

Bradford District Health and Wellbeing Board Pharmaceutical Needs Assessment

2022-2025



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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 2022-2025. 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.

Director of Public Health: Sarah Muckle

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Contents

1. Executive Summary	5
2. Introduction	7
2.1 Purpose of the Bradford District Pharmaceutical Needs Assessment	7
2.2 Development of the Bradford District Pharmaceutical Needs Assessment	7
2.3 Pharmaceutical Needs Assessment Localities	8
2.4 Data collection and limitations	8
3. Understanding Provision and Scope of Pharmacy Services	10
3.1 The NHS Long Term Plan	10
3.2 The Pharmacy Integration Fund	10
3.3 Integrated Care Systems	10
3.4 Definition of Pharmaceutical Services (Community Pharmacy Contractual Framework)	11
3.4.1 Essential Services	11
3.4.2 Advanced Services	11
3.4.3 Enhanced Services	12
3.4.4 Necessary Services	12
3.4.5 Locally commissioned services	13
3.4.6 Opening hours	13
3.5 Pharmaceutical Service Providers	14
3.5.1 Dispensing GPs	14
3.5.2 Distance Selling	14
3.5.3 Dispensing appliance contractors	14
4. Understanding the population of Bradford District	15
4.1 Population of Bradford District	15
4.2 Health and Care Services in Bradford District	19
5. Community Pharmacy Services in Bradford	21
5.1 Current Provision	21
5.2 Items dispensed	22
6. Understanding factors likely to impact on pharmacy provision over the next 3 years ...	23
6.1 Future Housing Plans: The Local Plan for the Bradford District	23
6.2 Population Change	24
7. Analysis of Needs	26
7.1 Analysis of need by area	26
7.2 Public Questionnaire	36
7.3 Pharmacy Questionnaire	36
8. Conclusions	38
8.1 Necessary services – current provision	38
8.2 Necessary services – gaps in provision	39

8.3 Other relevant services: current provision	40
8.4 Improvements and better access – gaps in provision	40
8.5 Needs of the population	41
Appendices	42
1. Analysis of findings from Public Engagement Questionnaire.....	42
2. Responses from the Pharmacy Questionnaire.....	50
3. Maps	56
4. PNA Consultation process, feedback and responses.....	71
5. Description of Essential services	74
6. Description of Advanced services.....	77
7. Description of Enhanced services.....	81
8. Terms of service for Dispensing Appliance Contractors.....	84

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 CCG 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.

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 NHS England and NHS Improvement (NHSE&I) 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 NHSE&I 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 NHSE&I 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 November 2021 and included representation from NHS England, Community Pharmacy West Yorkshire (CPWY) and each Authorities respective CCG and 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 2022-2025 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 questionnaire and 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 questionnaire and the results can be found in Appendix 2
- Additional information on current service provision was provided by NHS England, Community Pharmacy West Yorkshire, Bradford District and Craven CCG 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 publically consult on the Pharmaceutical Needs Assessment for a minimum period of 60 days. **The consultation commenced on 11th May 2022 and ended on the 10th July 2022.**

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 8th February 2022 and therefore only data provides a snapshot in time only.

For some services, provision of the service (between April 2019 and November 2022) has been used as a proxy for a pharmacy being accredited for a service. This will not give an accurate picture of service availability. For example, a pharmacy who has undergone a change in ownership will not have service delivery activity although they may now be accredited to provide the service. Another example would be that the Covid-19 pandemic has meant that some pharmacy services were paused so activity has not been recorded, although the pharmacy is still accredited to provide the service.

3. Understanding Provision and Scope of Pharmacy Services

3.1 The NHS Long Term Plan

In January 2019, NHS England published the NHS Long Term Plan, setting out its priorities for healthcare over the next ten years and showing how the NHS funding settlement will be used. For community pharmacy, the plan states:

- NHS England will work with Government to make greater use of community pharmacists' skills and opportunities to engage patients;
- NHS England and the Government will explore further efficiencies through reform of reimbursement and wider supply arrangements;
- NHS England will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions; and
- From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management

3.2 The Pharmacy Integration Fund

The Pharmacy Integration Fund (PhIF) was established in 2016 to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care service. In particular, the PhIF is intended to drive the greater use of community pharmacy, pharmacists and pharmacy technicians within the new, integrated local care models.

The NHS Long Term Plan is now the driver for determining the priorities for the Pharmacy Integration Programme. The ambition in the NHS Long Term Plan to move to a new service model for the NHS sets out five practical changes that need to be achieved over the five-year period 2019 to 2024:

- Boosting “out of hospital care” to dissolve the historic divide between primary and community health services
- Redesign and reduce pressure on emergency hospital services
- Deliver more personalised care when it is needed to enable people to get more control over their own health
- Digitally enable primary and outpatient care to go mainstream across the NHS
- Local NHS organisations to focus on population health and local partnerships with local authority funded services and through new Integrated Care Systems (ICSs) everywhere.

3.3 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 which brings together the local NHS organisations.

The integrated care boards will replace Clinical Commissioning Groups (CCGs) and by April 2023 are expected to take on delegated responsibility for pharmaceutical services. This will mean that some services that are currently commissioned by the CCG (and are other NHS services) will be commissioned by the ICS and fall under the definition of enhanced services.

NHSE&I has funded a community pharmacy clinical lead post (via the PhiF) for each ICS from April 2022 for a period of two years.

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

3.4 Definition of Pharmaceutical Services (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 <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

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

- Essential Services – services all pharmacies are required to provide
- Advanced Services – services to support patients with safe use of medicines
- Enhanced Services – services that can be commissioned by NHSE&I

3.4.1 Essential Services

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

NHSE&I 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. All community pharmacies are required to provide all essential services. These services are:

- Dispensing medicines and actions associated with dispensing
- Repeat dispensing
- Discharge medicines services
- Public health campaigns
- Signposting
- Support for self-care
- Disposal of unwanted medicines

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

3.4.2 Advanced Services

In addition to essential services, the community pharmacy contractual framework allows for community pharmacy contractors to provide Advanced Services once accreditation requirements have been met. Currently there are ten advanced services:

- Appliance Use Review Service (AUR)
- Community Pharmacist Consultation Service (CPCS)
- Flu Vaccination Service

- Hepatitis C Testing Service (Due to end 31st March 2023)
- Hypertension Case Finding Service
- New Medicine Service (NMS)
- Stoma Appliance Customisation (SAC)
- Stop Smoking Advanced Service.

A full description of Advanced Services can be found in Appendix 6.

3.4.3 Enhanced Services

The third tier of Pharmaceutical Service provided by community pharmacies is that of Enhanced Services. Services can only be referred to as Enhanced Services if they are commissioned by NHSE&I. The following services can be commissioned:

- Anticoagulant monitoring service
- Care home service
- COVID-19 vaccination site
- Disease specific medicines management service
- Gluten Free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange service
- On demand availability of specialist drugs service
- Out of hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

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

3.4.4 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 of New Medicine Service, Community Pharmacist Consultation Service and flu vaccination

3.4.5 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 Locala Sexual Health) - Emergency hormonal contraception services - 10 Pharmacies contracted to provide EHC. Signposting to Sexual Health Service

3.4.6 Opening hours

Pharmacies have two different types of opening hours: core and supplementary. Core hours are usually 40 or 100 and can only be changed by applying to NHSE&I, which may either grant or reject the application. Supplementary hours are those over and above the core hours and can be changed by giving NHSE&I three months' notice.

3.5 Pharmaceutical Service Providers

3.5.1 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.

3.5.2 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.

3.5.3 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 (Appendix 3, Maps 9 & 11)

4. Understanding the population of Bradford District

4.1 Population of Bradford District

4.1.1 Overall Bradford

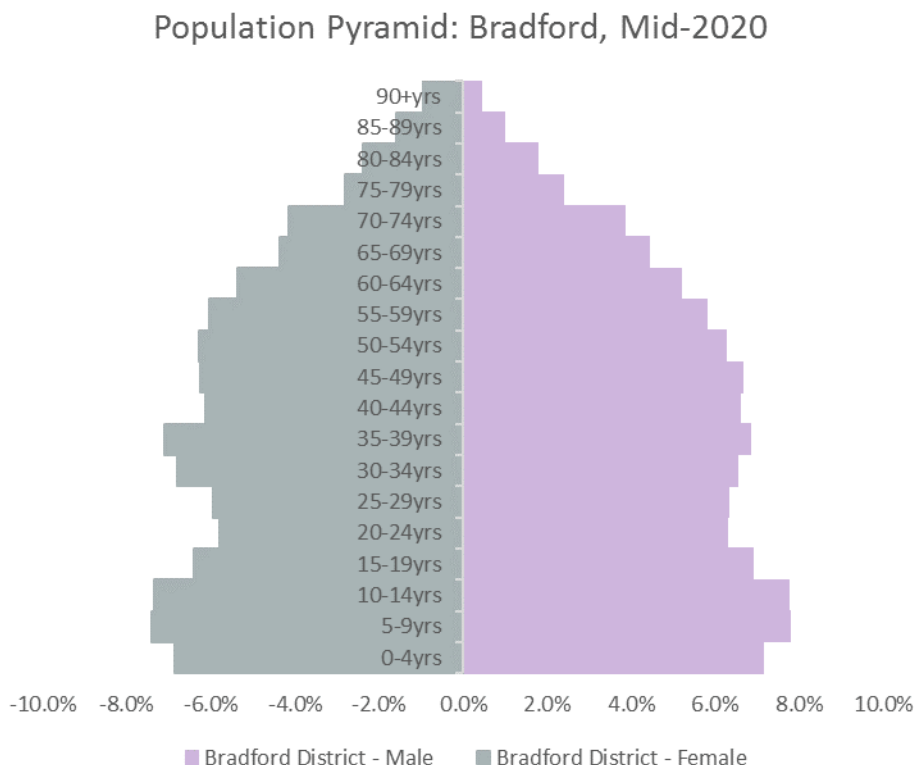
The current resident population of Bradford District is 542,128 (2020). Bradford District has a higher than average young population (0-19 year olds) when compared to the overall national picture; this is more evident among the South Asian population. Over the next 3 years (2022-2025), the Office of National Statistics (ONS) predicts that the population of Bradford District is projected to increase by 3,413 (+0.6%).

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 (2020) of 0-9 year olds in Bradford District is 79,148. Over the next 3 years (2022-2025) this is projected to decrease by 3,188 (-4.1%) The current population of 65 year olds in Bradford District is 74,900, which is projected to increase by 4,771 (+5.6%) over the next 3 years (2022-2025). 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, 2020



The population has a diverse ethnic base with 36% of the Bradford District population from Black and Minority Ethnic groups. 22% of the population of Bradford District are of South Asian origin,

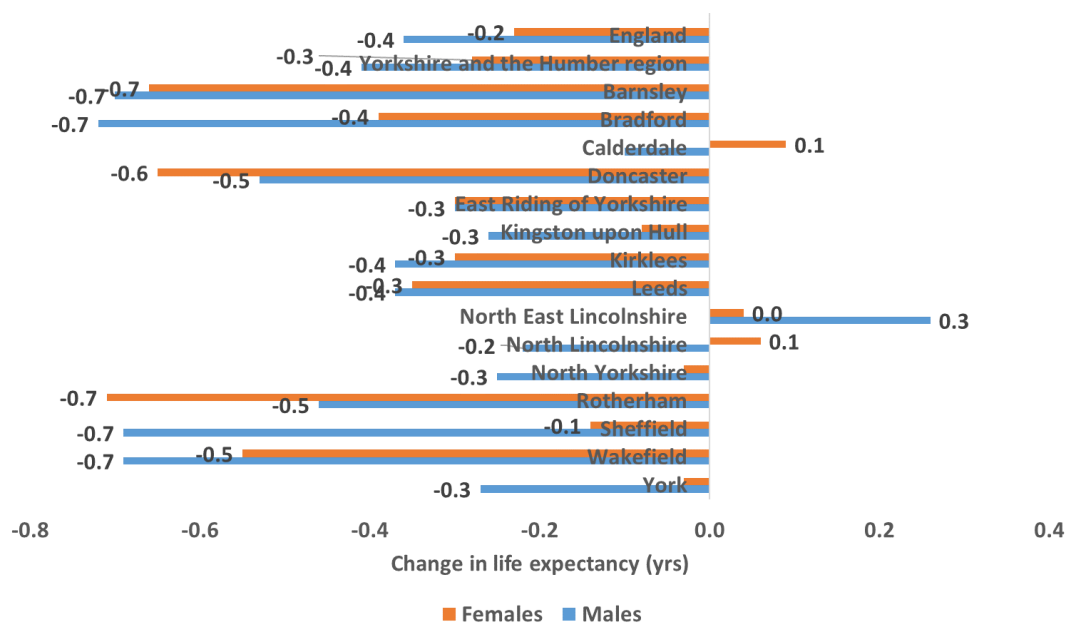
which are predominantly people of Pakistani heritage. A further 14% are from other non-white British nationalities.

In recent years life expectancy has been increasing in Bradford District but like across the country, at a slower rate. However, life expectancy figures for 2018-20 are the first life expectancy figures to include the first full year of the COVID-19 pandemic. As expected, life expectancy has fallen in the district as it has in many other parts of the country.

In 2018-20 male life expectancy at birth was 77.3 years in Bradford District, decreasing from 78.0 years in 2017-19. For females, life expectancy at birth was 81.5 years, decreasing from 81.9 years in 2017-19. As in previous years life expectancy in the district is below the England average for both males (79.4 years) and females (83.1 years).

Figure 2: Change in life expectancy across Yorkshire and Humber (2017-19 vs 2018-20)

Data source: Office for Health Improvement and Disparities. Public health profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022



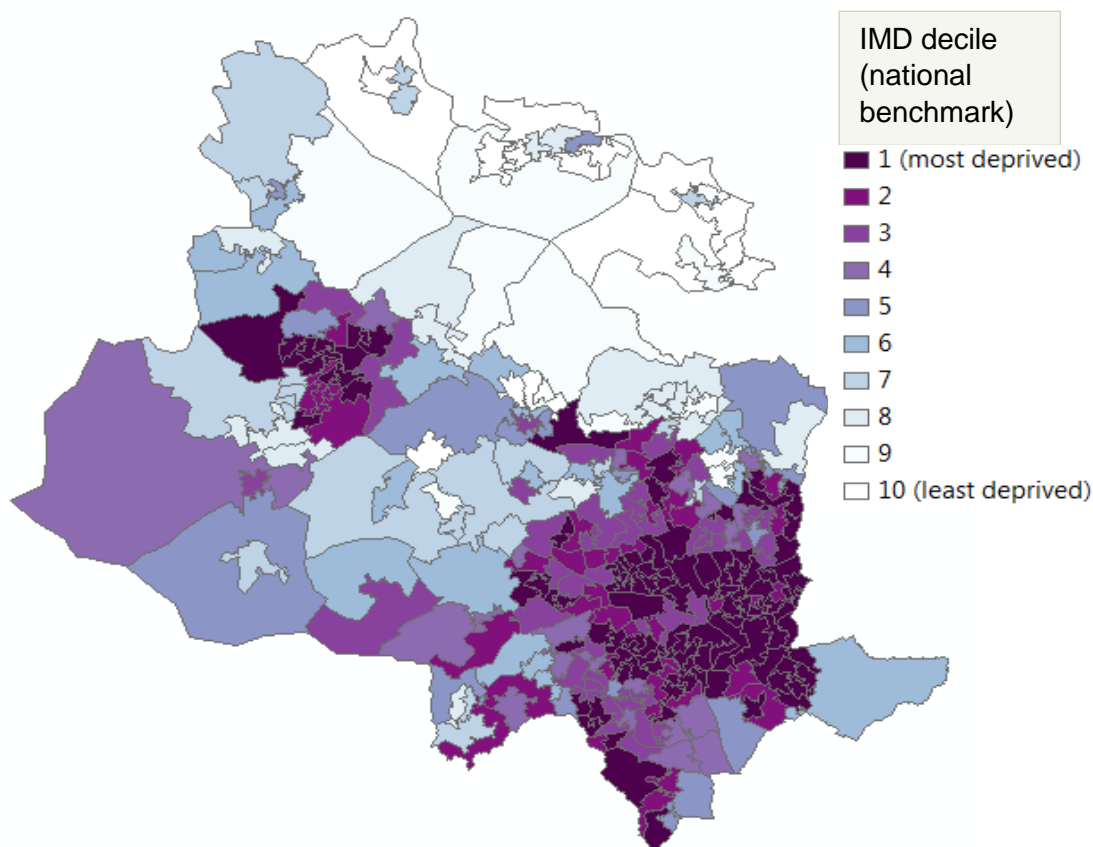
Bradford District as a whole is a relatively deprived district which faces unusual challenges relating to deprivation. Bradford District is the second most deprived local authority in Yorkshire, with Hull being the most deprived. 34.7% of people in Bradford District live in areas which are in the most 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 2019 rate of teenage conception in Bradford District (17.7 births per 1,000 15-17 year olds) is higher than the England average (15.75 births per 1,000 15-17 year olds) but lower than the regional average (19.3 births per 1,000 15-17 year olds). The proportion of under 18 conceptions leading to an abortion in Bradford District was 43.1% in 2019; this is lower than both the national (54.7%) and regional (47.8%) averages.

