noted the number and distribution of pharmacies providing these services, with. Based on the data available the Health and Wellbeing Board is satisfied that there is sufficient capacity to meet the demand for these relevant services (**Appendix 3, Maps 12,13 & 14**).

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in the current provision of other relevant services or in specified future circumstances have been identified in any of the localities across Bradford District.**

### 8.4 Improvements and better access – gaps in provision

#### 8.4.1 Current and future access to essential services – present and future circumstances

The Health and Wellbeing Board considered the conclusion in respect of current provision as set out at in this document and has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services in any of the localities across Bradford District.**

#### 8.4.2 Current and future access to advanced services

The Health and Wellbeing Board noted that over 80% of pharmacies offered Pharmacy First services.

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps have been identified in the provision of advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services in any of the localities across Bradford District.**

#### 8.4.3 Current and future access to enhanced services

Enhanced services are commissioned on a district wide basis by NHS England and NHS Improvement to ensure that there are sufficient numbers of pharmacies across Bradford District.

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to the three enhanced services in specified future circumstances have been identified in any of the localities across Bradford District.**

#### 8.4.4 Future access to advanced and enhanced services

The Health and Wellbeing Board has not identified any advanced or enhanced services that are not currently provided but that will, in specified future circumstances, need to be provided in order to secure improvements or better access to pharmaceutical services.

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of securing improvements, or better access, to advanced or enhanced services in specified future circumstances have been identified in any of the localities across Bradford District.**

## **8.5 Needs of the population**

### **8.5.1 Needs of the population - current provision**

The pharmaceutical needs assessment has considered the current provision of pharmaceutical services across Bradford District and specifically the demography and health needs of the population. It has analysed whether current provision meets the needs of the population of Bradford and whether there are any potential gaps in pharmaceutical service provision either now or within the lifetime of the document. Pharmacies appear to be located in areas of greatest need, as determined by population density, deprivation and identified health needs (**Appendix 3, Maps 2 & 3**).

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of the current needs of the population have been identified in any of the localities across Bradford District.**

### **8.5.2 Needs of the population - future provision**

Given the current population demographics, housing projections, the distribution of pharmacies across Bradford, it is anticipated that the current pharmaceutical services providers will be sufficient to meet local needs

**Based on the information available at the time of developing this pharmaceutical needs assessment no gaps in respect of the future needs of the population have been identified in any of the localities across Bradford District.**

# Appendices

## 1. Analysis of findings from Public Engagement Questionnaire

### Pharmaceutical Needs Assessment- Public Questionnaire

#### Purpose of the public engagement exercise

As part of the needs analysis it was recognised that in order to fully understand the population health and care needs that could be met through pharmacy services, a community engagement exercise would need to be carried out. Such an exercise was conducted with the purpose of providing people in the Bradford District with the opportunity to tell us what their experience of community pharmacies is, and to identify any health and care needs that could potentially be met through community pharmacies. An online survey was developed to maximise the response rate. The survey was promoted through social media and could be accessed via the council website.

#### Key findings

Most respondents stated that they usually visit a pharmacy to collect prescriptions and over the counter medication for themselves or for someone else and over half said that they visit once a month (61%).

86% of respondents said that they are able to get to a pharmacy of choice when required, with almost two thirds of respondents said that they prefer to visit their pharmacy on weekdays between 9am – 6pm (65%) followed by over a quarter who said that Saturday was their preferred day (28%). There was less demand for pharmacy services before 9am on a weekday (2.8%) and on Sundays (10%).

91% of respondents stated that they use the same pharmacy and despite some of the changes that have occurred over the last two years, such as changes to opening hours and closures, 75% still use the same pharmacy despite these changes.

Just under half (47%) of respondents would never use an online pharmacy and 36% said they have never used one but would be willing to if they had to. Overall, most people prefer to visit a pharmacy with only around 7% of respondents use online pharmacies regularly.

In terms of location, 89% answered that their pharmacy being close to their home is important and just over half (51%) find it important for their pharmacy to be close to their GP practice.

It should be noted that in the sections of the questionnaire with free text responses, many people acknowledged the challenges that pharmacies are facing and had positive things to say. There were concerns about potential closures of more pharmacies.

#### Response Rates and Demographics

There was a total of 317 responses to the questionnaire. Of the respondents, almost two thirds were female (65%) and the largest proportion were aged 65-74 (around 30%).

Over half of respondents (54.6%) said that their daily activities are not limited by health or disability.

88% of respondents stated their ethnic group is white. This is not representative of population of Bradford District.

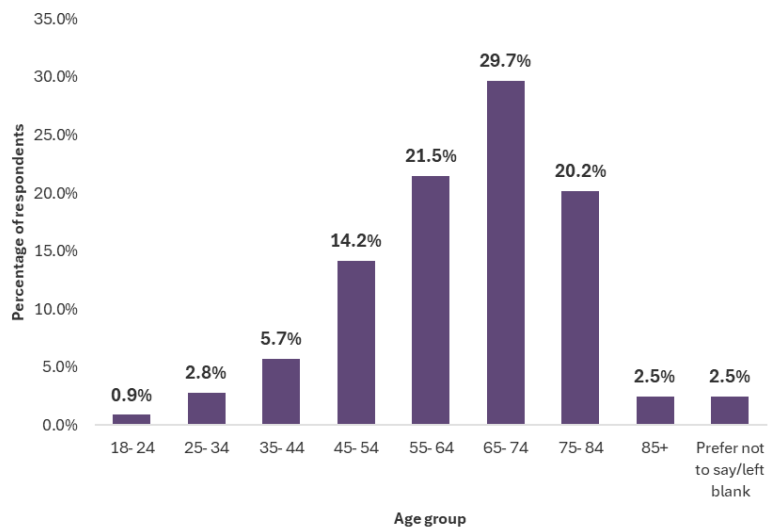
More than half of respondents stated that they were married (54.9%)

The questionnaire collected the following demographic information:

- Age
- Disability
- Gender
- Ethnicity
- Religion
- Sexual Orientation
- Marital Status

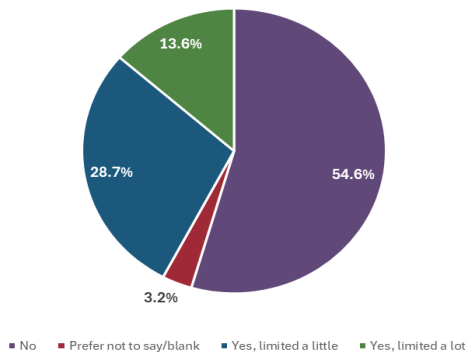
### Age

Please state your age category:



### Disability

Does your health or disability prevent you from doing things you want to, need to, or have to? (Your disability or health issue includes one which has lasted, or is expected to last, at least 12 months, and includes problems relating to old age)



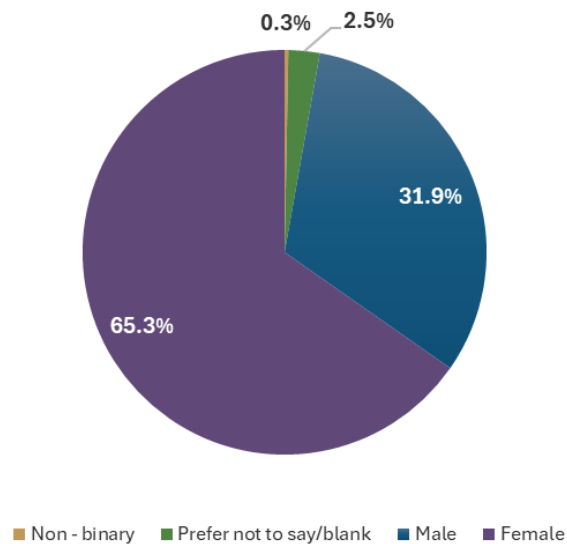
If yes, which of the following options best describes your health issue or disability (all that applies selected)

Health Issue or Disability	Count
Physical Disability (including mobility disability)	80
Other substantial and long term condition	36
Mental ill health	20
Hearing impairment	26
Prefer not to say	21
Visual impairment	4
Learning difficulties, e.g dyslexia	5
Speech impairment	2
Learning disability	1
Autism spectrum conditions	5
Deaf BSL user	1
Blank	169
Other	8

In terms of 'other', the main issues described by respondents were that they suffered from asthma, or other respiratory illness; arthritis or other mobility issues and fatigue.

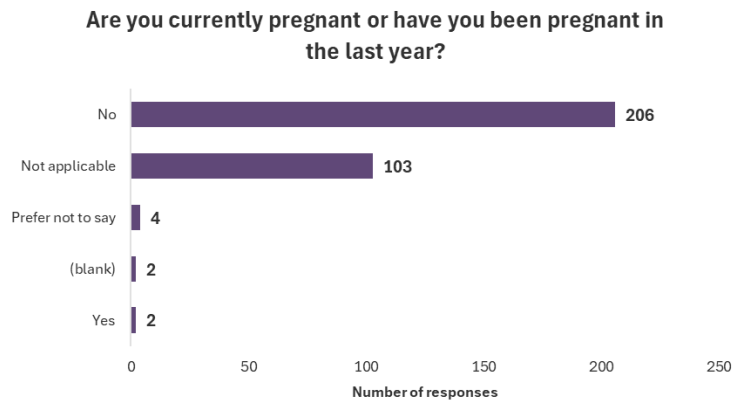
### Gender

Which of the following best describes your gender identity



*Pregnancy*

**Are you currently pregnant, or have you been pregnant in the last year?**



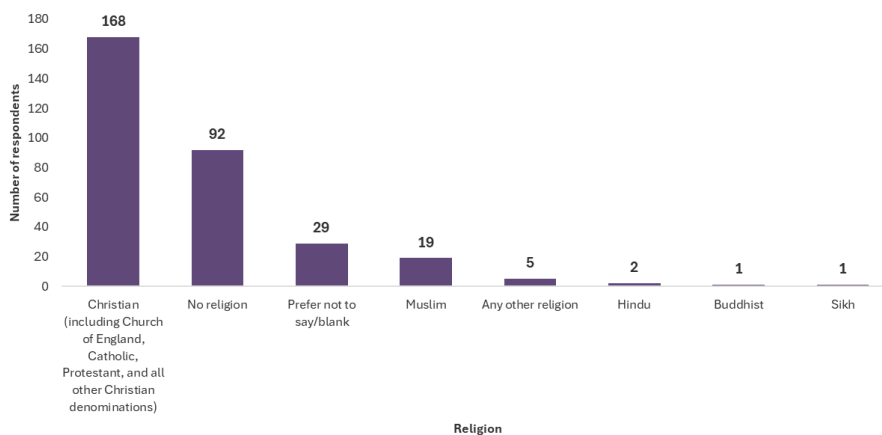
*Ethnicity*

**Which of the following options best describes your race, ethnic or cultural origin?**

Ethnicity	Count	%
Asian, Asian British or Asian Welsh	21	6.6%
Black, Black British, Black Welsh, Caribbean or African	3	0.9%
Mixed or Multiple ethnic groups	5	1.6%
White	279	88.0%
Other ethnic group	2	0.6%
Prefer not to say	7	2.2%

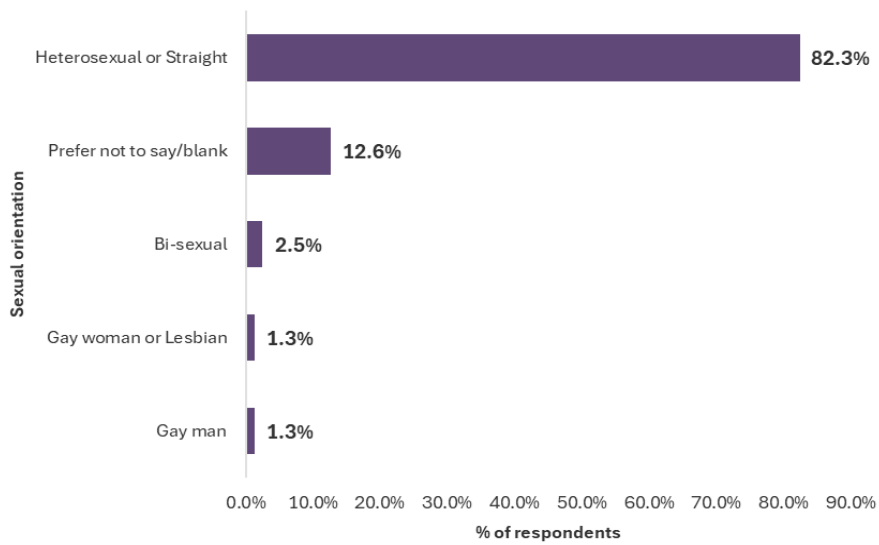
*Religion*

**Which of the following options best describes your religion or belief?**



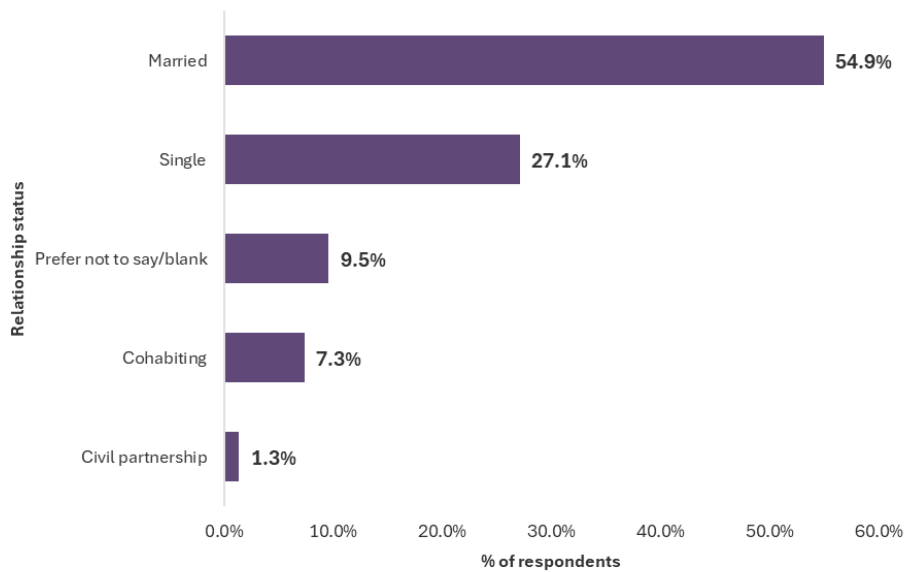
## Sexual Orientation

Which of the following options best describes your sexual orientation?



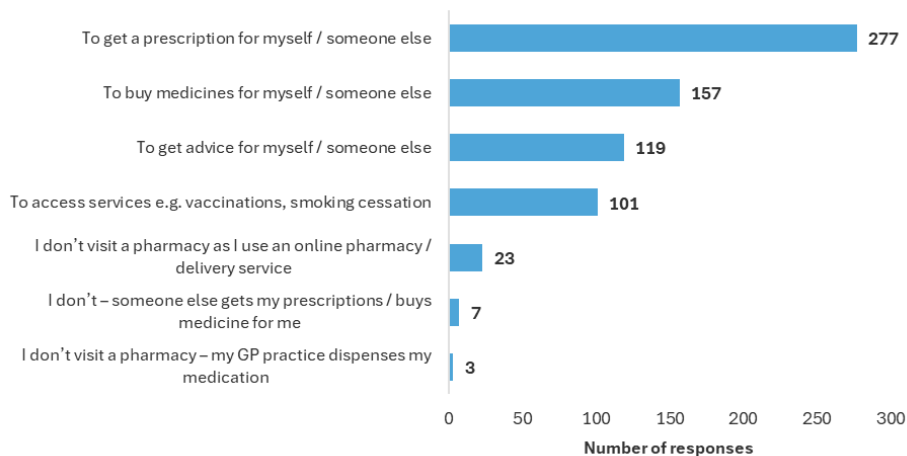
## Relationship Status

Which of the following options best describes your relationship status?

