



Pharmaceutical Needs Assessment 2018

South Gloucestershire Health and Wellbeing
Board

2018 PHARMACEUTICAL NEEDS ASSESSMENT – South Gloucestershire

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1 Executive Summary

Every Health and Wellbeing Board (HWB) is now required to produce a Pharmaceutical Needs Assessment (PNA). This document is a revision of the latest Pharmaceutical Needs Assessment to ensure information is updated in-line with NHS England requirements.

This mapping of pharmaceutical services against local health needs provides South Gloucestershire HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- understand the pharmaceutical needs of the population
- gain a clearer picture of pharmaceutical services currently provided
- make appropriate decisions on applications for NHS pharmacy contracts
- commission appropriate and accessible services from community pharmacies
- clearly identify and address any local gaps in pharmaceutical services
- target services to reduce health inequalities within local communities.

This PNA has been produced by the PNA Steering Group for South Gloucestershire.

NHS Pharmaceutical Services in England

NHS Pharmaceutical Services are provided by contractors on the pharmaceutical list held by NHS England. Types of providers are:

- community pharmacy contractors, including distance-selling pharmacies
- dispensing appliance contractors
- local pharmaceutical service providers
- dispensing doctors.

Community pharmacies operate under a contractual framework agreed in 2005 which sets three levels of service:

Essential services:	Negotiated nationally. Provided from all pharmacies
Advanced services:	Negotiated nationally. Provided from some pharmacies, specifically accredited
Enhanced services:	Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned.

This contract enables NHS England area teams to commission services to address local needs, whilst still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies.

As per Schedule 1 of the 2013 Pharmaceutical Services Regulations³, South

Gloucestershire HWB has identified necessary services as 'essential services' and 'advanced services' as required by Paragraphs 1 and 3 of Schedule 1 to the Regulations.

South Gloucestershire HWB has identified 'enhanced services' as pharmaceutical services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in South Gloucestershire.

South Gloucestershire HWB has identified locally commissioned services as other services which secure improvements or better access, or have contributed towards meeting the needs for pharmaceutical services in South Gloucestershire.

The population of South Gloucestershire

South Gloucestershire currently has a total resident population estimated around 275,000 (Office of National Statistics [ONS] 2015-based mid-year estimate). Around 63% of the South Gloucestershire population live on the Bristol 'fringe' area, a further 17% live around Yate, Chipping Sodbury and Thornbury, and the remaining 20% live in more rural areas.

The proportion of 0-15 year olds is 18.6%, very similar to the England average of 19%. South Gloucestershire also has a very similar proportion of those of working age (63.1%) compared to England (63.3%). Older people aged over 65 make up 18.4% of the population, greater than the 17.7% for England.

The population of South Gloucestershire has increased by over 10% since 2002, with the main drivers for population growth in recent years being natural change (more births than deaths) and inward migration. ONS population projections suggest the population of South Gloucestershire is set to increase a further 20% by 2039. According to the latest official population projections (the 2014-based sub-national population projections) the population of South Gloucestershire is projected to rise to:

- 287,200 by 2020
- 300,000 by 2025
- 322,700 by 2035.

However these predictions do not take into account the significant housing developments taking place. With approximately 17,000 new homes planned to be built between 2014 and 2024 this will likely swell the population beyond ONS estimates. Key findings suggest that the overall population of South Gloucestershire in 2024 will be closer to 311,300, some 11,300 higher than the ONS projection for 2025.

The largest population increases are likely in areas where high levels of housing growth are planned, for example the areas of Patchway, Frenchay & Stoke Park, Yate North and Winterbourne. This is shown in table 1.

Table 1: Expected house completions over next 5 years, 2016/17 – 2020/21

Area	Homes
Charlton Hayes	1053
East of Cold Harbour Lane	694
Emersons Green	2018
Thornbury	594
Yate	838
Frenchay	112
Cribbs Causeway	108
Kingswood	246

Source: Authority Monitoring Report, South Gloucestershire 2016

The increasing and ageing population of South Gloucestershire will require flexible service delivery, particularly in rural communities. Provision from internet pharmacies, prescription delivery services from existing community pharmacy and dispensing GP practices are current examples of this flexible service delivery.

This PNA uses the same locality boundaries as those used in the 2013 PNA. These are as follows:

- Severnvale
- Yate
- Kingswood.

Health inequalities

South Gloucestershire on the whole is a relatively affluent area and levels of deprivation are low compared to national levels. However, pockets of deprivation do exist and there are marked health inequalities. Six areas have been defined as Priority Neighbourhoods because they are the most deprived, face the greatest health inequalities and have the greatest health need. These are Kingswood, Cadbury Heath, Staple Hill, Filton, Patchway and West Yate / Dodington. Particular populations which may have specific health needs include travellers, prisoners, minority ethnic communities and disabled people.

Health in rural areas

People living in rural areas tend to have better health, for example higher life expectancy and lower rates of infant mortality. However, the distances patients have to travel to reach health services are greater and public transport may be limited. The majority of the population has access to a car but certain groups, such as the economically disadvantaged and the elderly living alone, are less likely to have independent mobility. These groups are, therefore, much more reliant on public transport and pharmacy prescription collection and delivery services.

Health and illness

The average life expectancy within South Gloucestershire is significantly higher than the national life expectancy and is increasing. Cancer is the main cause of premature death in South Gloucestershire accounting for 44.1% of premature deaths during the period 2014-16. There were 835 premature deaths due to cancer during this time. Deaths from CVD, which include coronary heart disease (CHD) and stroke, are the second greatest major cause of premature death for adults, accounting for approximately 22.7% of all premature deaths in South Gloucestershire between 2014 and 2016. Rates are higher in the Priority Neighbourhoods.

Lifestyle

Locally commissioned services (commissioned by the local authority) are provided by many community pharmacies to address these lifestyle issues such as teenage pregnancy.

There is also an opportunity to further address these issues through the annual public health campaigns run as part of the community pharmacy contract and via the Healthy Living Pharmacy contracts.

Pharmacies in South Gloucestershire

Since the last PNA four community pharmacies have closed, one distance selling pharmacy has opened and one dispensing appliance contractor has relocated from Bristol into the South Gloucestershire area. A map detailing these changes can be found in appendix 7, Map K.

Pharmaceutical services are provided by community pharmacies, dispensing GP practices, hospitals, prisons and internet providers. Community pharmacy services in South Gloucestershire are provided by a total of 23 contractors through 51 community pharmacies. Adding to this provision are three dispensing GP sites and one dispensing appliance contractor. There is also one distance selling pharmacy in South Gloucestershire and as a remote provider of pharmacy services they are required to provide services to the whole of England. Some South Gloucestershire residents will be provided services by distance selling pharmacies outside of South Gloucestershire. These services are summarised in tables 2a and 2b for Bristol, North Somerset, Somerset and South Gloucestershire.

Table 2a: Pharmaceutical services across Bristol, North Somerset and South Gloucestershire

Area	Number of community pharmacies – excludes distance selling pharmacy	Prescription items dispensed per month (000s) – includes distance selling pharmacy	Population (mid-year 2015) (000s)	Pharmacies per 100,000 population
England	11,688	82940	54,317	22
Bristol	93*	698	449	21
North Somerset	44	367	210	21
South Gloucestershire	51*	370	275	19
Somerset	102	770	543	19

*Excludes distance selling pharmacies

Source: NHS England

Table 2b: Changes in pharmacy numbers between 2015 and 2017 in all the local areas

Area	Population mid 2015 (000s)	Number of community pharmacies* 2015/16	Number of community pharmacies* 2017	Pharmacies (2015 count) per 100,000 population (2015)	Pharmacies (2017 count) per 100,000 population (2015)	Prescription items dispensed per month 2015/16 (000s)
South Gloucestershire	275	54	51*	20	19	370
North Somerset	210	44	44	21	20	367
Bristol	449	94	93*	21	21	698
Somerset	543	103	102	19	19	770
ENGLAND	54,317	11,688	-	22	-	82,940

*Excludes distance selling pharmacies

Source: NHS England

As described above South Gloucestershire is served by a total 51 community pharmacies, which in a population of 274,661 (ONS mid-year estimate). This amounts to roughly 1 community pharmacy per 5400 population. This is shown in table 3 by the localities of Kingswood, Severnvalle and Yate.

Table 3: Community pharmacy provision, South Gloucestershire

2016/17	Total GP registered population	No. of Community Pharmacies	Average population per pharmacy	No of community pharmacies per 100,000 population
Kingswood	110255	19	5803	17.2
Severnvalle	89672	20	4484	22.3
Yate	65161	12	5430	18.4
South Gloucestershire	265088	51**	5198*	19.2
England	57517603	11688	4921	20.3

Source: NHS England

*This figure differs from information provided in text as it uses GP populations

** Excludes distance selling pharmacies

Twelve per cent of community pharmacies in South Gloucestershire have core opening times of at least 100 hours or more. This is higher than the proportion of 100 hours pharmacies at a national level, which in 2015/16 stood at 9.9%.¹ This is shown in table 4.

Table 4: Opening hours of South Gloucestershire community pharmacies

Core Hours	No. Pharmacies	%
40	44	86%
41.5	1	2%
100	5	10%
105	1	2%
Grand Total	51	100%

Source: NHS England

Community pharmacy contractors who own six or more pharmacies are known as 'multiple contractors' (also known as pharmacy chains). Those who own five or less pharmacies are known as 'independents'. A breakdown of Pharmacy ownership in South Gloucestershire indicates that, of the 51 community pharmacies in South Gloucestershire, 31% (16) are independently owned, with the remaining 69% (35) owned by pharmacy chains or multiple contractors.

This is higher than the proportion of independently owned pharmacies across the South West in 2015/16 (21.7%), though lower than proportion at an England level (38.1%).

Independent community pharmacy ownership of 31% in South Gloucestershire is consistent with 31% in 2013/14. Independent ownership at an England level has remained fairly consistent at around 38%. This is shown in tables 13 and 14.

Table 5: Community pharmacy ownership, 2015/16

¹ Health and Social Care Information Centre, 2016 – General Pharmaceutical Services: England 2006/17 to 2015/16

Area	Multiples	Independent
England	61.9%	38.1%
South West Region	78.3%	21.7%
South Gloucestershire	68.6%	31.4%

Source: NHS England

NHS legislation allows for GPs in certain areas to dispense NHS prescriptions for defined populations (controlled localities), particularly in rural communities who do not have reasonable access to a community pharmacy.

91% of people in South Gloucestershire live within a 20 minute walk of a pharmacy. 100% of people in South Gloucestershire live within a 20 minute drive of a pharmacy (this is true for both off peak and rush hour). Using data on public transport travel times from the 2013 PNA over 95% of residents can access a pharmacy within 20 minutes (further detail available on public transport for each of the three localities is in section 7.3.1).

One notification of closure was provided during the production of this PNA. This closure is considered to have minimal impact on the provision of essential and specialist/enhanced services in the immediate and wider locality and was reviewed following consultation, in section 7.2.9.

Feedback on pharmaceutical services

The PNA consultation process was supported by a dedicated consultation webpage for Bristol, North Somerset and South Gloucestershire (BNSSG) which hosted all consultation documents, an online survey and a paper survey to download.

The survey was open from 4th September 2017 until 27th November 2017. As part of the consultation we also welcomed comments made online and by letter, email, fax and over the phone and these contact methods were promoted on consultation literature.

Consultation information was sent to statutory consultees, including all pharmacies in the three Local Authorities, Town and Parish Councils, South Gloucestershire councillors and local voluntary and community organisations. The list of statutory consultees can be found in section 2.7.3 of this document. Notifications were also sent to a range of other stakeholders and interested parties. All libraries and One-Stop Shops were also notified of the consultation details and asked to cascade the information to any interested parties.

There were 26 respondents to the BNSSG consultation (of which 24 respondents were from South Gloucestershire). Respondents did not answer all questions, therefore the denominator for each question varies (detail provided in the consultation report at Appendix 9). Key findings include:

- Most respondents agree with the accuracy of the Pharmaceutical Needs Assessments in terms of availability, needs of population and identification of gaps.
- Less than half of respondents (9 out of 25) believe that their pharmaceutical needs will be met in the next 3 years.
- Just under half of respondents (12 out of 25) agree with the conclusions of the Pharmaceutical Needs Assessment.
- One issue raised by a few respondents was the demand for greater availability of 24-hour pharmaceutical services.

Conclusions

Access to essential services – travel times

In order to assess the provision of essential services against the needs of the residents of South Gloucestershire, the HWB consider access (travelling times by car, public transport and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

Conclusion 1: *South Gloucestershire HWB has determined that the travelling times by car, public transport and walking and opening hours of pharmacies in all three localities, and across the whole HWB area, are reasonable in all the circumstances although particular consideration of public transport access for the more rural areas should continuously be taken into account and updated.*

Access to essential services

All of the pharmacies in South Gloucestershire open during weekdays. Maps to illustrate this can be found in appendix 7.

NHS England has a duty to ensure that residents of each HWB area are able to access pharmaceutical services every day. Pharmacies and Dispensing Appliance Contractors are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access. Evening and weekend opening pharmacies are summarised in table 6.

Table 6: Evening and Weekend Opening, 2016/17

Locality	No. Pharmacies open after 18:00	No. Pharmacies open Saturday	No. Pharmacies open Sunday
Kingswood	10	17	3
Severnvale	12	15	6
Yate	6	11	3

Source: NHS England

There are six 100+ hour contract pharmacies (pharmacies open for 100 or more hours per week) and 13 'late night' pharmacies (open until at least 8pm on weekdays or weekends) within South Gloucestershire. One in four, or 25%, of pharmacies within South Gloucestershire are either 100 hour or late night opening pharmacies. These are geographically spread across the HWB area and the three PNA localities. This is a significant proportion of pharmacies. There are a number of pharmacies open on Sundays in all three localities.

Consultation feedback from Yate Town Council highlights the lower number of pharmacies opening after 18:00 and on Sundays in the Yate locality. It is unclear to what extent this presents a gap in services in the Yate locality.

There are no pharmacies open in South Gloucestershire between midnight and 7am weekdays and Saturdays, or between 5pm Sundays and 7am on Mondays.

The HWB will monitor the uptake and need for necessary services and will consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

A number of large housing areas are to be developed in South Gloucestershire in the coming years. The HWB will consider the change in health needs of each of the three localities as the housing developments progress through the three-year timeframe of the PNA.

The HWB will consider the responses from the public, pharmacy contractors and other stakeholders involved in these developments when considering the changing health needs of the residents of the HWB area.

Conclusion 2: *No gaps have been identified in essential services that if provided either now or in the life-time of this PNA would secure improvements, or better access, in any part of South Gloucestershire other than the need to reflect population growth as a result of new housing developments.*

Access to advanced services

An example of an advanced service includes a medicines use review service. According to data provided by NHS South West, all pharmacies in South Gloucestershire provide a medicines use review service. A number of pharmacies in South Gloucestershire offer access to the stoma appliance advanced service, appliance use review advanced services, new medicines service and influenza vaccinations services, amongst other advanced services.

All but one of the community pharmacies in South Gloucestershire has provided the new medicines service in South Gloucestershire between April 2016 and March 2017, though 5 pharmacies in South Gloucestershire have claimed 5 or less during this period.

Conclusion 3: *There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services in any part of South Gloucestershire.*

Access to enhanced services

There is no identified gap in the provision of enhanced services as the Specialist (Palliative Care) Drugs service is available from at least one community pharmacy across all three localities.

Conclusion 4: *There is no gap in the provision of the enhanced service Specialist (Palliative Care) Drugs in any part of South Gloucestershire.*

Four pharmacies in South Gloucestershire provide access to a specialist medicines enhanced service.

Some, but not all, pharmacies dispense appliances. DACs dispense appliances, usually by home delivery.

All but two of the community pharmacies in South Gloucestershire have received fees for the provision of specified appliances. As might be expected, South Gloucestershire's only dispensing appliance contractor receives the most fees in this respect.

12% (6) of community pharmacies in South Gloucestershire provide a stoma appliance customisation advanced service. This is slightly less than the proportion of pharmacies and dispensing appliance contractors providing this service nationally in 2015/16 (14.7%).

Future provision of necessary services

South Gloucestershire HWB has not identified any pharmaceutical services that are not currently provided that will, in specified future circumstances, need to be provided in any of the three localities other than the need to reflect population growth as a result of new housing developments.

Conclusion 5: *Overall, no gaps in the need for pharmaceutical services in specified future circumstances have been identified in any part of South Gloucestershire other than the need to reflect population growth as a result of new housing developments.*

As required by Paragraph 5 of Schedule 1 to the 2013 Regulations³, South Gloucestershire HWB has had regard for any other NHS services that may affect the need for pharmaceutical services in the area of the HWB.

Conclusion 6: *Based on current information no gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in the life-time of this PNA in any part of South Gloucestershire.*

Locally commissioned services

With regard to enhanced services and locally commissioned services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is, in some cases, addressed by a service being commissioned through South Gloucestershire local authority, in the case of Support to Stop Smoking services, EHC, Chlamydia screening and treatment, needle exchange, and supervised consumption services. Those pharmacies accredited as Healthy Living Pharmacies are currently piloting the provision of Identification and Brief Advice (IBA) sessions for alcohol. This PNA identifies those as locally commissioned services (LCS).

Conclusion 7: *The HWB notes that all locally commissioned services are available in all three localities in South Gloucestershire.*

The HWB has not been presented with any evidence to date which concludes that any of these locally commissioned services should be decommissioned or expanded.

Based on current information, the HWB has not identified a need to commission any pharmaceutical services not currently commissioned.

2 Introduction

2.1 Purpose of a Pharmaceutical Needs Assessment (PNA)

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a Health and Wellbeing Board (HWB) area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of South Gloucestershire, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a pharmacy or a dispensing appliance contractor wishes to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this, in particular applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by local authorities and CCGs. A robust PNA will ensure those who commission services from pharmacies and appliance contractors are able to ensure services are targeted to areas of health need and reduce the risk of over-provision in areas of less need.

2.2 HWB duties in respect of the PNA

The legislation containing the specific duties of the HWB in relation to PNAs can be found in appendix 2, however in summary the HWB must:

- have produced its first PNA which complies with the regulatory requirements by 1 April 2015;
- publish subsequent PNAs on a three yearly basis;
- publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- produce supplementary statements in certain circumstances.

2.3 The scope of this PNA: Contractors and services

2.3.1 Contractors

NHS England must keep lists of contractors who provide pharmaceutical services in the area of the HWB. The principal types of contractor are:

- **Pharmacy contractors** – Individual pharmacists (sole traders), partnerships of pharmacists or companies who operate pharmacies. Determining pharmacy contractors is governed by The Medicines Act 1968. All pharmacists must be registered with the General Pharmaceutical Council, as must all pharmacy premises.

Within this group there are:

- **Community pharmacies** – These are pharmacies providing services to patients in person from premises in (for example) high street shops, supermarkets or adjacent to doctors' surgeries. As well as dispensing medicines, they can sell medicines which do not need to be prescribed but which must be sold under the supervision of a pharmacist. They may also, but do not have to, dispense appliances. Community pharmacies operate under national terms of service set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) Directions 2013 (the 2013 directions).
 - **Local pharmaceutical services (LPS) contractors** – A small number of community pharmacies operate under locally-agreed contracts. While these contracts will always include the dispensing of medicines, they have the flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national terms of service and so can be tailored to the area they serve.
 - **Distance-selling pharmacies (DSPs)** – These pharmacies cannot provide essential services on a face-to-face basis. They operate under the same terms of service as community pharmacies, so are required to provide the same essential services and to participate in the clinical governance system, but there is an additional requirement that they must provide these services remotely. For example a patient may post their prescription to a distance selling pharmacy and the contractor will dispense the item and then deliver it to the patient's address by post or using a courier. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them wherever they may live in England and cannot limit their services to particular groups of patients.
- **Dispensing appliance contractors (DACs)** – DACs supply appliances such as stoma and incontinence aids, dressings and bandages. They cannot supply medicines. There are no restrictions as to who can operate as a DAC. DACs operate under national terms of service set out in schedule 5 of the 2013

regulations and also in the 2013 directions.

- **Dispensing doctors** – Medical practitioners authorised to provide drugs and appliances in designated rural areas known as ‘controlled localities’. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations.

The services that a PNA must include are defined within both the NHS Act 2006 and the 2013 regulations.

2.3.2 Pharmaceutical services provided by pharmacy contractors

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with most pharmacy contractors (the exception being Local Pharmaceutical Service contractors). Instead, as noted above, they provide services under terms of service set out in legislation.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services – essential services, advanced services and enhanced services.

2.3.2.1 Essential services

All pharmacies must provide these services. There are six essential services:

- **Dispensing of prescriptions** – The supply of medicines and appliances ordered on NHS prescriptions (both electronic and non-electronic), together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also the urgent supply of a drug or appliance without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber. Repeatable prescriptions allow, for a set period of time, further supplies of the medicine or appliance to be dispensed without additional authorisation from the prescriber, if the dispenser is satisfied that it is appropriate to do so.
- **Disposal of unwanted drugs** – Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.
- **Promotion of healthy lifestyles** – The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to have particular conditions, and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.
- **Signposting** – 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.