Estimated smoking prevalence (18+) in Bradford District is 16.5%; prevalence is higher in the Bradford District than both regional (15.7%) and national (13.9%) averages. Smoking prevalence rates increase among those who are in routine and manual occupations was 27.3% in Bradford District.

The proportion of adults (18+) in the Bradford District, estimated to be overweight or obese was 65.5% (2019/20); this is higher than the national average (62.8%) but similar to the regional average (65.2%). Excess weight (including obesity) in children aged 10 and 11 in the Bradford District is higher than the national and regional averages at 40.8% compared to 35.2% in England and 35.8% 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 to support the information in this needs assessment can be found on the Bradford JSNA website at:

<https://jsna.bradford.gov.uk/Community%20Partnership%20and%20area%20profiles.asp>

with individual ward profiles available at:

<https://ubd.bradford.gov.uk/district-profiles/ward-profiles-2021/>

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 Bradford¹

Service Type	Number of services/ Name	Address
General Practice	There are 69 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.	Bradford District and Craven CCG https://www.bradfordcravenccg.nhs.uk/
Extended GP Access	There are currently 3 service hubs operating across the district: North Hub (Shipley Medical Centre, Shipley), Central Hub (Picton Medical Centre, Manningham) and South Hub (The Ridge Medical Centre, Bradford)	https://bradfordcarealliance.org/extended-access-service/
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

¹ 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).	https://www.localcaredirect.org/
Dental Services	There are 68 dental contracts currently in place, with an additional 3 orthodontic only contracts. The district also has an emergency dental service that offers emergency appointments on a daily basis for those not registered with a dentist currently, as well as offering emergency provision at bank holidays and weekends.	https://www.bdct.nhs.uk/services/dental-services/
Optometry Services	There are currently 57 mandatory contracts (shop based) and 36 additional contracts (that allow practitioners to undertake sight tests within patient homes)	http://www.opticianuk.co.uk/bradford/
Pharmacies	There are currently 137 pharmacies within Bradford District. 14 of these are Distance selling pharmacies, and 22 are 100 hour pharmacies.	https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy

5. Community Pharmacy Services in Bradford

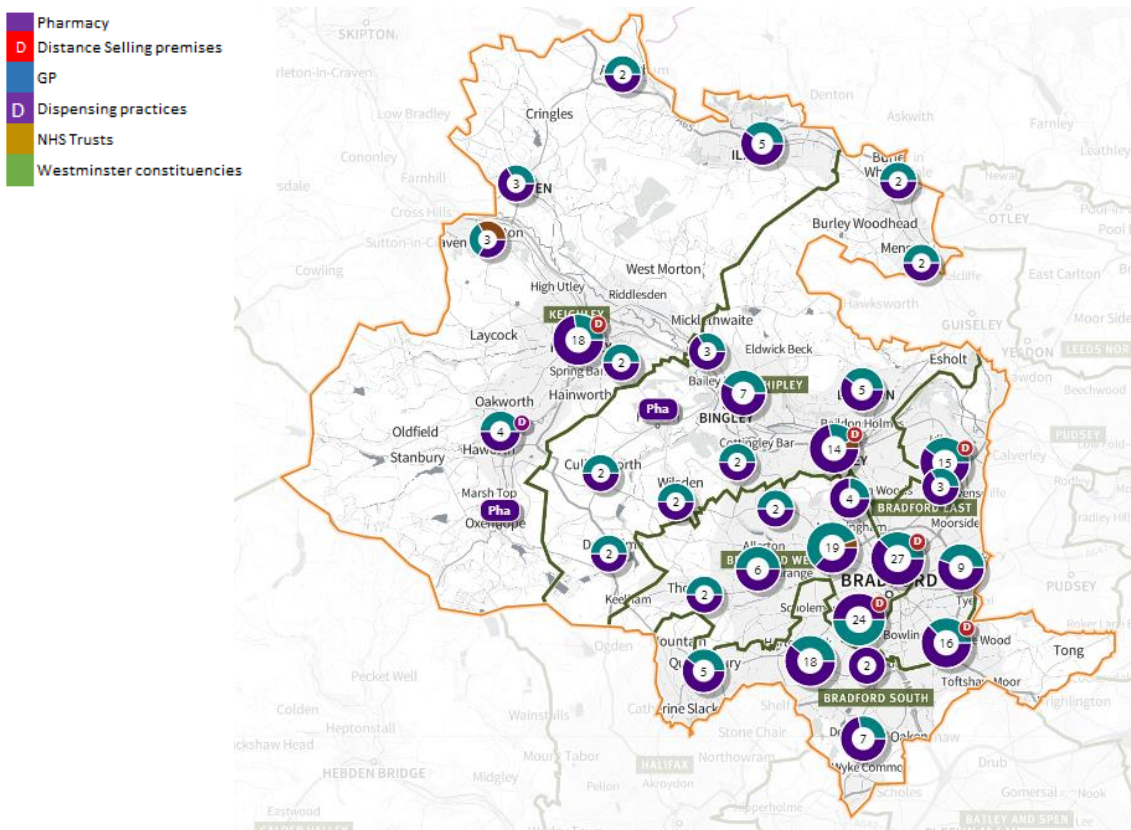
5.1 Current Provision

There are currently 137 pharmacies within Bradford District, 14 of which are Distance selling and do not provide essential services on their premises. There are 2 100 hour pharmacies. Each locality has 20 or more pharmacies and on average four 100 hour pharmacies, with on average 3,957 people served per pharmacy across the district, compared to on average 5,813 per pharmacy for England. 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)	Number of Distance selling Pharmacies	Number of 100 hour pharmacies	Estimated Population Served Per Pharmacy
Bradford East	27	4	4	3,892
Bradford South	22	1	4	4,641
Bradford West	30	2	6	3,776
Keighley	20	3	4	4,252
Shipley	24	4	4	3,432
Bradford	123	14	22	3,957
Yorkshire and Humber	1,257	-	-	4,365
England	11,679	-	-	5,813

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



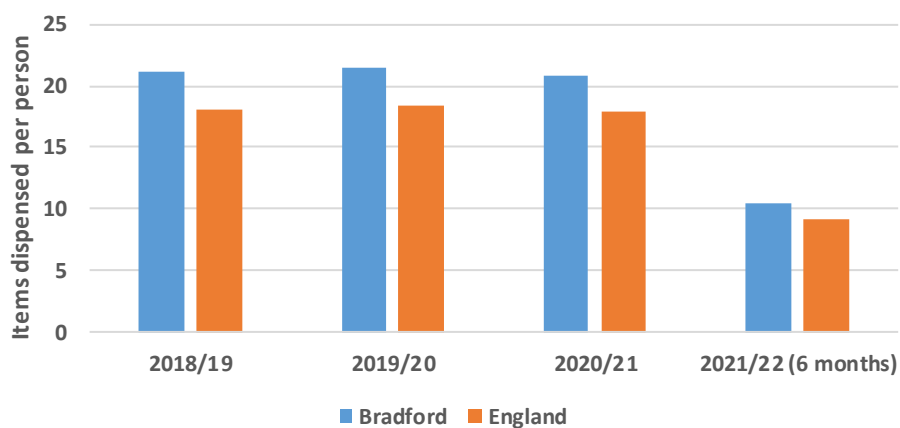
5.2 Items dispensed

Dispensing data was provided by NHS Business Services Authority (NHSBSA) based on an extract of dispensing data for between April 2019 and November 2021 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 Important note, this data includes a count "Number of items" that is pivoted here. This is not number of prescriptions; it is "the number of times a product appears on a prescription"

Prescriptions generated in Bradford LA services are mainly dispensed in community pharmacies (92.4%), with the majority of the remaining prescriptions (4.4%) dispensed by Distance Selling Pharmacies.

Since April 2019 pharmacies within Bradford District generally dispense more items per person than the average for England; 18.5 items per person for Bradford District compared to 15.9 for England over the last 3.5 years (Figure 5).

Figure 5: Average number of items dispensed per person per year



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

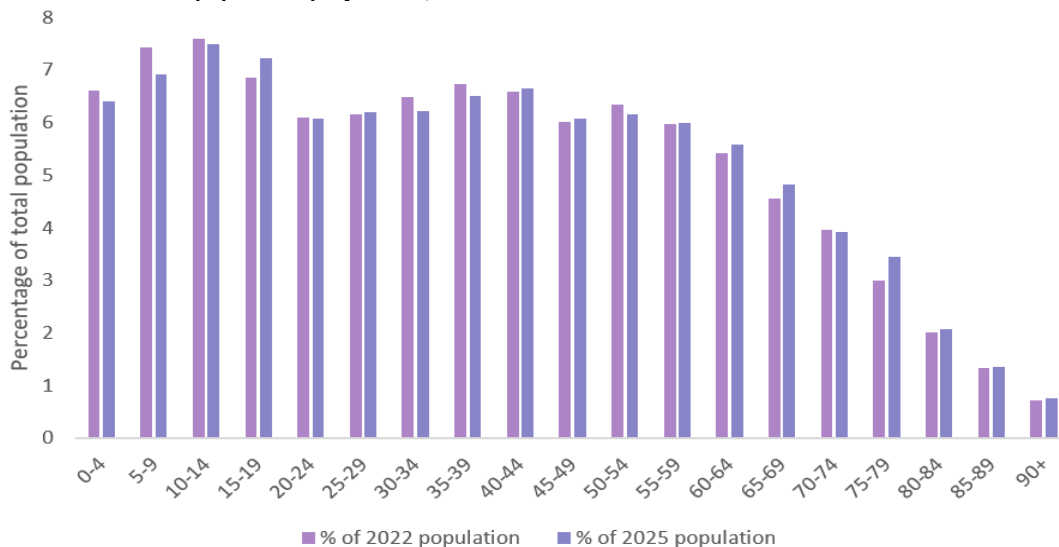
The Regional City of Bradford (20,075) Divided as follows:			
Bradford City Centre	7,000	Bradford NE	1,850
Shipley & Canal Rd Corridor	1,750	Bradford SW	3,175
Shipley	1,200	Bradford NW	2,900
Bradford SE	2,200		
The Principal Towns (3,350) Divided as follows:			
Ilkley	300	Bingley	850
Keighley	2,200	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

6.2 Population Change

The Bradford population is projected to increase by 0.6% (3,300 people) throughout the life of the PNA (2022-2025). The largest growth is expected among those aged 75-79 and above, with the largest decrease expected in those aged between 5 and 9 years of age.

Figure 6: Projected population change, Bradford 2022-2025

Data source: ONS sub national population projections, 2018

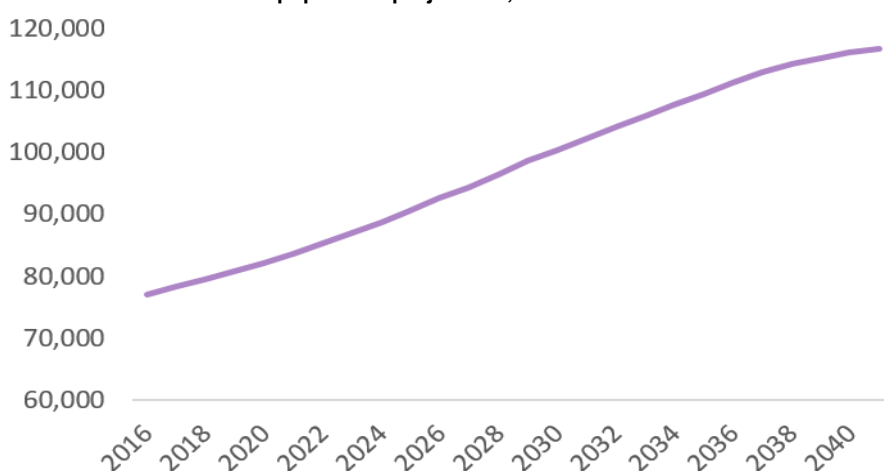


Older People

As people get older they begin to experience poorer health. Bradford has a large gap between life expectancy and healthy life expectancy which suggests that people in Bradford are living longer in poor health. The 2022 population projections indicate that 15.6% of the population in 2022 are aged 65 and over. This is expected to increase to 16.4% by 2025.

Figure 7: over 65 projected population growth

Data source: ONS sub national population projections, 2018



Despite the predicted growth in the number of people aged over 65, this change is gradual and, therefore unlikely to significantly affect the need for pharmaceutical services over the next three years.

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 ward profiles available at: <https://ubd.bradford.gov.uk/district-profiles/ward-profiles-2021/>

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>Area Profile: Population</p>	<ul style="list-style-type: none"> • The population of Bradford East (based on 2020 ONS mid-year population estimates) was 120,645. • The proportion of residents who are non-White British (47% (2011 Census) is higher than the Bradford average (33%). • Population density is considerably higher than the Bradford average at 45.9 people per hectare (Bradford average 14.1). • Bradford East has a lower life expectancy for both males (76.4) and females (80.1) when compared to the district average (M 77.3; F 81.5). Within Bradford East life expectancy for males is lowest in Bowling and Barkerend (73.5) and highest in Idle and Thackley (79.1). For Females rates are lowest in Bowling and Barkerend (78.3) and highest in Little Horton (82.2).
<p>Employment and Deprivation</p>	<ul style="list-style-type: none"> • 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 • 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%). • The proportion of people claiming benefits is higher in this area than the Bradford average. The proportion of those of a pensionable age claiming Pension Credit is 24.9% (Bradford Average 17.5%) and those claiming Employment and Support Allowance (ESA) is 8.1% (Bradford average 7.2%) (NOMIS, Feb 2017). • Unemployment in Bradford East is also higher than the Bradford average with 2.3% compared with 1.8% claiming Job Seekers Allowance (JSA) (NOMIS, Sept 2017).
<p>Health Need</p>	<ul style="list-style-type: none"> • The 2017/18 – 19/20 data indicates that excess weight among 4-5 year olds is 23.7% in Bradford East, this is higher than the District average of 22.4%. This is more so among 10-11 year olds with 41.7%, compared to 38.8% across Bradford.