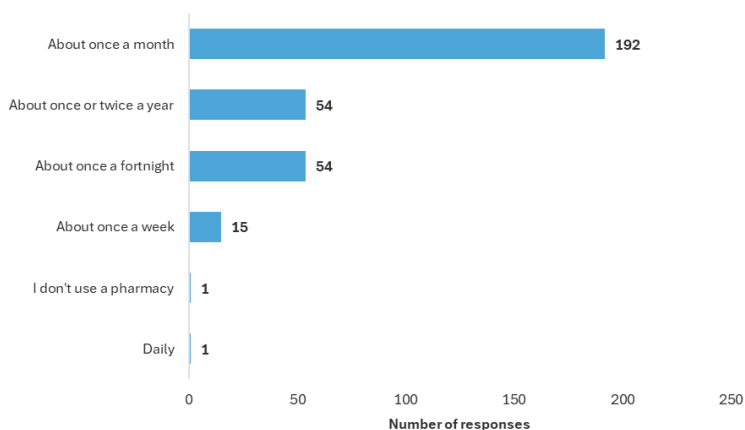


## Pharmacy Questions

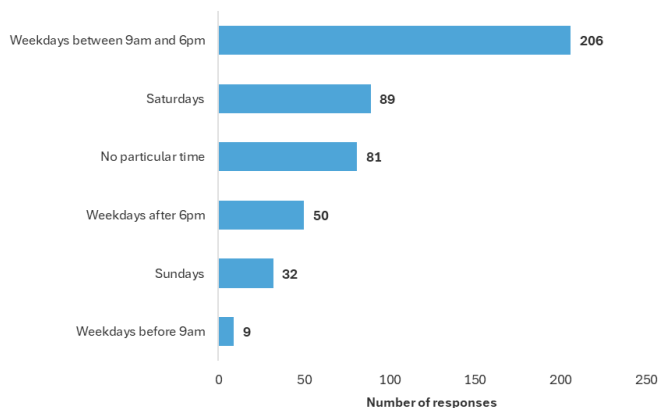
### Why do you usually visit a pharmacy?



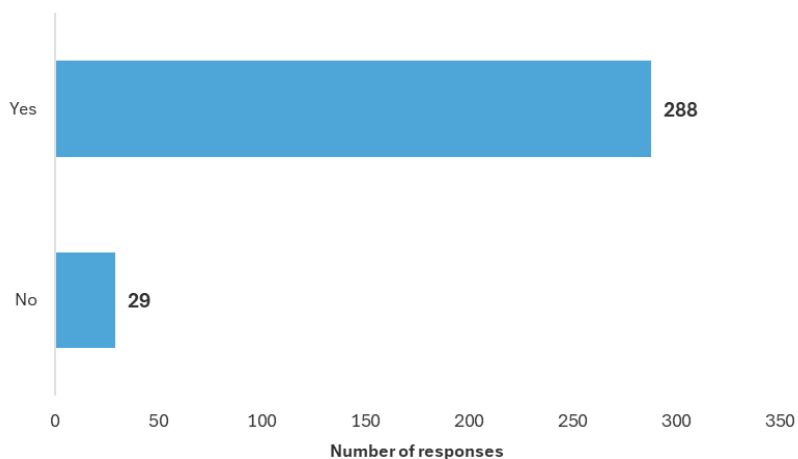
### How often do you use a pharmacy?



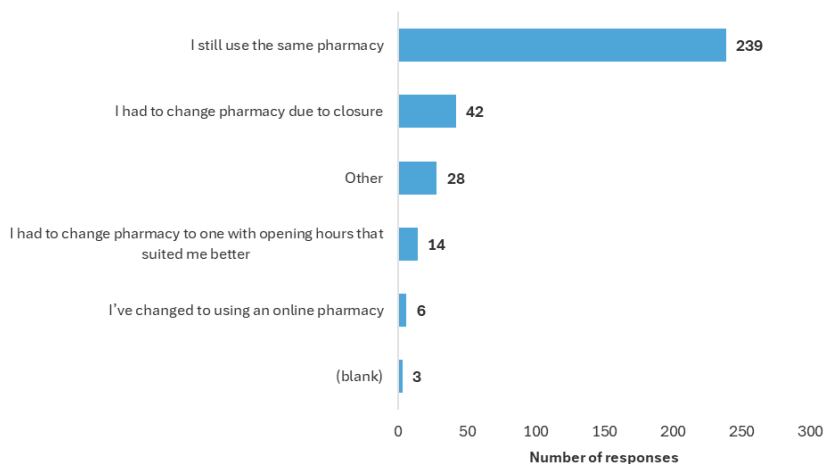
### When do you prefer to visit a pharmacy?



## Do you tend to use the same pharmacy?



## Thinking about the pharmacy that you normally use, how has this changed in the last two years?



Other reasons given for changing pharmacy were that there had been a change in ownership, which brought about other issues such as the new owners being less efficient and feeling more anonymous, whereas previously they had found the pharmacy friendly and inviting.

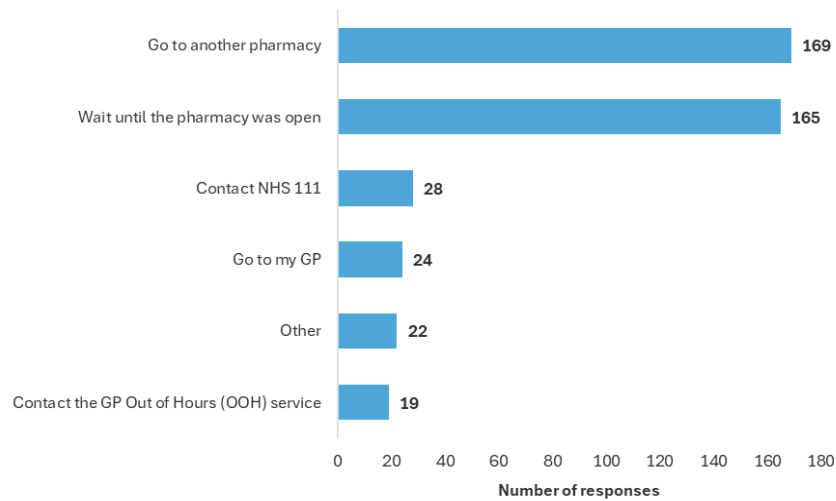
Additionally, accessibility was mentioned as a reason for changing pharmacy due to disability. Furthermore, lack of available medicines has also been given as a reason for change.

## If you've had to change pharmacy, what was the impact on you, if any? (Free text)

There was no real trend with regard to the impact of having to change pharmacy. Some people however, stated that they have further to travel, which was a more recurrent theme and that their new pharmacy tends to be busier, with longer waiting times due to closures. Additionally, people said that the opening hours of the new pharmacy is much less convenient than their previous one and others have stated that the service they receive from the new one is more impersonal and that staff don't have a great deal of knowledge about their personal situation.

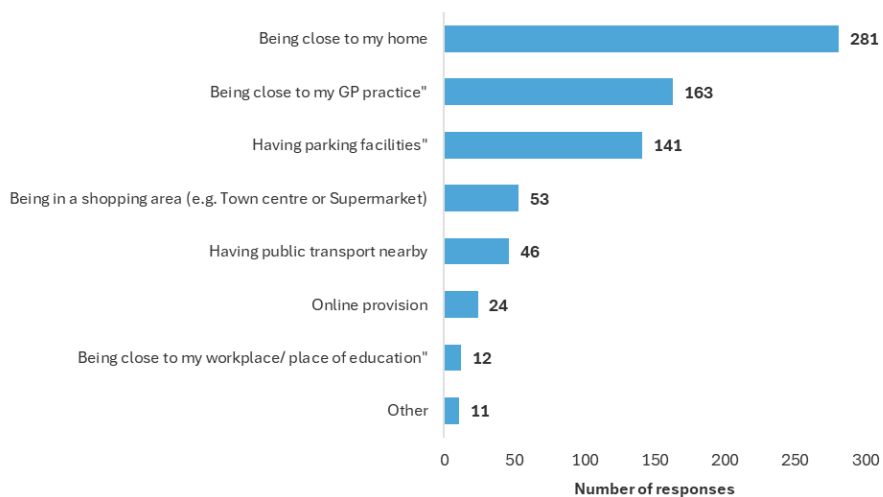
Some people, however, responded more positively, stating that their new pharmacy is more convenient for them, and that staff have better knowledge of products and services.

### If the pharmacy you normally use wasn't open, what would you do?



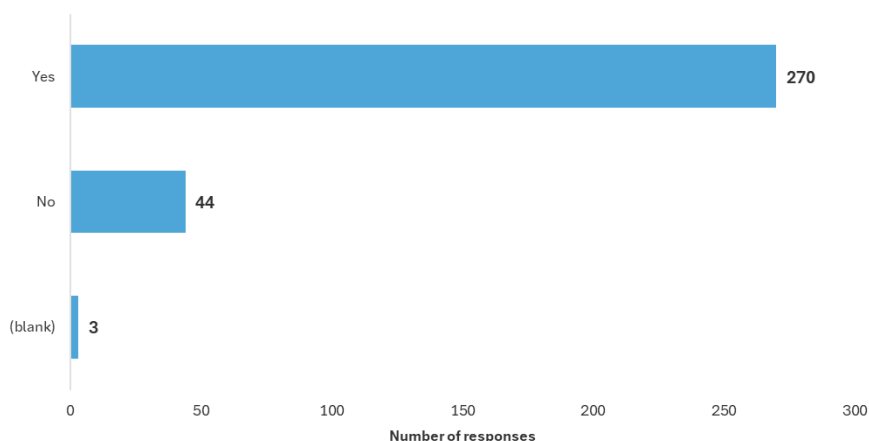
In terms of 'other' comments, many people felt that their actions would depend on the problem and how urgent it was. For non urgent issues, people said that they would visit a supermarket. For more urgent issues people indicated that they would contact their GP and if this was not available, the out of hours service (if they have one – some said that their GP doesn't have one) or NHS 111.

### What is important to you about the location of a pharmacy?



Under 'other' the most recurrent themes were that having a delivery service was an important factor, as well as friendly and knowledgeable staff.

## Are you able to visit your pharmacy of choice when you need to?

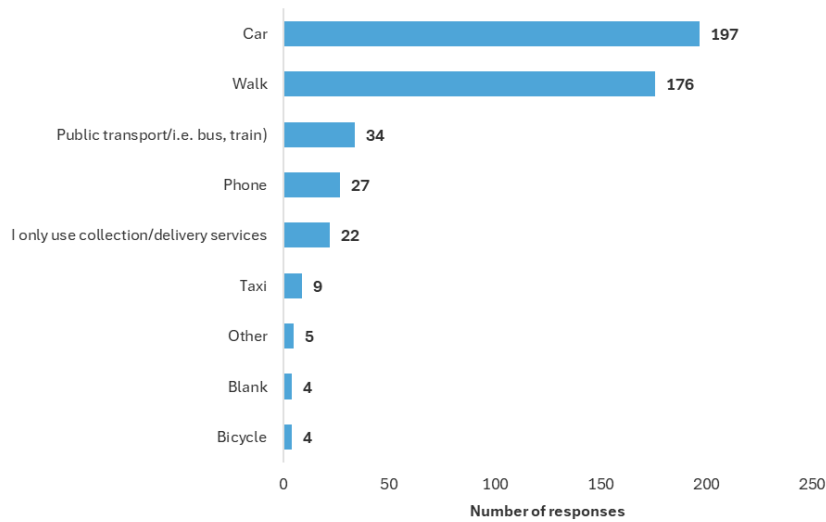


The most common themes for those who answered 'no' were that opening hours were not compatible with their working hours or daily activities. Another theme was health/mobility problems, with several stating that they are unable to leave the house due to this.

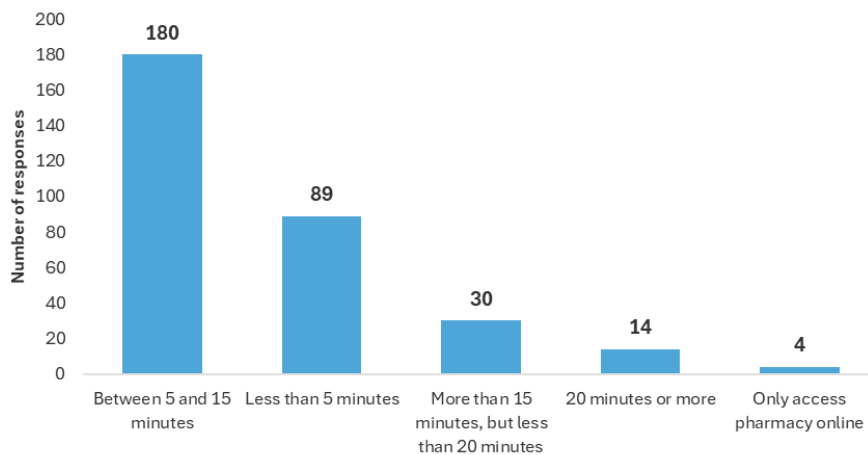
## On a scale of 1-5, how important are the following things in influencing your choice of pharmacy?

On a scale of 1 – 5, how important are the following things in influencing your choice of pharmacy?	1 (Not important)	2	3	4	5 (Very important)
Early opening times (before 9am)	134	50	50	22	27
Late opening times (after 6pm)	89	32	50	49	67
Location	5	3	19	66	221
Knowledgeable staff	4	4	13	62	221
Friendly staff	2	3	22	86	196
Short waiting times	5	6	53	107	122
Consultation room to speak to the pharmacist	26	21	58	75	119
Accessibility, i.e. Wheelchair/baby buggy friendly	95	30	66	37	56
Being able to speak to the staff in my preferred language	86	14	50	27	105
Being able to walk in without an appointment	21	6	39	73	157
Provision of online services (e.g. online consultation)	103	50	61	25	31
The pharmacy team taking time to listen to you	183	7	26	79	183
The pharmacy having things you need		1	6	52	245

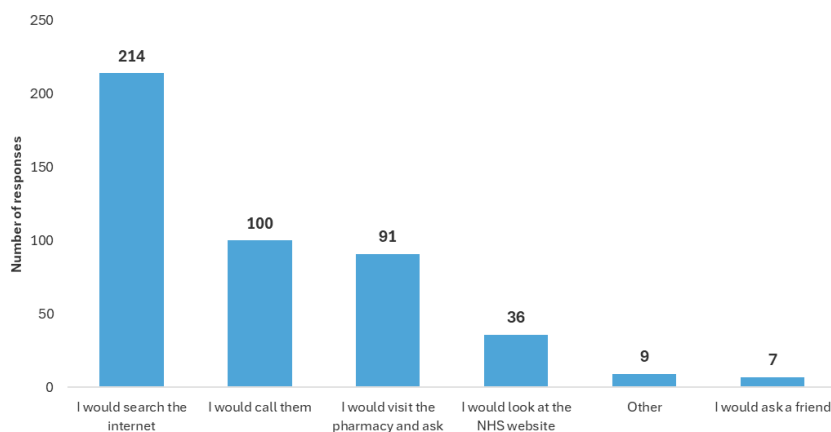
## How would you usually access a pharmacy?