- **Support for self-care** – The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

Note: where a pharmacy contractor chooses to supply appliances as well as medicines, the requirements of the appliance services (listed below in section 2.3.3) also apply.

While not classed as separate services, pharmacies may also provide the following as enhancements to the provision of essential services:

- **Dispensing of electronic prescriptions** received through the Electronic Prescription Service (EPS) – The ability for the pharmacy to receive prescriptions details from doctors' surgeries electronically. EPS Release 1 involved paper prescriptions including a bar code which the pharmacy could scan to retrieve an electronic copy of the patient's details and the medication prescribed. EPS Release 2 involves the prescription details being sent entirely electronically by the GP surgery to the pharmacy nominated by the patient.
- **Access to the NHS Summary Care Record** – The pharmacy has access to an electronic summary of key clinical information (including medicines, allergies and adverse reactions – and possibly additional information if the patient consents) about a patient, sourced from the patient's GP record to support care and treatment. This can, for example, be used to confirm that a patient requesting an emergency supply of a medicine has been prescribed that medicine before.

2.3.2.2 Advanced services

Pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet certain requirements and must be fully compliant with the essential services and clinical governance requirements.

- **Medicines use review** and prescription intervention services (MUR service) – The improvement of patient knowledge, concordance and use of their medicines through one-to-one consultations to discuss medicine understanding, use, side effects and interactions, and reduce waste, and if necessary making recommendations to prescribers.
- **New medicine service** – The promotion the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long term conditions, by providing support to the patient after two weeks and four weeks with the aim of reducing symptoms and long-term complications, and enabling the patient to make appropriate lifestyle changes and self-manage their

condition.

- **Influenza vaccination service** – The provision of influenza vaccinations to patients in at-risk groups, to provide more opportunities for eligible patients to access vaccination with the aim of sustaining and maximising uptake.
- **Urgent medicines supply service** (pilot) – To provide, at NHS expense, urgent supplies of repeat medicines and appliances for patients referred by NHS 111, and so reduce demand on the urgent care system, particularly GP Out of Hours providers. This service is a national pilot running until 31 March 2018.
- **Stoma appliance customisation service** – The modification to the same specification of multiple identical parts for use with a stoma appliance, based on the patient's measurements (and, if applicable, a template) to ensure proper use and comfortable fitting, and to improve the duration of usage.
- **Appliance use review service** (AUR) – The improvement of patient knowledge, concordance and use of their appliances through one-to-one consultations to discuss use, experience, storage and disposal, and if necessary making recommendations to prescribers.

2.3.2.3 Enhanced services

The 2013 directions contain a list of enhanced services which NHS England may commission, and broadly describe the underlying purpose of each one.

NHS England may choose to commission enhanced services from all or selected pharmacies to meet specific health needs, in which case it may develop an appropriate service specification. NHS England currently commission one enhanced service in South Gloucestershire: on demand availability of specialist drugs.

Other enhanced services which may be, but are not currently, commissioned by NHS England are:

- Antiviral collection service
- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Emergency supply service
- Gluten free food supply service
- Home delivery service
- Independent prescribing service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailment scheme
- Needle and syringe exchange
- Patient group direction service
- Prescriber support service
- Schools service

- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

Some of the above services may be commissioned by CCGs or local councils, but in such cases those services are not 'pharmaceutical services' for the purposes of this PNA. See section 2.4 for further details.

2.3.2.4 Clinical governance

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme
- a premises standards programme.

2.3.2.5 Opening hours

Most pharmacies are required to open for at least 40 hours per week, and these are referred to as core opening hours. However many choose to open for longer and these hours are referred to as supplementary opening hours. A pharmacy can decide to stop providing supplementary hours by giving notice to NHS England (see below in section 2.6).

As part of an application to open a new pharmacy an applicant may offer to open for more than 40 core hours per week (for example, promising to open for a minimum of 50 hours per week) and may also open supplementary hours in addition.

If an application is granted and the pharmacy subsequently opens the core and supplementary opening hours set out in the initial application these become the pharmacy's contracted opening hours.

Between April 2005 and August 2012, some contractors were able to open new premises using an exemption under which they agreed to have 100 core opening hours per week (referred to as 100 hour pharmacies). These pharmacies are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). Although the exemption for new 100 hour pharmacies no longer applies, existing 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

2.3.2.6 Recent changes to the contractual arrangements for pharmacies

In late 2016 the Department of Health announced some changes to the contractual framework for pharmacies. These included:

- a reduction in funding of 4% in 2016/17 and a further reduction of 3.4% in 2017/18
- the introduction of the urgent medicines supply service advanced service as a pilot
- the introduction of a Pharmacy Access Scheme (PhAS)
- the introduction of a Quality Payment Scheme
- allowing the consolidation of pharmacies, in effect providing a way for a pharmacy to close without creating an opportunity for another pharmacy to open instead (see section 2.6 below).

The **Pharmacy Access Scheme** runs until 31 March 2018 and provides some transitional funding to limit the impact of the funding reductions on eligible pharmacies. Pharmacies are eligible for the scheme if they:

- were open on 1 September 2016,
- are more than 1 mile by road from the nearest pharmacy, and
- are not in the top 25% largest pharmacies.

A list of the pharmacies in South Gloucestershire included on the Pharmacy Access Scheme is included in Appendix 6.

The **Quality Payments Scheme** also runs until 31 March 2018 and allows all pharmacies to earn some additional funding for meeting a number of criteria.

To be eligible to participate in the Quality Payments Scheme a pharmacy must:

- provide medicines use reviews or the new medicines service, or be registered for the urgent medicines supply service pilot,
- keep its entry on the NHS Choices website up-to-date,
- be able to send and receive email using the secure NHSmail system, and
- use the Electronic Prescription Service.

If they are eligible, a pharmacy can earn different amounts of funding for:

- producing a patient safety report (in particular identifying learning from incidents and near misses)
- ensuring that 80% of pharmacists and pharmacy technicians have had safeguarding children and vulnerable adults training (level 2)
- ensuring that 80% of all staff are trained as Dementia Friends
- becoming a Healthy Living Pharmacy (level 1)
- identifying, using specified criteria, asthma patients who should be referred to an appropriate clinician for an asthma review
- increasing use of the NHS Summary Care Record
- publishing the results of their annual patient experience survey on the NHS Choices website

- keeping their entry in the NHS 111 Directory of Services up-to-date.

2.3.3 Pharmaceutical services provided by dispensing appliance contractors

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

2.3.3.1 Appliance services

DACs provide the following services that fall within the definition of pharmaceutical services:

- **Dispensing of prescriptions** – The supply of appliances ordered on NHS prescriptions (both electronic and non-electronic), 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. Also the urgent supply without a prescription at the request of a prescriber.
- **Dispensing of repeatable prescriptions** – The management and dispensing of repeatable NHS prescriptions for appliances in partnership with the patient and the prescriber.
- **Home delivery service** – To preserve the dignity of patients, the delivery of certain appliances to the patient's home in a way that does not indicate what is being delivered.
- **Supply of appropriate supplementary items** – The provision of additional items such as disposable wipes and disposal bags in connection with certain appliances.
- **Provision of expert clinical advice regarding the appliances** – 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.
- **Signposting** – Where the contractor does not supply the appliance ordered on the prescription passing the prescription to another provider of appliances, or giving the patient contact details for alternative providers.

All DACs must provide the above services.

DACs may also receive electronic prescriptions through the Electronic Prescription Service (EPS) where they have been nominated by a patient.

2.3.3.2 Advanced services

DACs may choose whether to provide the appliance advanced services or not. If they do choose to provide them then they must meet certain requirements and must

be fully compliant with their terms of service and the clinical governance requirements. There are two appliance advanced services (for descriptions of these services see section 2.3.2.2 above):

- Stoma appliance customization
- Appliance use review.

2.3.3.3 Clinical governance

As with pharmacies, DACs are required to participate in a system of clinical governance. This system is set out within the 2013 regulations and comprises:

- a patient and public involvement programme, including production of a leaflet setting out the services provided and carrying out a patient questionnaire
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme.

2.3.3.4 Opening hours

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours – but a DAC can decide to stop providing supplementary hours by giving notice to NHS England (see below in section 2.6).

As part of an application to open a new DAC, an applicant may offer to open for more than 30 core hours per week (for example, promising to open for a minimum of 40 hours per week), and may also open supplementary hours.

2.3.4 Pharmaceutical services provided by dispensing doctors

The 2013 regulations allow doctors to dispense to eligible patients in rural areas where access to pharmacies can be difficult. Dispensing takes place in a dispensary which is not usually classed as a pharmacy and so is not registered with the General Pharmaceutical Council. Dispensing doctors do not generally employ pharmacists to work in their dispensaries, and dispensing will instead be carried out by the doctors themselves or by dispensing assistants who will generally be trained to NVQ2 or NVQ3 level.

In a few cases a pharmacy attached to a doctors' surgery may also act as the surgery dispensary for the purpose of dispensing to eligible patients on behalf of the dispensing doctor.

2.3.4.1 Eligibility

The rules on eligibility are complex. In summary, and subject to some limited exceptions which may be allowed on an individual patient basis, a dispensing doctor

can only dispense to a patient who:

- is registered as a patient with that dispensing doctor, and
- lives in a designated rural area (known as a 'controlled locality' – see below), and
- lives more than 1.6 kilometers (about 1 mile) in a straight line from a community pharmacy, and
- lives in the area for which the doctor has been granted permission to dispense, or is a patient for whom the doctor has historic dispensing rights.

Designation of areas as 'controlled localities' is a responsibility of NHS England. This PNA is required to include maps of the controlled localities within the HWB's area and these are included in Appendix 7.

2.3.4.2 Services

Dispensing – Dispensing doctors may supply medicines and appliances ordered on NHS prescriptions (whether issued by them or another prescriber such as a dentist) to eligible patients.

Dispensing doctors are not permitted to sell medicines, so are unable to supply over-the-counter medicines except by prescribing and then dispensing them.

If a dispensing doctor participates in the Dispensary Services Quality Scheme then then will provide dispensing reviews of the use of medicines (DRUMs), which are similar to the medicines use reviews carried out in pharmacies.

2.3.4.3 Clinical governance

Dispensing doctors can participate in the voluntary dispensary services quality scheme (DSQS) which includes requirements relating to:

- staff qualifications and training
- ensuring an appropriate level of dispensary staff hours
- standard operating procedures
- risk management
- clinical audit
- production of a leaflet
- providing DRUMs.

2.3.4.4 Opening hours

Dispensing doctors are able to determine what hours their dispensary should be open to patients. If they participate in the DSQS then they are required to notify NHS England of those opening hours as part of the DSQS assessment, but do not have to seek approval or give advance notice of any changes to their opening hours.

2.4 **Locally commissioned services**

Local councils and CCGs may also commission services from pharmacies and DACs, however these services fall outside the definition of pharmaceutical services. For the

purposes of this document they are referred to as locally commissioned services. They are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

2.4.1 Services commissioned by South Gloucestershire council

- **Supervised consumption of substance misuse medicines**
Pharmacists dispense opiate substitute medication to service users with opiate dependency and supervise them for the first 12 weeks of treatment or due to other complicating factors such as on top use of heroin. This ensures that their use of the medication is monitored closely for their own safety and also reduces the risk of diversion of methadone.
- **Needle exchange**
Provision of clean needles and syringes makes an important contribution to minimising the harm to problem drug users who continue to inject and who are at risk of blood-borne viruses and other infections through sharing of equipment. It also allows a point of access to treatment as pharmacists will signpost to other services.
- **Alcohol Identification and Brief Advice service**
In the Healthy Living Pharmacies, customers are identified by doing a scratch card with the Audit C questions. This then indicates whether they are drinking at a level which may be a risk to their health. They are then offered a brief intervention and signposted or referred to treatment services as appropriate.
- **Emergency Hormonal Contraception (EHC)**
This service is available free from pharmacies and dispensing GP practices. It is targeted at female patients aged 24 and under attending within 96hrs of unprotected sexual intercourse. Pharmacists delivering this service will have undertaken specific, mandatory training and declare their competence to prescribe. Patients will be signposted to local services to access the full range of contraceptive choices and STI testing.
- **Chlamydia Screening and Treatment**
This service is available from pharmacies and dispensing GP practices. Pharmacists delivering this service will have undertaken specific, mandatory training and declare their competence to prescribe. The treatment service is targeted at patients aged 15 to 24, but patients of any age can receive treatment provided appropriate authorisation is received. Patients will receive information about local sexual health services.
- **Smoking Cessation**
Stop smoking services are provided from all Healthy Living Pharmacies, and some other selected pharmacies, GP Practices, Community Clinics, and a Specialist Midwifery service working with women and their families across South Gloucestershire.

2.4.2 Pharmaceutical services in other settings

Hospitals

Thornbury Community Hospital and the North Bristol NHS Trust (NBT) at Southmead all provide both inpatient and outpatient services. Sirona care and health have had the supply of medicines to Henderson Ward at Thornbury Hospital provided by Lloyds Pharmacy from 1st August 2017. Clinical pharmacy support is provided in-house.

Minor injury units

Yate Minor Injuries Unit provides immediate doses of some medicines and can prescribe to patients. In addition a minor injuries service is commissioned from a number of GP practices in South Gloucestershire.

Prisons

There are three prison sites in South Gloucestershire, with a combined population of around 1370 prisoners. The three prisons make up part of the South West (North) cluster of prisons. A holistic healthcare service is provided by InspireBetterHealth, a partnership which brings together the expertise of leading healthcare organisations including: Bristol Community Health CIC, Avon and Wiltshire Mental Health Partnership NHS Trust, Hanham Health, GP Care, Time for Teeth, Homecare Opticians, Day Lewis Pharmacy, Sirona care & health CIC. The pharmaceutical service to the South Gloucestershire prisons is provided by Bristol Community Health CIC, who provide technical pharmacy services (prescription management, dispensing and stock supply), clinical pharmacy services and a pharmacy-led medicines management service.

Remote suppliers

NHS arrangements allow for appliance contractors to fulfil NHS prescriptions for appliances. These contractors are spread nationally, although none are based in South Gloucestershire. Residents in South Gloucestershire with prescriptions for appliances (only) may elect for their prescription to be sent direct to such appliance contractors from their surgeries. The appliance contractor will then dispense and (in general) post or deliver the appliance to the individual.

There are a growing number of providers of internet pharmacies registered in the UK. These pharmacies are contractually obliged to provide the full range of essential services. They do so by 'distance-selling arrangements' by post or delivery. Prescriptions dispensed or medicines sold over the internet are done so following an online consultation and then dispatched to the patient's address.

2.5 Other NHS services

Other services which are commissioned or provided by NHS England, South Gloucestershire council and South Gloucestershire CCG, which affect the need for pharmaceutical services, are also included within the PNA. These include hospital

pharmacies and the GP out of hours service.

2.6 Changes to the existing provision of pharmaceutical services

A pharmacy or DAC can apply to NHS England to change their core opening hours. Applications normally need to be submitted 90 days in advance of the date on which the contractor wishes to implement the change. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not.

If a pharmacy or DAC wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

Dispensing doctors do not have to seek approval or give advance notice of any changes to their opening hours.

A person who wishes to buy an existing pharmacy or DAC must apply to NHS England. Provided that the purchaser agrees to provide the same services and opening hours as the current contractor, change of ownership applications are normally approved.

A contractor which wishes to relocate to different premises also needs to apply to NHS England. Generally a relocation will only be allowed if all groups of patients who use the pharmacy at its current location would find the new location not significantly less accessible.

A contractor can cease providing pharmaceutical services if it gives three months' notice to NHS England. 100 hour pharmacies are required to give six months' notice.

Two pharmacies (which could belong to the same contractor, or different contractors) can apply to consolidate their premises on to one site, in effect closing one of the sites. This does not apply to distance-selling pharmacies or DACs. A consolidation application can only be approved if NHS England is satisfied that doing so will not result in the creation of a gap in pharmaceutical services. If an application is approved then it is not possible for anyone else to apply to open a pharmacy in the same area by submitting an unforeseen benefit application claiming that a gap has been created.

If a new pharmacy opens in or near a controlled locality any dispensing doctors in the area will no longer be able to dispense medicines to any patients who live within 1.6 kilometres (about 1 mile) of that pharmacy. However NHS England may decide to allow a transitional period after the pharmacy opens during which the doctors can still dispense to patients living near the pharmacy.

2.7 How the assessment was undertaken

2.7.1 PNA steering group

The HWB has overall responsibility for the publication of the PNA, and the Director of

Public Health is the HWB member who is accountable for its development. South Gloucestershire HWB established a PNA steering group, the purpose of which was to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and terms of reference and membership can be found in Appendix 3.

2.7.2 PNA localities

The steering group agreed to use the same locality boundaries for the revised 2017 PNA as those used in the 2013 PNA. These are as follows:

- Severnvale
- Yate
- Kingswood.

2.7.3 Patient and public engagement

A formal consultation is to run from 4th September to 27th November 2017.

Statutory consultees include:

Avon Local Pharmaceutical Committee (LPC)

Avon Local Medical Committee (LMC)

South Gloucestershire Health & Wellbeing Board

Bristol Health & Wellbeing Board

Wiltshire Health & Wellbeing Board

Gloucestershire Health & Wellbeing Board

North Somerset Health & Wellbeing Board

Bath & North East Somerset Health & Wellbeing Board

Gloucestershire LPC

Wiltshire LPC

Gloucestershire LMC

Wiltshire LMC

All community pharmacy contractors in South Gloucestershire

All dispensing doctor surgeries in South Gloucestershire

South Gloucestershire Healthwatch

South Gloucestershire Council Overview and Scrutiny Committee (OSC)

Parish and Town Councils in South Gloucestershire

North Bristol NHS Trust

University Hospital Bristol NHS Foundation Trust

The draft PNA will also be presented for comment at the September Healthwatch Advisory Group, Health Scrutiny and Gypsy, Roma, Traveller Forum.

A review 'Patient or public preferences when accessing local community pharmacy services' was carried out in 2017² and identified patient or public preferences when accessing local community pharmacy services and the methods utilised in previous PNAs to understand the public's needs with regard to local pharmaceutical services.

² Maslen, C 'Patient or public preferences when accessing local community pharmacy services' 2017

There continues to be limited awareness of new services available from pharmacies but a willingness to use them. There is still a need for better public understanding of the potential role of pharmacies in delivering health care rather than just dispensing medicines.

Survey data suggests that for those seeking selected pharmacy public health services, personal recommendation by health professionals or family/friends is most likely to encourage service uptake.

In addition, when seeking help for minor ailments or treatment for flu-like symptoms, offering community pharmacy services that help people to better understand and manage symptoms, are provided promptly by trained staff who are friendly and approachable, and in a local setting with easy access to parking, has the potential to increase uptake amongst those seeking help.

From the limited evidence base available, the most important factors in accessing services appear to be:

- Longer opening hours
- Good relationship with a doctor's surgery
- Continuity of care and trust - same pharmacist, staff
- Location (close to home or doctor's surgery)
- Hours of operation
- Length of wait for service
- Having medication in stock.

2.7.4 Contractor engagement

This has been achieved via the formal consultation distribution and LPC and LMC representation on the PNA steering group.

2.7.5 Other sources of information

Information was gathered from NHS England, South Gloucestershire CCG and South Gloucestershire council regarding:

- services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- changes to current service provision
- future commissioning intentions
- known housing developments within the lifetime of the PNA
- any other developments which may affect the need for pharmaceutical services.

The South Gloucestershire JSNA provided background information on the health needs of the population.

2.7.6 Equality and safety impact assessment

South Gloucestershire Council uses equality analysis as a tool to ensure that everyone can access its services and that no particular group is put at a disadvantage. Equality impact assessments (EIAs) are carried out when policies, strategies, procedures, functions and services are developed and reviewed. The staff who develop the policy or service complete a template which gives them a series of prompts to consider how to promote equality and avoid unlawful discrimination. They consider the following nine protected characteristics as part of the assessment:

- Gender reassignment
- Race
- Disability
- Age
- Sex
- Sexual orientation
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

The EIA for the PNA can be found in appendix 8.

2.7.7 Consultation

The statutory 60 day consultation commenced on 4th September and ran until 27th November 2017. A report on the consultation can be found in appendix 9. There were 26 responses received to the consultation for BNSSG. Twenty-four of these related to South Gloucestershire. A summary of the responses can be found in Appendix 9. The responses to consultation were considered by the PNA Steering Group, and revisions made to the draft PNA to produce this final PNA.

3 Overview of South Gloucestershire

3.1 Population Characteristics

South Gloucestershire currently has a total resident population estimated around 275,000 (Office of National Statistics [ONS] 2015-based mid-year estimate). Around 63% of South Gloucestershire's population live on the Bristol 'fringe' area, a further 17% live around Yate, Chipping Sodbury and Thornbury, and the remaining 20% live in more rural areas.

The population of South Gloucestershire has increased by over 10% since 2002, with the main drivers for population growth in recent years being natural change (more births than deaths) and inward migration. ONS population projections suggest the population of South Gloucestershire is set to increase a further 20% by 2039. However these predictions do not take into account the significant housing developments taking place, and with approximately 17,000 new homes planned to be built between 2014 and 2024, this will likely swell the population beyond ONS estimates.