	<ul style="list-style-type: none"> • 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 disease and respiratory disease is higher in Bradford East than the Bradford Average • Further health data relating to this area can be found at jsna.bradford.gov.uk 												
Planned Development	<ul style="list-style-type: none"> • 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. 												
Necessary Services: Current provision	<table border="1"> <thead> <tr> <th></th> <th>Currently Provide</th> <th>Not Currently Providing</th> </tr> </thead> <tbody> <tr> <td>New Medicine Service</td> <td>24 pharmacies</td> <td>7 pharmacies</td> </tr> <tr> <td>Community Pharmacist Consultation Service</td> <td>26 pharmacies</td> <td>5 pharmacies</td> </tr> <tr> <td>Seasonal Influenza Vaccination Service</td> <td>26 pharmacies</td> <td>5 pharmacies</td> </tr> </tbody> </table>		Currently Provide	Not Currently Providing	New Medicine Service	24 pharmacies	7 pharmacies	Community Pharmacist Consultation Service	26 pharmacies	5 pharmacies	Seasonal Influenza Vaccination Service	26 pharmacies	5 pharmacies
	Currently Provide	Not Currently Providing											
New Medicine Service	24 pharmacies	7 pharmacies											
Community Pharmacist Consultation Service	26 pharmacies	5 pharmacies											
Seasonal Influenza Vaccination Service	26 pharmacies	5 pharmacies											
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.												
Other Relevant Services: Current provision	<table border="1"> <thead> <tr> <th></th> <th>Currently Provide</th> <th>Not Currently Providing</th> </tr> </thead> <tbody> <tr> <td>Stop Smoking Support</td> <td>7 pharmacies</td> <td>24 pharmacies</td> </tr> <tr> <td>Needle Exchange (see 8.3)</td> <td>7 pharmacies</td> <td>24 pharmacies</td> </tr> </tbody> </table>		Currently Provide	Not Currently Providing	Stop Smoking Support	7 pharmacies	24 pharmacies	Needle Exchange (see 8.3)	7 pharmacies	24 pharmacies			
	Currently Provide	Not Currently Providing											
Stop Smoking Support	7 pharmacies	24 pharmacies											
Needle Exchange (see 8.3)	7 pharmacies	24 pharmacies											
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.												
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	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.												

Bradford South	
Area Profile: Population	<ul style="list-style-type: none"> • The population of Bradford South (based on 2020 ONS mid-year population estimates) was 106,750. • The proportion of residents who are non-White British (21% (2011 Census) is lower than the Bradford average (33%). • Population density is higher than the Bradford average at 21.0 people per hectare (Bradford average 14.1). • 2017-19 data shows that Bradford South males have a life expectancy of 76.4, which is similar to the District average (77.3). Females in Bradford South have a life expectancy of 80.3, which is below the District average (81.5). • Within Bradford South life expectancy for males is lowest in Great Horton (74.0) and highest in Wibsey (79.5). For Females rates are lowest in Tong and (78.5) and highest in Wyke (83.9).
Employment and Deprivation	<ul style="list-style-type: none"> • 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 • 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%). • The proportion of people claiming benefits is slightly higher than the Bradford average. The proportion of those of a pensionable age claiming Pension Credit is 18.8% (Bradford Average 17.5%) and those claiming Employment and Support Allowance (ESA) is 8.3% (Bradford Average 7.2%) (NOMIS, Feb 2017). • Unemployment in Bradford South is the same as the Bradford average with 1.8% claiming Job Seekers Allowance (NOMIS, Sept 2017).
Health Need	<ul style="list-style-type: none"> • The 2017/18 – 19/20 data shows that excess weight among 4-5 year olds is higher (24.5%) compared to the Bradford average (22.4%), the rate among 10-11 year olds is 40.4% • 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). • Further health data relating to this area can be found at jsna.bradford.gov.uk
Planned Development	<ul style="list-style-type: none"> • 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.

Necessary Services: Current provision		Currently Provide	Not Currently Providing
	New Medicine Service	20 pharmacies	3 pharmacies
	Community Pharmacist Consultation Service	14 pharmacies	9 pharmacies
	Seasonal Influenza Vaccination Service	18 pharmacies	5 pharmacies
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.		
Other Relevant Services: Current provision		Currently Provide	Not Currently Providing
	Stop Smoking Support	3 pharmacies	20 pharmacies
	Needle Exchange (see 8.3)	2 pharmacies	21 pharmacies
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.		
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	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.		

Bradford West	
<p>Area Profile: Population</p>	<ul style="list-style-type: none"> • The population of Bradford West (based on 2020 ONS mid-year population estimates) was 120,841 – this is a 4.0% increase since 2014. • The proportion of residents who are non-White British (63%) (2011 Census) is almost double than the Bradford average (33%). • Population density is higher than the Bradford average at 38.7 people per hectare (Bradford average 14.1). • Bradford West has a lower life expectancy for males (75.4), compared to the District average of 77.3. Females have a similar life expectancy (80.6) when compared to District average of 81.5. • Within Bradford West life expectancy for both males and females is lowest in Manningham (M 72.1; F 77.1) and highest in Thornton and Allerton (M 77.6, F 82.7).
<p>Employment and Deprivation</p>	<ul style="list-style-type: none"> • 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 • 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%). • The proportion of people claiming benefits is higher than the Bradford average. The proportion of those of a pensionable age claiming Pension Credit is 28.1% (Bradford average 17.5%) and those claiming Employment and Support Allowance (ESA) is 7.8% (Bradford average 7.2%) (NOMIS, Feb 2017). • Unemployment in Bradford West is also higher than the Bradford average with 2.4% compared with 1.8% (NOMIS, Sept 2017).
<p>Health Need</p>	<ul style="list-style-type: none"> • The 2017/18 to 19/20 data indicates that excess weight among 10-11 year olds is 41.5% in Bradford West, this is higher than the Bradford average (38.8%) • Under 75 mortality from cardiovascular disease and respiratory disease is higher in Bradford West than the Bradford Average • Further health data relating to this area can be found at jsna.bradford.gov.uk
<p>Planned Development</p>	<ul style="list-style-type: none"> • 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.

Necessary Services: Current Provision		Currently Provide	Not Currently Providing
	New Medicine Service	23 pharmacies	9 pharmacies
	Community Pharmacist Consultation Service	25 pharmacies	7 pharmacies
	Seasonal Influenza Vaccination Service	21 pharmacies	11 pharmacies
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.		
Other Relevant Services: Current provision		Currently Provide	Not Currently Providing
	Stop Smoking Support	2 pharmacies	30 pharmacies
	Needle Exchange (see 8.3)	10 pharmacies	22 pharmacies
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.		
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	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.		

Keighley	
<p>Area Profile: Population</p>	<ul style="list-style-type: none"> • The population of Keighley (based on 2020 ONS mid-year population estimates) was 97,789 – this is a 0.3% increase since 2014. . • The proportion of residents who are non-White British (16%) (2011 Census) is half that of the Bradford average (33%). • Population density is lower than the Bradford average at 5.5 people per hectare (Bradford Average 14.1). • Keighley has a higher life expectancy for both males (78.3) and females (82.5) when compared to the district average (M 7.3; F 81.5). • Within Keighley life expectancy for both males and females is lowest in Keighley Central (M 75.1, F 77.5) and highest in Ilkley for Males (81.1) and Worth Valley for females (85.4).
<p>Employment and Deprivation</p>	<ul style="list-style-type: none"> • Keighley is the 2nd least deprived area within the Bradford District, with 13% of the LSOAs within the area in the most deprived decile • The proportion of the population living in families that are income-deprived in Keighley (14.7%) is lower than the Bradford average (20.5%). • The proportion of people claiming benefits is lower than the Bradford average. • The proportion of those of a pensionable age claiming Pension Credit is 11.9% (Bradford average 17.5%) and those claiming Employment and Support Allowance (ESA) is 6% (Bradford average 7.2%) (NOMIS, Feb 2017). • Unemployment in Keighley is also lower than the Bradford Average with 1.1% compared with 1.8% (NOMIS, Sept 2017).
<p>Health Need</p>	<ul style="list-style-type: none"> • 2020 ONS population data indicates that Keighley has a higher proportion of people aged 65+ (20.5%) compared with the Bradford average (15.1%), which has its own challenges. Conversely, it is a relatively less deprived area than others in the District. • 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) • Further health data relating to this area can be found at jsna.bradford.gov.uk
<p>Planned Development</p>	<ul style="list-style-type: none"> • 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.

Necessary Services: Current provision		Currently Provide	Not Currently Providing
	New Medicine Service	19 pharmacies	4 pharmacies
	Community Pharmacist Consultation Service	17 pharmacies	6 pharmacies
	Seasonal Influenza Vaccination Service	11 pharmacies	12 pharmacies
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.		
Other Relevant Services: Current provision		Currently Provide	Not Currently Providing
	Stop Smoking Support	3 pharmacies	20 pharmacies
	Needle Exchange (see 8.3)	3 pharmacies	20 pharmacies
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.		
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	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.		

Shipley	
Area Profile: Population	<ul style="list-style-type: none"> • The population of Shipley (based on 2020 ONS mid-year population estimates) was 96,103 – this is a 0.4% increase since 2014. • The proportion of residents who are non-White British (8%) (2011 Census) is considerably lower than that of the Bradford average (33%). • Population density is lower than the Bradford average at 8.2 people per hectare (Bradford average 14.1). • Shipley has a higher life expectancy for both males (79.3) and females (83.5) when compared to the district average (M 77.3; F 81.5) • Within Shipley life expectancy for males is lowest in the Shipley Ward (76.0) and highest in Wharfedale (82.9). Female life expectancy is lowest in Baildon (82.5) and highest in Wharfedale (87.2).
Employment and Deprivation	<ul style="list-style-type: none"> • 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 • The proportion of the population living in families that are income-deprived in Shipley (11.0%) is lower than the Bradford average (20.5%). • The proportion of people claiming benefits is lower than the Bradford average. The proportion of those of a pensionable age claiming Pension Credit is 10.3% (Bradford average 17.5%) and those claiming Employment and Support Allowance (ESA) is 5.1% (Bradford average 7.2%) (NOMIS, Feb 2017). • Unemployment in Shipley is also lower than the Bradford Average with 1.0% compared with 1.8% (NOMIS, Sept 2017).
Health Need	<ul style="list-style-type: none"> • 2020 ONS population data indicates that Shipley has a higher proportion of people aged 65+ (21.9%) compared with the Bradford average (15.1%), which has its own challenges. Conversely, it is a relatively less deprived area than others in the District. • It has a lower than average proportion of children aged both 4 to 5 and 10 to 11 who are overweight or obese. • Under 75 mortality from cancer, cardiovascular disease and respiratory disease is lower in Shipley than the Bradford average. • Further health data relating to this area can be found at jsna.bradford.gov.uk

Planned Development	<ul style="list-style-type: none"> 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. 		
Necessary Services: Current Provision		Currently Provide	Not Currently Providing
	New Medicine Service	24 pharmacies	4 pharmacies
	Community Pharmacist Consultation Service	16 pharmacies	12 pharmacies
	Seasonal Influenza Vaccination Service	23 pharmacies	5 pharmacies
Necessary Services: Gaps in provision	There are no current gaps in the provision of necessary services in the area of the Health and Wellbeing Board.		
Other Relevant Services: Current provision		Currently Provide	Not Currently Providing
	Stop Smoking Support	5 pharmacies	23 pharmacies
	Needle Exchange (see 8.3)	4 pharmacies	24 pharmacies
Relevant Services: Gaps in provision	There are no current gaps in the provision of other relevant services in the area of the Health and Wellbeing Board.		
Improvements and Better Access: gaps in provision related to Market Entry and Exit Regulations	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.		

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.

386 responses were received. The greatest number of responses was from individuals aged between 65-74 (38.6%); 62.4% of respondents were female, and 91.5% identified as being English/ Welsh/ Scottish/ Northern Irish/ British. This is not representative of the Bradford District population. Due to short timescales to collect the information the questionnaire was available to complete online.

7.2.2 Key findings

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

91% of respondents said that they are able to get to a pharmacy of choice when required, with the majority of respondents preferring to visit the pharmacy of their choice either between 9am and 6pm on a weekday (67%) or had no preference at all (34%). Just over a fifth (23%) prefer to visit on a Saturday. There was less of a preference for visiting a pharmacy before 9am on a weekday (4.7%) and on a Sunday (9.3%).

Respondents were asked to rate how important certain aspects of pharmaceutical service provision were to them. Responses highlighted the location being important (being close to home or to their GP practice) and the pharmacy having knowledgeable staff.

Respondents were less likely to use, nor wished to use, the pharmacy for 'testing for sexually transmitted infections', 'support to lose weight' and 'emergency contraception'. However, this is likely to reflect the demographics of those who completed the survey.

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 139 pharmacies (at the time the survey went out), 44 responded to the questionnaire – giving a response rate of 32%. Response rates were lower than in previous PNA's as this survey was sent out during a peak in Covid-19 cases, meaning pharmacies were busy providing services to patients rather than completing surveys. The questionnaire was available online and the link was distributed by Community Pharmacy West Yorkshire, with a further follow up email to those following the first 2 weeks that the survey was open for. Bradford South had the greatest response rate of 43%, with 10 out of the 23 pharmacies responding to the questionnaire. Shipley had the lowest response rate of 25%.

Although the response rate was potentially lower than expected, with only 1 follow up email sent out during the 5 weeks the survey was available, results were still in line with what was seen across the whole of West Yorkshire.

Table 5: Pharmacy survey response rate

Area	Number of responses	Number of pharmacies in the area	Response Rate
Bradford East	10	31	32%
Bradford South	10	23	43%
Bradford West	11	34	32%
Keighley	6	23	26%
Shipley	7	28	25%
Total	44	139	32%

7.3.2 Key findings

The following gives a summary of the key findings; the full results can be located in Appendix 3.

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, in particular weight management services, COVID vaccination, language translations and Emergency Hormonal Contraception.

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.

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 of flu vaccination, New Medicine Service and NHS Community Pharmacist Consultation Service
- 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 137 pharmacies within Bradford District (Appendix 3, map 1), 14 of which are Distance selling and do not provide essential services on their premises. There are 22 100 hour pharmacies (Appendix 3, map 6). Each locality has 20 or more pharmacies and on average four 100 hour pharmacies, with on average 3,957 people served per pharmacy across the district, compared to on average 5,813 per pharmacy for England.

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 within 15 minutes by car (Appendix 3, Map 4). 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 5), 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 23 100 hour pharmacies (Appendix 3, map 6), 64 pharmacies offering extended evening services and 87 pharmacies offering weekend opening hours (Appendix 3, map 7).

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:

- New Medicine Service
- Community Pharmacist Consultation Service
- Flu vaccination

The Health and Wellbeing Board noted the number and distribution of pharmacies providing these 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, maps 10,12 & 13).

Based on the information available at the time of developing this pharmaceutical needs assessment no current gaps in the provision of the New Medicine Service, Community Pharmacist Consultation Service and flu vaccination 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 that two locally commissioned services (Needle and Syringe exchange service and stop smoking service) have secured improvements or better access within Bradford District. It should be noted that the Needle and Syringe exchange service is a limited service only commissioned from a set number of pharmacies within the district.

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

Responses from the Pharmacy Questionnaire show that although not all pharmacies are providing all the advanced services, many do and others are intending to.

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. 11 Pharmacies within the district provide the Palliative Care service, with Pharmacies stocking palliative care medicine and providing palliative care advice located in each locality in 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.

386 responses were received. The greatest number of responses was from individuals aged between 65-74 (38.6%); 62.4% of respondents were female, and 91.5% identified as being English/ Welsh/ Scottish/ Northern Irish/ British. This is not representative of the Bradford District population. Due to short timescales to collect the information the questionnaire was available to complete online.

7.2.2 Key findings

91% of respondents said that they are able to get to a pharmacy of choice when required

Respondents were asked to rate how important certain aspects of pharmaceutical service provision were to them. Responses highlighted the location being important (being close to home or to their GP practice) and the pharmacy having knowledgeable staff.

91% of respondents said that they are able to get to a pharmacy of choice when required, with the majority of respondents preferring to visit the pharmacy of their choice between 9am and 6pm on a weekday (67%) or had no preference at all (34%). Just over a fifth (23%) prefer to visit on a Saturday. There was less of a preference for visiting a pharmacy before 9am on a weekday (4.7%) and on a Sunday (9.3%).

Respondents were less likely to use, nor wished to use, the pharmacy for 'testing for sexually transmitted infections', 'support to lose weight' and 'emergency contraception'. However, this is likely to reflect the demographics of those who completed the survey.

Response rates and coverage

386 responses were received. The greatest number of responses was from individuals aged between 65-74 (38.6%); 62.4% of respondents were female, and 91.5% identified as being English/ Welsh/ Scottish/ Northern Irish/ British. This is not representative of the Bradford District population. Due to short timescales to collect the information the questionnaire was available to complete online.