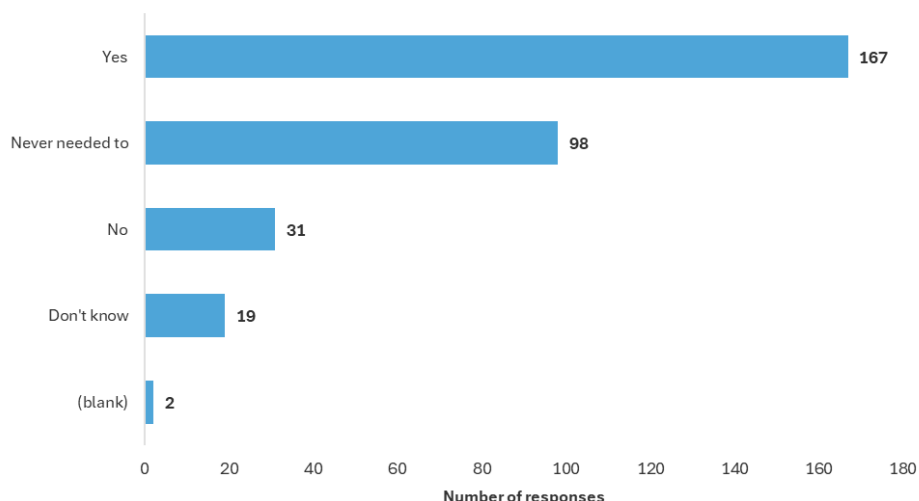
## How long does it usually take to get there?



## How do you find out information about the pharmacy – such as opening times or services being offered?



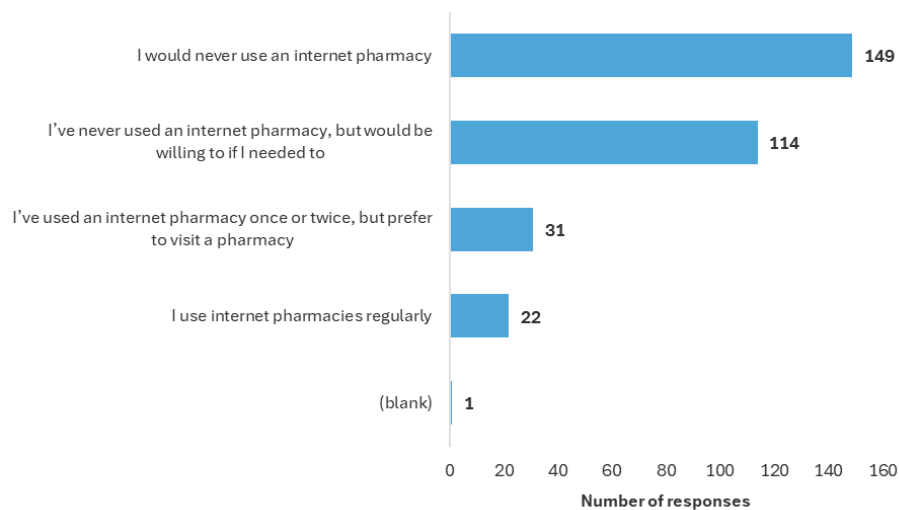
## Do you feel able to talk about something private/sensitive with pharmacy staff?



## Have you used any of the following services?

	Have used at a pharmacy	Would use at a pharmacy if required	Wouldn't want to use at a pharmacy – prefer to access elsewhere	Would never use this service	No opinion
Health checks, e.g. cholesterol, blood pressure, diabetes	68	140	33	19	34
Vaccinations e.g. flu/covid vaccinations)	187	67	18	13	19
Support to stop smoking	6	37	3	120	111
Testing for Sexually Transmitted Infections	1	46	38	110	82
Emergency contraception	11	53	4	115	92
Needle exchange service	2	25	3	141	102
Support to lose weight	3	93	20	82	75
Blood pressure checks	58	153	24	23	29
Pharmacy First – 7 clinical conditions which can be treated via pharmacist	24	173	10	25	53
C-card scheme (free condoms)	0	41	3	121	110

**Thinking about the use of internet pharmacies, (those pharmacies where you can only order your prescription online, for delivery to your home) which statement is appropriate to you?**



**Please state any other pharmacy services that you have used**

Some people stated that they use their pharmacy for vaccinations, such as flu and covid-19. However, the most recurrent theme for other services was for different forms of advice. This included general advice as well as advice specific to the respondent's medication (either prescribed or over the counter) and condition.

**Is there anything else that you would like to say about pharmacy services in your area, or any further service you would like from your pharmacist that isn't currently being provided?**

Comments made by respondents have been separated into three categories:

- Those with praise for pharmacies and pharmacists
- Those who are concerned about closures
- Those who have some issues with pharmacies and pharmacists

*Praise*

Respondents commented on the quality of the service, particularly for those local independent pharmacies. Many people stated that they have received wonderful service from their local pharmacy and that the staff are friendly helpful and knowledgeable. Pharmacists were recognised as going the extra mile and in some cases, people said that they prefer to visit the pharmacist rather than their GP.

### *Closure Concern*

Several respondents had concerns about potential closures of pharmacies, with people believing that this is due to lack of funding, being undervalued and immense pressure placed on pharmacies. Residents are concerned about the possibility of further closures of pharmacies as they rely on them more as they struggle to get appointments with their GP.

Another main concern regarding closures is that local pharmacies in villages, which are convenient will be closed, meaning that people have further to travel. This can affect many people, including those with mobility issues, the elderly, those who have no access to transport and others with various physical and mental health conditions.

### *Issues/Problems*

The main issue that people have is with opening times. Many state that hours are inconvenient for people who work full-time as few pharmacies are open after 6pm. People also stated that some pharmacies don't open at weekends, which again affects people who work through the week.

Another issue respondents had was that there were often problems with prescriptions, such as pharmacies not having the stock that is needed; lack of Communication with GPs resulting in the wrong medicine or and extended wait and that waiting times are too long. Some people also said that pharmacists are being forced to do the work that GPs should be doing.

Other concerns people have stated are that they struggle to get advice, pharmacies are getting very busy due to closures and that some areas of Bradford District have more pharmacies than others.

## 2. Responses from the Pharmacy Questionnaire

### Pharmacy Questionnaire

#### Purpose of the pharmacy engagement exercise

The pharmacy questionnaire’s purpose was to map out current provisions against what commissioners had provided, and to scope out future intensions.

Out of a possible 129 pharmacies (at the time the survey went out), 35 responded to the questionnaire – giving a response rate of 27%. It should be noted that although responses were lower than expected, many contractors own more than one pharmacy and provided a single response rather than responding for each pharmacy they own.

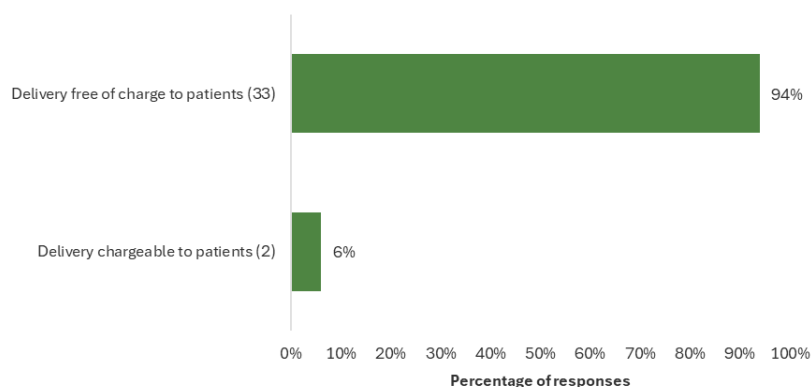
**Table 5: Pharmacy survey response rate**

Area	Number of responses	Number of pharmacies in the area	Response Rate
Bradford East	6	27	22%
Bradford South	5	23	22%
Bradford West	5	31	16%
Keighley	11	22	50%
Shipley	8	26	21%
Total	35	129	27%

#### Key findings

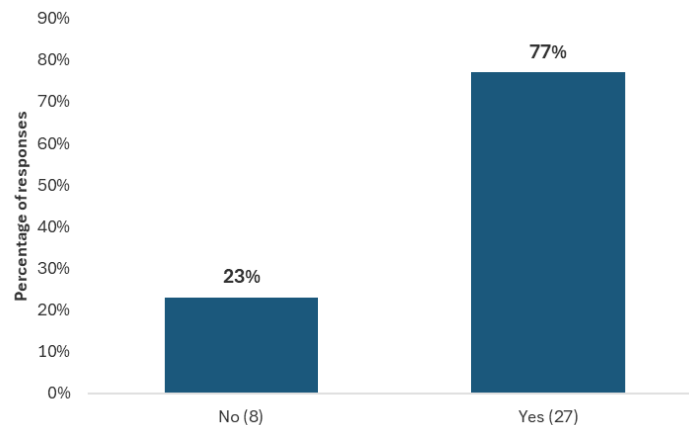
The main findings from the exercise were that Pharmacies are generally open when and where people wanted them to be. There is a lot of willingness from pharmacies to provide additional services if they were commissioned to do so, including in weight management service health check and phlebotomy services, but that financial pressure and lack of funding will have an impact on the services that pharmacies are able to provide.

#### Does the pharmacy currently provide any of the following services?



All of the pharmacies that responded to the questionnaire stated that they offer a delivery service. 94% of pharmacies have a free delivery service, with the remaining 6% stating that delivery was chargeable to patients.

**Is the entrance to the pharmacy accessible for wheelchair users?**



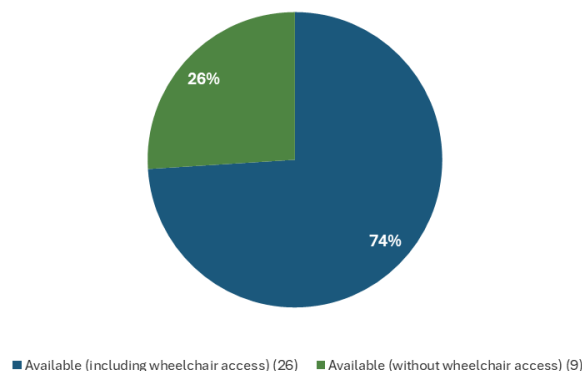
27 of the 35 pharmacies states that the entrance is accessible for wheelchair users (77%) with 8 pharmacies not having this facility (23%).

**Do you have any of the following facilities in the pharmacy to support people with disabilities?**

Facilities	Count	%
Automatic door assistance	12	34%
Bell at front door	14	40%
Disabled toilet facility	1	3%
Hearing loop	13	37%
Large print labels/leaflets	23	66%
Wheelchair ramp access	19	54%

One pharmacy stated that they have a disabled toilet pharmacy, making this the least offered facility of the 35 responding pharmacies. The most offered facility is large print labels/leaflets, with 23 pharmacies offering this (66%)

**Is there a consultation area (meeting the criteria within the Pharmacy Contractual Framework Terms of Service)?**

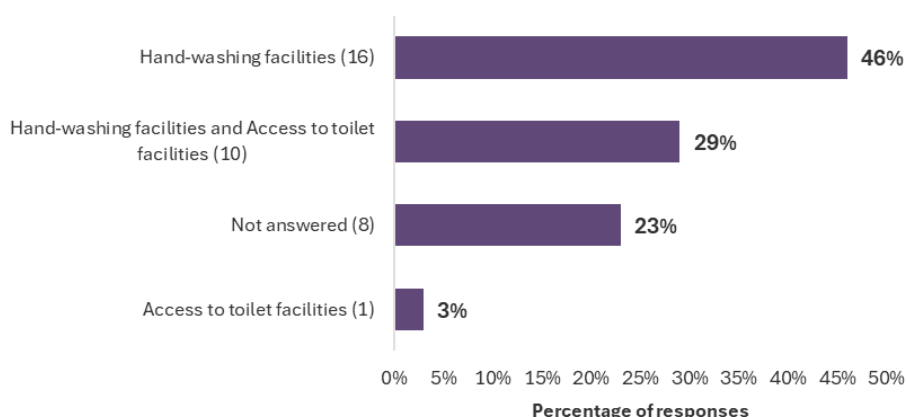


The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying *Consultation room*.
- Distinct from the general public areas of the pharmacy premises; and
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially (*Community Pharmacy England Website: 2025*)

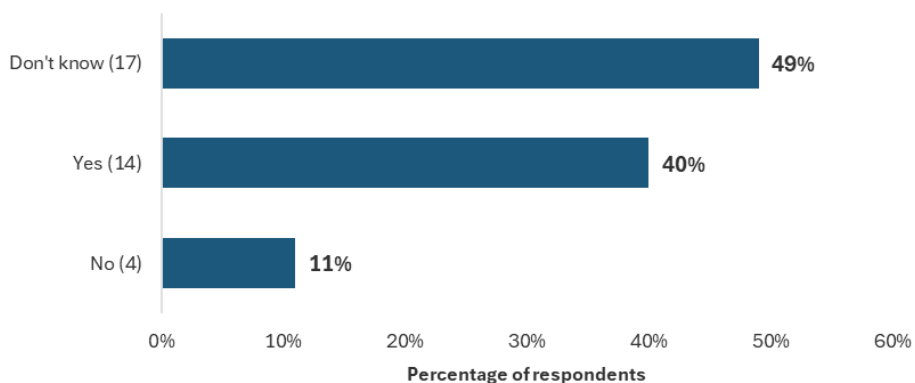
All 35 of the pharmacies who responded to the questionnaire reported that they offer a designated consultation area, meeting the correct requirements. 74% stated that their consultation room has wheelchair access (26) and 26% did not have wheelchair access (9).

**During consultations, are there any of the following available?**



16 pharmacies offered hand washing facilities only (46%), which was the highest number. One pharmacy stated that they have access to toilet facilities only (3%) which was the lowest. A further 10 pharmacies offer both toilet and handwashing facilities (29%) and eight did not answer the question (23%) so it is not known.

**Is there a particular need for an additional locally commissioned service in your area? If so, what's the service requirement and why?**



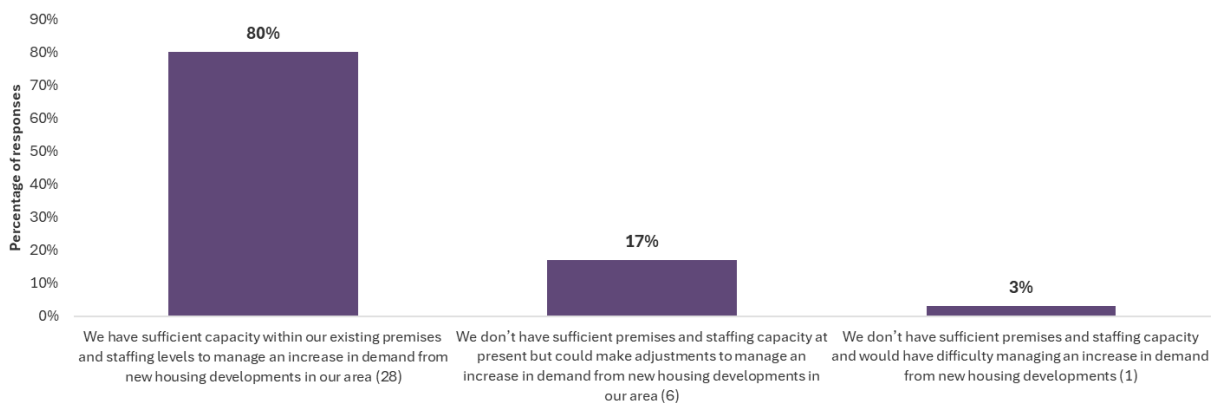
In response to the 'what's the service requirement' part of the question, minor ailment scheme/service was the most requested. Other services that respondents thought would be useful

were Health checks and screening, particularly for diabetes and cholesterol; a phlebotomy service and an independent prescribing service.