The populations of the wards in South Gloucestershire show a great deal of variation. Based on ONS 2015 mid-year estimates, Emersons Green, Stoke Gifford, Woodstock and Kings Chase are the most populous, and Cotswold Edge, Bitton and Severn have the smallest populations.

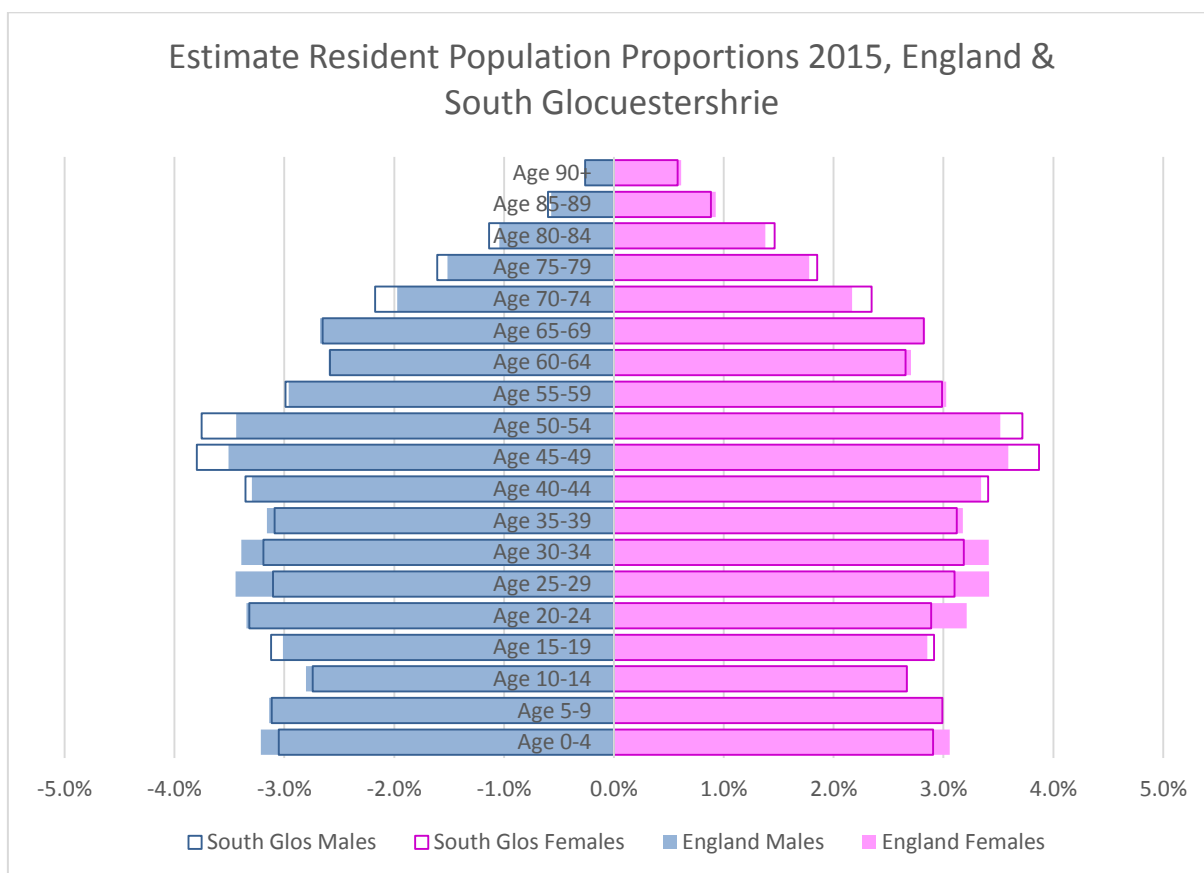
The population density does not follow the overall population numbers however, with Staple Hill being the most densely populated ward, followed by Kings Chase, Bradley Stoke South and Downend. Cotswold Edge, Bitton, Severn, Pilning and Severn Beach, and Westerleigh all have very low population density reflecting their rural nature. The age group that is set to make the largest proportional increases are those aged 65 and over, which will have significant impact on both services and finances.

3.1.1 Age

South Gloucestershire has a slightly older population compared to England with a larger than average middle-aged population.

The proportion of 0-15 year olds is 18.6%, very similar to the England average of 19.0%. South Gloucestershire also has a very similar proportion of those of working age (63.1%) compared to England (63.3%). Older people aged over 65 make up 18.4% of the population, greater than the 17.7% for England. This is shown in figure 1.

Figure 1



Source: ONS mid-year population estimates 2015

3.1.2 Age distribution

The dispersal of the elderly and young populations within South Gloucestershire is not even. Patchway has both the greatest overall number, and the greatest proportion of 0-4 year olds with 964 at the last estimate, equating to 8.8% of the entire Patchway population.

Emersons Green, Woodstock, Stoke Gifford and Kings Chase have the next greatest overall numbers of 0-4s. However, Dodington, Bradley Stoke North, Bradley Stoke South and Staple Hill have the greatest proportion of 0-4 year olds with 8.0%, 7.8%, 7.45% and 7.43% respectively – this compares with a South Gloucestershire average of 6%.

The wards with the greatest overall number of adults aged 65 or over are Downend, Hanham, Rodway, Kings Chase and Thornbury North. However Westerleigh, Chipping Sodbury, Thornbury North, Severn and Thornbury South & Alveston have the highest proportion of over 65 year olds with 29.4%, 27.5%, 26.8%, 26.6% and 26.5% respectively (compared to the South Gloucestershire average of 18.4%).

The wards with the greatest number of adults aged 80 or over are Downend, Hanham

Kings Chase and Rodway, with the wards having the greatest proportion of adults aged 80+ being Winterbourne, Downend, Westerleigh, and Thornbury North with 8.2%, 8.1%, 8.01% and 7.96% respectively.

Nationally, in 2015, 89.7% of all prescription items were dispensed free of charge, with 60.4% dispensed free to patients claiming age exemption (aged 60 and over) and 4.5% dispensed free to patients claiming age exemption (aged under 16 or 16 - 18 and in full-time education). Prescriptions dispensed for patients claiming age exemption (aged 60 and over) accounted for 51.7% of the total net ingredient cost for all prescriptions and 7.1% of the cost was for patients claiming age exemption (aged under 16 or 16-18 and in fulltime education).³

This has implications for pharmacy services as, on average, older people receive many more prescription items than other age groups. Nationally, in 2007-2012 those aged 16-59 received an annual average of 9.5 items and those aged 60 years and over received an annual average of 42.4 items. This average number of prescription items received by older people has increased consistently each year over the past ten years. The most significant impacts on the health services associated with an ageing population are from dementia, strokes and falls. The prevalence of these will increase with the increasing older population.

3.1.3 Projected population changes

According to the latest official population projections (the 2014-Based Sub National Population Projections) the population of South Gloucestershire is projected to rise to:

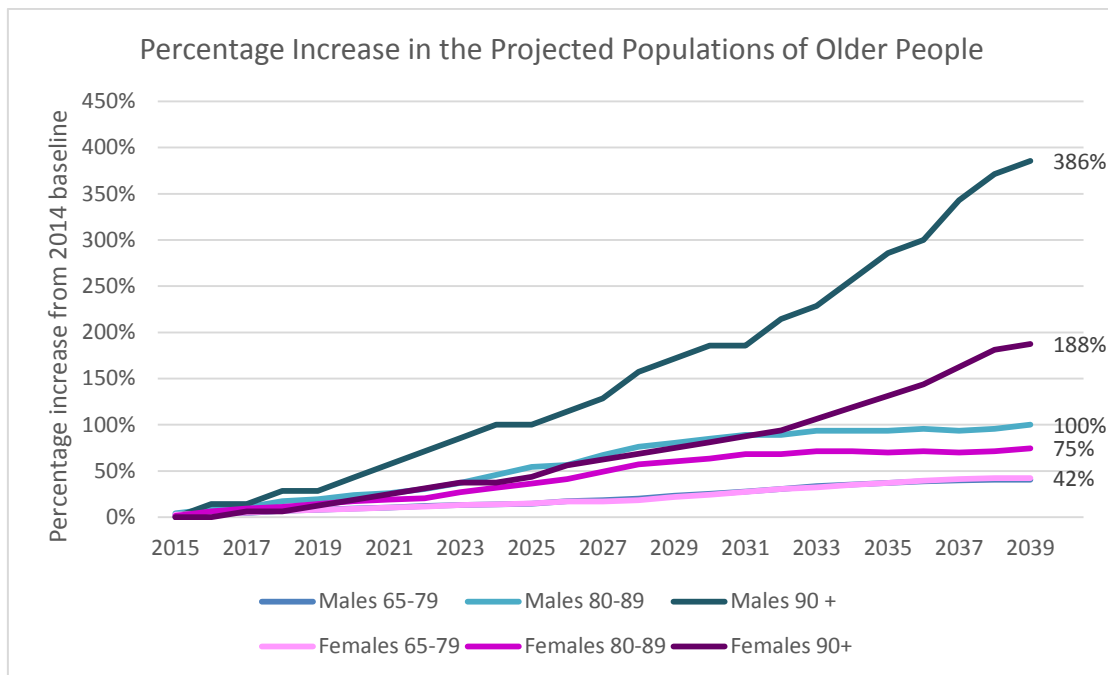
- 287,200 by 2020
- 300,000 by 2025
- 322,700 by 2035.

It should be noted that these projections do not take into account any dwelling led projections so may be an underestimate. Key findings suggest that the overall population of South Gloucestershire in 2024 will be closer to 311,300, some 11,300 higher than the ONS projection for 2025.

The age group that is predicted to make the largest proportional increases are those aged 65 and older with the number of 80-89 year old males predicted to double, the number of women aged 90 and over is set to triple and the number of males aged 90+ predicted to increase by nearly five times the current estimate. This is shown in figure 2.

³ Health and Social Care information Centre: Prescriptions Dispensed in the Community, Statistics for England 2005-2015

Figure 2:



Source: ONS population projections, South Gloucestershire Joint Strategic Needs Assessment

It should be noted, however, that official projections by ONS are based purely on past trends in births, deaths and migrations. Whilst this enables a consistent estimation of projections across all local authorities, it does not factor in the number of new homes forecast to be built.

Within South Gloucestershire a considerable volume of new housing development is planned (latest estimates suggest that in the order of 17,000 new homes will be built between 2014 and 2024). Population forecasts that incorporate intended future housing development therefore suggest that the total population will increase at a faster rate and that increases in the child and working-age population, in particular, may be larger than those projected by the official ONS data.

The largest population increases are likely in areas where high levels of housing growth are planned, in for example, areas of Patchway, Frenchay & Stoke Park, Yate North and Winterbourne. This is shown in table 7.

Table 7: Expected house completions over next 5 years, 2016/17 – 2020/21

Area	Locality	Homes
Charlton Hayes	Severnvale	1053
East of Cold Harbour Lane	Kingswood	694
Emersons Green	Kingswood	2018
Thornbury	Severnvale	594
Yate	Yate	838

Frenchay	Yate	112
Cribbs Causeway	Severnvale	108
Harry Stoke	Severnvale	159
Kingswood	Kingswood	246

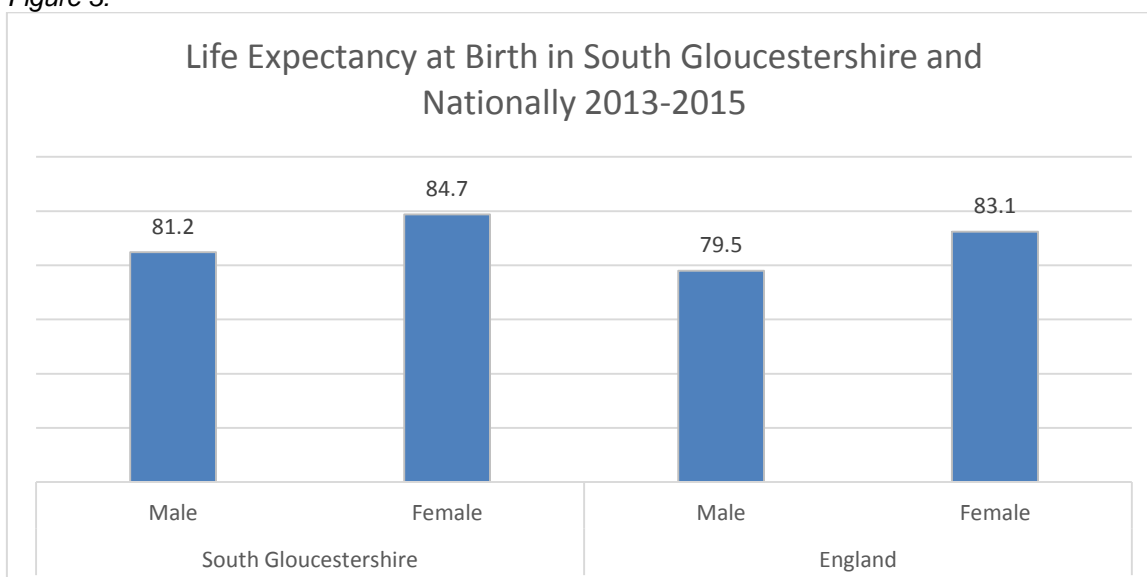
Source: Authority Monitoring Report, South Gloucestershire 2016

3.1.4 – Life Expectancy

South Gloucestershire has a higher life expectancy amongst both males (81.2) and females (84.7) compared to the national averages of 79.5 for males and 83.1 for females during the same period.

Over the period from 2003-05 to 2013-15, life expectancy in South Gloucestershire has increased by 2.1 years in males and 1.9 years in females, less than the increase observed and an national level (2.7 and 2.0 years respectively). This is shown in figure 3.

Figure 3:



Source: Public Health Outcomes Framework, 2017

4 General health needs of South Gloucestershire

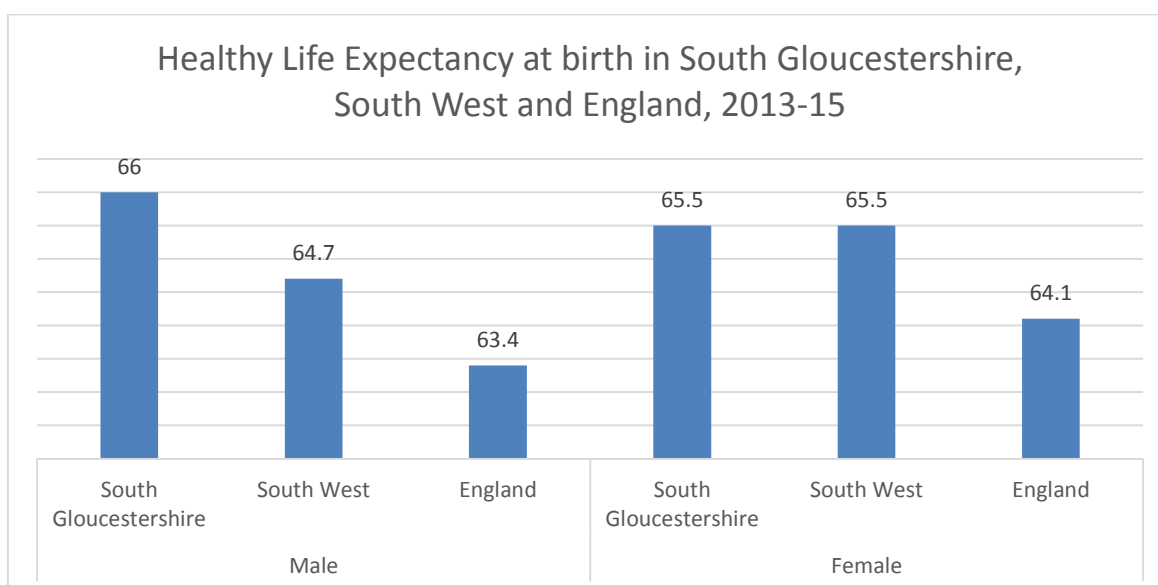
4.1 – Healthy Life expectancy

Healthy Life expectancy is an important summary measure of mortality and morbidity and is a good indicator for assessing trends in the general health of a population. It measures the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. Figure 4 provides data on life expectancy for South Gloucestershire.

Over the period 2013-15, healthy life expectancy among females in South Gloucestershire (65.5) was higher than the national average (64.1), and consistent with the South West average (65.5). Since the period 2009-2011 the female healthy life expectancy in South Gloucestershire has reduced by 4.1 years, a significant change.

Over the period 2013-15, healthy life expectancy among males in South Gloucestershire (66) was significantly higher than both the national and regional average (63.4 and 64.7 respectively). Since the period 2009-2011 the male healthy life expectancy in South Gloucestershire has reduced by 1.6 years, a non-significant change.

Figure 4:



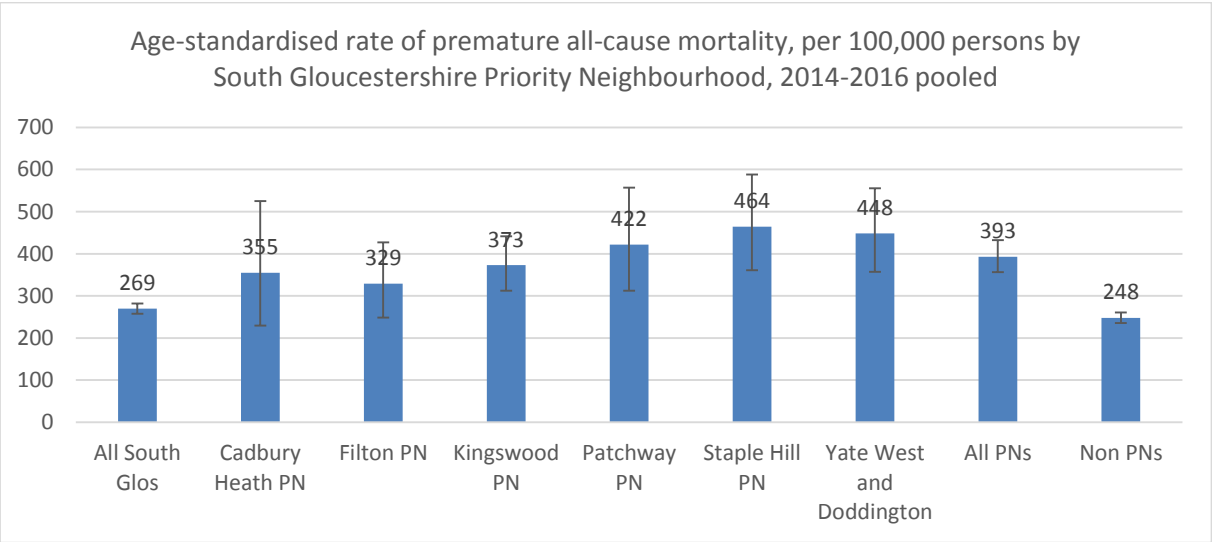
Source: Public Health Outcomes Framework, PHE, 2017

4.2 Premature mortality

Premature Mortality or 'early death' focuses on deaths occurring among people under the age of 75. According to the National Institute for Health & Clinical Excellence (NICE), around two-thirds of deaths among under-75's are caused by illnesses and diseases that are largely avoidable. The below graph shows premature mortality rates in South Gloucestershire and, in particular, in South Gloucestershire's priority neighbourhoods. These areas were defined using the English Indices of Deprivation as areas where higher numbers of people have poorer health outcomes, are

employed in less well paid jobs or are unemployed, and there are higher levels of crime. The higher rates of premature mortality in South Gloucestershire’s priority neighbourhoods are an illustration of how areas of higher deprivation are impacted to a greater degree by adverse health outcomes. This information is shown in figure 5 and supplemented further in appendix 7, where maps show the provision of pharmacy services and the relative deprivation of surrounding geographies.

Figure 5:



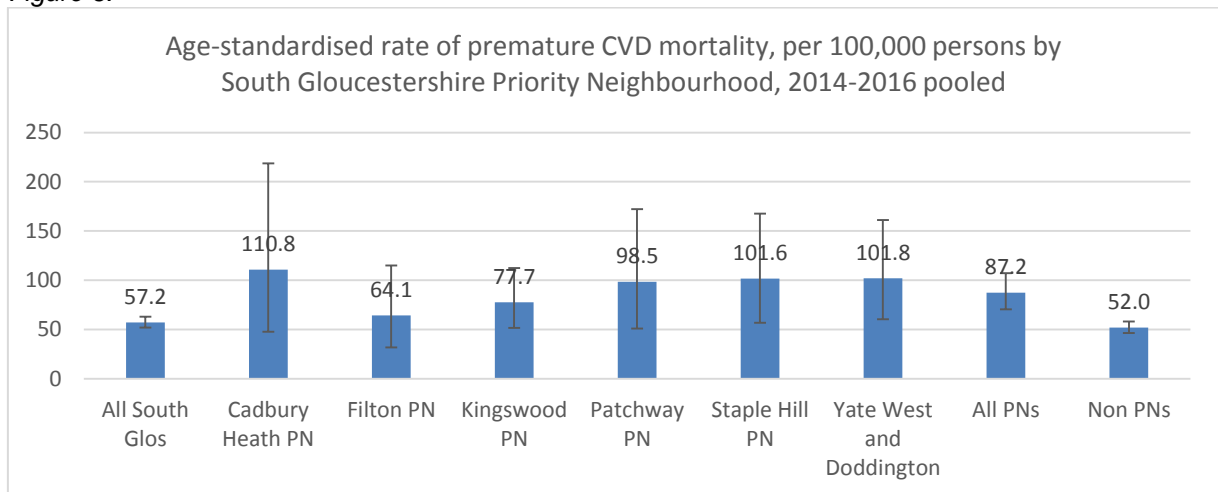
Source: Primary Care Mortality data accessed via Open Exeter, ONS mid-year population estimates

4.3 – Causes of Ill Health

4.3.1 Cardiovascular Disease (CVD)

Deaths from CVD, which include coronary heart disease (CHD) and stroke, are the second greatest major cause of premature death for adults, accounting for approximately 22.7% of all premature deaths in South Gloucestershire between 2014 and 2016. There were 439 premature deaths in South Gloucestershire due to CVD during this period. The premature mortality rate from all cardiovascular disease has been consistently lower than the rate at a regional and national level over the last decade.