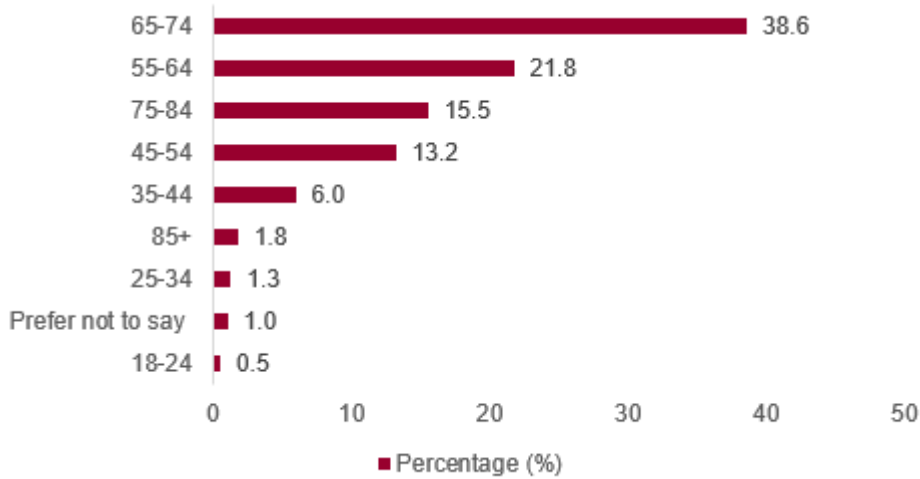
The questionnaire collected the following factual data about the respondents:

- Age

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

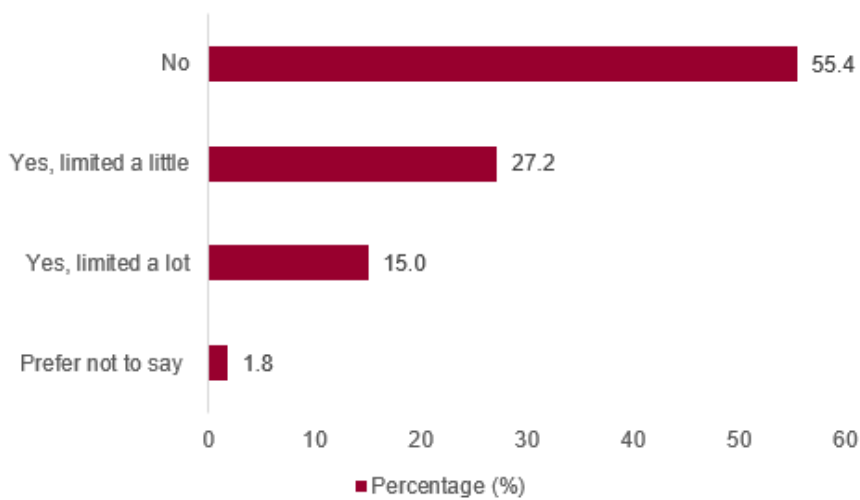
Age

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.)

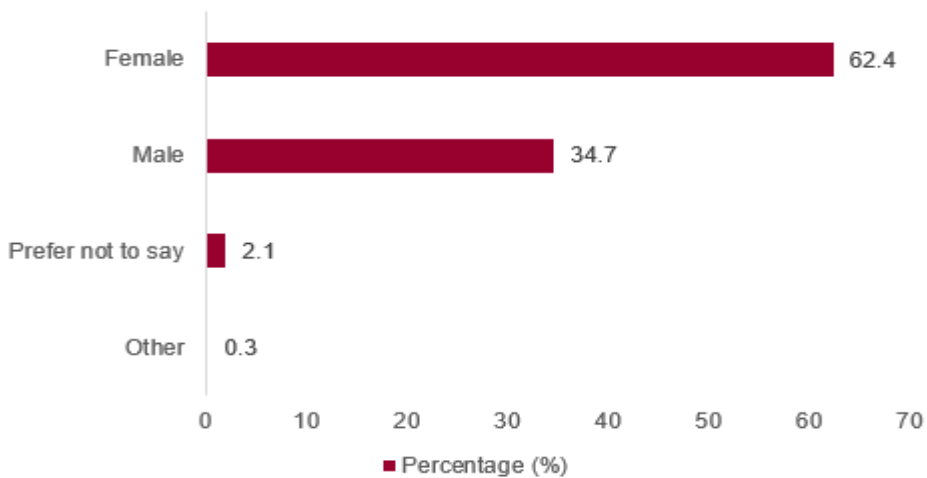


If Yes, which of the following options best describes your health issue or disability? Please select all that apply	Number of responses
Physical disability (including mobility disability)	88
Other substantial and long term condition	59
Mental ill health	27

Hearing impairment	25
Other	21
Prefer not to say	20
Visual impairment	11
Learning difficulties e.g. dyslexia	2
Speech impairment	1
Learning disability	0
Autism spectrum conditions	0
Deaf BSL user	0

Gender

Which of the following best describes your gender identity?



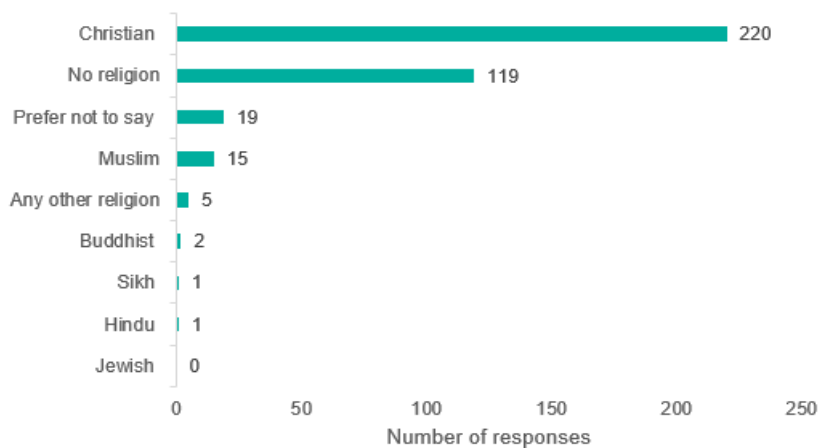
Ethnicity

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

92% identified as being 'English/ Welsh/ Scottish/ Northern Irish/ British', with a further 4% identifying as 'Pakistani', with the remaining 4% identifying as various different ethnicities.

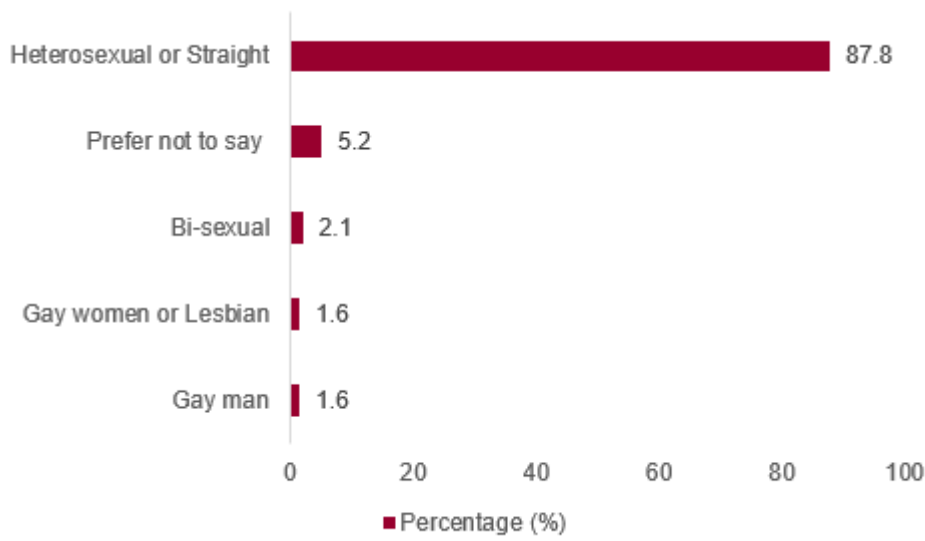
Religion

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



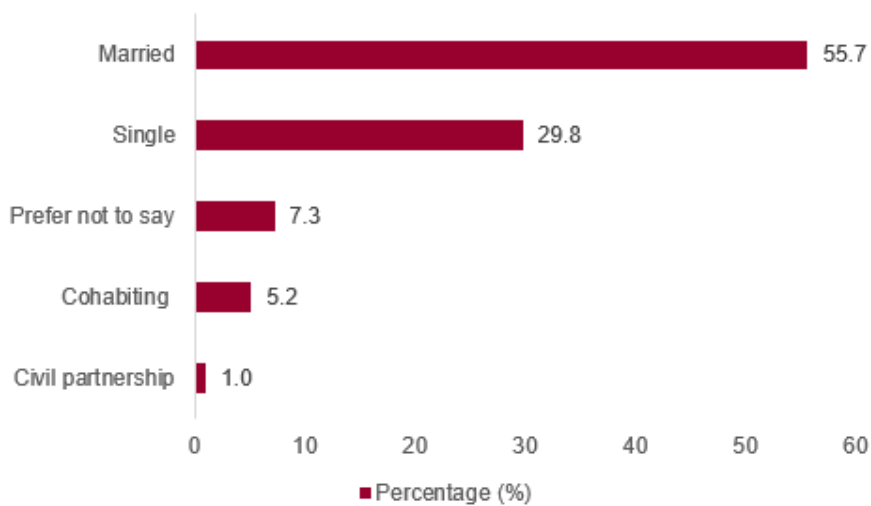
Sexual orientation

Which of the following options best describes your sexual orientation?



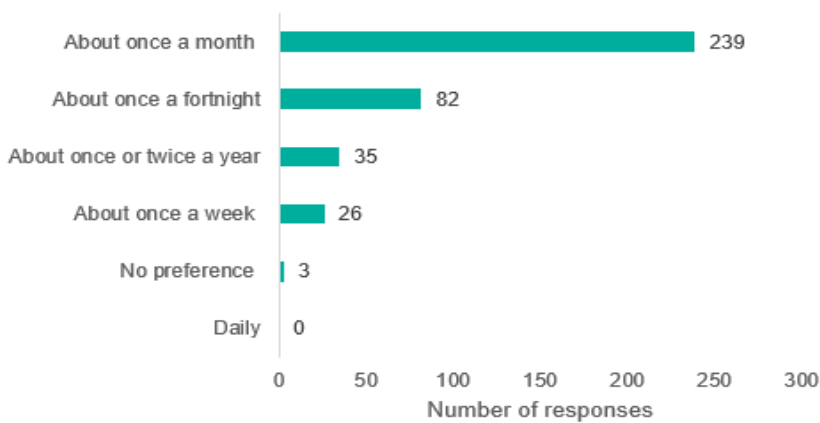
Marital status

Which of the following options best describes your relationship status?

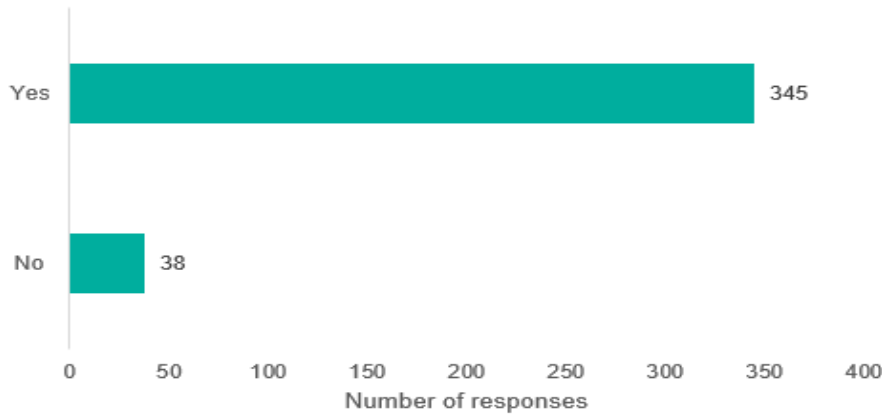


Reponses by question

How often do you use a pharmacy?

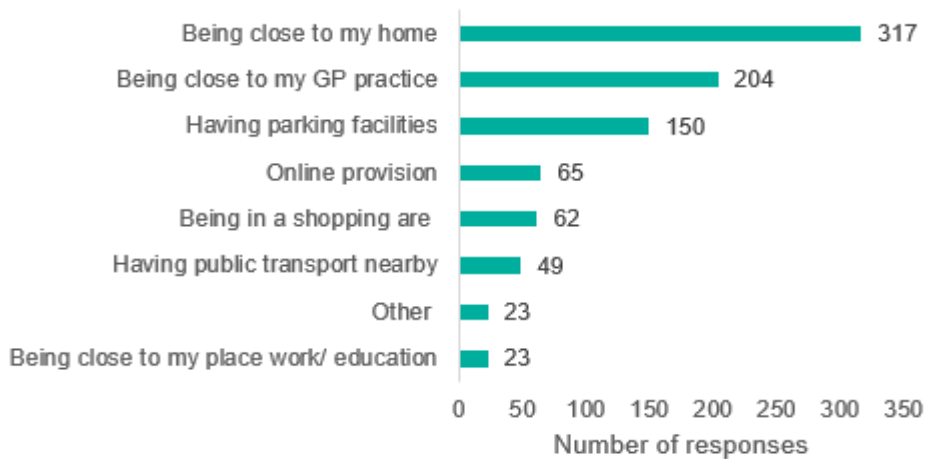


Do you tend to use the same pharmacy?



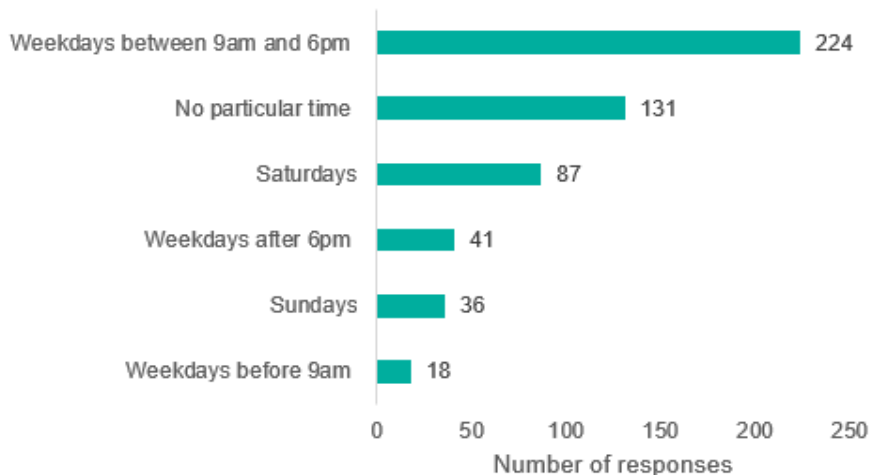
What is important to you about the location of a pharmacy?

The majority of respondents would prefer a pharmacy which was either close to their home or their GP practice. Factors such as having public transport nearby, being in a shopping area, or having online provisions were considered less important by the respondents of this questionnaire.



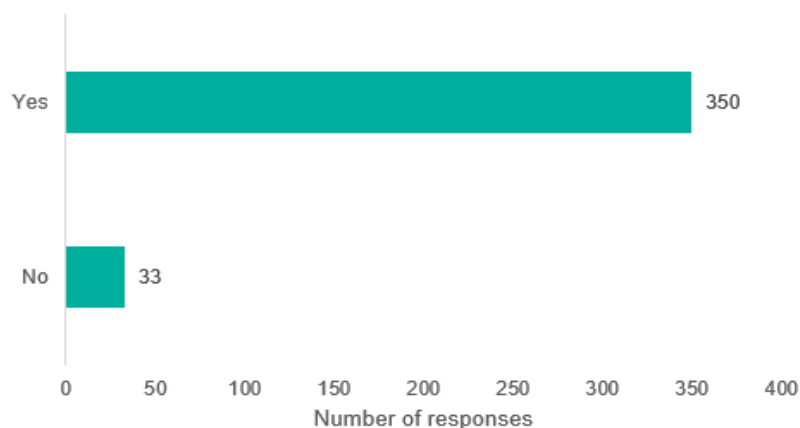
When do you prefer to visit a pharmacy?