### **What do you feel is needed to better support your community, reduce inequalities and support people from underserved people?**

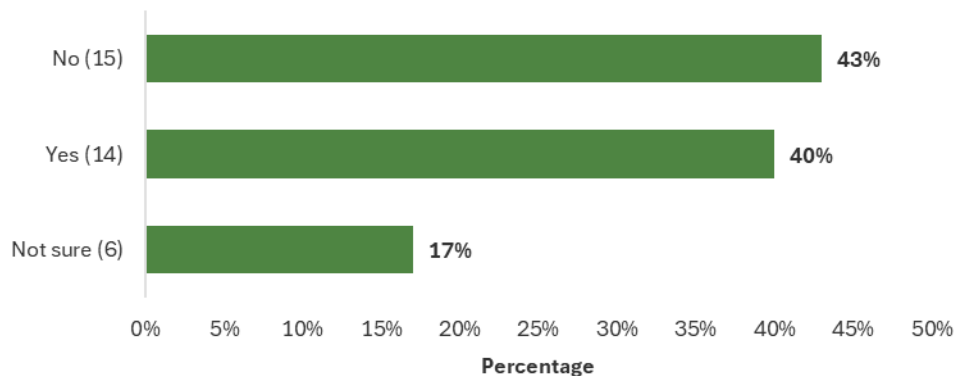
Main answers are that GPs have a better understanding of Pharmacy First service (which “enables patients to be referred to a community pharmacy for a minor illness or an urgent repeat medicine supply” – *NHS England website*); Financial support for patients accessing the Pharmacy First service; more information in other languages and access to interpreters; Additional funding and training; other responses included 28 day prescriptions; needle exchange programme due to the level of drug use in the area; local walk-in centres and better outreach programmes.

**There are likely to be a number of housing and other developments taking place across the local area with more planned and the PNA will need to identify whether the needs of those moving into new houses can be met by the existing spread of pharmacies and dispensing appliance contractor premises. With this in mind please select the option that best reflects your situation at the moment:**



28 (80%) of the pharmacies who responded to the questionnaire stated that they have sufficient capacity to accommodate increase in demand due to the building of new housing developments. Six pharmacies (17%) said that they do not have sufficient capacity, but could make adjustments to manage any increase in demand, One pharmacy (3%) stated that they do not have sufficient capacity and would struggle should there be an increase in demand.

**We are aware that there have been a number of changes to pharmacy provision over recent years, with a number of pharmacy closures and changes to opening hours. Have these changes had an impact on your pharmacy?**



Responses indicate that there have been various interconnected impacts relating to a lack of/cuts to funding, staff shortages, increased demand for pharmacy services and reduced opening hours. Additionally, in terms of increased demand, closures of pharmacies mean that there are fewer places to refer patients to if they are unable to provide what they need.

**Please use the space below to tell us any additional information that you feel is not captured within this questionnaire. You may wish to include comments about additional services you would like to provide if you were commissioned to do so.**

The comments indicate again that lack of funding and mounting financial pressures are having an impact on the service that the pharmacy is able to provide. One comment stated that parameters for claiming funds for NHS commissioned services are unachievable, adding to this pressure.

Other comments indicate that they would like to be able to reduce pressures on GPs as well as improve relationships between the two. Possible ways to do this from the responses are detailed below:

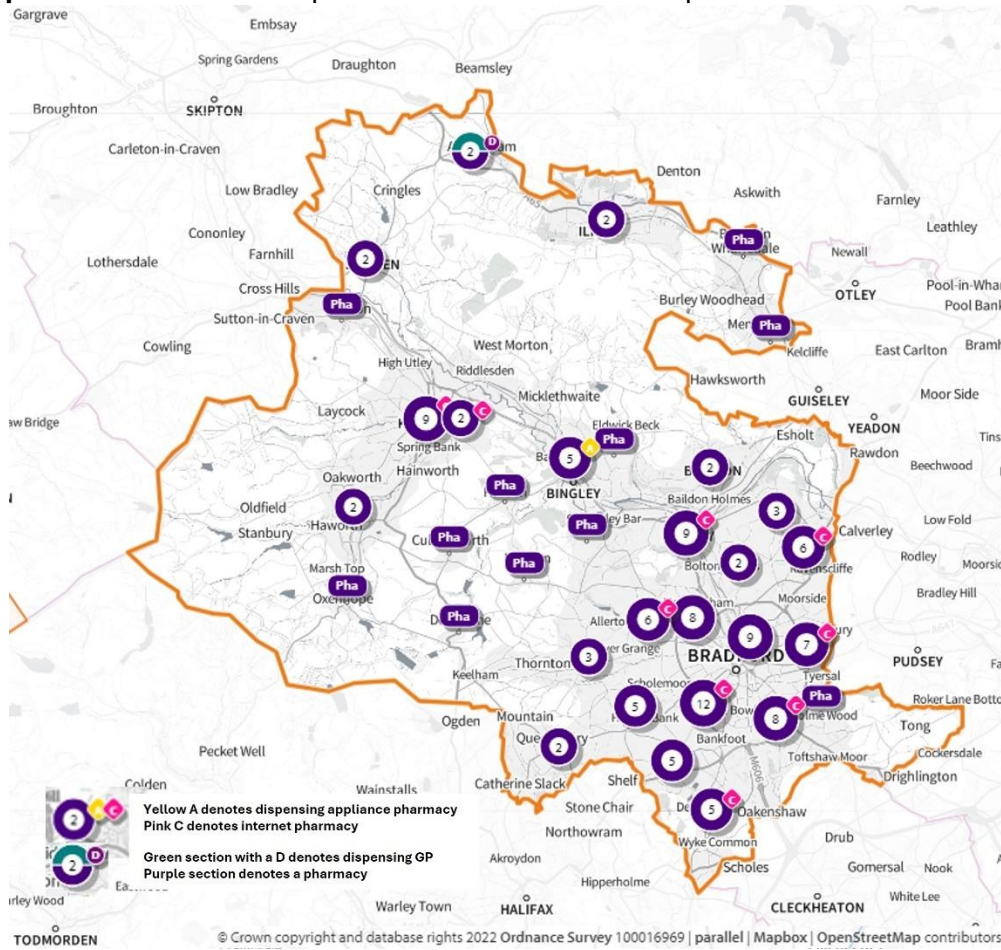
- Weight management service
- Health check service
- Phlebotomy service
- Vaccinations
- Other services, i.e. ear syringe, malaria treatment

### 3. Maps

A number of maps have been produced showing the location of services within the district. These maps have helped to draw conclusions about whether current services meet the needs of the Bradford District population.

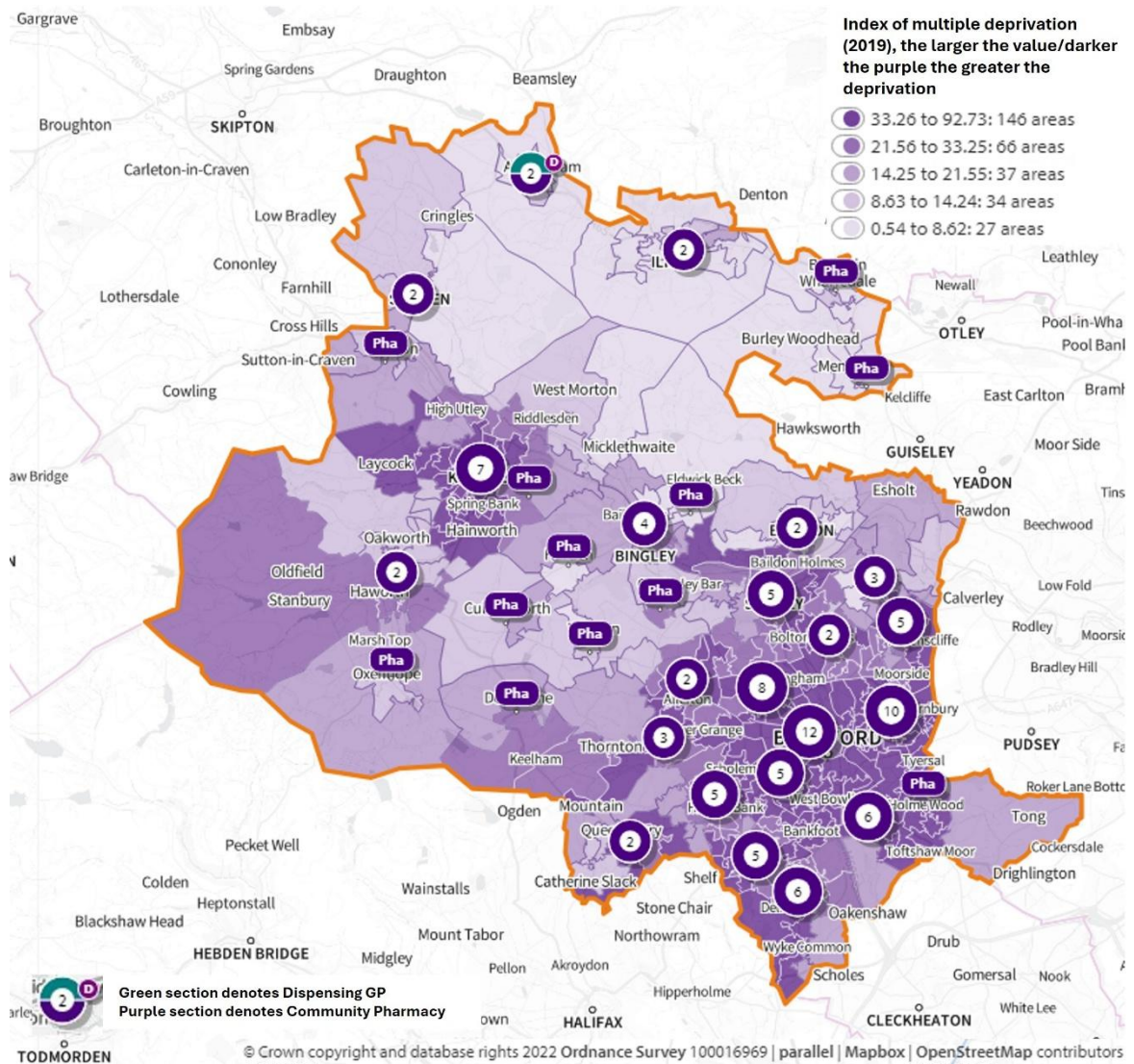
<b>Map Number</b>	<b>Map Title</b>
1	Map of pharmacies within Bradford District, including Hospitals and GP practices
2	Map Community Pharmacies and dispensing GPs compared to IMD
3	Map of community pharmacies and dispensing GPs compared to population density
4	Map of walking times from pharmacy
5	Map of drive times from pharmacy by car
6	Map of time to pharmacy via Public Transport on a weekday morning
7	Map of Pharmacies providing 72-hour or more services
8	Map of pharmacies providing late night opening hours
9	Map of Dispensing providing Saturday opening hours
10	Map of Dispensing providing Sunday opening hours
11	Map of pharmacies providing Pharmacy First Services
12	Map of pharmacies providing smoking cessation services
13	Map of pharmacies providing lateral flow services
14	Map of pharmacies providing blood pressure services

**Map 1: Premises at which pharmaceutical services are provided in Bradford District**



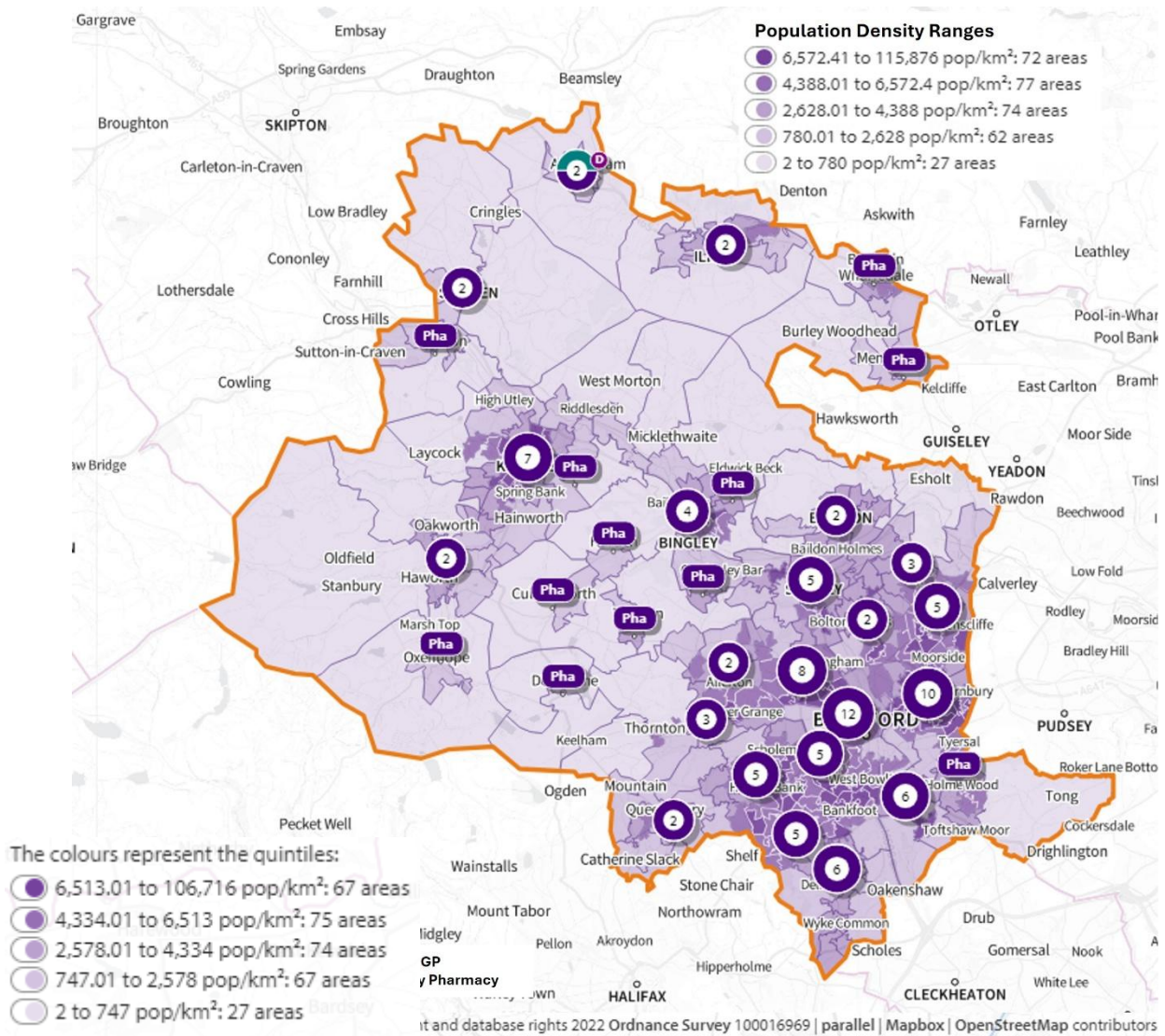
## Map 2: Community Pharmacies and dispensing GPs compared to IMD

This map shows that the number of pharmacies is higher in the more deprived parts of the District, consistent with population need.