Figure 6:



Source: Primary Care Mortality data accessed via Open Exeter, ONS mid-year population estimates

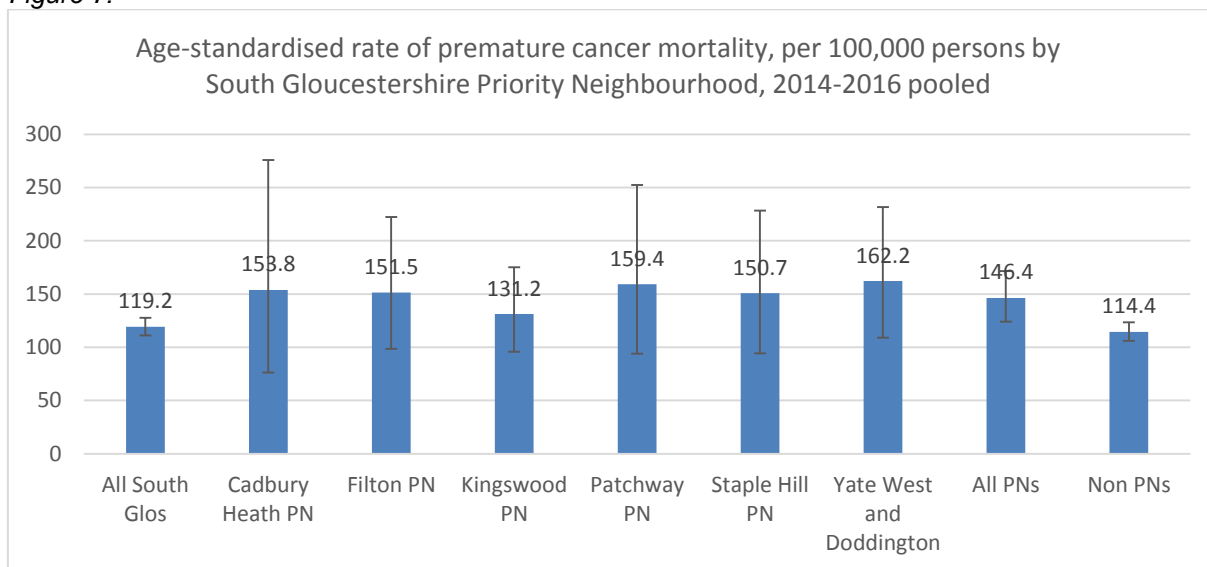
Figure 6 presents the directly standardised premature CVD mortality rate for South Gloucestershire as a whole and for each of the Priority Neighbourhoods. The higher rates of CVD in the Priority Neighbourhoods have implications for the provision of some enhanced pharmacy services, such as smoking cessation and weight management services.

4.3.2 Cancers

Cancer is the main cause of premature death in South Gloucestershire accounting for 44.1% of premature deaths during the period 2014-16. There were 835 premature deaths due to cancer during this time. Of these 835 deaths, 470 (56.3%) were among males, compared to 365 (42.7%) among females. 173 (20.7%) of premature cancer deaths in South Gloucestershire were due to lung cancer which is consistent with regional and national proportions historically.

Over the last decade rates of premature mortality due to cancer have been consistently lower than rates at a regional and national level, though these differences have not always been statistically significant.

Figure 7:



Source: Primary Care Mortality data accessed via Open Exeter, ONS mid-year population estimates

Figure 7 presents the directly standardised cancer mortality rate for South Gloucestershire as a whole and for each of the Priority Neighbourhoods. The higher rates of cancer in the Priority Neighbourhoods have implications for the provision of some enhanced pharmacy services, such as smoking cessation and weight management services.

4.3.3 Diabetes

Diabetes prevalence is increasing. Prevalence of diabetes among patients (17+) registered with GP practices in South Gloucestershire, in 2015/16, was 5.9%, compared to 6.5% nationally. This has increased in line with national patterns from a prevalence of 4.8% in 2009/10.⁴

4.3.4 Respiratory Disease and Chronic Obstructive Pulmonary Disease

Respiratory disease is one of the top causes of premature death and was accountable for 8.3% of premature deaths in South Gloucestershire in 2013-15. Over the last 10 years, rates of premature mortality due to respiratory disease have remained relatively consistent and lower than the regional and national rates.

Chronic Obstructive Pulmonary Disease (COPD) is one of the major respiratory diseases. Prevalence of COPD among patients registered with GP practices in South Gloucestershire in 2015/16 was 1.5%. This is lower than the prevalence at an England level (1.9%), which has consistently been the case over the last decade. During 2013-15, COPD accounted for 303 deaths in South Gloucestershire.⁵

⁴ Quality Outcomes Framework (QOF), PHE fingertips tools 2017

⁵ Quality Outcomes Framework (QOF), PHE fingertips tools 2017

4.3.5 Depression and mental health

There are 1341 people with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses recorded on practice disease registers in South Gloucestershire (2015/16). This amounts to a prevalence of 0.56% and is lower than the prevalence at an England level (0.90%). 8.4% of patients registered to a GP practice in South Gloucestershire were on the depression register in 2015/16 which is consistent with a prevalence of 8.3% at an England level.⁶

4.3.6 Asthma

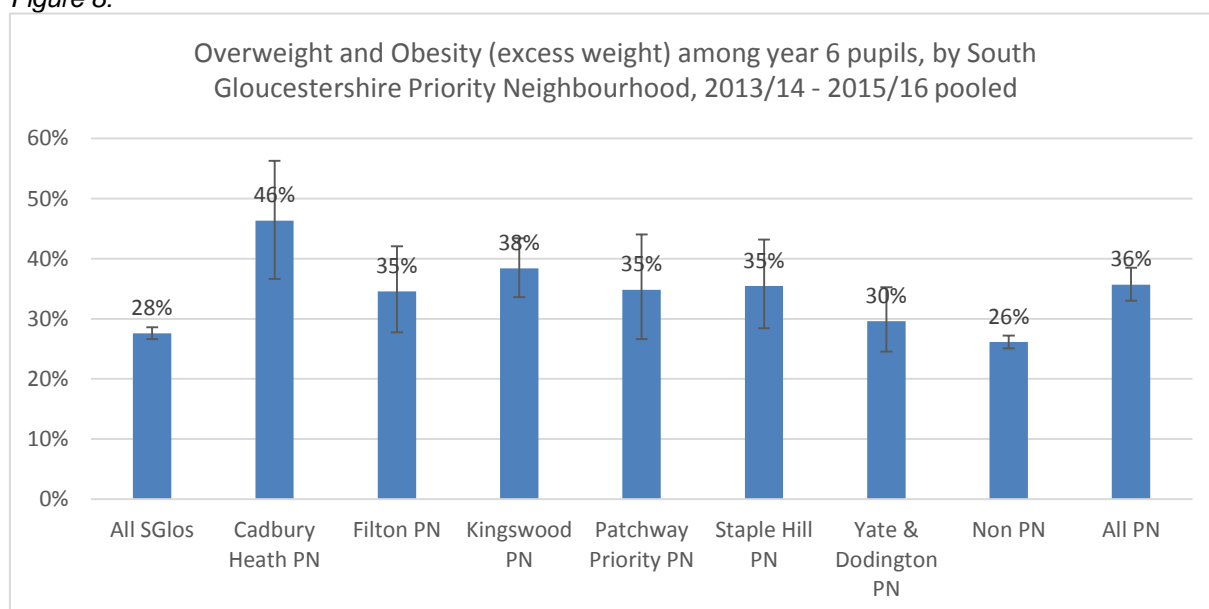
In 2015/16, 6.6% of patients registered with a South Gloucestershire GP were recorded as having asthma, a higher prevalence than the 5.9% we see at a national level.⁷

4.3.7 Obesity

It is estimated that 8.9% of adults registered with a GP in South Gloucestershire are obese compared to 9.5% nationally.

In 2015/16, 17.2% of 4-5 year olds and 28.7% of 10-11 year olds in South Gloucestershire were reported as having excess weight. For both age categories, this reflects an improvement on the proportion of excess weight across the South West (21.9%, 30.3%) and England (22.1%, 34.2%). Data by priority neighbourhood is shown in figure 8.

Figure 8:



Source: National Child Measurement Programme, 2017

⁶ Quality Outcomes Framework (QOF), PHE fingertips tools 2017

⁷ Quality Outcomes Framework (QOF), PHE fingertips tools 2017

4.3.8 Long-term conditions and co-morbidities

A long term condition (LTC) is defined as a condition that cannot at present be cured but can be controlled by medication and other therapies. Evidence suggests 50% of 50 year olds and 80% of 65 year olds live with a long term condition – that is more than 15 million people in England. Long term conditions can affect an individual's quality of life and has an impact on healthcare services – for example 50% of all GP appointments, 64% of hospital outpatient appointment, 70% of hospital inpatient episodes relate to long term conditions. It is estimated that 18% of individuals with long terms conditions in England receive social care resource.

The prevalence of long term condition patients with multi-morbidities is increasing in South Gloucestershire in line with national trends. The onset of multi-morbidities (including mental ill health) affecting individuals within the most deprived communities is ten to 15 years before those within the least deprived communities. The prevalence of individuals living with more than one long term condition (multi-morbidities) is increasing with projections indicating a prevalence of 2.9 million in England in 2018, compared with 1.9 million in 2008.

4.3.9 Palliative care

Primary care data suggest in 2015/16, 0.18% (n=474) of the population of South Gloucestershire were on a palliative care register.

4.3.10 Urgent Care

Nationally Emergency Department (ED) attendances in England have risen by 4.5 million (25%) per annum from 2004/5 to 2014/15. Annual emergency or unplanned admissions to hospitals in England rose by over 850,000 (18%) from 2006/7 to 2014/15.

In 2014/15, of the 76,556 ED and minor injury unit (MIU) attendances by South Gloucestershire patients, the vast majority of attendances were to NBT ED (34,804 attendances; 45%), followed by UHB (17,088 attendances; 22%), Yate MIU (15,862 attendances; 21%). The remaining 11% of ED/MIU attendances were to other healthcare settings, including the Royal United Hospital in Bath. It is important to note that these figures are absolute numbers of attendances and therefore may include multiple attendances by the same patient.

4.4 Lifestyle Issues

4.4.1 Drug and alcohol misuse

Data projections indicate increasing prevalence of both drug and alcohol use in future years, although it is anticipated that drug increases will primarily be linked to non-opiates. There is an emerging trend of increasing steroid and performance and image-enhancing drug use in the local area. In South Gloucestershire, the percentage of service users in treatment citing use of prescription or over-the-counter medication (no illicit use declared by the patients) has been an increasing trend since 2010; with

benzodiazepines and prescribed opioid usage increasing annually. There has also been a resurgence of Novel Psychoactive Substances (NPS), or 'legal highs'.

An estimated 896 people in South Gloucestershire use opiate and crack with 198 estimated to be injecting. The estimated prevalence (locally and nationally) has declined in recent years. In 2013/14, 493 substance misusers were in treatment, 55% of the estimated total. Numbers in treatment have risen in the last year. Crack user engagement is higher than the national average but injecting use is lower. National data indicates a rise in drug related deaths; this is reflected locally with alcohol consistently attributed in many cases either in isolation or with other substances. Drug treatment service users in South Gloucestershire have a higher rate (21%) of employment compared to the national average (17%). The proportion of those classified as long term sick or disabled is also higher (23%) than the national average (16%). In 2013/14, the majority of service users (77%) had no housing problem, the national average was 73%. All Priority Neighbourhoods listed drug and alcohol issues as a concern.

4.4.2 Alcohol and related disease

Problem alcohol use is much more common and can have serious consequences for the health of individuals and their families and communities and for the economy. Recent estimates are that nearly 40,000 people in South Gloucestershire drink regularly to an extent that it is a serious risk factor for their future health and an estimated 7,000 people in South Gloucestershire are dependent on regular alcohol intake. This group faces an immediate risk to their health and life chances and can seriously disrupt the lives of others.

4.4.3 Sexual Health and Teenage Pregnancy

Sexually transmitted infections (STIs), including HIV, remain one of the most important causes of illness due to infectious disease among young people. They also affect older adults. If STIs, including HIV, are not diagnosed and treated early, there is a greater risk of onward transmission to partners and of complications. The rate of new STIs in people attending genito-urinary medicine (GUM) clinics in South Gloucestershire was less than the England and South West average in 2014. There has been little change in this rate over recent years. In 2014, there were 238 cases of warts, 85 herpes, 75 gonorrhoea and 5 syphilis. Rates for all these STIs were below the South West and England average. Since 2009, there has been little change in the rate of diagnosed herpes, warts or syphilis infections locally. Rates of gonorrhoea have risen reflecting the rise nationally. Diagnosed rates of chlamydia for people aged 15-25 have fallen since 2012 and remain below target.

In 2014, there were 145 people living with diagnosed HIV in South Gloucestershire and 13 newly diagnosed cases. The rate of newly diagnosed cases is almost half the national rate. In South Gloucestershire an increasing proportion of HIV is diagnosed late – 58.8% in 2014/15. The local rate is higher than the national average of 42.2%. A late diagnosis of HIV increases the risk of death in the year following diagnosis ten-fold, compared to those diagnosed promptly, and increases care costs.

Men who have sex with men and young people aged 16-24 have disproportionately

high rates of STIs. The rate of STIs in men who have sex with men in South Gloucestershire is much higher than the South West average. The ethnic profile for those diagnosed with STIs reflects the population. Teenage pregnancy can result in poor health, underachievement, and low earnings for both mother and baby. The rate of teenage conceptions in South Gloucestershire are now lower than all other areas in the South West and have fallen consistently over the last decade. In 2013 there were 72 conceptions to women aged under 18 and 15 to those aged under 16.

Unintended, unwanted pregnancy has a major impact on the both the individual and their family, and presents a significant cost to the NHS and local authorities. In South Gloucestershire there were a total of 598 abortions during 2013, 7.7% higher than in 2012 (555). The abortion rate is lower than the national and South West averages. Rates are highest in the 20 to 24 year old age group.

4.4.4 Smoking

In South Gloucestershire 13.9% of adults smoked in 2014. This equates to 29,815 smokers. The rate is lower than the South West average of 16.9% and the England average of 18.0%. In line with the national trend, there has been a decline in smoking prevalence in recent years. Smoking is higher in certain populations; in South Gloucestershire the prevalence in routine and manual workers was 22.8% in 2014. National data indicates smoking rates are highest among white ethnic groups and those with a mixed-heritage; gay, lesbians, and bisexual; and people who are long term unemployed or have never worked, and those with mental health problems. Smoking peaks in those aged 25-29 years.

In 2011-13, there were 1,019 deaths attributable to smoking in South Gloucestershire. The rate of smoking attributable deaths has declined slightly over recent years and remains significantly below the national average. The link between smoking and lung cancer is well established and around 90% of cases of lung cancer are caused by smoking. New cases of lung cancer have risen in recent years while the death rate has reduced. Those living in the most deprived areas of South Gloucestershire had over double the mortality rate from lung cancer as those in the least deprived.

Smokefree South Gloucestershire Services are available in all GP practices and some community pharmacists. In line with national statistics, the number of smokers accessing services (as measured by setting a quit date) is on a steep decline. In 2011/12, 2,806 smokers accessed Smokefree South Gloucestershire, compared with 1540 in 2014/15. This may be due to the fall in smoking prevalence. There is also some evidence that more smokers are using electronic nicotine delivery devices (e-cigarettes) to support periods of abstinence from tobacco or to quit tobacco rather than seeking help from stop smoking services.

4.4.5 Oral Health

Overall the oral health of children in South Gloucestershire is good. The percentage of 5 year old children with experience of tooth decay in South Gloucestershire, 22.2%, is lower than the England average of 27.9%. The percentage of 12 year old children with experience of tooth decay locally is 29.3% compared to the England average of 33.4%.

Population averages can mask inequalities in oral health. A polarisation in disease experience is occurring, with national data indicating an increasing number of children remaining tooth decay free, and the disease becoming concentrated in a diminishing number of socially deprived children. Local data on oral health inequalities is not available.

The percentage of children and young people (0-19 years) admitted to hospital for extraction of one or more decayed primary or permanent teeth is similar to the England average. Tooth extractions peak in 5-9 year olds. In adults, the rates of incidence of oral cancer are similar to the England average, and rates of mortality from oral cancer are better than the England average. Oral cancer incidence rates have risen by a third in the last decade.

5 Patient Groups

5.1 Protected characteristics

5.1.1 Black and minority ethnic groups

South Gloucestershire had a Black and minority ethnic (BME) population of 2.2% in 2008 which has risen to 5% in 2011 but remains substantially lower than the National average of 14% as shown in table 9.

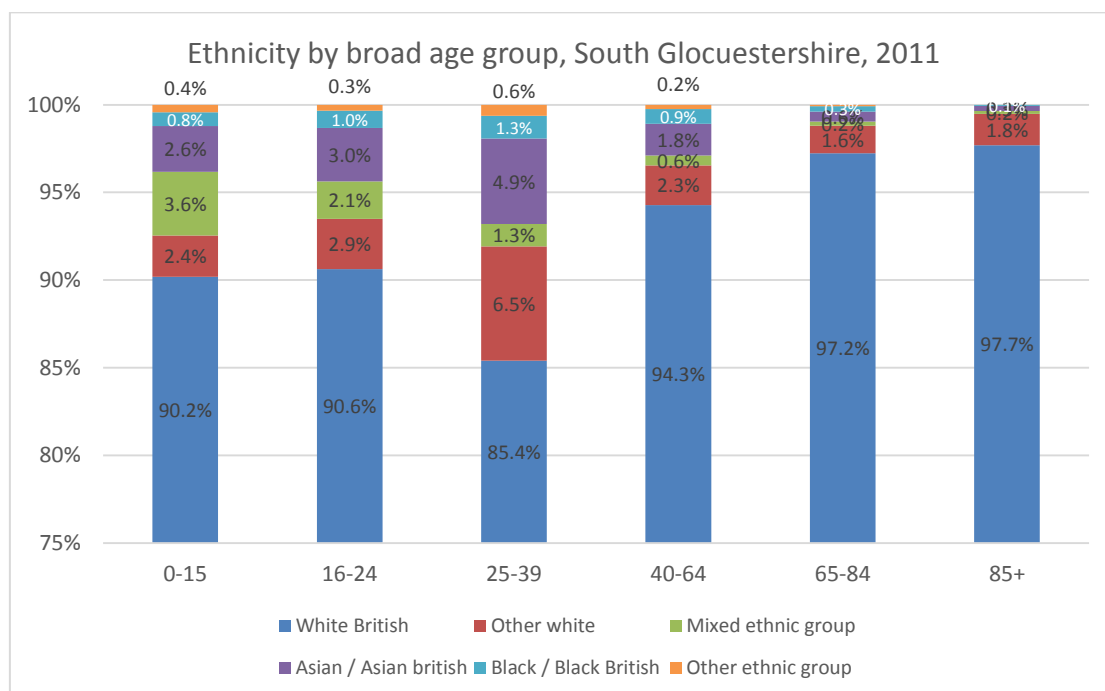
Table 9: Estimates of population by ethnic group in South Gloucestershire 2011

Ethnic group	Number of people	Percentage of total population of South Gloucestershire
White British	241,611	91.9%
White Irish	1,223	0.5%
White other	6,740	2.6%
Mixed	3,667	1.4%
Asian	6,440	2.5%
Black	2,218	0.8%
Arab/other ethnic group	868	0.3%

Source: ONS Census 2011

⁸ ONS census 2011

Figure 9:



This pattern follows that observed in England with the population from minority ethnic groups being typically younger than the White British population, with the exception of White Irish and White Other communities as shown in figure 9.⁹

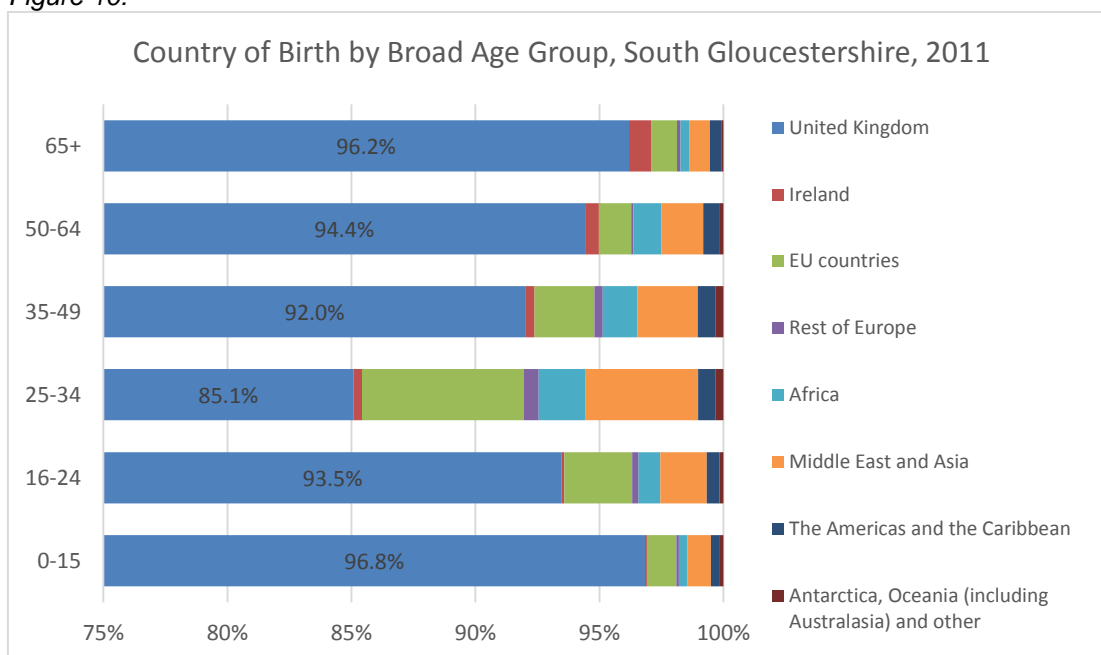
5.1.2 Language and Country of Birth

According to the 2011 census South Gloucestershire has a lower than national or regional average for people born outside the UK, with 6.6% born overseas compared to 7.7% and 13.8% for the South west and England respectively. The majority of South Gloucestershire residents born outside the UK come from EU countries (35%) followed by the Middle East and Asia (30%) and Africa (15%), Caribbean and the Americas (9%), Ireland (6%) non EU Europe (3.5%) and Other (2.9%). This is shown in figure 10.