The majority of respondents said their preferred time to visit a pharmacy was between 9am and 6pm during weekdays.



Are you able to get to a pharmacy of choice when you need to?

The majority of respondents said that they are able to get to a pharmacy of choice when required, with only 33 individuals saying 'no'.



If not, why not?

Responses were thematically grouped to help better highlight the main issues. Opening times was the most frequently mentioned reason as to why individuals are unable to get to a pharmacy of choice when they need to.

Theme	Number of occurrences	Response examples
Opening times	17	<ul style="list-style-type: none"> • Not open on a Saturday • Closed weekends • They close at lunchtime • It's not always open when I get there • Recently there has been several occasions when there has been no pharmacist so it can't open
Accessibility/mobility	5	<ul style="list-style-type: none"> • Mobility problems/public transport availability • Mobility issues • My local pharmacy isn't wheelchair accessible
Delivery services	4	<ul style="list-style-type: none"> • Prefer a pharmacy that does home deliveries
Pharmacy stock	3	<ul style="list-style-type: none"> • Don't have items
Location	2	<ul style="list-style-type: none"> • Distance • Steep hill & no parking
Other commitments/difficulties	2	<ul style="list-style-type: none"> • Work commitments mainly • Cannot leave partner alone in house

On a scale of 1-5, how important are the following aspects of pharmacy services? (1= not important & 5 = very important)

The main factors highlighted as being important by respondents were pharmacies having knowledgeable and friendly staff, the location of the pharmacy, and the pharmacy having the things people need.

Factors that were considered less important were around having early opening times (before 9am) and being able to walk in without an appointment.

Q9: 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 open times (before 9am)	178	50	57	26	27
Late opening times (after 6pm)	105	36	68	65	72
Location	7	4	22	72	270
Knowledgeable staff	4	4	20	70	274
Friendly staff	8	3	34	84	247
Short waiting times	10	9	77	114	160
Consultation room to speak to the pharmacist	30	46	87	76	118
Accessibility i.e. wheelchair/ baby buggy friendly	128	41	60	31	75
Being able to speak to the staff in my preferred language	113	21	59	34	113
Being able to walk in without an appointment	21	12	43	77	208
Provision of online services (e.g. online consultation)	107	49	101	32	55
The pharmacist taking time to listen to you	9	9	39	87	219
The pharmacy having things you need	5	2	8	70	285

Have you used any of the following services? (please select all that apply)

The respondents of this questionnaire highlighted that the pharmacy service that they most commonly used was prescription dispensing, followed by medical advice/ buying over-the-counter medicines. Additionally, 159 individuals said that if health check services were available in their pharmacy, they would use them.

Pharmacy service	Current use/ have used (number of responses)	Would use if available (number of responses)
Prescription dispensing (e.g. handing in a prescription and receiving medication)	350	12
Medical advice and buying over-the-counter medicines	346	11
Collection service (e.g. being able to pick up the items on your prescription without going back to GP)	312	23
Health checks (e.g. cholesterol, blood pressure, diabetes)	48	159
Vaccinations (e.g. flu/ travel)	170	94
Support to stop smoking	8	25
Testing for sexually transmitted infections	2	33
Emergency contraception	8	23
Needle exchange service	4	13
Support to lose weight	3	53
Supervised administration of methadone or other opiate medicines	3	11

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

This was an 'open' question which allowed respondents to express themselves freely. The responses which were received were coded into themes. Many responses could be categorised into more than one theme. Many comments that gave praise made reference to how pharmacies have been essential during the pandemic.

Theme	Number of occurrences
Praise	27
Bad opening hours/ pharmacies recently closing	18
Negative experiences	11
Long delivery/ waiting times	11
Need for additional services – e.g. health checks, contraception services, alternative medicines, hearing air replacements	8
Short staffed	5
Stock availability	4
Covid-19 vaccinations/ tests	3
Mobility/ access	3
Lack of privacy	2
Pharmacy is too small	2
Services not well advertised	2
Need better online services	2

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.

The main findings from the questionnaire were that there is a lot of willingness from pharmacies to provide enhanced services, if they were commissioned to do so, in particular weight management services. Additionally, responses also highlighted a need for contraception services.

Response Rate

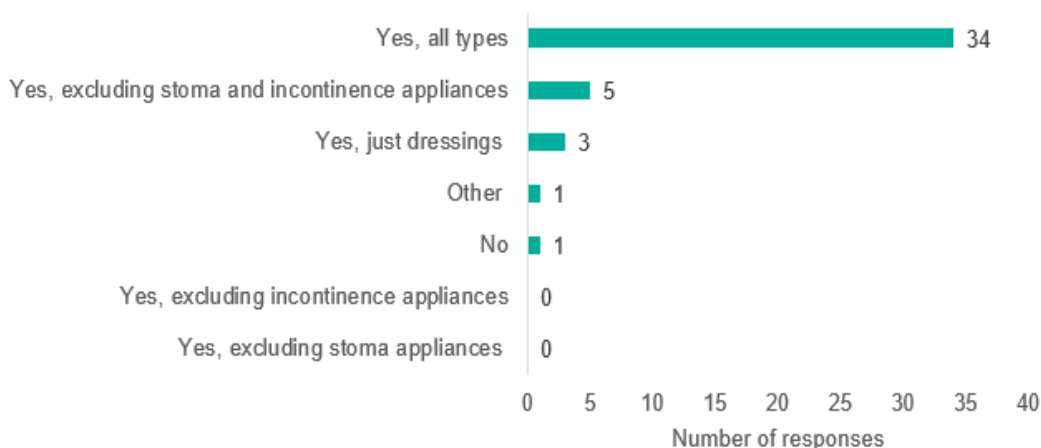
Out of a possible 139 pharmacies (at the time the survey went out), 44 responded to the questionnaire – giving a response rate of 32%. The questionnaire was available online and the link was distributed by Community Pharmacy West Yorkshire, with a further follow up email to those following the first 2 weeks that the survey was open for. Bradford South had the greatest response rate of 43%, with 10 out of the 23 pharmacies responding to the questionnaire. Shipley had the lowest response rate of 25%.

Area	Number of responses	Number of pharmacies in the area	Response Rate
Bradford East	10	31	32%
Bradford South	10	23	43%
Bradford West	11	34	32%
Keighley	6	23	26%
Shipley	7	28	25%
Grand Total	44	139	32%

Response by question

Does the pharmacy dispense appliances?

77.2% of responses said that that they dispense all types of appliances, with 2.3% of responses not dispensing any appliances at all.



Does the pharmacy provide the following services?

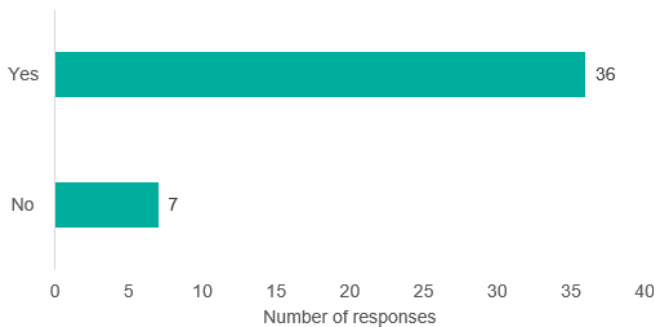
Q7: Does the pharmacy provide the following advanced services?	Yes	Intending to begin within next 12 months	No, not intending to provide
Appliance use review service	11	5	22
Community pharmacist consultation service (CPCS)	43	0	1
C-19 LFT distribution	43	1	0
Flu vaccination service	38	3	3
Hep C testing service	1	7	33
Hypertension case finding	8	26	10
New medicine service	44	0	0
Pandemic delivery service	39	0	5
Stoma appliance customisation service	3	3	34
Stop smoking service	6	19	18

Services: Please note that pharmacies who already provide these services should tick the 'willing to provide if commissioned' box

Services	Willing to provide if commissioned	Not able or willing to provide
Anti-viral distribution service	31	12
Care home service	27	17
Contraceptive service	36	8
Gluten free food supply service	30	14
Home delivery service	44	0
Respiratory/ inhaler check service	41	3
Language access service	25	16
Medicines assessment and compliance support service	39	5
Not dispensed service	33	9
Obesity/ weight management service	41	2
Seasonal influenza vaccination service	44	0
Other vaccination service	34	9
Covid-19 vaccinations	27	15
Sharps disposal service	41	3
Vascular risk assessment service	31	12

Is the entrance to the pharmacy accessible for wheelchair users?

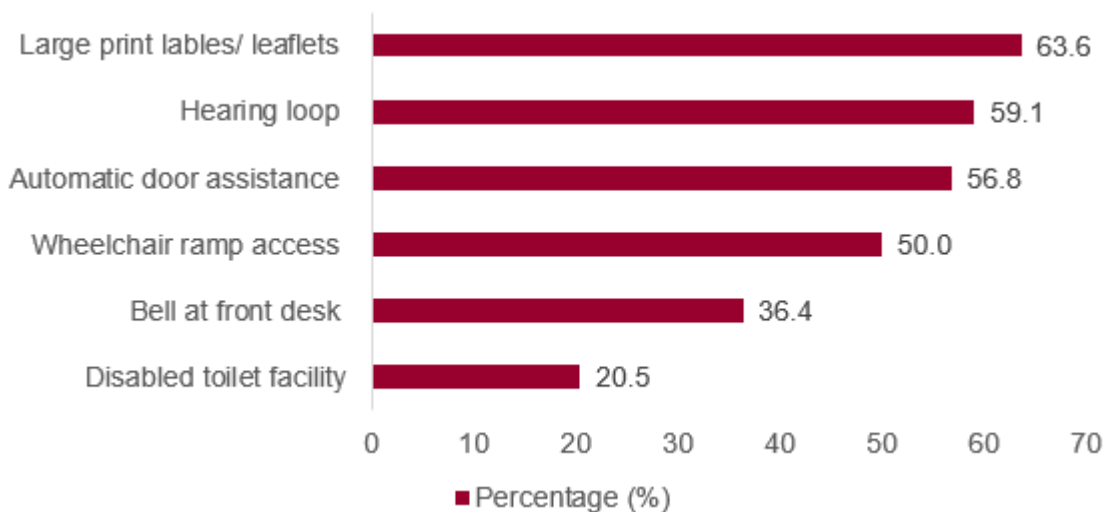
81.8% of responses said 'yes' to having an accessible entrance for wheelchair users.



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

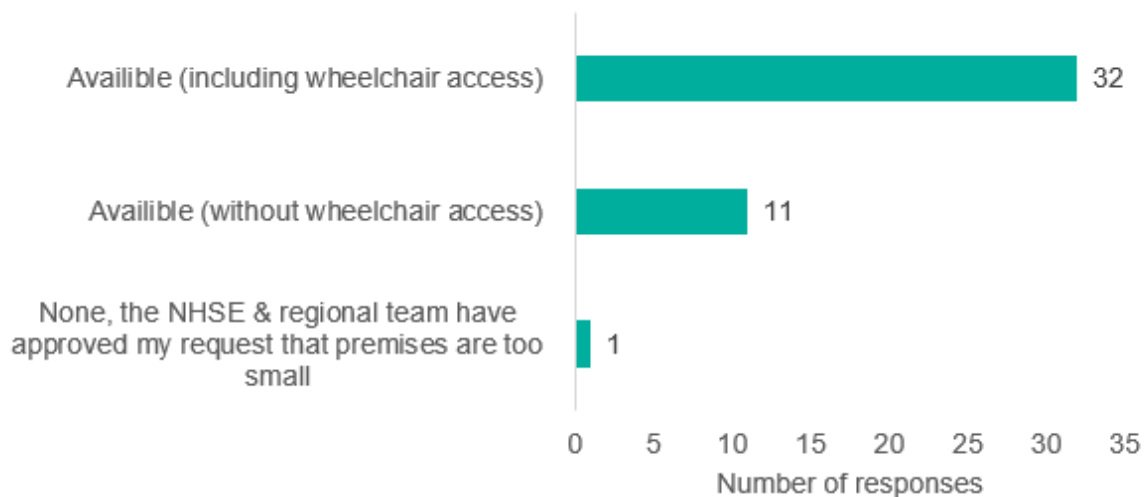
The majority of pharmacies had large print labels (63.6%), hearing loops (59.1%), and automatic door assistance (56.8%) facilities to support individuals with disabilities.

Half of the pharmacies that responded to this questionnaire also had wheelchair ramp access.



Is there a consultation area on the premises?

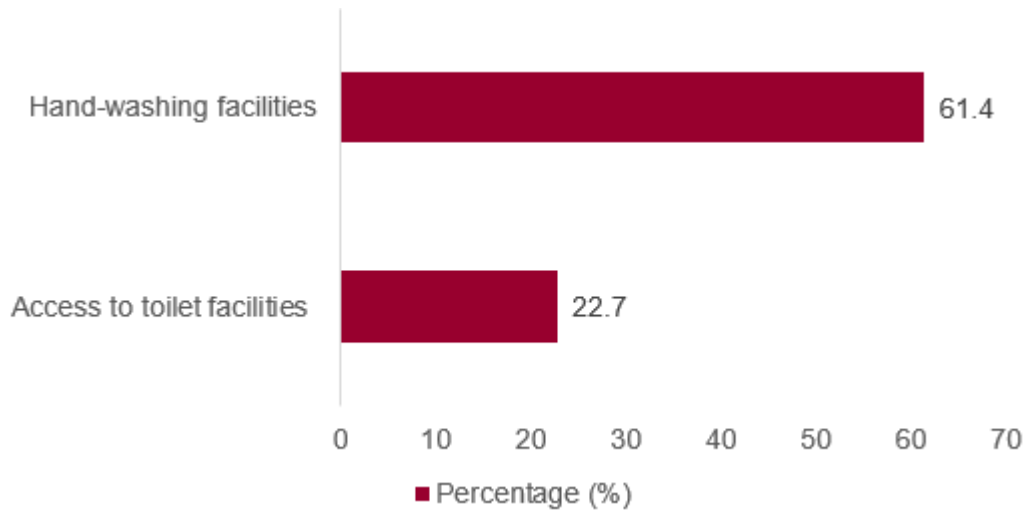
The majority of pharmacies (72.7%) do have a consultation area with wheelchair access.



During consultations, are there any of the following available?

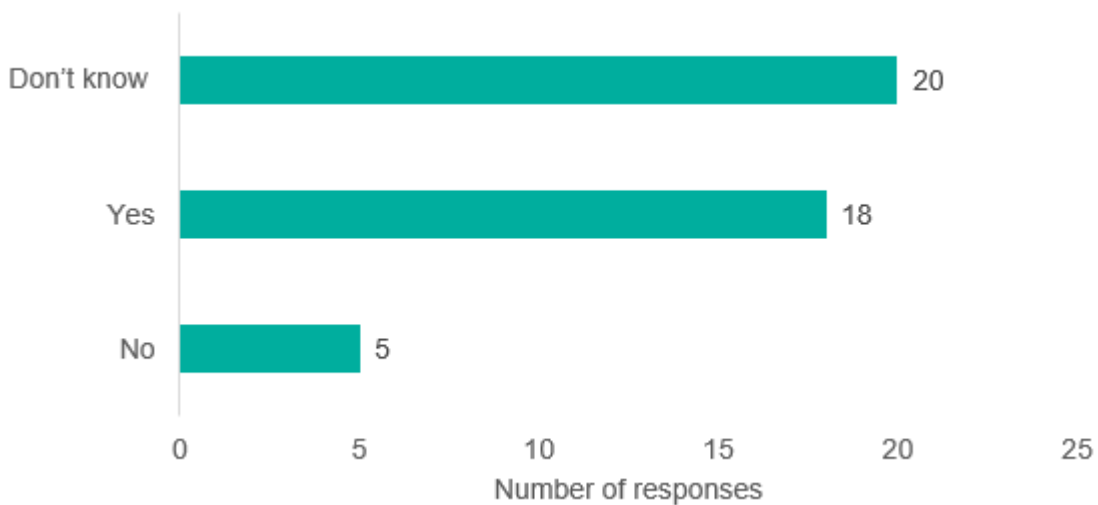
27 pharmacies said that they have hand-washing facilities and 10 said that they have access to toilet facilities.