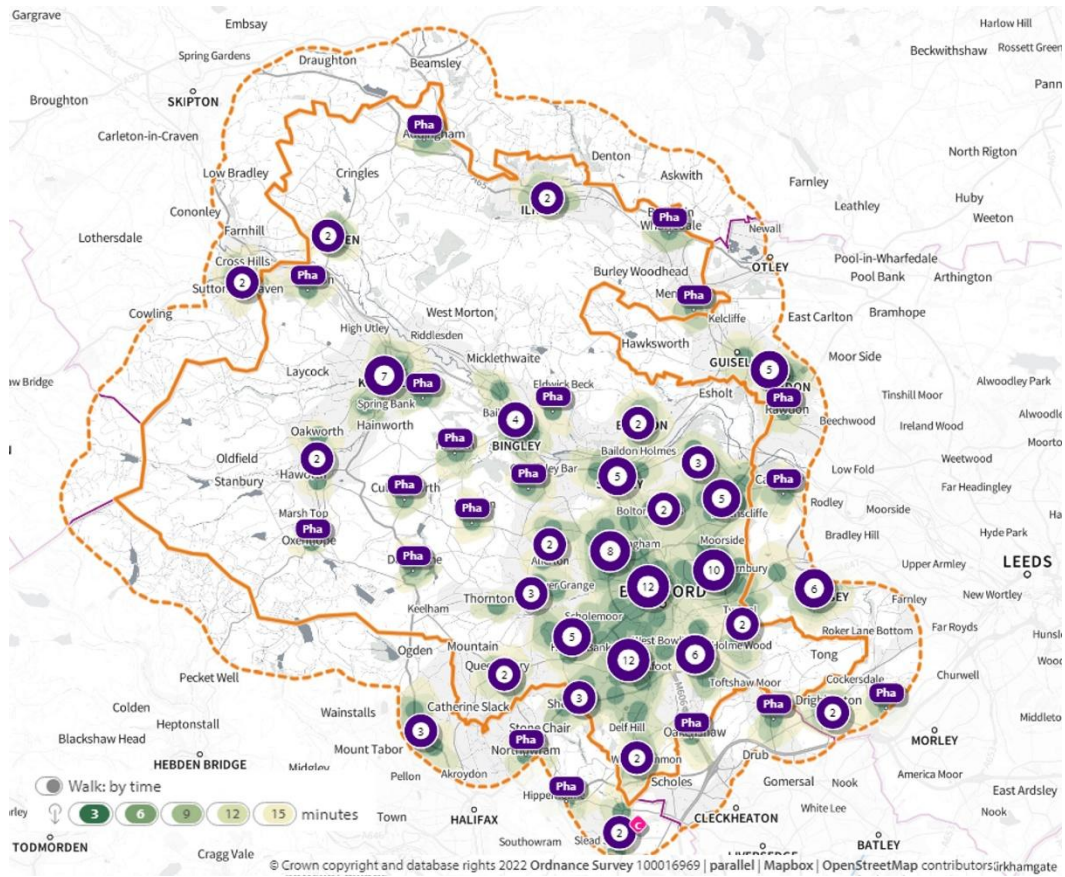
**Map 3: Community pharmacies and dispensing GPs compared to population density**

This map shows that there is a good geographical distribution of pharmacies across the District. The number of pharmacies is greatest in the more densely populated areas of the district.



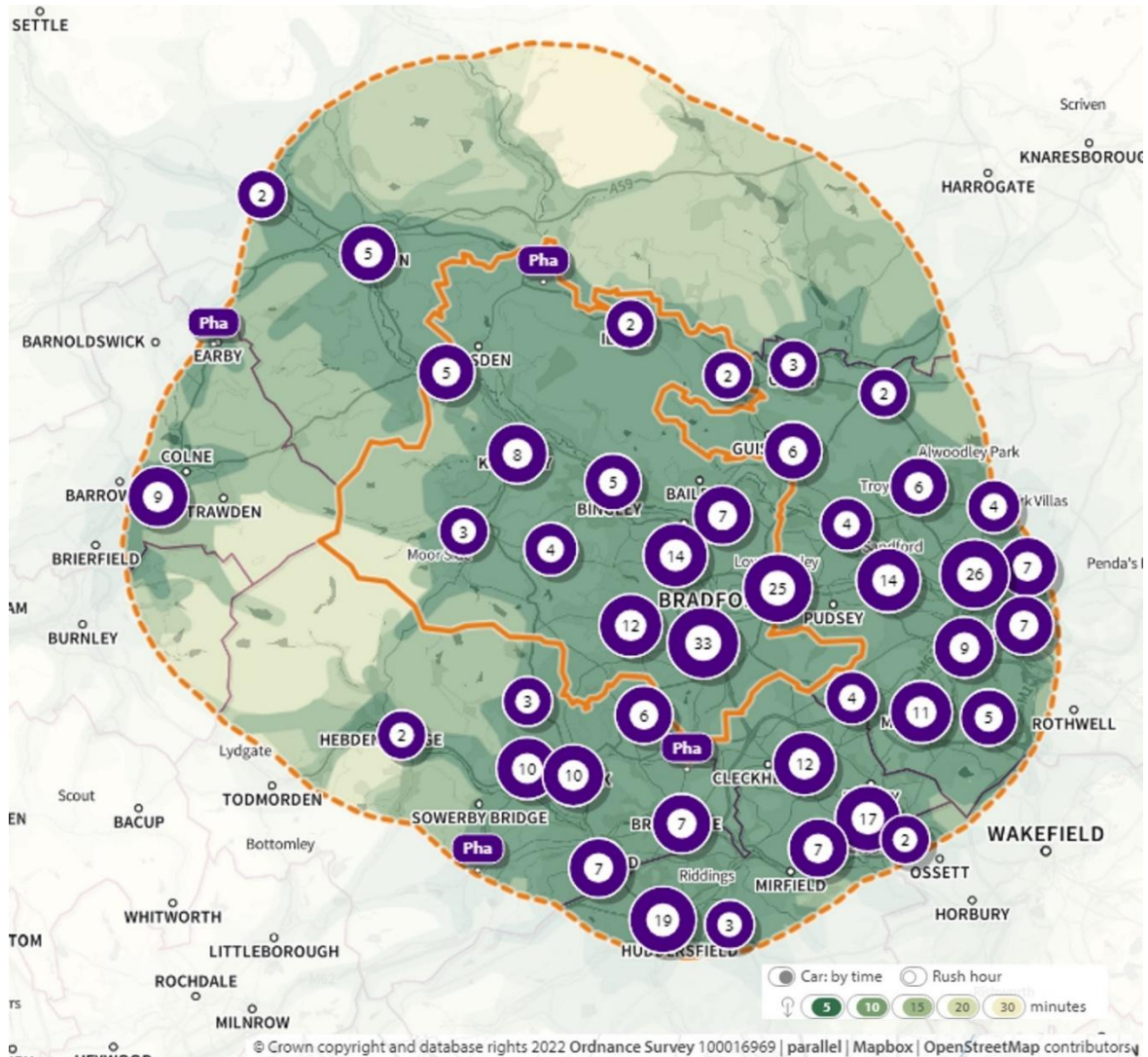
### Map 4: Map of walking times from pharmacy

This map shows the majority of pharmacies are within 15 minutes walking times



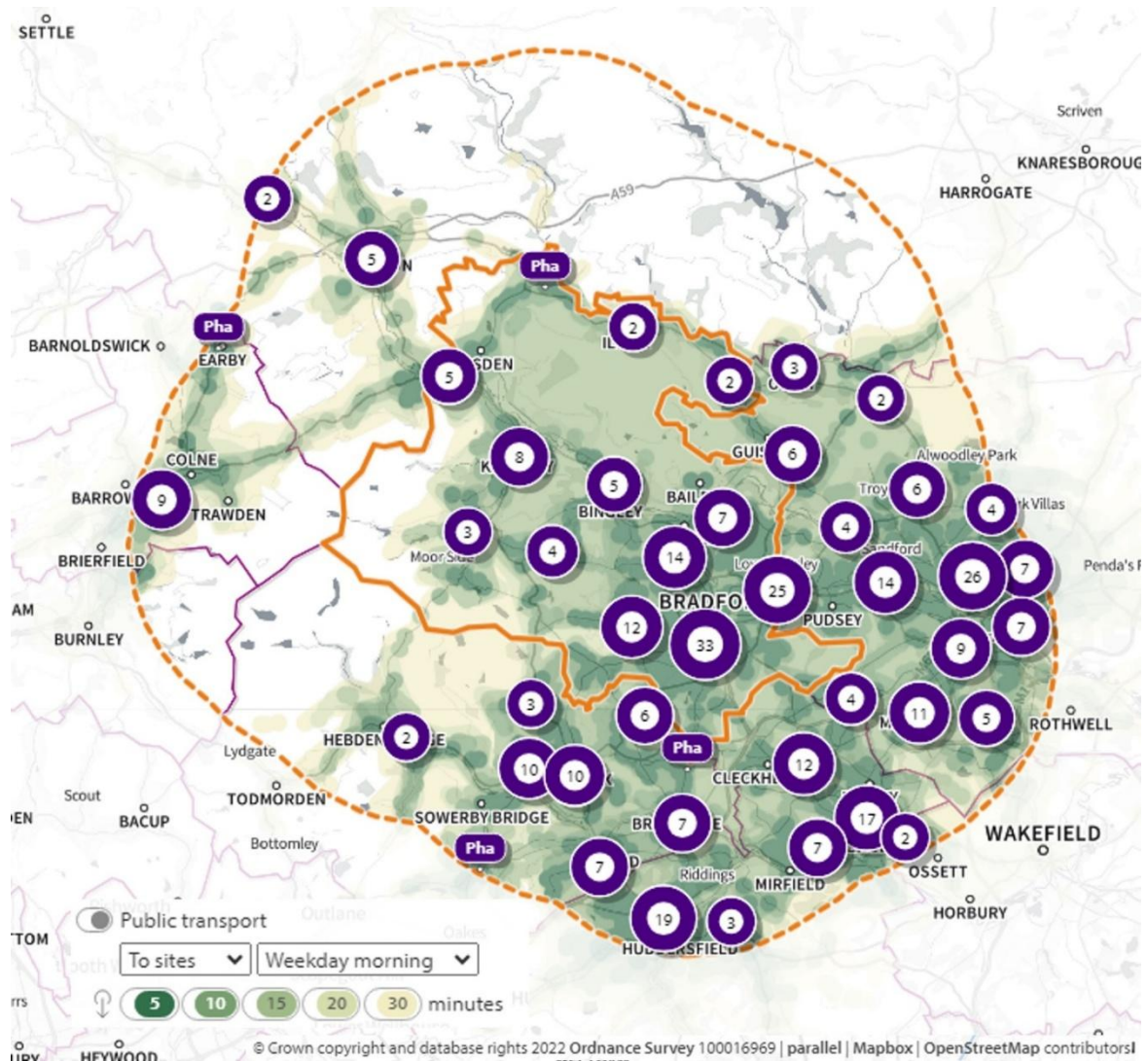
**Map 5:** Drive times from pharmacy by car – including 10km buffer for pharmacies just outside Bradford district.

This map shows the majority of pharmacies are within 15 minutes drive by car



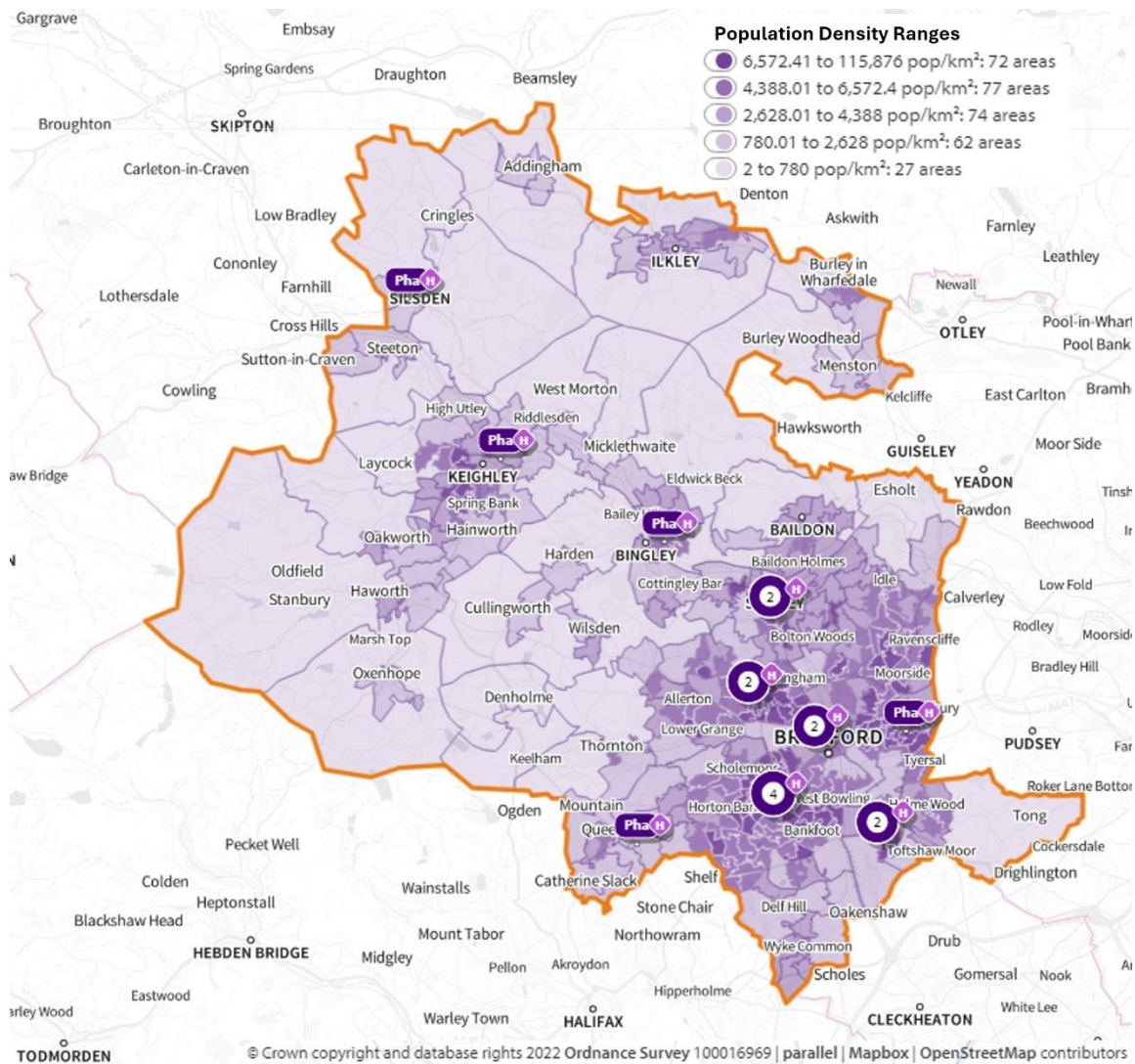
**Map 6:** Time to pharmacy via Public Transport on a weekday morning – including 10km buffer for pharmacies just outside Bradford district.