The age group with the highest proportion of non UK births are 25 to 34 year olds with 14.9% born overseas, 6.5% of 16-24 and 8% of 35-49 year olds born outside the UK. The proportion of 0-15 year olds born overseas is relatively low at 3.2% suggesting many families from overseas settle in South Gloucestershire and their children are born here.

⁹ Association of Public Health Observatories 2005 Indications of Public Health in the English Regions: 4: Ethnicity and Health: SEPHO

Figure 10:



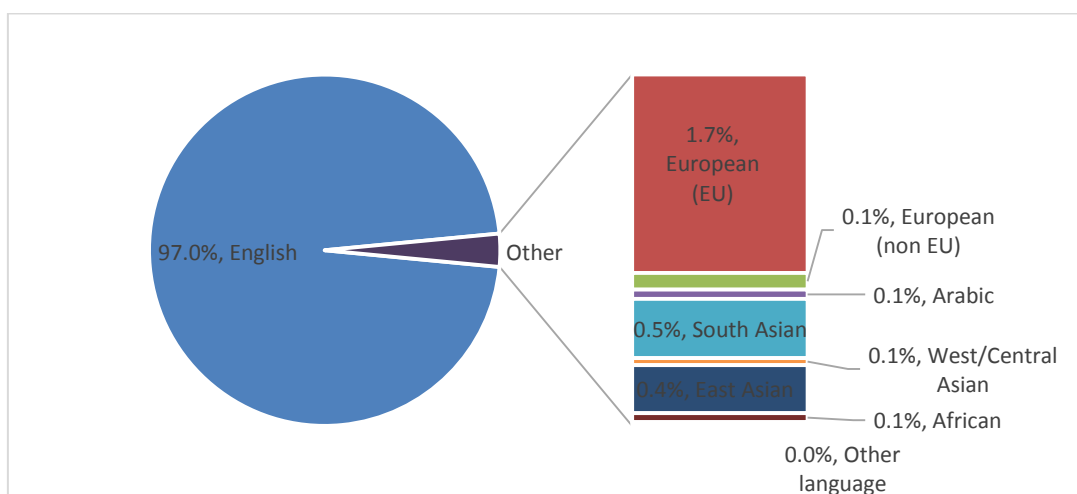
Source: ONS 2011 Census

The wards with the greatest proportion of those born overseas are Bradley Stoke Central and Stoke lodge (18%), Filton (16%), Bradley Stoke North (15%), Bradley Stoke South (15%) and Frenchay and Stoke Park (13%).

At the time of the 2011 census 97% of South Gloucestershire residents' main language was English, higher than the national average of 92% but similar to the regional average of 96.5%.

The majority of primary languages spoken other than English are European languages (61%), South West and Central Asian languages (19%), East Asian languages (14%), Arabic (3%), African languages (3%) and other languages (1%) as shown in figure 11.

Figure 11: Main language spoken, 2011

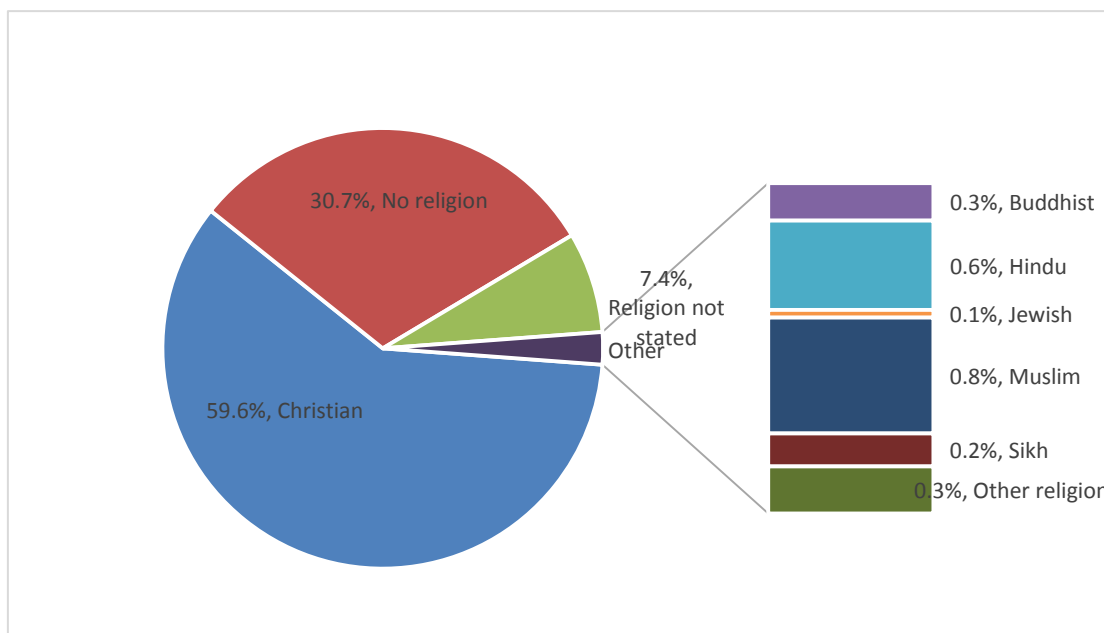


Source: Census 2011

5.1.3 Religion

At the time of the 2011 Census the majority of South Gloucestershire residents described themselves as Christian (59.6%), Muslims made up 0.8% of the population, followed by Hindus at 0.6%. Over a third of the population of South Gloucestershire did not disclose their religious beliefs or stated that they had no religion. South Gloucestershire has a similar proportion of Christians to the regional and England average, but a greater proportion who had no or unstated religion. South Gloucestershire's Buddhist, Jewish, Muslim and Sikh population proportions were similar to the regional average but considerably lower than that for England, especially Muslims who make up 5% of the England population. The proportion of Hindu's in South Gloucestershire though higher than the regional average, was lower than that for England. This is shown in figure 12.

Figure 12: Religion 2011



Source: Census 2011

5.1.4 Migration

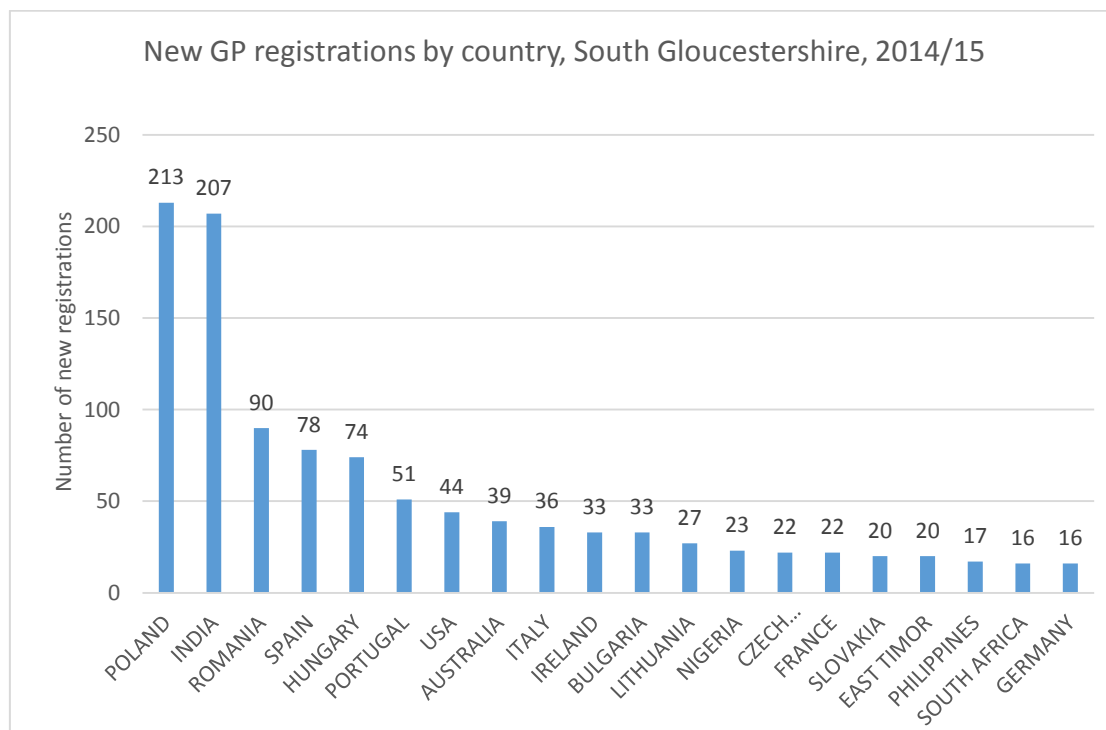
ONS components of population change from 2014 to 2015 for South Gloucestershire estimate that domestic and international migration have increased the South Gloucestershire population by approximately 0.8%. To put this into context the overall population increase during this time was 1.1%, and births minus deaths accounted for a 0.3% increase.

Registration with general practices gives a reasonably good picture of recent immigration into South Gloucestershire and neighbouring areas, although some data

are incomplete. For the single year 2014/2015,¹⁰ there were 1,397 new registrations from outside the UK and Figure 13 shows the range of countries from which immigrants came.

In 2014/15, the highest number of new immigrant registrations came from Poland followed by India and a variety of western and eastern European countries. The pattern of country of origin varies slightly from year to year and the inclusion of Spain and Portugal amongst the highest proportion of non UK GP registrations could be a reflection of the economic difficulties experienced by these countries in recent years. The GP registrations also included individuals originating from countries containing conflict zones such as Afganistan, Libya and Syria, who may be asylum seekers, though this detail isn't made explicitly clear.

Figure 13: Number of new registrations in general practices in South Gloucestershire in 2014/2015



Source: Exeter system (GP registrations, 2014/15 care of SWCSU)

The broad range of countries indicates the range of translation services that may be required within health and social services and the increasing demand for 'English speaking for other languages' courses which is likely to occur. Although migrants are generally assumed to be a young, healthy population in order to move to and work in another country,¹¹ their level of health generally relates to their country of origin and

¹⁰ Data extracted by SWCSU from the Exeter system for GP registrations 2014/2015

¹¹ SLIM 2007 Migrant Workers in the South West. South West Observatory Skills and Learning Intelligence Module, December 2007

may still be worse than the UK standard.

Additionally, asylum seekers and those coming from countries troubled by civil war, or violence, may have significant health needs, particularly mental health needs.

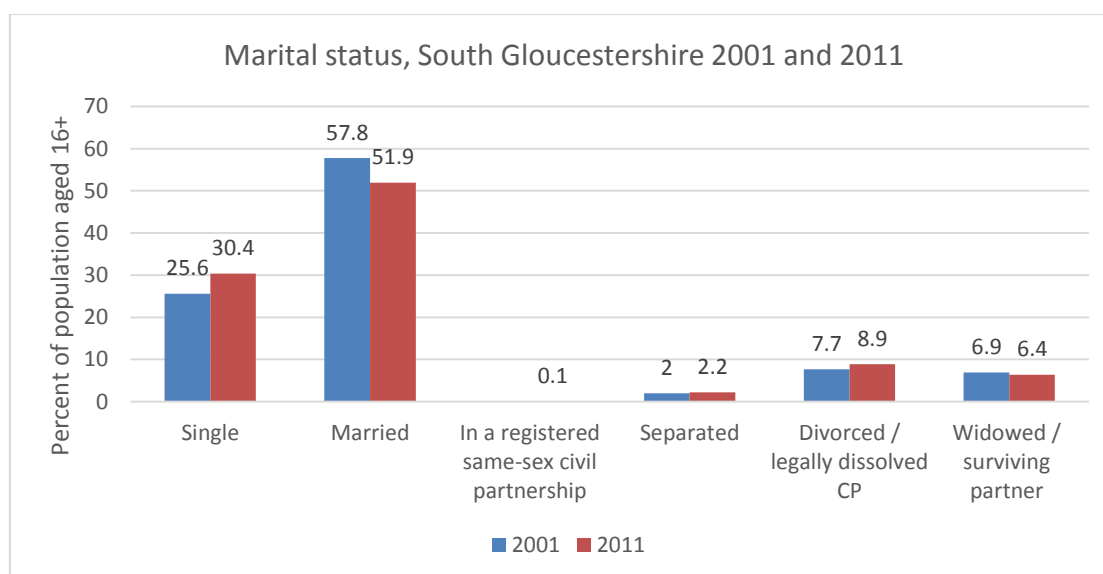
Good translation services are essential for efficient treatment of immigrants' health, especially where emergency treatment is required. Improved data recording of patients' ethnicity and country of origin in primary and secondary care services will help to ascertain the size of the local migrant population.

5.1.5 Marital status, civil partnerships and LGBT communities

Approximately half (51.9%) of the South Gloucestershire population aged sixteen or over described themselves as married at the last census, a decrease from 57.8% recorded in the 2001 census. During the same period the proportion of people divorced or separated has risen from 9.7% to 11.1% of the population and the proportion of single (never married or registered a same sex partnership) has also increased from 25.6% to 30.4%. This is shown in figure 14.

The rights for same sex couples to enter into legal partnerships has seen much change in the last 15 years. Civil partnerships came into being in 2005 with same sex marriage following in 2013, so currently only data on civil partnerships from 2011 is available. There were nearly 300 people living in a same sex civil partnership according to the 2011 census which made up 0.1% of the South Gloucestershire population aged 16 or over, or 0.3% of the 'married' population. Both figures are lower than the regional or England average which both had 0.2% and 0.5% for total sixteen plus and total married populations respectively.

Figure 14: Marital status, 2001 and 2011



Source: Census 2001 and 2011

Sexual orientation is not included as a specific category in the Census, so specific

figures are not available.

The government estimates that 5-7% of the population are lesbian, gay or bisexual, so based on the 2015 population figures an estimated 16,500 people in South Gloucestershire are lesbian, gay or bisexual (estimate 13,800 – 19,200).

Men who have sex with men (MSM) are at higher risk of a number of poor sexual health outcomes including higher rates of sexually transmitted infections. Specifically, men who have sex with men are unequally impacted by HIV. HIV diagnoses amongst MSM continue to surpass the number among heterosexuals^[3]. Evidence suggests that gay and bisexual men who use particular illegal drugs (as well as alcohol) are more likely to engage in risky sex^[4]. It is very difficult to estimate the percentage of the MSM population, but a crude estimate can be made by assuming that at least half of those identified as LGBT are men who have sex with men. This would give an estimate for South Gloucestershire of between 2,000 and 13,000 MSM, with a predicted figure of 8,000 MSM.

The Gender Identity Research and Education Society, GIRES, estimate (in 2011) that 0.6%-1% of the population (16+) experience some degree of gender variance, which in South Gloucestershire (based on 16+ population of 223,640) would equate to 1,340 – 2,240 people. The majority of these would continue to live in their birth gender and not request medical intervention, and GIRES estimate that, at some stage, about 0.2% may undergo treatment for gender transition – so the numbers in South Gloucestershire are expected to be very low.

5.2 Other communities with particular needs

5.2.1 Students

Frenchay Campus, part of the University of the West of England (UWE), is situated in the Frenchay and Stoke Park ward of South Gloucestershire. In the academic year of 2015/16 the university had just under 29,000 students, many of whom live within South Gloucestershire. It is the largest provider of higher education in the South West. Students come from all parts of the UK and there are a growing number of international students from over 50 countries worldwide. The student population (though not necessarily just UWE students) represents a significant proportion of the local population at just under 10% of the South Gloucestershire population.

UWE Frenchay Campus has undergone significant expansion over the last decade, especially in relation to its student accommodation provision. This has contributed to the large population increase in Frenchay and Stoke Park, which increased by 139% from a population of 3,755 in 2002 to 8,961 in 2015, the largest population increase in South Gloucestershire. This increase is more than twice the growth of the next

^[3] Public Health England (2014) Promoting the health and wellbeing of gay, bisexual and other men who have sex with men

^[4] Stonewall (2011) Gay and Bisexual Men's Health Survey

highest population growth ward of Siston, which increased its population by 66% over the same time period. Although much of the ward population increases can be attributable to large scale housing developments, the increase in the 18 to 24 population in Frenchay and Stoke Park, which rose from 478 in 2002 to 3,311 in 2015 – a near seven-fold increase, is far beyond any other population increases across South Gloucestershire.

Overall, the majority (45%) of students aged 18 or over living in South Gloucestershire at the time of the 2011 census lived with their parents, higher than the South West and England as a whole at 33% and 37% respectively.

In South Gloucestershire accommodation type varied by age with younger students more likely to live with parents, though as these were residents aged 18-19 this could include pre-university aged students. Considerably more South Gloucestershire resident students live in communal establishments such as university halls of residence than the South West or England as a whole with 21% of all students compared to 10% for the South West and 12% for England.

5.2.2 Prison population

South Gloucestershire has 3 prisons within its county boundaries: HMP Ashfield – a category C male prison, HMP Leyhill – a category D open prison, and HMP Eastwood Park – a closed female prison. Given the relatively small geographic area that South Gloucestershire covers, this is high compared to the rest of England & Wales. As at December 2015, Eastwood Park held 343 prisoners, Leyhill 511 prisoners, and Ashfield 397 prisoners.

The prison population is not static; the churn rate (number of times a prison place is used each year) is 4.49 HMP Eastwood Park, 0.49 HMP Ashfield, and 1.24 HMP Leyhill. Both Leyhill and Ashfield have a significant number of older prisoners. Eastwood Park (EWP) is a female prison with generally a younger population. Nationally, the age of prisoners is rising, with the expectation for this to increase significantly over the next 5-10 years.

The prison population is characterised by having experienced high levels of adverse childhood and social factors including high levels of domestic or sexual abuse, high levels of mental ill health, and low levels of educational attainment. Other health problems disproportionately affecting the prison population include substance misuse, hepatitis B and C.

The main social care needs identified include: reduced mobility (17.1% Ashfield; 5.7% Eastwood Park; 8.7% Leyhill); disability (13.8% Ashfield; 1.2% Eastwood Park; 10.9% Leyhill); and diabetes (8.0% Ashfield; 3.0% Eastwood Park; 8.0% Leyhill); and obesity (17.0% Ashfield; 20.0% Eastwood Park; 24.0% Leyhill). Mental health and substance misuse issues amongst the prison population are substantial. In Leyhill, 56% of new receptions were referred to the substance misuse team in 2014. In

Eastwood Park, 21% of women reported having a mental disorder. In Ashfield, 20% of prisoners had received medication for mental health problems, 13% had tried to harm themselves in prison and 3% of prisoners left like self-harming or suicide. Prisoners in Leyhill reported a lot of substance issues related to misuse of prescription medicine.