There were 7 pharmacies who left this question blank.



Is there a particular need for a locally commissioned service in your area?

The majority of pharmacies selected ‘don’t know’ for this question. However, 41% of pharmacy responses did select ‘yes’.



If ‘Yes’, what is that service requirement and why?

Contraception services were most commonly mentioned, followed by the need for health checks and weight management/ stop smoking services.

Theme	Number of occurrences	Response Examples
Contraception	6	<ul style="list-style-type: none"> Emergency contraception as close proximity to university and college free contraceptive as a lot of young girls are asking for us to

		<ul style="list-style-type: none"> provide it free contraception as this is one of the most popular services we get asked for ehc/contraception- no local pharmacy is providing this service since the local gum clinic has closed free condom service
Health checks	3	<ul style="list-style-type: none"> Blood pressure Diabetes/ sugar testing Glucose testing
Weight management/ stop smoking support	3	<ul style="list-style-type: none"> We have a mixed age population and the health inequality and we are at the centre of a community that would benefit from locally commissioned services e.g.: Weight management stop smoking and weight management
Community pharmacy consultation service	2	<ul style="list-style-type: none"> We are aware that in other parts of the country the local NHS has commissioned a walk-in Community Pharmacist Consultation Service (CPCS) which means that members of the public with low acuity minor illnesses can refer themselves directly to a pharmacy and receive a structured intervention and advice. Whilst this service is not being commissioned by local authorities it is a service that hugely impacts on the overall health and wellbeing of the local population and improves overall health outcomes without putting unnecessary burden on other part of primary care
Compliance aids	1	<ul style="list-style-type: none"> Compliance aids - dossett boxes with prescribed medication. Demand is increasing from patients, carers and GPs but not currently funded
Minor ailments	1	<ul style="list-style-type: none"> Minor ailments service

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

The responses were coded and grouped into themes to better identify what elements were most commonly mentioned.

Theme	Number of occurrences	Response Examples
Minor ailments	4	<ul style="list-style-type: none"> Minor ailments service
Free delivery services	3	<ul style="list-style-type: none"> free delivery to older and disabled groups
Health checks	3	<ul style="list-style-type: none"> Diabetes Glucose testing
Targeted services	3	<ul style="list-style-type: none"> targeted services for people from ethnic minorities for issues that they face Services for the large LGBTQ community Drug addicts who come in for methadone or needle exchange need more support
Language support	2	<ul style="list-style-type: none"> More interpreters and written communication in other languages Emphasis on language translation service
Weight loss/ smoking services	1	<ul style="list-style-type: none"> Smoking cessation and Weight loss service. Free EHC service would benefit the local area too

Please tell us any additional information that you feel is captured within this questionnaire

Comments provided for this open ended question were highly focused on a high demand for contraception services, mostly around young individuals wanting emergency hormonal contraception and free condoms. There was also some mention of the COVID-19 pandemic impacting health, particularly for ethnic minorities and the elderly population. Responses suggested that services, such as weight management or more general health checks, would be beneficial for local communities.

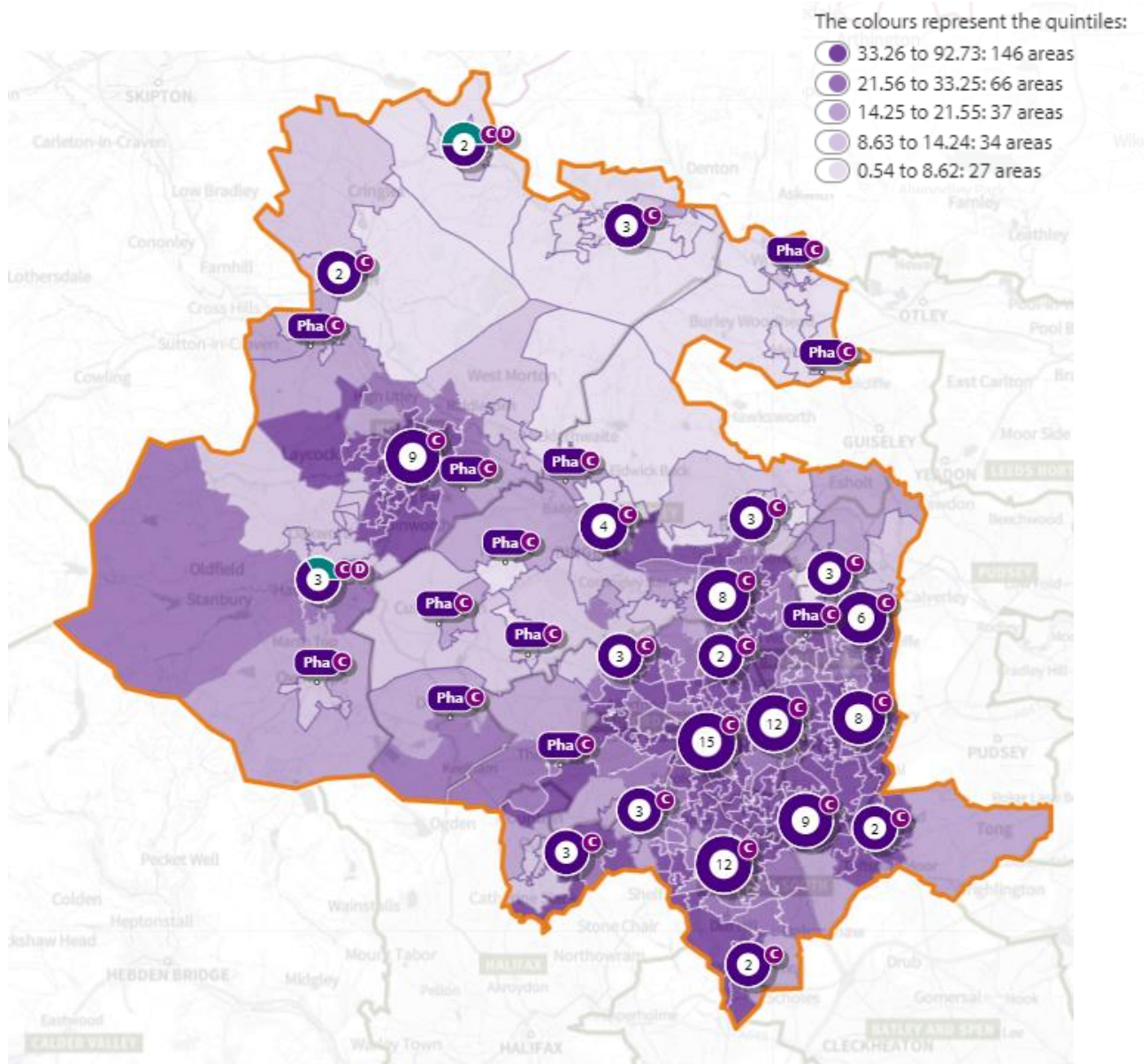
3. Maps

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.

Map Number	Map Title
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 drive times from pharmacy by car
5	Map of time to pharmacy via Public Transport on a weekday morning
6	Map of Pharmacies providing the 100-hour service
7	Map of pharmacies providing extended opening hours
8	Map of Dispensing Appliance Contractors
9	Map of pharmacies providing appliance utilisation review
10	Map of pharmacies providing New Medicine Services
11	Map of pharmacies providing stoma appliance customisation
12	Map of pharmacies providing Community Pharmacist Consultation Service (CPCS)
13	Map of pharmacies providing Flu vaccination services
14	Map of pharmacies providing Covid-19 vaccination sites

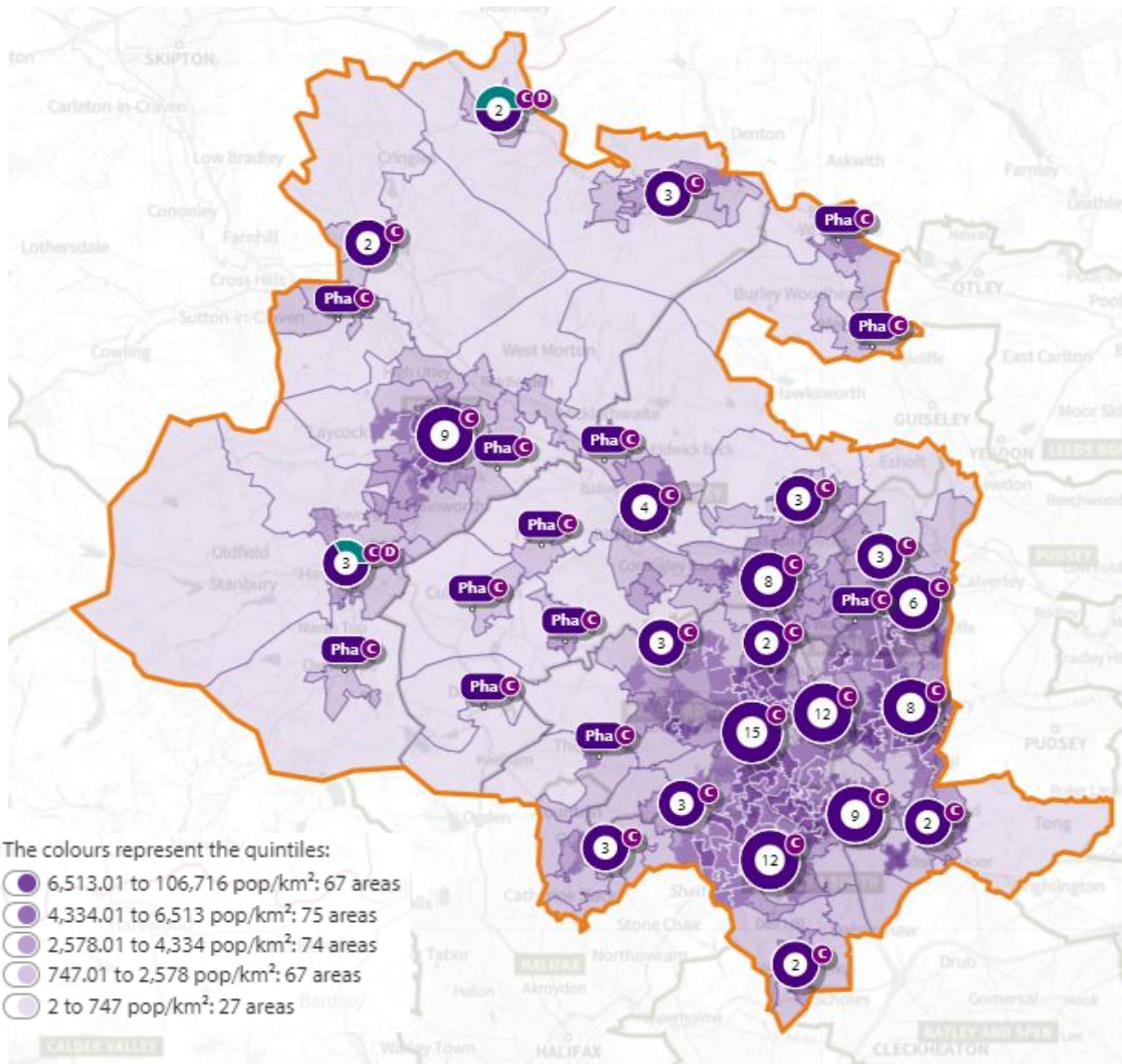
Map 2: Community Pharmacies and dispensing GPs compared to IMD

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



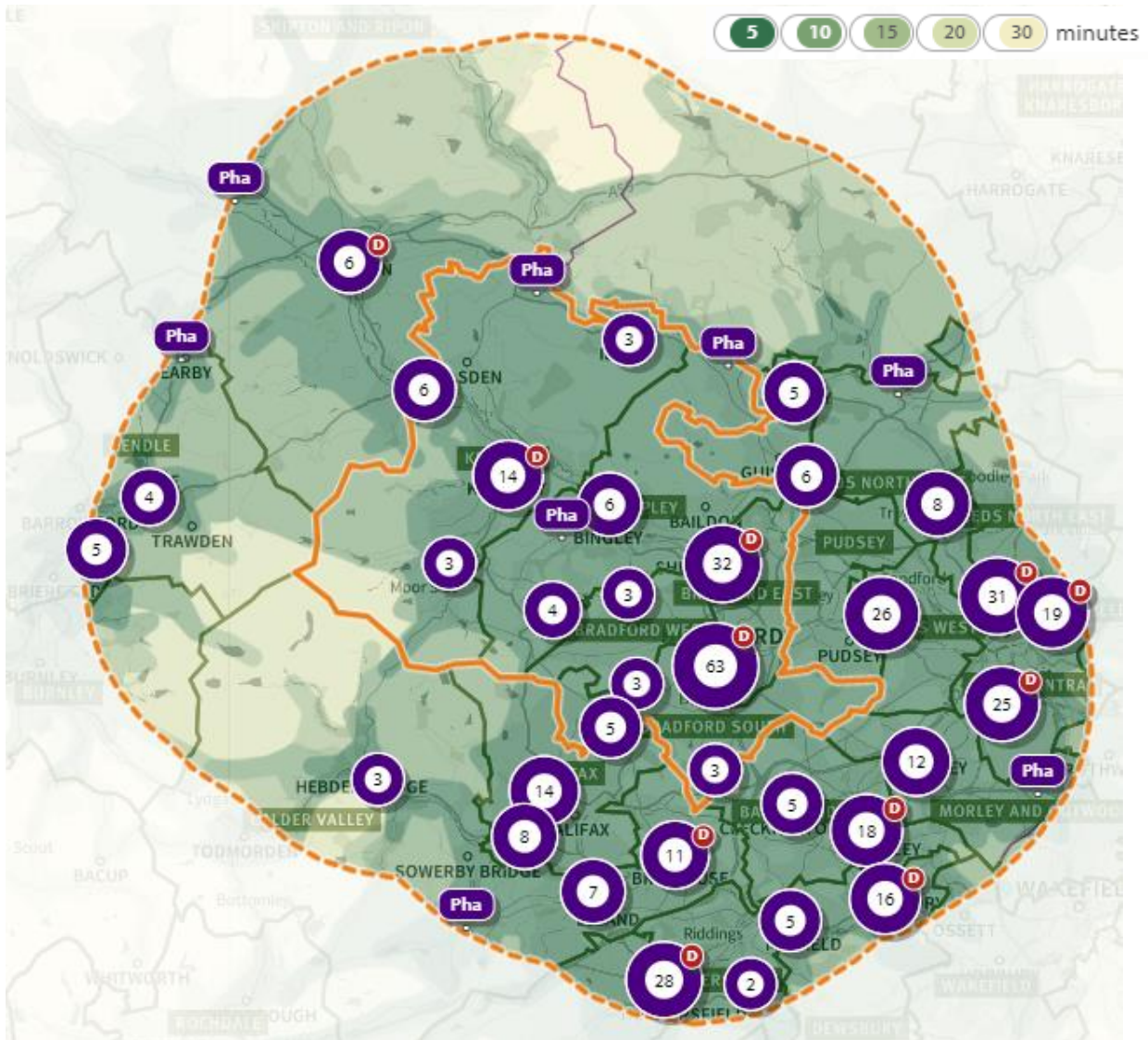
Map 3: Community pharmacies and dispensing GPs compared to population density

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.