This map shows the majority of pharmacies are within 20 minutes by public transport, apart from the more rural areas in the west of the district.

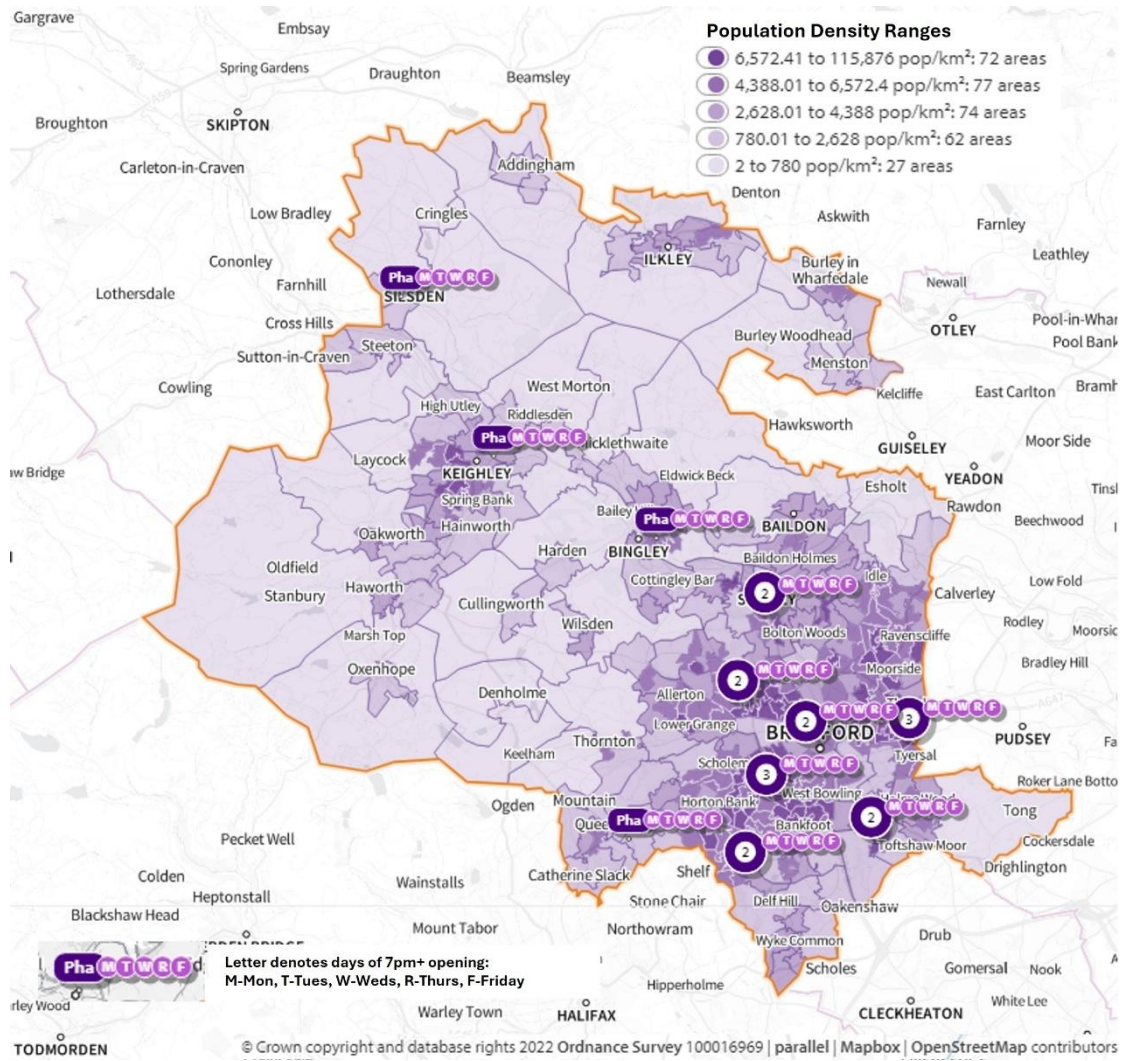


**Map 7: Map of Pharmacies providing the 72-hour or more services**

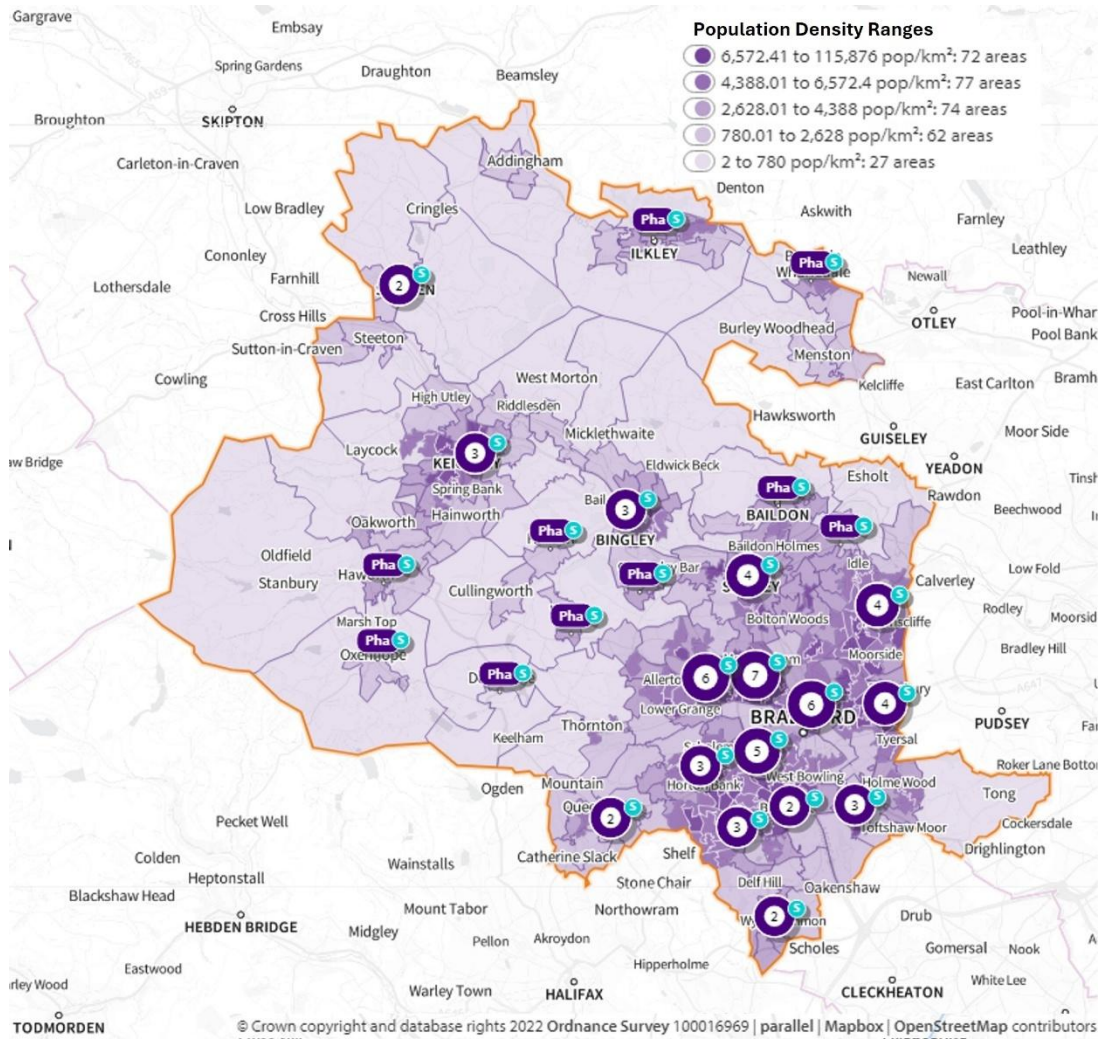
This map shows the majority of pharmacies providing 72 hour or more services are within the more densely populated areas of the district.



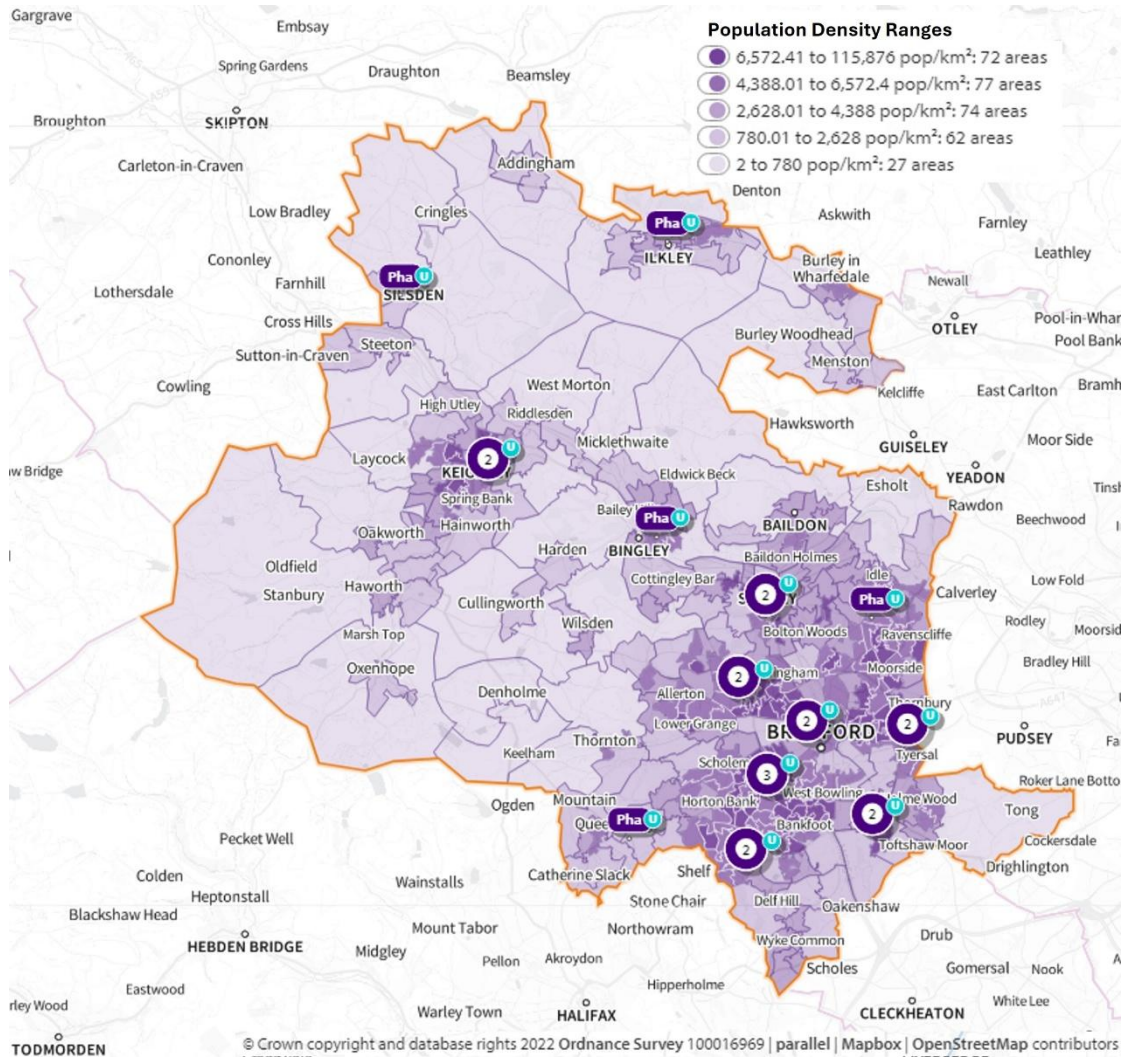
**Map 8: Pharmacies providing late night weekday opening hours**



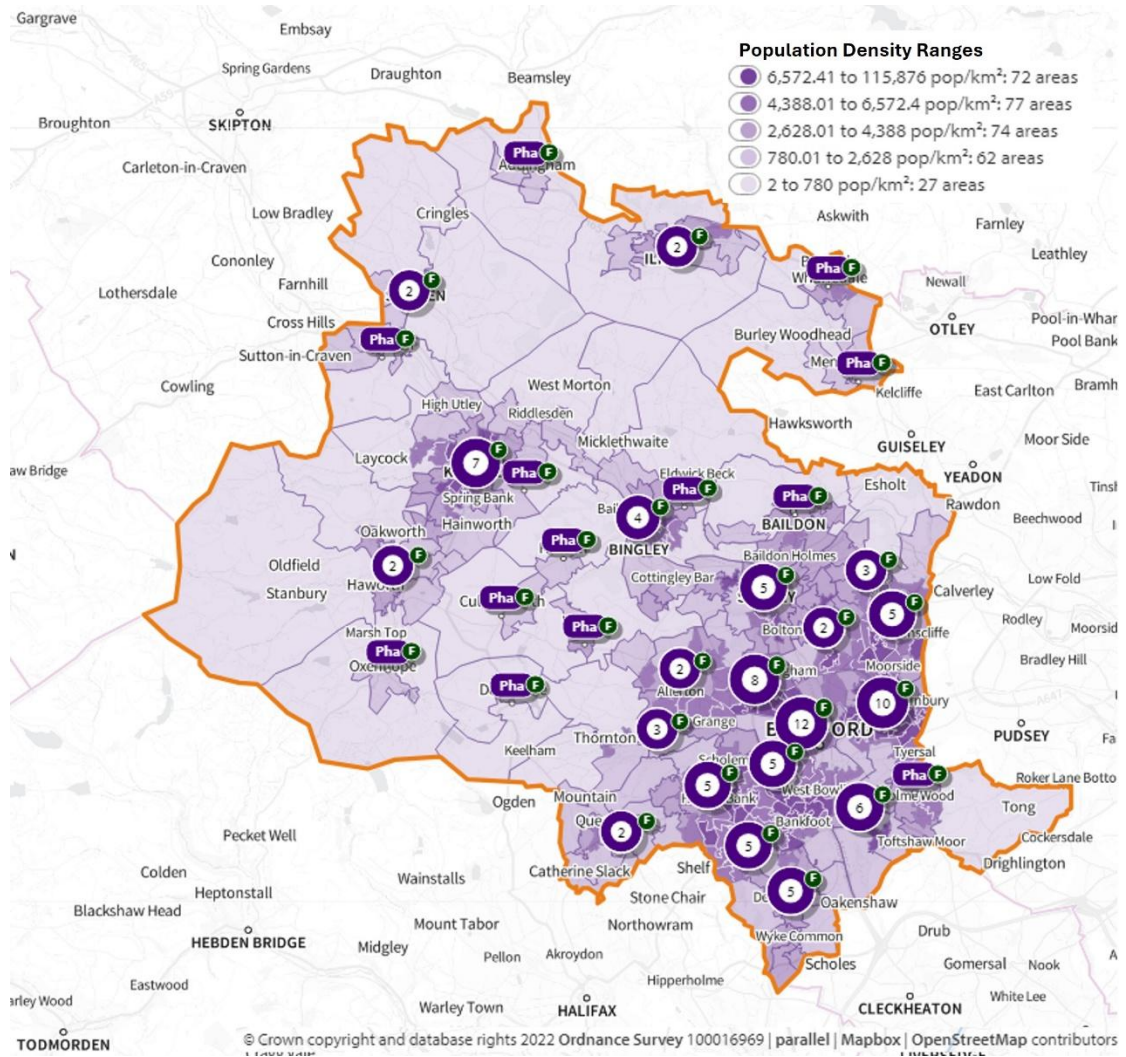
**Map 9: Pharmacies providing Saturday opening hours**