5.2.3 Disability and long term conditions

According to the 2011 census 18% of the population of South Gloucestershire aged sixteen and over has day to day activities limited by a long term health problem or disability, lower than the England average of 21%. Figures for the prevalence at an all age population are 15.6% and 17.6% for South Gloucestershire and England respectively. Based on the 2011 census figures it is estimated that there are currently approximately 23,000 people aged 65 or over with a limiting long term illness that limits their day to day activities, this figure is predicted to rise to 33,400 by 2030. Of those aged 18-64, it is estimated that there are approximately 16,900 with a moderate or severe physical disability, a figure set to rise to 18,000 by 2030.

5.2.4 Gypsy and Traveller communities

Data from the 2011 census estimates that the White Gypsy or Traveller population is approximately 270 (0.1%) in South Gloucestershire, the same percentage as both England and the South West. Due to the cultural practices of this ethnic group this figure will be under constant flux, and it is likely that the census figure may represent settled travellers or those on permanent sites and not those actively travelling or on temporary, private or unlicensed sites. It is therefore likely that the census figure is an undercount of the true traveller population at any one time in South Gloucestershire.

South Gloucestershire school census data shows that in Spring 2015 0.3% of its pupils are describe their ethnicity as Gypsy, Roma or Irish Traveller, the proportions were generally higher in the year groups 2 to 6 (average 0.4%) with very low numbers in secondary education average (0.1%)

The Ethnic Minority and Traveller Achievement Service (EMTAS) data below (tables 10 and 11) illustrates the proportions traveller ethnicity for the school age population's and accommodation tenure. Locally this is understood to be a closer representation of the current GRT populations in South Gloucestershire. By their nature the proportions of nomadic populations have temporal patterns.

Table 10: South Gloucestershire traveller ethnicity

Total Number of	English/Welsh	Irish Travellers	Fairground/Circus
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Children	Gypsies		Families
328	30%	52%	17%

Source: *Ethnic Minority and Traveller Achievement Service*

Table 11: *South Gloucestershire traveller accommodation*

Total Number of Children	Authorised Council Sites	Authorised Private Sites	House	Fairground Sites	Unauthorised Encampments
328	21%	20%	36%	17%	6%

Source *Ethnic Minority and Traveller Achievement Service*

There are two Council-owned traveller sites in South Gloucestershire situated in Patchway and Winterbourne which are made up of 20 and 19 pitches respectively (a pitch varies in size but can usually accommodate 2 caravans) and approximately 35 private sites of varying size accommodating 74 pitches and one tolerated but unauthorised site accommodating one pitch. There are also 15 sites containing a total of 73 pitches that can accommodate travelling show people in the area.

Although 18 new pitches are set to be developed, the report identified that 46 new pitches were required to meet known and predicted need by 2028.

It should be noted that a Gypsy and Traveller needs assessment is currently underway and this will be able to provide more up to date information.

5.2.5 Refugees and asylum seekers

A refugee is defined as someone who has substantiated a well-founded fear of persecution from their home country and has been granted permission to stay in the UK as a refugee or 'leave to remain' to give the technical term. An asylum seeker is someone who, having applied for refugee status, is awaiting a decision.

Refugees and asylum seekers are often from cultures very different to the indigenous population, may not understand the principles behind the UK health system, may not speak English, and may have complex healthcare requirements.¹²

Some information about the numbers of asylum seekers or refugees in South Gloucestershire is available from the Home Office Immigration Statistics, and data from quarter 1 2016 shows that 46 asylum seekers were supported under Section 95 in South Gloucestershire – 0.1% of the total for Great Britain¹³. A breakdown of

¹²Department of Health (2012) Guidance on providing NHS treatment for asylum seekers and refugees

¹³ Home Office (2016) Immigration Statistics, Asylum tables - as_14 to as_20, accessed 21/02/2017

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525628/asylum4-q1-2016-tabs.ods

applications for asylum by country of nationality for Britain show that the greatest proportion come from the Middle East (36%), followed by South Asia (24%) and Sub-Saharan Africa (15%), with the countries that had the highest overall numbers of asylum applicants were Iran, Iraq, Pakistan, Bangladesh and Afghanistan and Syria¹⁴. Breakdown by country of nationality is not available at the Local Authority level but it is likely that South Gloucestershire will follow similar patterns to the nation picture.

Transient populations for example those attending festivals or sporting events should be considered when assessing need. Significant events within South Gloucestershire include for example the Badminton Horse trials and the Mall Christmas Lights event.

6 Health needs that can be met by pharmaceutical services

6.1 Need for drugs and appliances

Everyone will at some stage require prescriptions to be dispensed irrespective of whether or not they are in one of the groups identified in section 5. This may be for a one-off course of antibiotics or for medication that they will need to take, or an appliance that they will need to use, for the rest of their life in order to manage a long term condition. This health need can only be met within primary care by the provision of pharmaceutical services, be that by pharmacies, DACs or dispensing doctors.

Coupled with this is the safe collection and disposal of unwanted or out of date dispensed drugs. Both NHS England and pharmacies have a duty to ensure that people living at home, in a children's home or in a residential care home can return unwanted or out of date dispensed drugs for their safe disposal.

Many of the pharmacies in South Gloucestershire will offer a collection and delivery service on a private basis.

Distance selling pharmacies are required to deliver all dispensed items and this will clearly be of benefit to people who are unable to access a pharmacy. As noted earlier DACs tend to operate in the same way and this is evidenced by the fact that the vast majority of items dispensed by DACs were dispensed at premises some considerable distance from South Gloucestershire.

6.2 Causes of ill health

The following section describes how pharmaceutical services can help to meet the

¹⁴ Home Office (2016) Immigration Statistics, Asylum tables - as_01 to as_02, accessed 21/02/2017
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525623/asylum1-q1-2016-tabs.ods

need for services relating to some example health conditions below.

Cardiovascular disease (CVD)

Higher rates of CVD in Priority Neighbourhood wards have implications for the provision of some enhanced pharmacy services, such as smoking cessation and weight management services.

At a national level, three of the top five most common prescription categories in the UK relate to hypertension and heart failure, lipid-regulating drugs and anti-angina drugs.

Cancers

Higher rates of cancer mortality in Priority Neighbourhood wards have implications for the provision of some enhanced pharmacy services, in particular smoking cessation.

Depression and mental health

As well as supply medicines for the treatment of mental health problems, pharmacies can provide accessible and comprehensive information and advice to carers about what help and support is available to them. This is part of the signposting essential service.

Long term conditions

In addition to dispensing prescriptions, pharmacies can contribute to many of the public health issues relating to many long term conditions as part of the essential services they provide:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing that person's knowledge and understanding of the health issues which are relevant to their circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and could include long term conditions.
- Signposting people using the pharmacy to other providers of services or support.
- Provision of the four advanced services will also assist people to manage their long term conditions in order to maximise their quality of life.

Palliative care

Pharmacy services have an important role in ensuring that specialised drugs and equipment are available in a timely and flexible manner.

7 Provision of pharmaceutical services

7.1 Necessary services

For the purposes of this PNA, 'necessary services' are defined as:

- dispensing of medicines and appliances
- the other essential services in relation to both medicines and appliances
- all of the advanced services except influenza vaccination and urgent supply
- the enhanced service for on demand availability of specialist drugs.

7.2 Current provision of necessary services

7.2.1 Current provision within the HWB's area

Community pharmacy services in South Gloucestershire are provided by a total 23 contractors through 51 community pharmacies. Adding to this provision are three dispensing GP sites and one dispensing appliance contractor. There is also one distance selling pharmacy in South Gloucestershire, however, as a remote provider of pharmacy services they are required to provide services anywhere in England. Equally, some South Gloucestershire residents will be provisioned remotely by distance selling pharmacies outside of South Gloucestershire.

7.2.2 Community Pharmacies

South Gloucestershire HWB area is served by a total 51 community pharmacies, which in a population of 274,661 (ONS mid-year estimate), amounts to roughly 1 community pharmacy per 5400 population. This is shown in table 12. Since the last PNA four community pharmacies have closed, one distance selling pharmacy has opened and one dispensing appliance contractor has relocated from Bristol into the South Gloucestershire area. A further one community pharmacy gave notification of closure during the production of this document, and is due to close 30th January 2018. Information about this impending closure and its impact on the provision of services to the local population is provided in section 7.2.9 of this document. A map detailing changes to pharmacy services since the last version of this document can be found in appendix 7, Map K.

Table 12 – Provision per head of population by locality

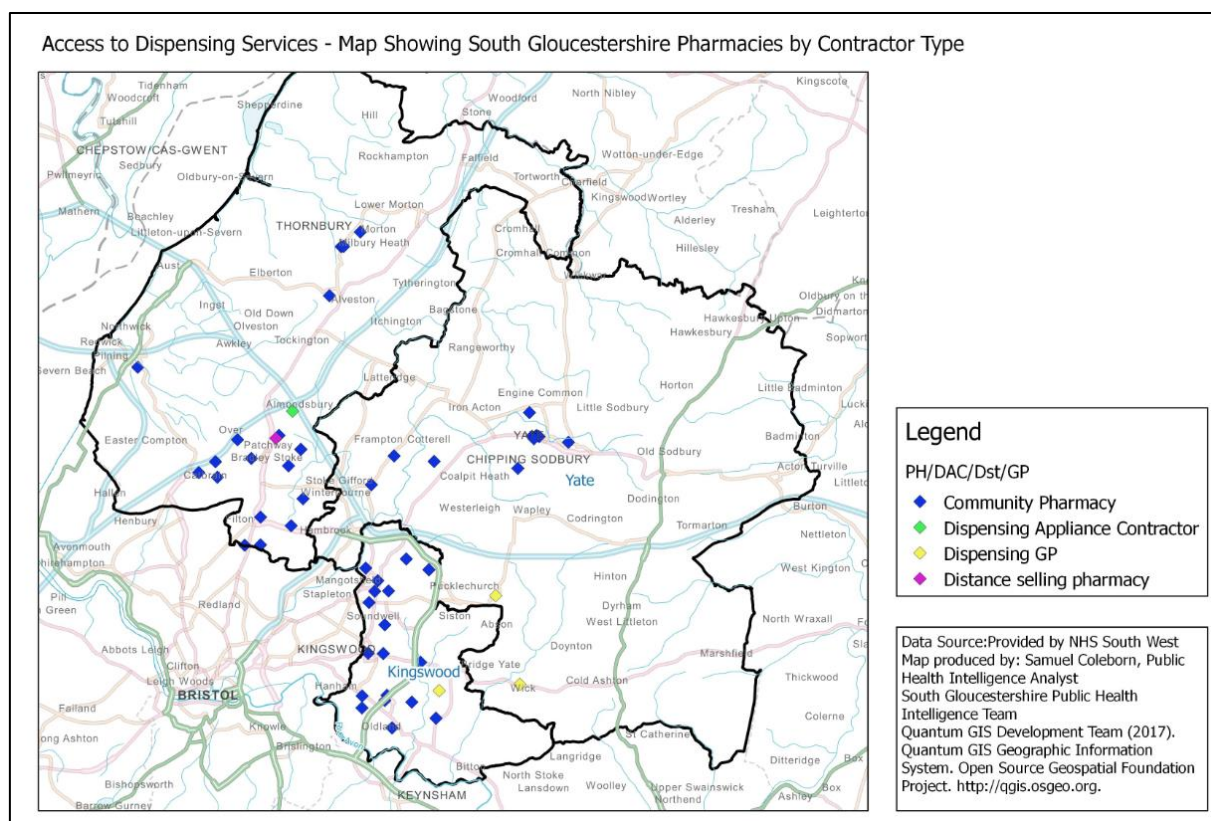
	Total GP registered population	No. of Community Pharmacies 2017	Average population per pharmacy	No of community pharmacies per 100,000 population
Kingswood	110255	19	5803	17.2
Severnvaile	89672	20	4484	22.3
Yate	65161	12	5430	18.4
South Gloucestershire HWB area	265088	51*	5198	19.2
England	57517603	11688	4921	20.3

*This does not take into account South Gloucestershire's one distance selling pharmacy. If this were to be included, population per pharmacy would be 5098 and pharmacies per 100,000 population would be 19.6

Source: NHS England

Community pharmacy services in South Gloucestershire are provided by a total of 23 contractors. Of the contractors providing multiple pharmacies, the largest is Boots UK Ltd with 11 outlets, followed by Lloyds Pharmacy with 9 and Shaunak's Pharmacy Ltd with 4. This is shown in figure 15 below.

Figure 15:



Source: NHS England

7.2.3 Choice of Community pharmacies

Community pharmacy contractors who own six or more pharmacies are known as 'multiple contractors' (also known as pharmacy chains). Those who own five or less pharmacies are known as 'independents'. A breakdown of Pharmacy ownership in South Gloucestershire indicates that, of the 51 community pharmacies in South Gloucestershire, 31% (16) are independently owned, with the remaining 69% (35) owned by pharmacy chains or multiple contractors.

This is higher than the proportion of independently owned pharmacies across the South West in 2015/16 (21.7%), though lower than proportion at an England level (38.1%).

Independent community pharmacy ownership of 31% in South Gloucestershire is consistent with 31% in 2013/14. Independent ownership at an England level has remained fairly consistent at around 38%. This is shown in tables 13 and 14.

Table 13 – Community pharmacy ownership, 2015/16

Area	Multiples	Independent
England	61.9%	38.1%
South West Region	78.3%	21.7%
South Gloucestershire	68.6%	31.4%

Source: NHS England

Table 14 – Breakdown of pharmacy ownership, by trading name, 2015/16

Trading name	No of community pharmacies in SG
Boots pharmacy	11
Lloydspharmacy	9
Jhoots pharmacy	4
Shaunak's pharmacy	3
Asda pharmacy	2
Day Lewis pharmacy	2
Tesco pharmacy	2
Well pharmacy	2
Abbotswood pharmacy	1
Alveston pharmacy	1
Billings pharmacy	1
Bradley Stoke pharmacy	1
Cleeve Wood pharmacy	1
Cohens Chemist	1
Ellacombe pharmacy	1
Frome Valley pharmacy	1
Ideal pharmacy	1

Morrisons pharmacy	1
North Yate pharmacy	1
Oldland Common pharmacy	1
Pilning pharmacy	1
Stuart Moul pharmacy	1
Westbourne pharmacy	1
Yate family pharmacy	1

Source: NHS England

7.2.4 Intensity of Community Pharmacies

For most community pharmacy providers, dispensing provides the majority of their activity. Table 15 shows the average number of monthly dispensed items.

Table 15: Average number of monthly dispensed items per community pharmacy

Area(year)	Average number of monthly dispensed items per community pharmacy
South Gloucestershire (2015/16)	6902
South Gloucestershire (2016/17)	7072
South West (2015/16)	7563
England (2015/16)	7069

Source: South Gloucestershire data provide by NHS England, regional comparators taken from Health and Social Care Information Centre, 2016 – General Pharmaceutical Services: England 2006/17 to 2015/16

7.2.5 Community pharmacy opening times

Twelve per cent of community pharmacies in South Gloucestershire are have core opening times of at 100 hours or more. This is shown in table 16. This is higher than the proportion of 100 hours pharmacies at a national level, which in 2015/16 stood at 9.9%.¹⁵

Table 16 – Core opening hours, 2016/17

Core Hours	No. Pharmacies	%
40	44	86%
41.5	1	2%
100	5	10%
105	1	2%

¹⁵ Health and Social Care Information Centre, 2016 – General Pharmaceutical Services: England 2006/17 to 2015/16

Grand Total	51	100%
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Source: NHS England

As shown in the table in Appendix 4 there are five 100 hour contract pharmacies and fifteen “late night” pharmacies open until at least 8pm on weekdays or weekends within the HWB area. One in four, or 25%, of pharmacies within the HWB area are either 100 hour or late night opening pharmacies. These are geographically spread across the HWB area and the three PNA localities. This is a significant proportion of pharmacies. There are a number of pharmacies open on Sundays in all three localities.

There are no pharmacies open in South Gloucestershire HWB area between midnight and 7am weekdays and Saturdays, or between 5pm Sundays and 7am on Mondays.

For specific opening times, see appendix 4.

7.2.6 Dispensing appliance contractors

There is one dispensing appliance contractor (DAC) in South Gloucestershire HWB area based in Almondsbury Business Park. This one more than at the time of the previous Pharmaceutical Needs Assessment. Patients in South Gloucestershire are able to obtain appliances delivered from DACs outside the HWB area, so this individual DAC is not necessarily indicative of limited choice.

7.2.7 Distance selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013. It may not provide essential services face-to-face, and therefore provision is by mail order and/or wholly internet. As part of the terms of service for distance selling pharmacies, provision of all services must be offered throughout England. There is one distance selling pharmacy in South Gloucestershire, one more than at the time of the previous PNA (2015), however given the terms of service for distance selling pharmacies, it is likely that patients within South Gloucestershire HWB area will also be receiving services from distance-selling pharmacies outside the South Gloucestershire HWB area.

7.2.8 Dispensing GP practices

Medical practitioners authorised to provide drugs and appliances in designated rural areas known as “controlled localities”. Dispensing doctors can only dispense to their own patients. They operate under national terms of service set out in schedule 6 of the 2013 regulations. South Gloucestershire has two dispensing GP practices operating out of 3 sites. This is shown in table 16.

Table 16: Dispensing practices in South Gloucestershire

Dispensing Practice	Locality	Weekday opening	Weekend opening	Average number of items dispensed per month
Three Shires, Wick	Yate	08:30 - 18:30	None	3967
Three Shires, Pucklechurch	Yate	08:30 - 17:30	None	3623
Close Farm Surgery	Kingswood	08:30 - 13:00; 16:00 - 18:30	None	837

Source: NHS England

7.2.9 Impact of notified pharmacy closure

Lloyds Pharmacy on Thornbury High Street (BS35 2AR), gave notification of closure 27th October 2017 and will close at close of business 30th January 2018. A review of this closure confirms it will have minimal impact on the provision of both essential and specialist pharmacy services. Two pharmacies (Boots (BS35 2AR), Lloyds (BS35 2AZ)) continue to provide essential services in the immediate locality. More broadly, this closure takes place in the Severnvalle locality which has the highest number of pharmacies per head of population (see table 3).

As the closing pharmacy did not open past 18:00, or on Sundays, its closure will not impact access to essential services on evenings or weekends. The closing pharmacy does not provide Medicines Use Review services (MUR), New Medicines Services (NMS), on demand availability of specialist drug services, or dispensing appliance services, so access to these services will not be affected. While this pharmacy does provide STOMA appliance customisation services, this service is also provided by Lloyds (BS35 2AZ – see table T22), in the immediate locality.

Map K has been amended to reflect this closure. As this pharmacy shared a post code point with another pharmacy, drive times within the local area remain consistent and no other maps have required amending.

7.2.10 Current provision outside the HWB's area

Many South Gloucestershire residents will access community pharmacy services in a neighbouring Local Authority, such as Bristol, Wiltshire or Gloucestershire. The maps in Appendix 7 take account of cross-border provision.

South Gloucestershire residents are freely able to access stop smoking services, chlamydia screening and emergency hormonal contraceptive provision from community pharmacy providers in the neighbouring CCGs of Bristol, North Somerset, Bath and North East Somerset, Gloucestershire and Wiltshire.

As stated above, distance-selling pharmacies are required to provide the essential services to patients anywhere in England, and will deliver medication to a patient's home address. Their services are therefore available to residents of the HWB's area.

In addition to those located within the HWB area, there are numerous such pharmacies located around the country. An alphabetical list of distance-selling pharmacies is available at www.nhs.uk/service-search/pharmacies/InternetPharmacies

DACs generally supply appliances by home delivery, and are required to do so for certain types of appliance. Their services are therefore available to residents of the HWB's area. As at February 2017 there were 111 DACs in England. An alphabetical list of DACs is available at: www.nhs.uk/servicesearch/pharmacies/AppliancePharmacies

7.3 Access to necessary services

7.3.1 Access to premises

See maps of travel times to nearest pharmacy (excluding the distance selling pharmacy) in appendix 7:

- by car at peak times and outside peak times
- on foot.

In summary 91% of people in South Gloucestershire live with a 20 minute walk of a pharmacy. 100% of people in SG live within a 20 minute drive of a pharmacy (this is true for both off peak and rush hour).

Using data on public transport travel times from the 2013 PNA over 95% of residents can access a pharmacy within 20 minutes.

People living in rural areas tend to score higher on standard measures of health such as life expectancy and infant mortality. However, the distances patients have to travel to reach health services are greater and public transport may be limited. 98% of rural dwellers in South Gloucestershire have access to a car.

The majority of the population has access to a car but certain groups, such as the economically disadvantaged and the elderly living alone, are less likely to have independent mobility. These groups are, therefore, much more reliant on public transport and pharmacy prescription collection and delivery services.

Based on data from the previous PNA (2013) walking times and public transport travel times to a community pharmacy or dispensing GP practice are lower in the Yate locality than those seen for Kingswood locality, but similar to Severnvale locality. The locality borders with rural Gloucestershire in the north, Wiltshire in the east and Bath and North East Somerset to the south. Cross-border provision is provided within the market towns of Keynsham, Tetbury and Chippenham where there are a number of pharmacies (some of which are open late and at weekends) and limited public transport links.