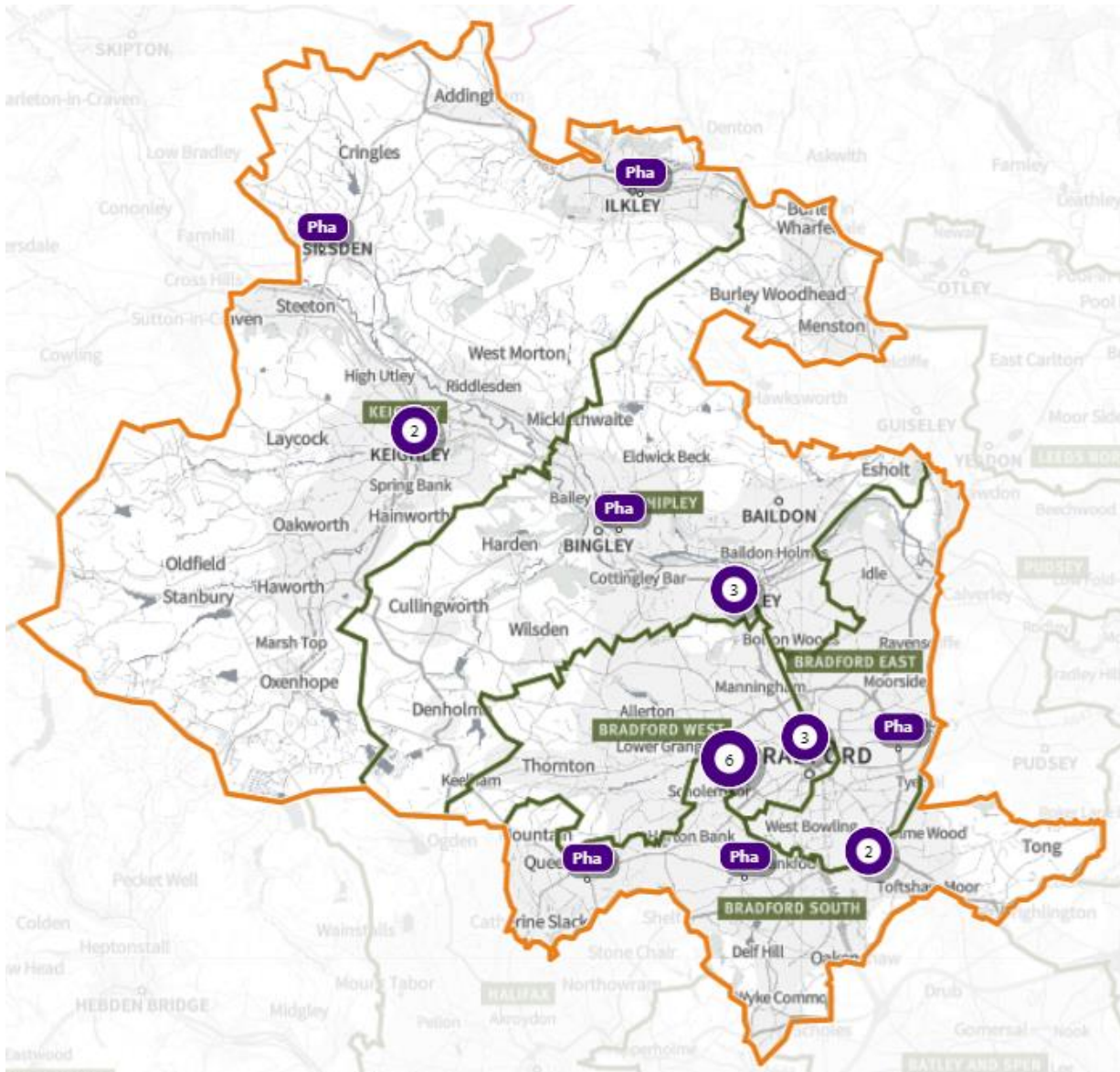


Map 4: Drive times from pharmacy by car – including 10km buffer for pharmacies just outside Bradford district.

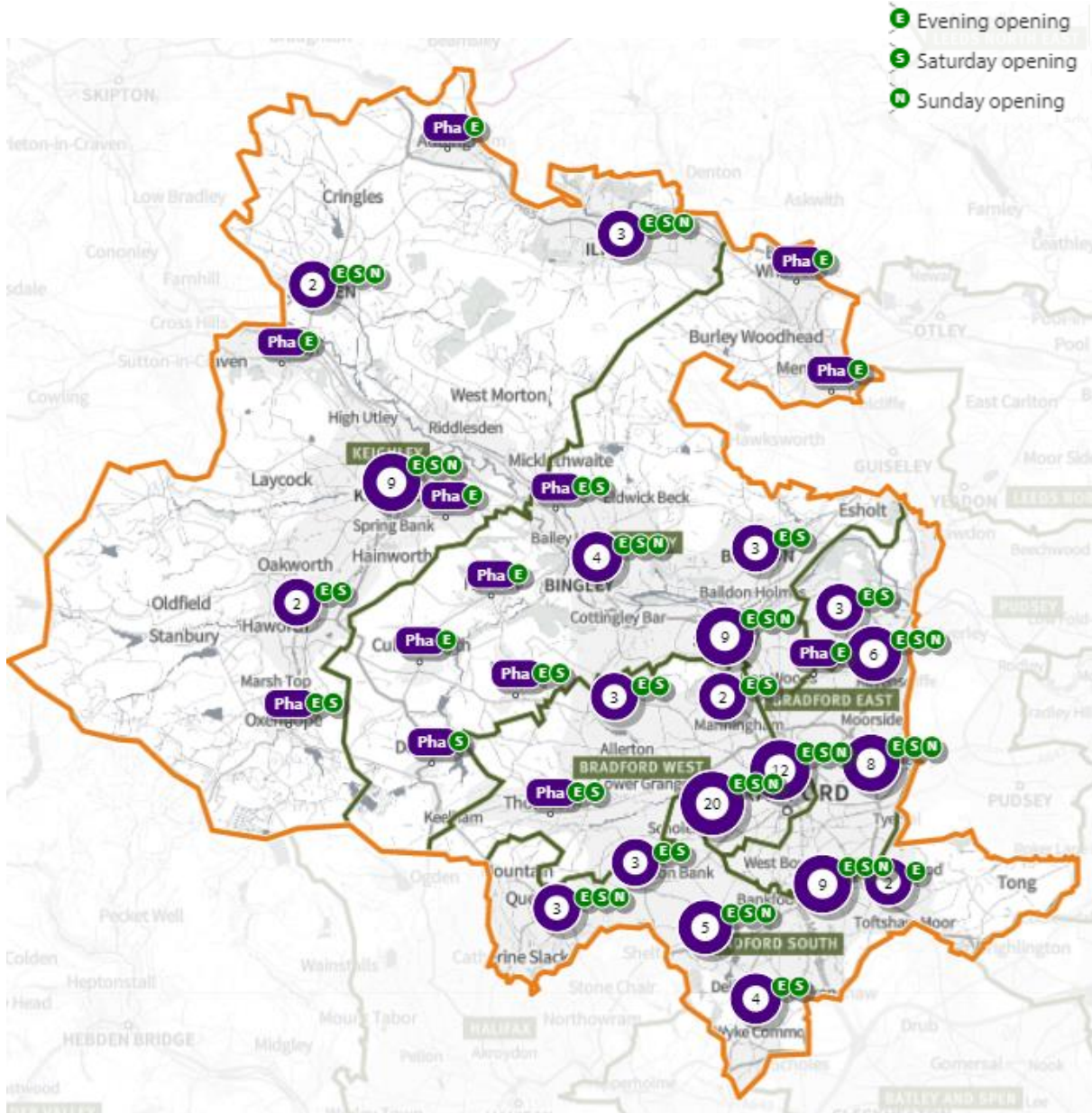
This map shows the majority of pharmacies are within 15 minutes drive by car



Map 6: Map of Pharmacies providing the 100-hour service



Map 7: Pharmacies providing extended opening hours



Map 8: Dispensing Appliance Contractors (DAC)

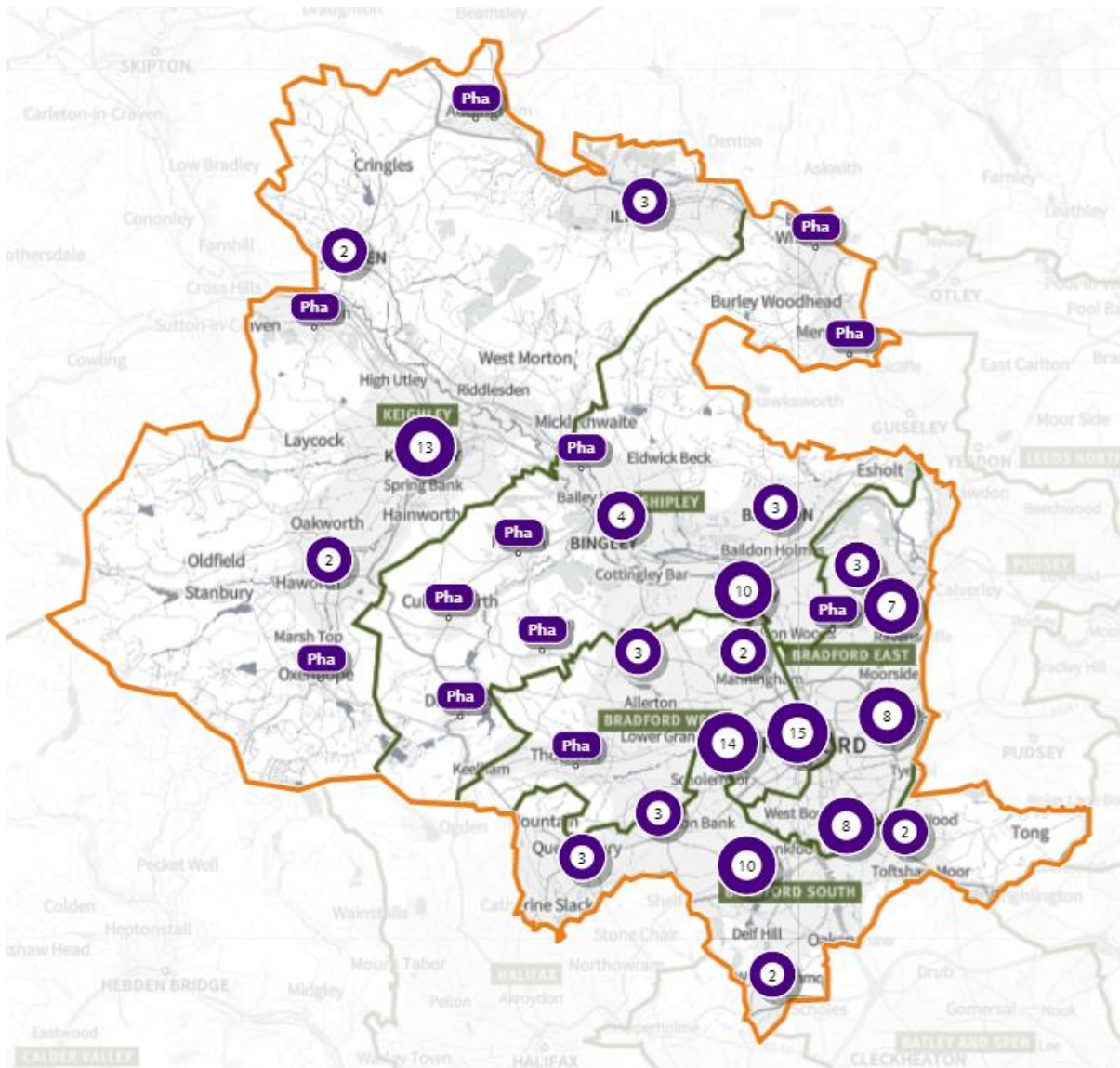


Map 9: Pharmacies providing appliance utilisation review

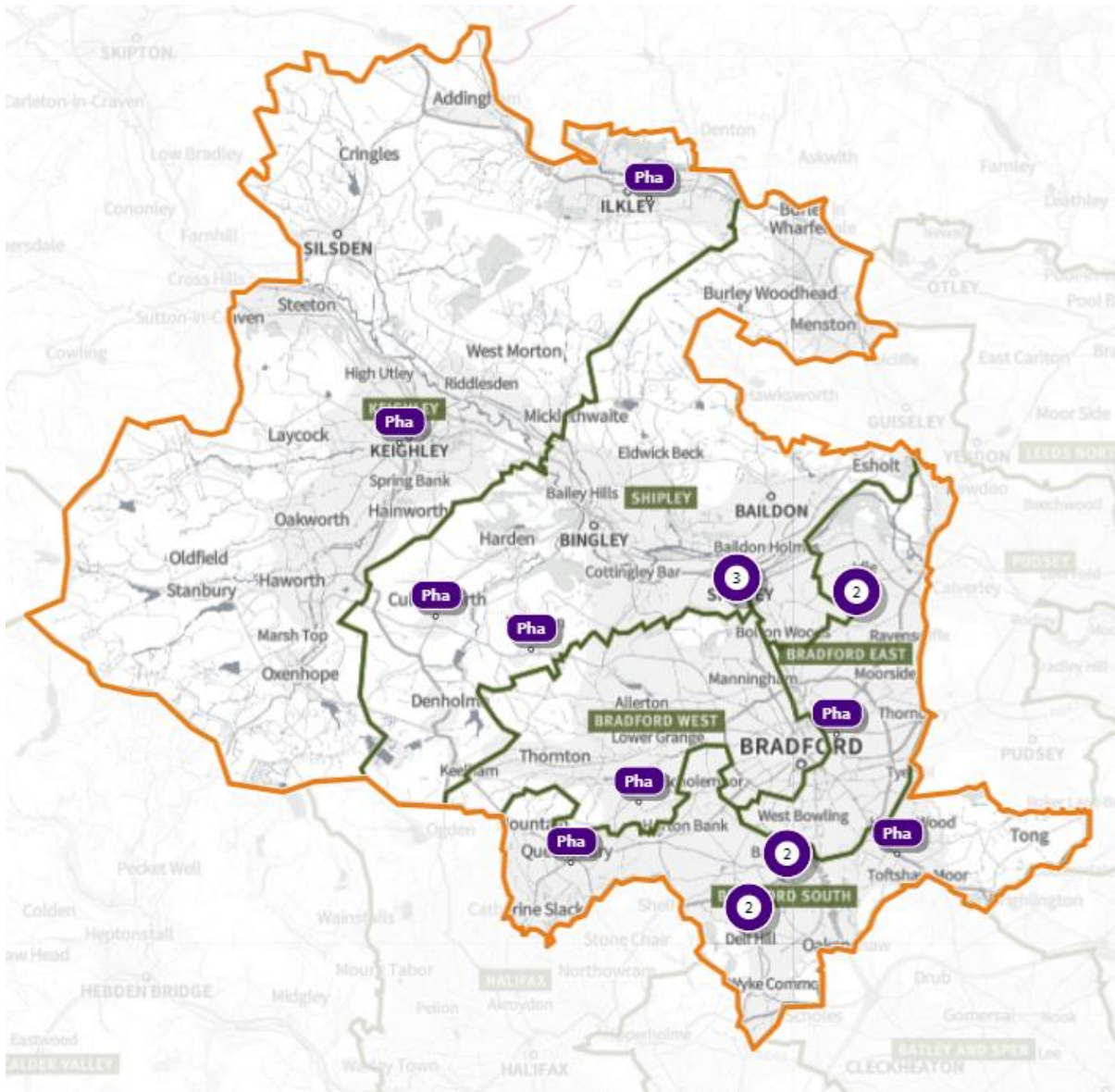
Many patients use Dispensing Appliance that use DACs and may access this services from them for their stoma etc.