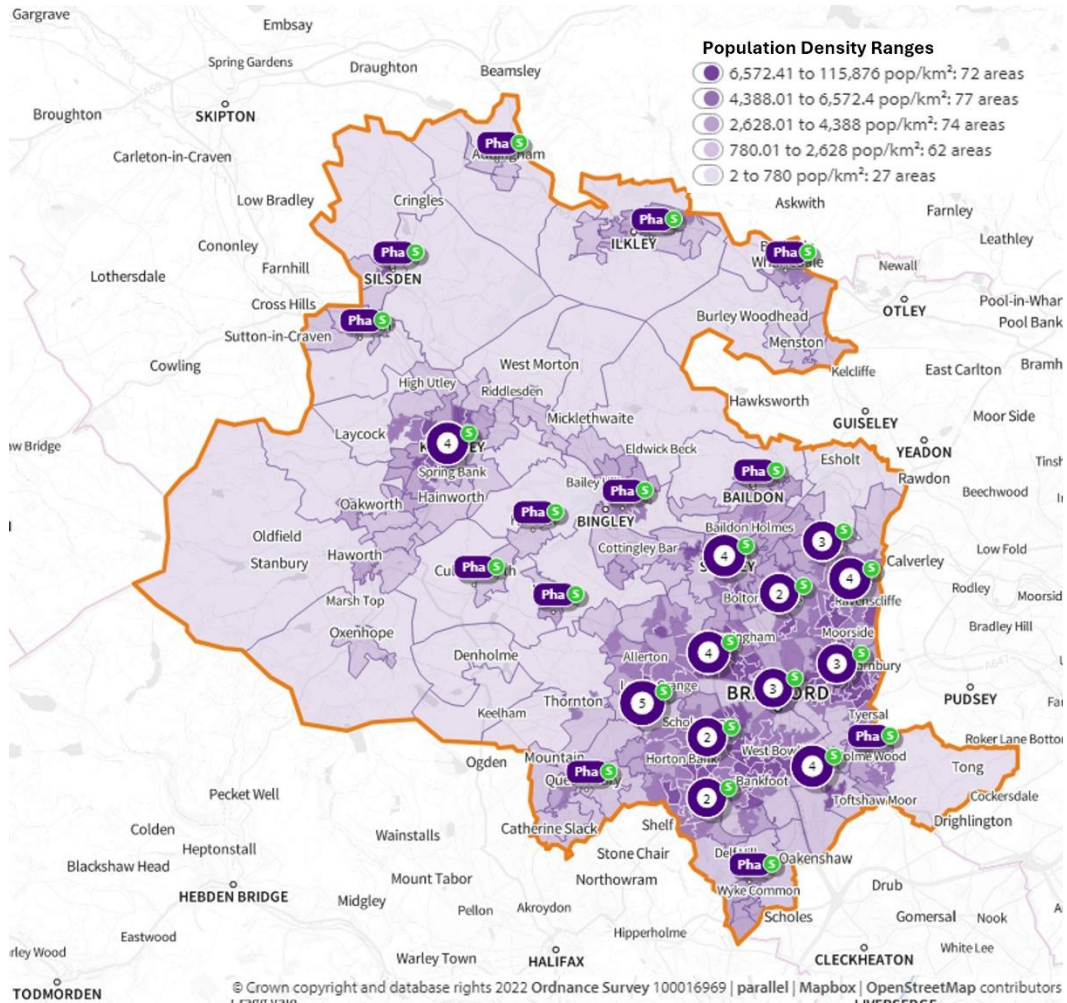
**Map 10: : Pharmacies providing Sunday opening hours**



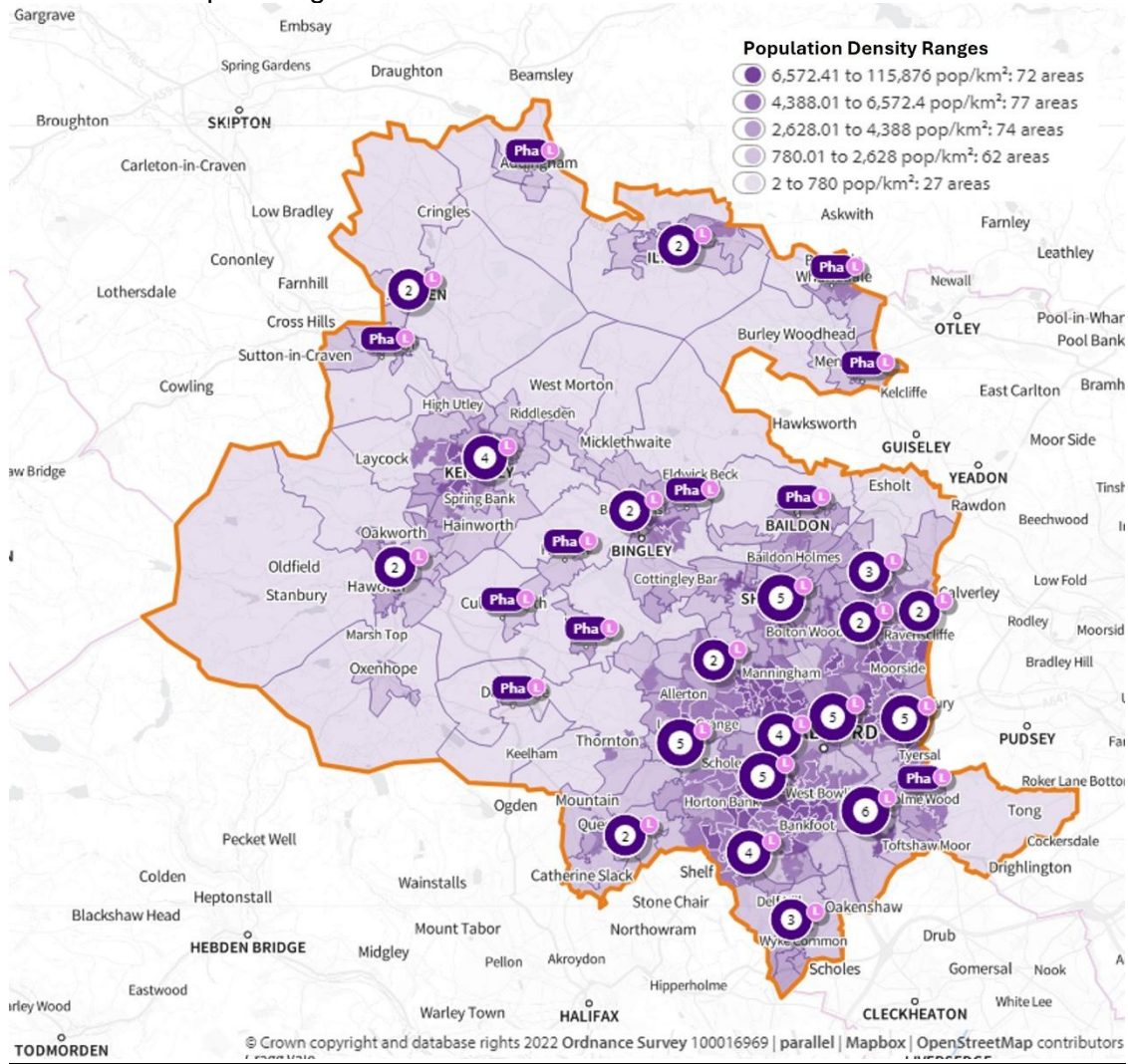
**Map 11: Pharmacies providing Pharmacy First services**



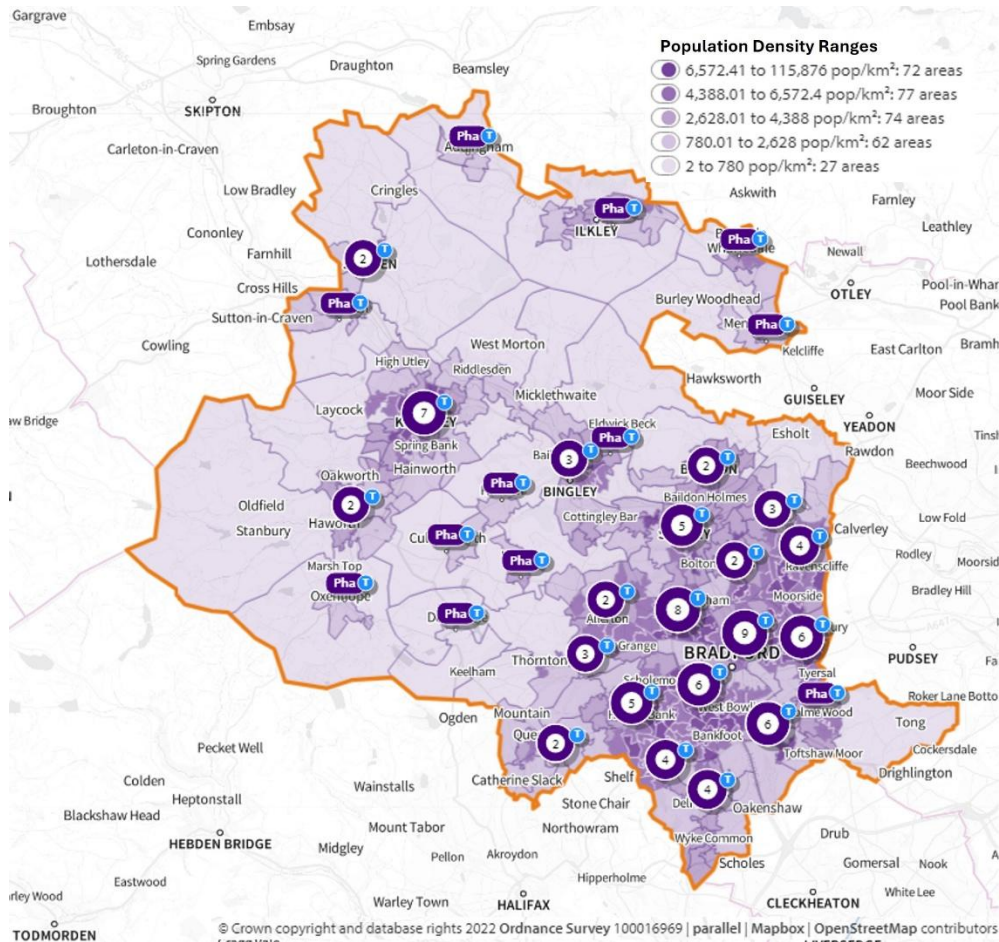
**Map 12: Pharmacies providing smoking cessation services**



**Map 13: Pharmacies providing lateral flow services**



**Map 14: Pharmacies providing blood pressure services**



#### **4. PNA Consultation process, feedback and responses**

Formal consultation on the draft of the PNA document, as required within the regulations, commenced on **1<sup>st</sup> April 2025**, and continued until the **31<sup>st</sup> May 2025**. All of the consultees required by the regulations were sent an e-mail with a link to the consultation document and were made available to the public for comment via Bradford Council consultation and engagement and the JSNA website.

Responses received from this formal consultation will be detailed here, including responses and amendments made to the draft PNA as a result of comments that fall within the remit of the PNA.

No substantive changes to the content have been made, and therefore no further period of consultation has been required.

##### **What Questions were asked?**

Question 1: I am responding to the questionnaire on behalf of:

- A local pharmacist
- A dispensing practice
- A non-dispensing practice
- A Health and Social Care Provider
- A Local Authority
- The Local Medical Committee
- The Local Pharmacy Committee
- A local ICB
- As an elected member/MP
- A voluntary or community sector organisation
- As a member of the public
- Other

Question 2: If 'Other' please state:

Question 3: Has the purpose of the pharmaceutical needs assessment been explained?

Question 4: If 'No', why not?

Question 5: Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?

Question 6: If 'No' why not?

Question 7: Are there any gaps in service provision i.e. when, where, and which services are available that have not been identified in the pharmaceutical needs assessment?

Question 8: If 'Yes', please explain what the gaps in service provision are?

Question 9: Does the draft pharmaceutical needs assessment reflect the needs of your area's population?

Question 10: If 'No', why not?

Question 11: Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?

Question 12: Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?

Question 13: Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Question 14: Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted? Please list below

Question 15: Do you agree with the conclusions of the pharmaceutical needs assessment?

Question 16: Do you have any further comments?

## Responses

### (i) Number of responses

7 responses were received in total.

### (ii) Summary of responses

Question	Response		
	Yes	No	No response
Has the purpose of the pharmaceutical needs assessment been explained?	7	0	0
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	5	2	0
Are there any gaps in service provision i.e. when, where, and which services are available that have not been identified in the pharmaceutical needs assessment?	5	2	0
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	5	2	0
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	6	1	0
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	5	2	0
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	5	2	0
Do you agree with the conclusions of the pharmaceutical needs assessment?	4	3	0

### (iii) Response to consultation feedback

A small number of comments were received regarding issues that are not covered under the specific remit of the pharmaceutical needs assessment. These comments were passed onto relevant organisations including CPWY and WYICB to help inform potential future commissioning decisions.

## 5. Description of Essential services

### Aims and intended outcomes

The NHS Discharge Medicines Service has been established to ensure better communication about changes made to a patient's medicines in hospital and the aims of the service are to:

- Optimise the use of medicines, whilst facilitating shared decision making
- Reduce harm from medicines at transfers of care
- Improve patients' understanding of their medicines and how to take them following discharge from hospital
- Reduce hospital readmissions and
- Support the development of effective team-working across hospital, community and PCN pharmacy teams and general practice teams and provide clarity about respective roles

### Dispensing appliances

Pharmacies need only dispense appliances if they supply them in their normal course of business

### Dispensing Medicines

#### Service description

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

#### Aims and intended outcomes

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

- Providing information and advice to the patient or carer on the safe use of their medicine or appliance
- Providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances

### Disposal of unwanted medicines

#### Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.

#### Aims and intended outcomes

- To ensure the public has an easy method of safely disposing of unwanted medicines.
- To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them.
- To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods.
- To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

## **Healthy living pharmacy**

It has been a requirement since 2020/21 for all pharmacies to become an HLP – this reflects the priority attached to public health and prevention work. Pharmacy owners should support their staff to understand public health needs, support and health and wellbeing ethos, demonstrate team leadership and communicate appropriate health and wellbeing information to patients and the public.

## **Public Health (Promotion of healthy lifestyles)**

### **Service description**

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have diabetes or be at risk of coronary heart disease, especially those with high blood pressure or who smoke or are overweight and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.

### **Aims and intended outcomes**

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector

## **Repeat Dispensing and eRD**

### **Service description**

At least two thirds of prescriptions in primary care are for patients needing repeat supplies of regular medicines. Patients using this service can receive a repeat prescription without the GP having to issue a new one each time. The service was designed to save GP practices and patients time and improve convenience and access to prescriptions.

Under the repeat dispensing service pharmacy teams will:

- Dispense repeat dispensing prescriptions issued by a general practice
- Ensure that each repeat supply is required
- Seek to ascertain that there is no reason why the patient should be referred back to their general practice.