Again based on the 2013 PNA data over 99% of residents in the Kingswood locality can access a community pharmacy or dispensing GP practice within, on average, 20 minutes by public transport Kingswood locality is bordered to the south by Bath and North East Somerset and to the west by Bristol. Within easy private or public transport commuting distance are a number of community pharmacy providers in Keynsham and east Bristol, many are open evenings and weekends.

Public transport and walking access times to a community pharmacy are greater within Severnvale than the other localities. The southern parts of Severnvale border with Bristol HWB area where there are a number of pharmacies within easy access. Northern parts of Severnvale border with rural Gloucestershire HWB area and nearby pharmacies in Wootton-under-Edge, Cam and Dursley are accessible by car and limited public transport. Community pharmacy prescription delivery services are available from almost all providers in Severnvale. This will remain invaluable to many residents, in particular those who are housebound or do not have access to their own transport.

7.3.2 Access to dispensing of medicines

Pharmacies and dispensing doctors dispense medicines, but DACs do not.

All of the pharmacies in South Gloucestershire open during weekdays. See table 17 and maps to supplement the table below can be found in appendix 7.

Table 17: dispensing pharmacies opening hours

Locality	No. Pharmacies open after 18:00	No. Pharmacies open Saturday	No. Pharmacies open Sunday
Kingswood	10	17	3
Severnvale	12	15	6
Yate	6	11	3

Source: NHS England

NHS England has a duty to ensure that residents of the HWB area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

7.3.3 Access to the other essential services

Pharmacies provide the other essential services in relation to medicines, but dispensing doctors do not.

Maps detailing the provision of essential services by community pharmacies on evenings and weekends can be found in Appendix 7.

7.3.4 Access to the medicines use review (MUR) advanced service

According to data provided by NHS South West, all pharmacies in South Gloucestershire provide a medicines use review service. The numbers of MURs carried out by each pharmacy between April 2016 and March 2017 is detailed below in table 18.

Table 18: medicines use review, South Gloucestershire

Locality	Pharmacy	Count
Kingswood	Asda pharmacy, Longwell Green	401
	Billings pharmacy, Kingswood	3
	Boots pharmacy, Cadbury Heath	155
	Boots pharmacy, Downend	368
	Boots pharmacy, Emersons Green	400
	Boots pharmacy, Kingswood	333
	Boots pharmacy, Longwell Green	203
	Boots pharmacy, Staple Hill	286
	Cleeve Wood pharmacy, Downend	113
	Ellacombe pharmacy, Longwell Green	408
	Jhoots pharmacy, Kingswood	297
	Lloydspharmacy, Downend	400
	Lloydspharmacy, Emersons Green	102
	Oldland Common pharmacy, Oldland Common	149
	Well pharmacy, Downend	309
	Well pharmacy, Kingswood	400
	Westbourne pharmacy, Downend	389
	Shaunak's pharmacy, Hanham (BS15 3QY)	406
	Shaunak's pharmacy, Hanham (BS15 3HY)	400
Severnvale	Alveston pharmacy, Alveston	400
	Asda pharmacy, Patchway	397
	Boots pharmacy, Bradley Stoke	267
	Boots pharmacy, Cribbs Causeway	400
	Boots pharmacy, Thornbury	401
	Bradley Stoke pharmacy, Bradley Stoke	226
	Cohens Chemist, Thornbury	305
	Day Lewis pharmacy, Filton Park	281
	Day Lewis pharmacy, Horfield	399
	Jhoots pharmacy, Filton	400
	Jhoots pharmacy, Patchway	400
	Jhoots pharmacy, Stoke Gifford	397
	Lloyds pharmacy, Filton	192
	Lloyds pharmacy, Little Stoke	376
	Lloyds pharmacy, Patchway	360
	Morrisons pharmacy, Cribbs Causeway	176
	Pilning pharmacy, Pilning	271
	Tesco pharmacy, Bradley Stoke	400
	Lloydspharmacy, Thornbury (BS352AR)	339
	Lloydspharmacy, Thornbury (BS352AZ)	386
Yate		
	Abbotswood pharmacy, Yate	400
	Frome Valley pharmacy, Frampton Cotterell	400

	Ideal pharmacy, Warmley	188
	Lloydspharmacy, Chipping Sodbury	402
	Lloydspharmacy, Yate	400
	North Yate pharmacy, Yate	225
	Shaunak's pharmacy, Winterbourne	400
	Stuart Moul pharmacy, Frampton Cotterell	400
	Tesco pharmacy, Yate	406
	Yate family pharmacy, Yate	279
	Boots pharmacy, Yate (BS374AP)	400
	Boots pharmacy, Yate (BS37 4AX)	400
South Gloucestershire Total		16595

Source: NHS England

7.3.5 Access to the new medicines service (NMS) advanced service

All but one of the community pharmacies in South Gloucestershire has provided the new medicines service in South Gloucestershire between April 2016 and March 2017, though 5 pharmacies in South Gloucestershire have claimed 5 or less during this period. The below table (table 19) details the pharmacies providing this service and the number of NMS interventions claimed by each pharmacy in 2016/17.

Table 19: new medicines service, South Gloucestershire

Locality	Pharmacy	Count
Kingswood	Asda pharmacy, Longwell Green	16
	Boots pharmacy, Cadbury Heath	38
	Boots pharmacy, Downend	130
	Boots pharmacy, Emersons Green	146
	Boots pharmacy, Kingswood	67
	Boots pharmacy, Longwell Green	24
	Boots pharmacy, Staple Hill	22
	Cleeve Wood pharmacy, Downend	25
	Ellacombe pharmacy, Longwell Green	79
	Jhoots pharmacy, Kingswood	32
	Lloydspharmacy, Downend	63
	Lloydspharmacy, Emersons Green	5
	Oldland Common pharmacy, Oldland Common	5
	Well pharmacy, Downend	30
	Well pharmacy, Kingswood	89
	Westbourne pharmacy, Downend	176
	Shaunak's pharmacy, Hanham (BS15 3QY)	67
	Shaunak's pharmacy, Hanham (BS15 3HY)	564
Severnvale	Alveston pharmacy, Alveston	83
	Asda pharmacy, Patchway	1
	Boots pharmacy, Bradley Stoke	22

	Boots pharmacy, Cribbs Causeway	27
	Boots pharmacy, Thornbury	65
	Bradley Stoke pharmacy, Bradley Stoke	88
	Cohens Chemist, Thornbury	31
	Day Lewis pharmacy, Filton Park	87
	Day Lewis pharmacy, Horfield	198
	Jhoots pharmacy, Filton	193
	Jhoots pharmacy, Patchway	102
	Jhoots pharmacy, Stoke Gifford	156
	Lloyds pharmacy, Filton	1
	Lloyds pharmacy, Little Stoke	62
	Lloyds pharmacy, Patchway	41
	Morrisons pharmacy, Cribbs Causeway	10
	Pilning pharmacy, Pilning	381
	Tesco pharmacy, Bradley Stoke	150
	Lloydspharmacy, Thornbury (BS352AR)	39
	Lloydspharmacy, Thornbury (BS352AZ)	164
Yate	Abbotswood pharmacy, Yate	177
	Frome Valley pharmacy, Frampton Cotterell	137
	Ideal pharmacy, Warmley	6
	Lloydspharmacy, Chipping Sodbury	35
	Lloydspharmacy, Yate	255
	North Yate pharmacy, Yate	3
	Shaunak's pharmacy, Winterbourne	68
	Stuart Moul pharmacy, Frampton Cotterell	66
	Tesco pharmacy, Yate	117
	Yate family pharmacy, Yate	102
	Boots pharmacy, Yate (BS374AP)	146
	Boots pharmacy, Yate (BS37 4AX)	365
South Gloucestershire		4956

Source: NHS England

7.3.6 Access to the 'on demand availability of specialist drugs' enhanced service

NHS England selects pharmacies to provide this service in order to ensure adequate coverage, and in particular tries to choose pharmacies with long opening hours in order to ensure availability in the evenings and at weekends.

4 pharmacies in South Gloucestershire provide access to a specialist medicines enhanced service. Their details are provided in table 20.

Table 20: specialist drugs availability, South Gloucestershire

Pharmacy	Locality	Core opening	Weekday opening	Weekend opening
Asda pharmacy, Patchway	Severnvale	40	Mon-Fri 09:00 - 22:00	Sat -08:30 - 22:00 Sun - 10:00 - 16:00
Boots pharmacy, Longwell Green	Kingswood	100	Mon-Fri 07:30 - 24:00	Sat - 07:30 - 22:00 Sun - 10:30 - 16:30
Tesco pharmacy, Bradley Stoke	Severnvale	40	Mon-Fri 08:00 - 20:00	Sat - 08:00 - 20:00 Sun - 10:00 - 16:00
Yate family pharmacy, Yate	Yate	100	Mon-Fri 07:00 - 22:30	Sat - 07:00 - 22:30 Sun - 10:00 - 17:00

Source: NHS England

7.3.7 Access to dispensing of appliances

Some, but not all, pharmacies dispense appliances. DACs dispense appliances, usually by home delivery.

All but two of the community pharmacies in South Gloucestershire have received fees for the provision of specified appliances. This is shown in table 21. As might be expected, South Gloucestershire's only dispensing appliance contractor receives the most fees in this respect.

Table 21: Access to dispensing of appliances, South Gloucestershire

Locality	Pharmacy/DAC	Fee's received for appliance dispensing	Core hours	Weekday evening? (after 6pm)	Saturday opening	Sunday opening
Kingswood	Asda pharmacy, Longwell Green	635	100	Y	Y	Y
	Billings pharmacy, Kingswood	3753.7	40	Y	Y	N
	Boots pharmacy, Cadbury Heath	394.5	40	N	Y	N
	Boots pharmacy, Downend	1010.8	40	Y	Y	N
	Boots pharmacy, Emersons Green	503.1	40	Y	Y	Y
	Boots pharmacy, Kingswood	778.9	40	N	Y	N
	Boots pharmacy, Longwell Green	14317	100	Y	Y	Y
	Boots pharmacy, Staple Hill	885.4	40	N	Y	N

	Cleeve Wood pharmacy, Downend	1043.3	41.5	N	Y	N
	Ellacombe pharmacy, Longwell Green	375.4	40	N	Y	N
	Lloydspharmacy, Downend	1485.7	40	Y	Y	N
	Lloydspharmacy, Emersons Green	357.3	100	Y	Y	Y
	Oldland Common pharmacy, Oldland Common	2536.4	40	Y	Y	N
	Well pharmacy, Downend	528	40	N	Y	N
	Well pharmacy, Kingswood	965.6	40	Y	Y	N
	Westbourne pharmacy, Downend	3142.9	40	N	Y	N
	Shaunak's pharmacy, Hanham (BS15 3QY)	2163.9	40	N	Y	N
	Shaunak's pharmacy, Hanham (BS15 3HY)	3113.9	40	Y	N	N
Severnvale	Alveston pharmacy, Alveston	616.6	40	N	Y	N
	Asda pharmacy, Patchway	268.4	40	Y	Y	Y
	Boots pharmacy, Bradley Stoke	132.4	100	Y	Y	Y
	Boots pharmacy, Cribbs Causeway	445.3	40	Y	Y	Y
	Boots pharmacy, Thornbury	469.3	40	N	Y	N
	Bradley Stoke pharmacy, Bradley Stoke	1595.1	40	Y	Y	N
	Cohens Chemist, Thornbury	362.9	40	N	N	N
	Day Lewis pharmacy, Filton Park	201.8	40	N	N	N

	Day Lewis pharmacy, Horfield	319.2	40	Y	Y	N
	Jhoots pharmacy, Filton	765.9	40	N	N	N
	Jhoots pharmacy, Patchway	629.3	40	N	N	N
	Jhoots pharmacy, Stoke Gifford	1072	40	Y	Y	N
	Lloydspharmacy, Filton	61.2	40	Y	Y	Y
	Lloydspharmacy, Little Stoke	944.9	40	Y	Y	N
	Lloydspharmacy, Patchway	760.2	40	Y	Y	N
	Morrisons pharmacy, Cribbs Causeway	71.4	40	Y	Y	Y
	Pilning pharmacy, Pilning	366.1	40	N	N	N
	Tesco pharmacy, Bradley Stoke	238.7	40	Y	Y	Y
	Lloydspharmacy, Thornbury (BS352AR)	347.1	40	N	Y	N
	Lloydspharmacy, Thornbury (BS352AZ)	1560.3	40	Y	Y	N
	Bullen Healthcare Group Ltd	54454.1	DAC			
Yate	Abbotswood pharmacy, Yate	291.5	40	N	N	N
	Frome Valley pharmacy, Frampton Cotterell	1836.3	40	Y	N	N
	Lloydspharmacy, Chipping Sodbury	1102.7	40	N	N	N
	Lloydspharmacy, Yate	1716	40	Y	N	N
	North Yate pharmacy, Yate	2357.6	40	Y	N	N
	Shaunak's pharmacy, Winterbourne	1602	40	N	N	N
	Stuart Moul pharmacy, Frampton Cotterell	713.8	40	N	N	N

	Tesco pharmacy, Yate	141	105	Y	Y	Y
	Yate family pharmacy, Yate	1490.6	100	Y	Y	Y
	Boots pharmacy, Yate (BS374AP)	11594.9	40	N	Y	Y
	Boots pharmacy, Yate (BS37 4AX)	1037.8	40	Y	N	N
South Gloucestershire		127557.2				

Source: NHS England

7.3.8 Access to the stoma appliance customisation advanced service

This is a specialist service which many contractors do not provide.

12% (6) of community pharmacies in South Gloucestershire provide a stoma appliance customisation advanced service. This is slightly less than the proportion of pharmacies and dispensing appliance contractors providing this service nationally in 2015/16 (14.7%). South Gloucestershire has one DAC, however it does not provide this service. The below table (table 22) displays those pharmacies providing the service, and the number of customisations completed between April 2016 and March 2017.

Table 22: access to stoma appliance, South Gloucestershire

Localities	Pharmacies	Stoma appliance customisations completed
Severnvale	Lloyds pharmacy, Little Stoke	19
	Lloyds pharmacy, Patchway	3
	Lloyds pharmacy, Thornbury (BS352AR)	5
	Lloyds pharmacy, Thornbury (BS352AZ)	7
Yate	Lloyds pharmacy, Chipping Sodbury	12
	Lloyds pharmacy, Yate	8

Source: NHS England

7.3.9 Access to the appliance use review (AUR) advanced service

Data for 2016/17 indicates that none of the pharmacies or DACs in South Gloucestershire provide this service.

8 Additional services

8.1 Other relevant services

Other relevant services are services there are not defined as necessary but have secured improvement or better access to pharmaceutical services.

For the purposes of this PNA, 'other relevant services' includes:

- the advanced services not classed as 'necessary (influenza vaccination and urgent supply)
- services commissioned from pharmacies by South Gloucestershire CCG or South Gloucestershire council
- other NHS services
- services provided by other organisations.

8.2 Advanced services

8.2.1 Influenza vaccination advanced service

This service has not been included within the definition of 'necessary services' because, if it were not provided by pharmacies, an equivalent service would be available from GP surgeries.

8.2.2 Urgent supply advanced service (NUMSAS)

This service has not been included within the definition of 'necessary services' because:

- it is currently a pilot and whether it will continue to be commissioned is not known
- if it were not provided as an advanced service, patients could obtain an urgent supply as a private service from a pharmacy.

8.3 Services commissioned by the CCG or Council

As noted in section 2.4, the CCG or council may commission pharmacies or DACs to provide services.

8.3.1 Services commissioned by the CCG

The only CCG commissioned service is the Emergency Supply service.

8.3.2 Services commissioned by the council

With regard to enhanced services and locally commissioned services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is, in some cases, addressed by a service being commissioned through South Gloucestershire local authority, in the case of Support to Stop

Smoking services, EHC, Chlamydia screening and treatment, needle exchange, and supervised consumption services. Those pharmacies accredited as Healthy Living Pharmacies are currently piloting the provision of Identification and Brief Advice (IBA) sessions for alcohol. This PNA identifies those as locally commissioned services (LCS).

8.4 Other NHS services

8.4.1 Hospital pharmacies

Hospital pharmacies reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service. Some hospital pharmacies are operated by commercial providers which manage outpatient dispensing services, but they are not able to dispense prescriptions issued by other prescribers, for example GP surgeries.

8.4.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

Personal administration thus reduces the demand for the dispensing essential service.

8.4.3 GP Out of Hours service

Beyond the normal working hours GP practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the patients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and, in appropriate cases, may issue medicines from stock, for example:

- a full course of antibiotics for an infection, or
- sufficient pain relief medication to tide them over until a prescription can be dispensed.

Alternatively the service may issue a prescription for dispensing at a pharmacy.

9 Locality summaries

9.1 Locality name

As per Schedule 1 of the 2013 Pharmaceutical Services Regulations³, South Gloucestershire HWB has identified necessary services as essential services and advanced services as required by Paragraphs 1 and 3 of Schedule 1 to the Regulations.

South Gloucestershire HWB has identified enhanced services as pharmaceutical services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

South Gloucestershire HWB has identified locally commissioned services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Localities within South Gloucestershire

The previous PNA Steering Group decided that the South Gloucestershire HWB PNA should be divided into three localities - Severnvale, Kingswood and Yate.

Each locality has pockets of marked health inequalities. These areas have been described by the council as Priority Neighbourhoods. This chapter analyses the health needs of each of the localities of South Gloucestershire and considers the pharmaceutical service provision.

Severnvale locality

Necessary services: current provision

Appendix 7 and Map B show the providers of pharmaceutical services both in and around Severnvale locality. There are 20 community pharmacy providers in Severnvale locality for a registered GP population of just under 90,000. This equates to an average of 22.3 pharmacies per 100,000 population. Twelve pharmacies are open after 6pm and are well spread throughout the locality. Six pharmacies are open on Sunday, although there are no pharmacies open on Sunday in the northern part of the locality. There is widespread access to the advanced services of MURs and NMS and there are a small number of pharmacies providing stoma customisation and AURs.

The Specialist (Palliative Care) Drugs service is provided by Asda, Patchway and Tesco, Bradley Stoke. Both of which have extended opening into the weekday

evenings, Saturdays and Sundays, and have good transport links.

The southern parts of Severnvale border with Bristol HWB area where there are a number of pharmacies within easy access. Northern parts of Severnvale border with rural Gloucestershire HWB area and nearby pharmacies in Wootton-under-Edge, Cam and Dursley are accessible by car and limited public transport.

Severnvale locality contains almost double the number of school-age children whose first spoken language is not English and the wards with the highest density of BME communities.

The publicly provided gypsy and traveller site in Patchway is well provided by nearby community pharmacies, many of whom are open at weekends and weekday evenings.

Necessary services: gaps in provision

Significant housing developments are planned in Severnvale, further details of which are provided in Section 3.1.3. Of note are the current developments in Charlton Hayes, Cribbs/Patchway, and Harry Stoke. The Charlton Hayes development and Harry Stoke development will provide new, sizeable neighbourhoods. Both have pharmaceutical service provision in adjacent, existing neighbourhoods.

Development of the Cribbs / Patchway new neighbourhood is anticipated to be phased over a period up until 2026/27. The vast area covered, and density of housing in this new neighbourhood, will require significant community infrastructure including healthcare provision. NHS England and South Gloucestershire Council are developing plans for primary care services, including a GP practice, although it is understood this service will not be provided during the life of this PNA. Convenience and accessibility of pharmacy services co-located near or within GP practices have already been noted. It would, therefore, be prudent that a community pharmacy is considered as a gap in provision of necessary services at the point the GP practice in Cribbs / Patchway is being developed. Provision in or near to the practice should be made for a community pharmacy and the PNA (at the time the development is commenced) should note the necessary service gap in provision, allowing applications to be made to meet the need. This will be outside the lifetime of this PNA.

No gaps in provision of necessary services have been identified for Severnvale locality.

Other relevant services: current provision

There are two prisons in Severnvale. Pharmacy services are provided by a local community pharmacy under contract by NHS England. Medical services are provided in-house by a range of other providers including a primary care healthcare

provider (GP practice) and mental health services provider.

The supply of free condoms is not currently routinely provided through all community pharmacies, nor is the provision of ongoing contraception. From September 2014 all pharmacies providing free EHC to young people will also provide some condoms. If the need to reduce teenage pregnancy is a priority for the commissioners, there are community pharmacy-led schemes, such as condom supply and 'first contraceptive pill issue' which could be provided in more pharmacies to reduce the pregnancy and STI rates.

Although smoking prevalence in South Gloucestershire is lower than nationally, it is still responsible for about 320 annual deaths. A number of pharmacies in Severnvale locality listed in Appendix A are commissioned by the local authority to provide services to support people to stop smoking.

Community pharmacy prescription delivery services are available from almost all providers in Severnvale. This will remain invaluable to many residents, in particular those who are housebound or do not have access to their own transport.

Residents in Severnvale have access to pharmacy services provided by a number of urgent care providers. The Thornbury and neighbouring Southmead hospitals provide medicines to in-patients and out-patients. There is also a minor injuries unit (MIU) at Southmead, as well as Yate, which provide limited medicines to patients attending treatment at the MIU. The continuation of these provisions, in addition to the GP 'Out of Hours' service, is essential for the provision of urgent medicines.