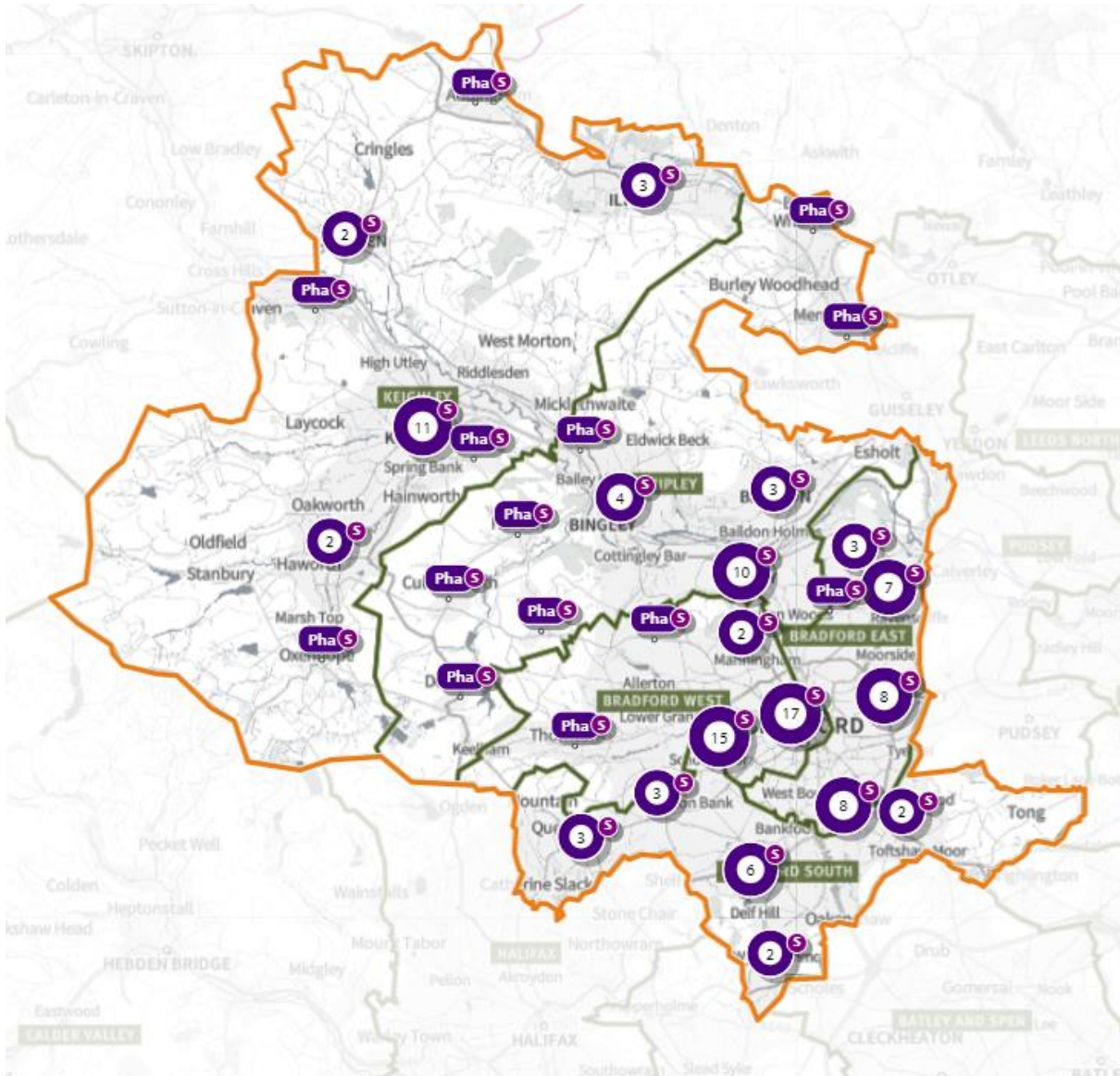
Map 10: Pharmacies providing New Medicine Services (NMS)



Map 11: Pharmacies providing stoma appliance customisation

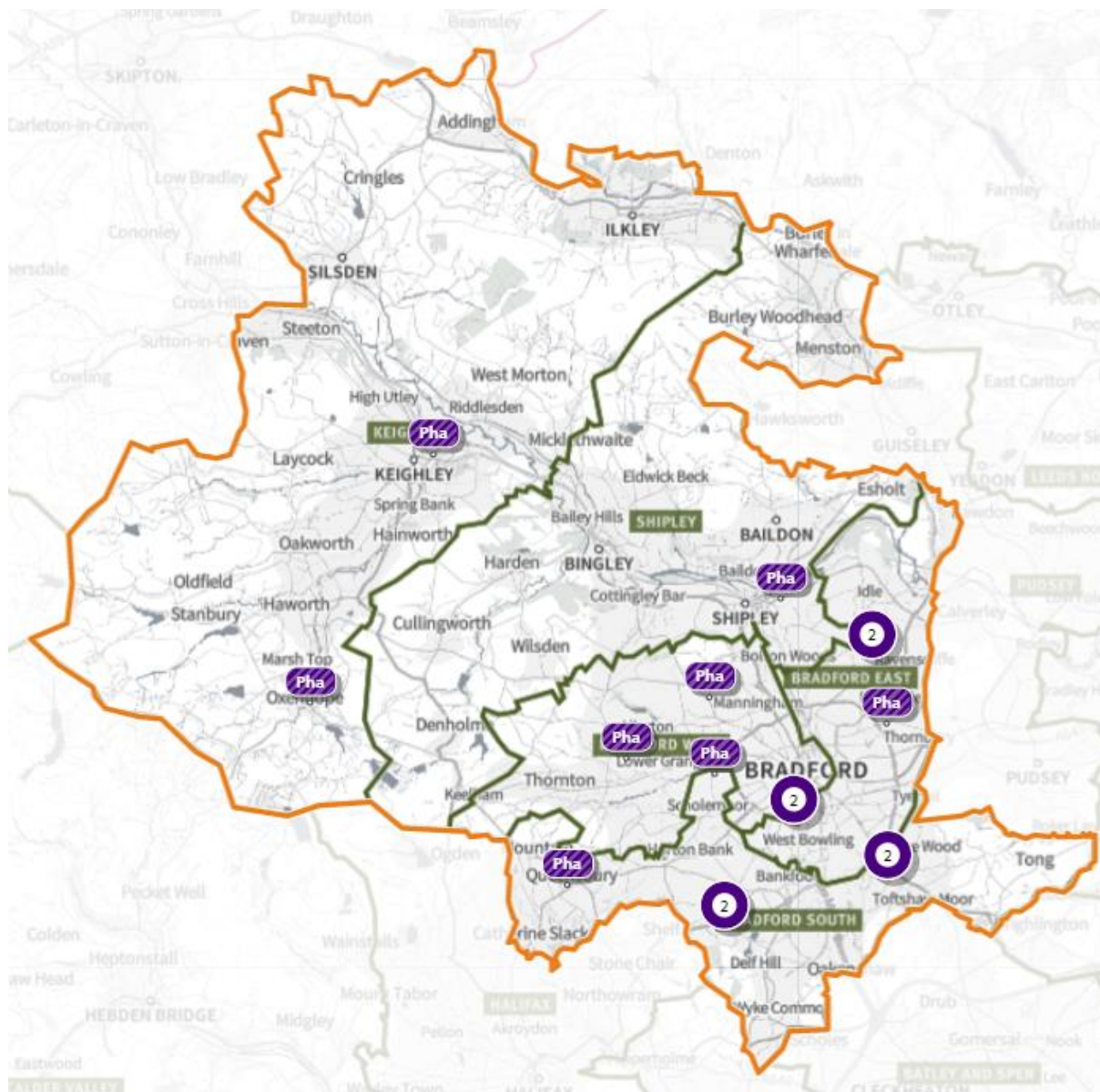


Map 12: Pharmacies providing Community Pharmacist Consultation Service (CPCS)



Map 14: Pharmacies providing Covid-19 vaccination sites

This service was not open to all pharmacies, with only a limited number being allowed to provide this service. However, NHS expressions of interest demonstrated significantly more pharmacies wanted to offer this service.



4. PNA Consultation process, feedback and responses

Formal consultation on the draft of the PNA document, as required within the regulations, commenced on **11th May 2022**, and continued until the **10th July 2022**. 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.

The comments and responses received from this formal consultation will be detailed here, including responses and amendments made to the draft PNA as a result of these comments. 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 CCG
- 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

15 responses were received in total from a 4 different types of stakeholders – the response numbers have been detailed in the following table:

Respondent	Number of respondents
Member of the public	9
Other	1
Local pharmacist	4
The Local Pharmacy Committee	1

If 'Other' please state:

- NHS England & Improvement – West Yorkshire Primary Care Team

(ii) Summary of responses

Question	Response		
	Yes	No	No response
Has the purpose of the pharmaceutical needs assessment been explained?	10	3	2
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	9	3	3
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?	8	3	4
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	9	2	4
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?	9	2	4
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	8	3	4
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	8	3	4
Do you agree with the conclusions of the pharmaceutical needs assessment?	7	3	5

(iii) **Response to consultation feedback**

No specific comments required responses or amendments to the PNA. It should be noted that whilst the majority of responses to questions in the consultation were positive, in 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, there were a number of negative responses, but with few comments made to expand on any detail. Analysis of the responses where further comments were provided showed the negative responses were from members of the public who took this question to be about providing comments on issues they have with individual pharmacies, and not the wider service provision across the district. It has been identified that this question be made clearer in future PNA's.

5. Description of Essential services

1. Dispensing of prescriptions

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

2. Dispensing of repeatable prescriptions

Service description

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

This service specification covers the requirements additional to those for dispensing, such that the pharmacist 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 medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions

3. Disposal of unwanted drugs

Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England and NHS Improvement 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

4. 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

5. 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

6. 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

7. Discharge medicines service

Service description

Pharmacies undertake a proactive review of the medication that patients discharged from hospital are taking compared to those they were taking prior to their admission to ensure that all changes are identified and patient records are amended accordingly. In addition, patients will be offered a confidential discussion with the pharmacist to check their understanding of their medication, when to take it and any other relevant advice to support the patient to get the maximum benefit from their medication.

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

6. Description of Advanced services

1. 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, recruitment into the service, an intervention about one or two weeks later, and a follow up after a two or three weeks.

Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long-term conditions, in order—

- As regards the long-term condition—
 - To help reduce symptoms and long-term complications and
 - In particular, by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support and
- To help patients—
 - Make informed choices about their care
 - Self-manage their long-term conditions
 - Adhere to agreed treatment programmes and
 - Make appropriate lifestyle changes

2. 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

3. 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.

4. National influenza adult vaccination service

Service description

Pharmacy staff will identify people eligible for flu vaccination and encourage them to be vaccinated. This service covers eligible patients aged 18 years and older who fall in one of the national at risk groups. The vaccination is to be administered to eligible patients, who do not have any contraindications to vaccination, under the NHS England and NHS Improvement patient group direction.

Aims and intended outcomes

The aims of this service are to:

- Sustain uptake of flu vaccination by building the capacity of community pharmacies as an alternative to general practice
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations and
- Reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

5. NHS community pharmacist consultation service

Service description

Under the NHS community pharmacist consultation service patients who urgently need medicines or who have symptoms of a minor illness and contact either NHS 111 or an Integrated Urgent Care Clinical Assessment Service are referred to a community pharmacist for a consultation, thereby releasing capacity in other areas of the urgent care system such as accident and emergency (A&E) and general practices and improving access for patients.

Aims and intended outcomes

The aims of this service are to:

- Support the integration of community pharmacy into the urgent care system, and to appropriately refer patients with lower acuity conditions or who require urgent prescriptions, releasing capacity in other areas of the urgent care system
- Offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 Online service
- Reduce demand on integrated urgent care services, urgent treatment centres, Emergency Departments, walk in centres, other primary care urgent care services and GP Out of Hours (OOH) services, and free up capacity for the treatment of patients with higher acuity conditions within these settings
- Appropriately manage patient requests for urgent supply of medicines and appliances

- Enable convenient and easy access for patients and for NHS 111 call advisor referral
- Reduce the use of primary medical services for the referral of low acuity conditions (i.e. minor illnesses) from NHS 111 and the need to generate urgent prescriptions
- 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 use of Urgent and Emergency Care services in the future
- Ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested
- Increase patient awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions and for medicines access and advice
- Be cost effective for the NHS when supporting patients with low acuity conditions

6. Community pharmacy hepatitis C antibody testing services

Service description

People who inject drugs who are not engaged in community drug and alcohol treatment services will be offered the opportunity to receive a Hepatitis C virus test from a community pharmacy of their choice (subject to the pharmacy being registered to provide the service).

Where the test produces a positive result, the person will be referred for appropriate further testing and treatment via the relevant Operational Delivery Network.

Aims and intended outcomes

The aim of this service is to increase levels of testing for Hepatitis C virus amongst people who inject drugs who are not engaged in community drug and alcohol treatment services to:

- Increase the number of diagnoses of Hepatitis C virus infection
- Permit effective interventions to lessen the burden of illness to the individual
- Decrease long-term costs of treatment and
- Decrease onward transmission of Hepatitis C virus

7. Stop smoking service

The NHS Long Term Plan focuses on the importance of preventing avoidable illness and more active management of the health of the population. Smoking cessation is specifically identified as a key service that can improve the prevention of avoidable illness. The service:

- supports patients who started a stop smoking programme in hospital to continue their journey in community pharmacy upon discharge
- promotes healthy behaviours to service users

8. Hypertension Case Finding

In 2020, NHS England and NHS Improvement (NHSE&I) commenced a pilot involving pharmacies offering blood pressure checks to people 40 years and over. In some pharmacies within the pilot, where the patient's initial blood pressure reading was elevated, they would be offered 24 hour ambulatory blood pressure monitoring (ABPM), which is the gold-standard for diagnosis of hypertension.

Following the initial findings of the pilot, the Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of a new Hypertension case-finding service, as an Advanced service, in the Year 3 negotiations.

The aims and objectives of this service are to:

- 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

7. Description of Enhanced services

1. An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. An antiviral collection service, the underlying purpose of which is for the pharmacy contractor to supply antiviral medicines, in accordance with regulation 247 of the Human Medicines Regulations 2012 (exemption for supply in the event or in anticipation of pandemic disease), to patients for treatment or prophylaxis.
3. A 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
4. A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
5. A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
6. An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England and NHS Improvement.
7. A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home drugs, and appliances other than specified appliances.
8. A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
 - Drugs which they are using
 - Their health and
 - General health matters relevant to them, and where appropriate referral to another health care professional
9. A medication review service, the underlying purpose of which is for a registered pharmacist—
 - To conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient
 - To advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs and
 - Where appropriate, to refer the patient to another health care professional

10. A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —

- To assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs and
- To offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens

11. A minor ailment scheme, the underlying 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 drugs to the patient for the treatment of the minor ailment.

12. A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist—

- To provide sterile needles, syringes and associated materials to drug misusers
- To receive from drug misusers used needles, syringes and associated materials and
- To offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre

13. An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

14. Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

15. A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

16. A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- The clinical and cost effective use of drugs
- Prescribing policies and guidelines and
- Repeat prescribing

17. A school's service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

- The clinical and cost effective use of drugs in the school
- The proper and effective administration and use of drugs and appliances in the school
- 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

18. A screening service, the underlying purpose of which is for a registered pharmacist—

- To identify patients at risk of developing a specified disease or condition
- To offer advice regarding testing for a specified disease or condition
- To carry out such a test with the patient's consent and
- To offer advice following a test and refer to another health care professional as appropriate

19. A stop smoking service, the underlying purpose of which is for the pharmacy contractor—

- To advise and support patients wishing to give up smoking and

- Where appropriate, to supply appropriate drugs and aids

20. A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.

21. A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who is a supplementary prescriber and, with a doctor or a dentist is party to a clinical management plan, to implement that plan with the patient's agreement.

22. An emergency supply service, the underlying purpose of which is to ensure that, in cases of urgency or whilst a disease is, or in anticipation of a disease being imminently pandemic and a serious risk to human health, patients, at their request, have prompt access to drugs or appliances-

- Which have previously been prescribed for them in an NHS Prescription but for which they do not have an NHS prescription and
- Where, in the case of prescription only medicines, the requirements of regulation 225 or 226 of the Human Medicines Regulations 2012 (which relate to emergency sale etc. by pharmacist either at patient's request or while a disease is or in anticipation of a disease being imminently pandemic and a serious risk of potentially a serious risk to human health)

8. Terms of service for Dispensing Appliance Contractors

1. 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).

2. 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

3. 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

4. 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.

5. 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.

6. 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.

7. 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.