The majority of repeat dispensing is now carried out via electronic Repeat Dispensing (eDR).

## **Signposting**

### **Service description**

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

### **Aims and intended outcomes**

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services

## **Support for self-care**

### **Service description**

The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

### **Aims and intended outcomes**

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services

## **6. Description of Advanced services**

### **Appliance use review**

#### **Service description**

An Appliance Use Review is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

#### **Aims and intended outcomes**

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

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

### **Flu Vaccination Advanced Service**

#### **Service description**

During the seasonal influenza vaccination campaign period, pharmacy staff will identify people eligible (either directly, or through people proposing themselves) for seasonal influenza vaccination and encourage them to be vaccinated. This advanced service covers patients aged 18 years and older who are eligible to receive the seasonal influenza vaccination as set out in the Annual Flu Letter

#### **Aims and intended outcomes**

The aims of this advanced service are:

- To sustain and maximise uptake of seasonal influenza vaccine in at risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance
- To protect those who are most at risk of serious illness or death should they develop seasonal influenza, by offering protection against the most prevalent strains of the seasonal influenza virus through administration of seasonal influenza vaccination to eligible Patients
- To provide more opportunities and improve convenience for eligible patients to access seasonal influenza vaccinations.

### **Hypertension Case Finding service**

#### **Service description**

This is an NHS funded services which is open to patients aged 40 years or more, who do not have a current diagnosis of hypertension. The pharmacy staff will conduct a face-to-face consultation in the pharmacy consultation room and will take blood pressure measurements following best practice as described in NICE guidance (NG136) Hypertension in adults: diagnosis and management.

The pharmacy staff will discuss the results with the patient and complete the appropriate next steps. As part of the consultation, the patient should be provided with the details of their blood pressure results. All test results must be sent to patients registered general practices. Some test results indicate urgent referrals are needed and in these cases the pharmacist will telephone the patient's general practice and send their blood pressure test results immediately. All other test results must be sent to patients' general practices in a weekly summary.

#### **Aims and intended outcomes**

- Identify people aged 40 years or older, or at the discretion of the pharmacist people under the age of 40, with high blood pressure (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Promote healthy behaviours to patients.

#### **Lateral Flow Device Tests Supply Service**

##### **Service description**

This is a walk-in service where patients/patients' representatives can collect one box of five LFD tests from a participating community pharmacy, on confirmation that the patient is part of the cohort which is potentially eligible for COVID-19 treatments. Eligible patients do not need to be symptomatic to obtain a box of tests. This is to ensure patients can access the assessment pathway for COVID-19 treatments in a timely way if they develop symptoms in the future, given the short efficacy window for treatment following symptom onset.

##### **Service Objectives**

The objective of this service is to offer eligible, at-risk patients access to LFD tests to enable testing at home for COVID-19, following symptoms of infection. Wherever possible, eligible patients should obtain LFD tests in advance of developing symptoms.

A positive LFD test result will be used to inform a clinical assessment by the patient's clinician to determine whether the patient is suitable for, and will benefit from, NICE-recommended COVID-19 treatments.

#### **New medicine service**

##### **Service description**

The New Medicine Service is provided to patients who have been prescribed for the first time, a medicine for a specified long-term condition, to improve adherence. The New Medicine Service involves three stages, patient engagement, an intervention, and follow up.

##### **Aims and intended outcomes**

- Help patients and carers manage newly prescribed medicines for an LTC, supporting patients to make shared decisions about their LTC
- Recognise and utilise the important and expanding role of pharmacists in optimising the use of medicines
- Increase patient adherence to treatment and consequently reduce medicines wastage and contribute to the NHS Quality, Innovation, Productivity and Prevention (QIPP) agenda

- Supplement and reinforce information provided by the prescriber, Primary Care Network (PCN) clinical pharmacist and GP practice staff to help patients make informed choices about their care
- Promote multidisciplinary working with the patient's GP practice and other health professionals involved in the patient's care
- Enable the early identification of issues with newly prescribed medicines (e.g. adverse drug reactions or medicines usage problems) and support patients to resolve them or highlight to the prescriber
- Link the use of newly prescribed medicines to lifestyle changes or other non-pharmacological interventions to promote well-being and promote health in people with LTCs
- Promote and support self-management of LTCs, and increase access to advice, improving medicines adherence and knowledge of potential side-effects
- Support integration of community pharmacy with LTC services from other healthcare providers and provide appropriate signposting and referral to these services
- Improve pharmacovigilance
- Through increased adherence to treatment, reduce avoidable medicines-related hospital admissions and improve quality of life for patients

## **Pharmacy Contraception service**

### **Service Description**

The aim of the Pharmacy Contraception Service (PCS) is to offer greater choice from where people can access contraception services and create additional capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

People will access the service by one of the following routes: Identified as clinically suitable by the community pharmacist and accept the offer of the service; Self-refer to a community pharmacy; Referred by their general practice; Referred from a sexual health clinic (or equivalent); or referred from other NHS service providers, e.g., urgent treatment centres or NHS 111.

### **Service objectives**

The objectives of the service are:

- To provide a model for community pharmacy teams to initiate provision of OC, and to continue the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply will be undertaken using PGDs to support the review and supply process.
- To establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering starting or continuing their current form of OC.

## **Pharmacy First Service**

### **Service Description**

The Pharmacy First service incorporates the previous Community Pharmacist Consultation Service (both urgent medicines supply and minor illness elements) and builds on this to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. This will

enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate, supplying certain OTC and prescription only medicines (POM) via Clinical Protocol and Patient Group Directions (PGDs). Patients may access this service either by referral (as for CPCS) or when they are identified as suitable by the pharmacist providing self-care as an essential service.

### **Service Objectives**

The objectives of the Pharmacy First advanced service are:

- To offer patients who contact either, NHS 111 (by telephone or on-line), or 999 service, or their own GP practice, or a primary care out-of-hours service, or an UEC setting (e.g. an ED, UTC, UCC), the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting.
- To free up clinician capacity in the above settings, for the treatment of patients with higher acuity conditions.
- To identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent inappropriate use of UEC services in the future.
- To provide urgent access to patients who are not registered with a GP for treatment of low acuity minor illnesses, and to ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine requested.
- To further utilise the clinical skills of community pharmacy teams to complete episodes of care for patients and improve access, displacing activity from general practice and urgent care settings

### **Smoking Cessation Service**

#### **Service Description**

All people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. This service has been designed to enable NHS trusts to undertake a transfer of care on patient discharge, referring patients (directly or indirectly and where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required. The ambition is for referral from NHS trusts to community pharmacy to create additional capacity in the smoking cessation pathway.

#### **Service Objectives**

- The aim of the service is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.
- The objective of the service is to ensure that any patients referred by NHS trusts to community pharmacy for the SCS receive a consistent and effective offer, in line with NICE guidelines and the OMSC

### **Stoma appliance customisation**

#### **Service description**

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- The stoma appliance to be customised is listed in Part IXC of the Drug Tariff
- The customisation involves modification to the same specification of multiple

- identical parts for use with an appliance and
- Modification is based on the patient's measurement or record of those measurements and if applicable, a template

**Aims and intended outcomes**

The underlying purpose of the service is to:

- Ensure the proper use and comfortable fitting of the stoma appliance by a patient and
- Improve the duration of usage of the appliance, thereby reducing wastage of such appliances

## 7. Description of Local Services (Enhanced)

**Antiviral Access Service** – the purpose of this service is for community pharmacies to stock and supply antivirals for the treatment and prophylaxis of influenza. This includes usual extended opening hours, including weekends.

**Care Home Service** - the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to

- The proper and effective ordering of drugs and appliances for the benefit of residents in the care home
- The clinical and cost-effective use of drugs
- The proper and effective administration of drugs and appliances in the care home
- The safe and appropriate storage and handling of drugs and appliances and
- The recording of drugs and appliances ordered, handled, administered, stored or disposed of

**EHC & Sexual Health** - pharmacies are commissioned to provide an EHC service as part of a sexual health service which may also include condom distribution, pregnancy testing and a chlamydia screening and other treatment services. Pharmacists providing the service must always refer to the service specification for the service that they are commissioned to provide.

**ENT Assessment Service** - the ENT Assessment Service is commissioned by NHS ICB in Leeds. The overall aim of the service is to ensure that patients can access an ENT examination in community pharmacy to guide self-care advice for the treatment of ENT conditions which may include the purchase or supply of an OTC treatment. The service is initially only open to pharmacies located in specific areas of Leeds (as determined by NHS ICB in Leeds).

**Flu Vaccination Service** - Locally commissioned Flu Vaccination Services are commissioned by Bradford Council and Calderdale Council to provide flu vaccinations to council staff who are not eligible for NHS vaccination. Each scheme is slightly different, with the Bradford scheme also including voluntary sector workers and the Calderdale scheme including staff working in schools or early years settings.

**Independent Prescribing Pathfinder** - The programme has been introduced by NHSE to inform the commissioning framework required to introduce independent prescribing into NHS community pharmacy services. The IP Pathfinder will explore how community pharmacists and their teams can deliver an integrated clinical service aligning prescribing activity with general practice and the population needs of local communities.

**Leeds Pharmacy Access to Self-Care (Previously Known as Pharmacy First)** - this service is currently commissioned by NHS Leeds ICB to help release capacity in general practice by providing an appropriate alternative for the treatment of minor ailments. To be eligible for the service patients must: be currently suffering from one of the minor ailments included in the service, be exempt from prescription charges, consent to share details with their GP, be registered with a Leeds GP practice.

**Minor Ailments & Head Lice Service** - the purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply medication to the patient for the treatment of the minor ailment. NHS West Yorkshire ICB commissions

Minor Ailment Services in the following areas: Calderdale, Kirklees (HD1 or HD2 only), and South and East Leeds. The Head Lice service is commissioned in the Kirklees and Calderdale area.

**Needle and Syringe Exchange Service** - The overall aim of syringe and exchange services is to reduce the rates of equipment sharing amongst injecting drug users thereby preventing the risks of infection and drug related harm (individual and community).

**Palliative Care Formulary Service** - Pharmacies commissioned to provide this service keep a stock of a locally agreed list of medicines and make a commitment to ensure that the users of the service have prompt access to these medicines when presented with an NHS prescription, in response to the presentation of an NHS prescription.

In the event of there being insufficient stock to fill an immediate need, pharmacies that are commissioned to provide this service will liaise with another community pharmacy in the service and/or other local community pharmacies to try and find a pharmacy with sufficient in-date stock. If no further stock can be located the pharmacy will contact the prescriber to discuss a suitable alternative.

**Stop Smoking Service** - Stop Smoking incorporates two separate services;

- Nicotine replacement therapy (NRT) level 1 service enable pharmacies to supply NRT to a client who has been issued a voucher by a Stop Smoking Advisor.
- Stop Smoking Level 2 Service offer a client advice and on-going support in stopping smoking. Only trained and accredited staff can provide Stop Smoking Advisor services to clients.

**Supervised Consumption**- the pharmacist supervises the consumption of prescribed medicines, ensuring that the dose has been administered and consumed as required by the prescription, to the patient. Within West Yorkshire this service is commissioned for the supervision of drugs used within substance misuse services.

**Translation Service** – A number of pharmacies were invited to participate in a 6-month pilot to support in areas where language is noted as a barrier to accessing community pharmacy and Pharmacy First (previously known as the Community Pharmacy Consultation Service). The aim of the Pilot was to support pharmacy teams improve access to services including Pharmacy First

Pharmacies who routinely supported the practice populations of Bevan House in Bradford, York Street in Leeds and the Whitehouse in Kirklees, were invited to participate.

Although the initial pilot has now ended, pharmacies which participated in the pilot still have access to the telephone interpreting service which is currently provided by LanguageLine.

## 8. Terms of service for Dispensing Appliance Contractors

### Dispensing of prescriptions

#### Service description

The supply of appliances ordered on NHS prescriptions, together with information and advice and appropriate referral arrangements in the event of a supply being unable to be made, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

#### Aims and intended outcomes

To ensure patients receive ordered appliances safely and appropriately by the dispensing appliance contractor:

- Performing appropriate legal, clinical and accuracy checks
- Having safe systems of operation, in line with clinical governance requirements
- Having systems in place to guarantee the integrity of products supplied
- Maintaining a record of all appliances supplied which can be used to assist future patient care
- Maintaining a record of advice given, and interventions and referrals made, where the dispensing appliance contractor judges it to be clinically appropriate
- Providing the appropriate additional items such as disposable bags and wipes
- Delivering the appropriate items if required to do so in a timely manner and in suitable packaging that is discreet

To ensure patients are able to use their appliances effectively by staff providing information and advice to the patient or carer on the safe use of their appliance(s).

### Dispensing of repeatable prescriptions

#### Service description

The management and dispensing of repeatable NHS prescriptions appliances in partnership with the patient and the prescriber.

This service specification covers the requirements additional to those for dispensing, such that the dispensing appliance contractor ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

#### Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed appliances directly from a dispensing appliance contractor for a period agreed by the prescriber
- To minimise wastage by reducing the number of appliances dispensed which are not required by the patient
- To reduce the workload of GP practices, by lowering the burden of managing repeat prescriptions

### Home delivery service

#### Service description

The delivery of certain appliances to the patient's home.

### **Aims and intended outcomes**

To preserve the dignity of patients by ensuring that certain appliances are delivered:

- With reasonable promptness, at a time agree with the patient
- In a package that displays no writing or other markings which could indicate its content and
- In such a way that it is not possible to identify the type of appliance that is being delivered

### **Supply of appropriate supplementary items**

#### **Service description**

The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.

#### **Aims and intended outcomes**

To ensure that patients have a sufficient supply of wipes for use with their appliance, and are able to dispose of them in a safe and hygienic way.

### **Provide expert clinical advice regarding the appliances**

#### **Service description**

The provision of expert clinical advice from a suitably trained person who has relevant experience in respect of certain appliances.

#### **Aims and intended outcomes**

To ensure that patients are able to seek appropriate advice on their appliance to increase their confidence in choosing an appliance that suits their needs as well as gaining confidence to adjust to the changes in their life and learning to manage an appliance.

### **Where a telephone care line is provided, during the period when the dispensing appliance contractor is closed advice is either to be provided via the care line or callers are directed to other providers who can provide advice**

#### **Service description**

Provision of advice on certain appliances via a telephone care line outside of the dispensing appliance contractor's contracted opening hours. The dispensing appliance contractor is not required to staff the care line all day, every day, but when it is not callers must be given a telephone number or website contact details for other providers of NHS services who may be consulted for advice.

#### **Aims and intended outcomes**

Callers to the telephone care line are able to access advice 24 hours a day, seven days a week on certain appliances in order to manage their appliance.

### **Signposting**

#### **Service description**

Where a patient presents a prescription for an appliance which the dispensing appliance contractor does not supply the prescription is either:

- With the consent of the patient, passed to another provider of appliances or

- If the patient does not consent, they are given contact details for at least two other contractors who are able to dispense it

**Aims and intended outcomes**

To ensure that patients are able to have their prescription dispensed.

## 9. National Enhanced Services

**Covid-19 Vaccination Service** - An aim of this Enhanced Service is to maximise the uptake and co-administration of COVID19 and seasonal influenza vaccinations where possible and to ensure that vaccination services are provided from a variety of settings and effectively utilise available staff from across primary care.