Improvements and better access: gaps in provision

There are no pharmacies open in the Severnvale locality between midnight and 8am weekdays and Saturdays, or between 4pm Sundays and 8am on Mondays. The HWB will monitor the uptake and need for necessary services and will consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

As defined by Map G, pockets of deprivation exist in Patchway and Filton wards in the Severnvale locality. Services should be considered from community pharmacies which improve uptake, access or health inequalities. In areas of deprivation, access to treatments for minor ailments or emergency supply of medicines may be sought through patient's GPs or 'Out of Hours' providers, rather than bought over the counter. The Joint Health and Wellbeing Strategy⁸ recognise that there is a growing impact on access to urgent care provision, which varies to that seen nationally. Targeted provision of a community pharmacy-based minor ailments service and emergency supply of medicines service in Priority Neighbourhoods could reduce pressure on (and cost of) general practice and urgent care providers; whilst increasing access to medicines and treatment and reducing the inequalities for people from areas of low deprivation.

Other services

Emergency admissions of care home residents to hospitals have been noted in the Joint Health and Wellbeing Strategy⁸ as a priority issue in South Gloucestershire and there are a number of care homes in the Severnvale locality supplied medicines by local community pharmacies. Schemes to optimise medicine use in care home residents could be considered to target this priority.

Yate locality

Necessary services: current provision

Yate locality has 12 community pharmacies and one dispensing GP practice across two sites for a GP registered population of just over 65,000. The average number of community pharmacies is 18.4 per 100,000. Yate locality is the most sparsely populated locality in South Gloucestershire.

Walking times and public transport travel times to a community pharmacy or dispensing GP practice are lower than those seen for Kingswood locality, but similar to Severnvale locality. Six out of the 12 community pharmacies are open after 6pm on a weekday, 11 out of 12 are open on Saturday and three are open on Sundays. The high proportion of pharmacies open late and / or at weekends is relevant, as Yate locality has a higher proportion of working residents than South Gloucestershire as a whole. The 'on demand availability of specialist drugs' enhanced service is provided by Yate Family Pharmacy which is open late night on weekdays, as well as opening on both Saturday and Sunday.

The locality borders with rural Gloucestershire in the north, Wiltshire in the east and Bath and North East Somerset to the south. Cross-border provision is provided within the market towns of Keynsham, Tetbury and Chippenham where there are a number of pharmacies (some of which are open late and at weekends) and limited public transport links.

There is one publicly provided gypsy and traveller site near Winterbourne which is well provided by nearby community pharmacies. There is one privately owned gypsy and traveller site in Pucklechurch which is well provided by nearby pharmacies.

Necessary services: gaps in provision

No gaps in provision of necessary services have been identified for Yate locality.

Consultation feedback from Yate Town Council highlight the lower number of pharmacies open after 18:00 on weekdays, and after 17:00 on Sundays in the Yate locality, however it is unclear whether this constitutes a gap in provision of necessary services.

Other relevant services: current provision

HMP and Youth Offender Institute (YOI) Pucklechurch is a prison in Kingswood locality. Pharmacy services are provided by a local community pharmacy under contract by NHS England. Medical services are provided in-house by a range of other providers including a primary care healthcare provider (GP practice) and mental health services provider.

Although smoking prevalence in South Gloucestershire is lower than nationally, it is still responsible for about 320 annual deaths in the HWB area. A number of pharmacies in Yate locality listed in Appendix A are commissioned by the local authority to provide services to support people to stop smoking.

All the dispensing GP practices, and almost all community pharmacies, in Yate locality report that they offer a private prescription delivery service. This is important, given that the locality has the highest proportion of residents aged over 65 in South Gloucestershire, the highest proportion of deprived residents and almost 25% of the population of the locality live in a rural area.

Residents in Yate locality have access to pharmacy services provided by a number of urgent care providers. There is a MIU at Yate, which provides limited medicines to patients attending treatment at the MIU. The neighbouring Southmead hospital, Chippenham hospital and Bath Royal United hospitals provide medicines to in-patients and out-patients. The continuation of these provisions is essential for the provision of urgent medicines, in addition to the GP 'Out of Hours' service.

Improvements and better access: gaps in provision

There are no pharmacies open in Yate locality between 23:30 and 7am weekdays and Saturdays, or between 5pm Sundays and 7am on Mondays. Provision on some bank holidays in some areas is varied. The HWB will monitor the uptake and need for necessary services and will consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

Other services

Emergency admissions of care home residents to hospitals have been noted in the Joint Health and Wellbeing Strategy⁸ as a priority issue in South Gloucestershire and there are a number of care homes in the Yate locality supplied medicines by local community pharmacies. Schemes to optimise medicine use in care home

residents could be considered to target this priority.

Kingswood locality

Necessary services: current provision

Kingswood has a registered GP population of just over 110,000, with 19 community pharmacies and one dispensing GP practice. Compared to the other localities in South Gloucestershire, it has a higher population of older people and lower population of working people.

Eight out of the 19 community pharmacies are open after 6pm weekdays, 17 are open on a Saturday and three are open on a Sunday.

Kingswood locality is bordered to the south by Bath and North East Somerset and to the west by Bristol. Within easy private or public transport commuting distance are a number of community pharmacy providers in Keynsham and east Bristol, many are open evenings and weekends.

All pharmacies in the Kingswood locality provide MURs, and all but one provide the NMS.

Boots at Longwell Green provide the 'on demand availability of specialist drugs' enhanced service and are open late in the weekday evening, Saturday and Sunday.

There are three Priority Neighbourhoods with relatively high levels of deprivation and healthcare needs: Kingswood, Staple Hill and Cadbury Heath.

Necessary services: gaps in provision

No gaps in provision of necessary services have been identified in Kingswood locality.

Significant housing developments are planned in the Kingswood locality, with something in the region of 2,000 homes being built over the next five years in the Emersons green area.

Other relevant services: current provision

A locally commissioned service for the supply of emergency hormonal contraception with advice, condoms and signposting is provided by the majority of community pharmacies in South Gloucestershire, as listed in Appendix A.

Although smoking prevalence in South Gloucestershire is lower than nationally, it is still responsible for about 320 annual deaths in the HWB area.

A prescription collection and delivery service is offered by the dispensing GP

practice and the majority of community pharmacies in Kingswood locality. This will be invaluable to those residents who are housebound or have no means of transport.

Residents in Kingswood locality have access to pharmacy services provided by a number of urgent care providers. There is a MUI in the neighbouring localities in Yate, Bath and Bristol city centres which provides limited medicines to patients attending for treatment. The neighbouring Southmead, Bristol Royal Infirmary and Bath Royal United hospitals provide medicines to in-patients and out-patients. The continuation of these provisions is essential for the provision of urgent medicines in addition to the GP 'Out of Hours' service.

Vinney Green is a Young Persons' accommodation centre in Emersons Green. Pharmacy services are provided by local community pharmacies. Medical services are provided in-house by a range of visiting providers including a primary care healthcare provider (GP practice) and mental health services provider.

Improvements and better access: gaps in provision

There are no pharmacies open in Kingswood locality between midnight and 7am weekdays and Saturdays, or between 4:30pm Sundays and 7am on Mondays. The HWB will monitor the uptake and need for necessary services and will consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

Other services

Emergency admissions of care home residents to hospitals have been noted in the Joint Health and Wellbeing Strategy⁸ as a priority issue in South Gloucestershire, and there are a number of care homes in the Kingswood locality supplied medicines from local community pharmacies. Schemes to optimise medicine use in care home residents could be considered to target this priority issue.

10 Conclusion

A number of large housing developments are planned or already under way and will contribute significantly to the predicted population growth. Current pharmaceutical service providers have capacity to expand their service provision as communities grow. In addition, there are about 200 internet pharmacies in England providing pharmaceutical services nationally through remote means. As technologies develop, there is an opportunity to further embrace services provided by internet pharmacies. It is anticipated that there will be the need for future additional pharmaceutical service provision for these communities, but this need will not be until a later, future stage of the development plan.

Rurality and access to pharmaceutical services via public transport should remain an issue that is continuously revisited and assessed.

With the above in mind, the HWB makes the following conclusions in response to the content of this revised PNA for South Gloucestershire:

Conclusion 1: *South Gloucestershire HWB has determined that the travelling times by car, public transport and walking and opening hours of pharmacies in all three localities, and across the whole HWB area, are reasonable in all the circumstances although particular consideration of public transport access for the more rural areas should continuously be taken into account and updated.*

Conclusion 2: *No gaps have been identified in essential services that if provided either now or in the life-time of this PNA would secure improvements, or better access, in any part of South Gloucestershire other than the need to reflect population growth as a result of new housing developments.*

Conclusion 3: *There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services in any part of South Gloucestershire.*

Conclusion 4: *There is no gap in the provision of the enhanced service Specialist (Palliative Care) Drugs in any part of South Gloucestershire.*

Conclusion 5: Overall, no gaps in the need for pharmaceutical services in specified future circumstances have been identified in any part of South Gloucestershire other than the need to reflect population growth as a result of new housing developments.

Conclusion 6: Based on current information no gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in the life-time of this PNA in any part of South Gloucestershire.

Conclusion 7: The HWB notes that all locally commissioned services are available in all three localities in South Gloucestershire.

The HWB has not been presented with any evidence to date which concludes that any of these locally commissioned services should be decommissioned or expanded.

Based on current information, the HWB has not identified a need to commission any pharmaceutical services not currently commissioned.

Appendix 1: Acronyms and definitions

A&E	accident and emergency
AUR	appliance use review
BAME	black and Asian minority ethnic
CCG	clinical commissioning group
CHD	coronary heart disease
COPD	chronic obstructive pulmonary disease
DAC	dispensing appliance contractor
DH	Department of Health
DRUM	dispensing review of the use of medicines
DSP	distance-selling pharmacy
DSQS	dispensary services quality scheme
EHC	emergency hormonal contraception
EIA	equality impact assessment
EPS	electronic prescription service
GIRES	Gender identity research and education society
GUM	genito–urinary medicine
HIV	human immunodeficiency virus
HSCIC	Health and Social Care Information Centre
HSV	herpes simplex virus
HWB	health and wellbeing board
IHS	integrated household survey
IMD	index of multiple deprivation
JSNA	joint strategic needs assessment
LAPE	local alcohol profiles for England
LARC	long–acting reversible contraception
LGBT	lesbian, gay, bisexual and transgender
LPS	local pharmaceutical services
LSOA	lower layer super output area
LTC	long term condition
MSM	men who have sex with men
MSOA	medium layer super output area
MUR	medicines use review
NCMP	national child measure programme
NCSP	national chlamydia screening programme
NMS	new medicine service
NHSCB	NHS Commissioning Board (NHS England)
NUMSAS	NHS urgent medicine supply advanced service
OCU	opiate or crack cocaine user
ONS	Office for national statistics
PGD	patient group direction
PHO	public health observatories
PhAS	pharmacy access scheme
PNA	pharmaceutical needs assessment
POPPI	projecting older people population information
QOF	quality and outcomes framework
SADL	simple aid to daily living
SMR	standardised mortality rate
STI	sexually transmitted infections

TB tuberculosis
UK United Kingdom

The 2013 directions – The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, as amended

The 2013 regulations – The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

Appendix 2: Legislation relating to PNAs

Section 128A of the NHS Act 2006, as amended by the Health and Social Care Act 2012, sets out the requirements for HWBs to develop and update PNAs and gives the Department of Health powers to make regulations.

Section 128A Pharmaceutical needs assessments

- (1) Each Health and Well-being Board must in accordance with regulations--
 - (a) assess needs for pharmaceutical services in its area, and
 - (b) publish a statement of its first assessment and of any revised assessment.
- (2) The regulations must make provision--
 - (a) as to information which must be contained in a statement;
 - (b) as to the extent to which an assessment must take account of likely future needs;
 - (c) specifying the date by which a Health and Well-being Board must publish the statement of its first assessment;
 - (d) as to the circumstances in which a Health and Well-being Board must make a new assessment.
- (3) The regulations may in particular make provision--
 - (a) as to the pharmaceutical services to which an assessment must relate;
 - (b) requiring a Health and Well-being Board to consult specified persons about specified matters when making an assessment;
 - (c) as to the manner in which an assessment is to be made;
 - (d) as to matters to which a Health and Well-being Board must have regard when making an assessment.

The regulations referred to are the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, in particular Part 2 and Schedule 1.

Part 2: Pharmaceutical needs assessments

3. Pharmaceutical needs assessments

- (1) The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act⁽¹⁾ (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.
- (2) The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHSCB for—

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

4. Information to be contained in pharmaceutical needs assessments

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

5. Date by which the first HWB pharmaceutical needs assessments are to be published

Each HWB must publish its first pharmaceutical needs assessment by 1st April 2015.

6. Subsequent assessments

- (1) After it has published its first pharmaceutical needs assessment, each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment.
- (2) A HWB must make a revised assessment as soon as is reasonably practicable after identifying changes since the previous assessment, which are of a significant extent, to the need for pharmaceutical services in its area, having regard in particular to changes to—
 - (a) the number of people in its area who require pharmaceutical services;
 - (b) the demography of its area; and
 - (c) the risks to the health or well-being of people in its area,
 unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.
- (3) Pending the publication of a statement of a revised assessment, a HWB may publish a supplementary statement explaining changes to the availability of pharmaceutical services since the publication of its or a Primary Care Trust's pharmaceutical needs assessment (and any such supplementary statement becomes part of that assessment), where—
 - (a) the changes are relevant to the granting of applications referred to in section 129(2)(c)(i) or (ii) of the 2006 Act; and
 - (b) the HWB—
 - (i) is satisfied that making its first or a revised assessment would be a disproportionate response to those changes, or

- (ii) is in the course of making its first or a revised assessment and is satisfied that immediate modification of its pharmaceutical needs assessment is essential in order to prevent significant detriment to the provision of pharmaceutical services in its area.
- (4) Where chemist premises are removed from a pharmaceutical list as a consequence of the grant of a consolidation application, if in the opinion of the relevant HWB the removal does not create a gap in pharmaceutical services provision that could be met by a routine application—
 - (a) to meet a current or future need for pharmaceutical services; or
 - (b) to secure improvements, or better access, to pharmaceutical services,the relevant HWB must publish a supplementary statement explaining that, in its view, the removal does not create such a gap, and any such statement becomes part of its pharmaceutical needs assessment

7. Temporary extension of Primary Care Trust pharmaceutical needs assessments and access by the NHSCB and HWBs to pharmaceutical needs assessments

- (1) Before the publication by an HWB of the first pharmaceutical needs assessment that it prepares for its area, the pharmaceutical needs assessment that relates to any locality within that area is the pharmaceutical needs assessment that relates to that locality of the Primary Care Trust for that locality immediately before the appointed day, read with—
 - (a) any supplementary statement relating to that assessment published by a Primary Care Trust under the 2005 Regulations or the 2012 Regulations; or
 - (b) any supplementary statement relating to that assessment published by the HWB under regulation 6(3).
- (2) Each HWB must ensure that the NHSCB has access to—
 - (a) the HWB's pharmaceutical needs assessment (including any supplementary statement that it publishes, in accordance with regulation 6(3), that becomes part of that assessment);
 - (b) any supplementary statement that the HWB publishes, in accordance with regulation 6(3), in relation to a Primary Care Trust's pharmaceutical needs assessment; and
 - (c) any pharmaceutical needs assessment of a Primary Care Trust that it holds,which is sufficient to enable the NHSCB to carry out its functions under these Regulations.
- (3) Each HWB must ensure that, as necessary, other HWBs have access to any pharmaceutical needs assessment of a Primary Care Trust that it holds, which is sufficient to enable the other HWBs to carry out their functions under these Regulations.

8. Consultation on pharmaceutical needs assessments

- (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB (HWB1) must consult the following about the contents of the assessment it is making—
 - (a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
 - (b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
 - (c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
 - (d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
 - (e) any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and
 - (f) any NHS trust or NHS foundation trust in its area;
 - (g) the NHSCB; and
 - (h) any neighbouring HWB.
- (2) The persons mentioned in paragraph (1) must together be consulted at least once during the process of making the assessment on a draft of the proposed pharmaceutical needs assessment.
- (3) Where a HWB is consulted on a draft under paragraph (2), if there is a Local Pharmaceutical Committee or Local Medical Committee for its area or part of its area that is different to a Local Pharmaceutical Committee or Local Medical Committee consulted under paragraph (1)(a) or (b), that HWB—
 - (a) must consult that Committee before making its response to the consultation; and
 - (b) must have regard to any representations received from the Committee when making its response to the consultation.
- (4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.
- (5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation.
- (6) If a person consulted on a draft under paragraph (2)—
 - (a) is treated as served with the draft by virtue of paragraph (5); or
 - (b) has been served with copy of the draft in an electronic form,

but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

9. Matters for consideration when making assessments

- (1) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must have regard, in so far as it is practicable to do so, to the following matters—
 - (a) the demography of its area;
 - (b) whether in its area there is sufficient choice with regard to obtaining pharmaceutical services;
 - (c) any different needs of different localities within its area;
 - (d) the pharmaceutical services provided in the area of any neighbouring HWB which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area; and
 - (e) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (d)) which affect—
 - (i) the need for pharmaceutical services in its area, or
 - (ii) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.
- (2) When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must take account of likely future needs—
 - (a) to the extent necessary to make a proper assessment of the matters mentioned in paragraphs 2 and 4 of Schedule 1; and
 - (b) having regard to likely changes to—
 - (i) the number of people in its area who require pharmaceutical services,
 - (ii) the demography of its area, and
 - (iii) the risks to the health or well-being of people in its area.

Schedule 1: Information to be contained in pharmaceutical needs assessments

1. Necessary services: current provision

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

- (a) in the area of the HWB and which are necessary to meet the need for pharmaceutical services in its area; and
- (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services).

2. Necessary services: gaps in provision

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

- (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area;
- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.

3. Other relevant services: current provision

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

- (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area;
- (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.

4. Improvements and better access: gaps in provision

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

- (a) would, if they were provided (whether or not they were located in the area of the HWB), secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area,
- (b) would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

5. Other NHS services

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

- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; or
- (b) whether further provision of pharmaceutical services in its area would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in its area.

6. How the assessment was carried out

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

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

7. Map of provision

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

Finally, specifically in relation to controlled localities, regulation 39 provides:

39. Process of determining controlled localities: formulation of the NHSCB's decision

...

- (2) Once it has determined whether or not an area is or is part of a controlled locality, the NHSCB must—
 - (a) if it determines that the area is to become or become part of a controlled locality, or is to cease to be part of a controlled locality—
 - (i) delineate precisely the boundary of the resulting controlled locality on a map,
 - (ii) publish that map, and
 - (iii) make that map available as soon as is practicable to any HWB that has all or part of that controlled locality in its area;

...

- (4) A HWB to which a map is made available under paragraph (2)(a)(iii) must—
 - (a) publish that map alongside its pharmaceutical needs assessment map (once it has one); or

- (b) include the boundary of the controlled locality (in so far as it is in, or part of the boundary of, the HWB's area) in its pharmaceutical needs assessment map (once it has one).

Appendix 3: Steering Group terms of reference and membership

South Gloucestershire Pharmaceutical Needs Assessment (PNA) Revision Steering Group: Terms of Reference

1 Objective/Purpose

To oversee and provide governance on the revision of the South Gloucestershire PNA on behalf of the Health & Wellbeing Board by March 2018 to ensure that it satisfies the relevant regulations including consultation requirements.

2 Accountability

The Steering Group is to report to the Health & Wellbeing Board.

3 Membership

The steering group is to consist of:

- South Gloucestershire Council - Deputy Director of Public Health (Chair)
- NHS England Area Team - Head of Medicines Management – Project Manager
- Clinical Commissioning Group (CCG) representative – Medicines Manager or representative
- Local Medical Committee representative
- Local Pharmaceutical Committee representative
- Representative of dispensing practices. (There are three in South Gloucestershire)
- South Gloucestershire Council – Consultation Lead
- CCG Head of Patient and Public Involvement
- Health Watch representative

Additional members may be co-opted on to the group for particular roles.

4 Frequency of meetings

There will be three six-weekly meetings at the start of the project with the first being held in May 2017. The frequency of following meetings will be reviewed. It is anticipated that these will become bi-monthly.

5 Responsibilities

- Provide a clear and concise PNA revision process
- Access information and data on population, demographics, pharmaceutical provision, and health needs
- Consult, at least once, with (as a minimum) service users, current pharmaceutical service providers, primary care providers, Acute Trusts, and neighbouring Local Authorities.
- Ensure that due process is followed
- Report to Health & Wellbeing Board on both a Draft and Final revised PNA.
- Publish a Final PNA by March 2018.

Appendix 4: List of contractors and opening times

Usable Name	Weekday access	Weekend access
Abbotswood pharmacy, Yate, BS37 4NG	Mon-Fri 09:00 - 13:00; 14:00 - 18:00	Sat -Closed Sun - Closed
Alveston pharmacy, Alveston, BS35 3LU	Mon-Fri 09:00 - 18:00	Sat -09:00 - 13:00 Sun - Closed
Asda pharmacy, Longwell Green, BS30 7DY	Mon 08:00 - 23:00 Tues-Fri 07:00 - 23:00	Sat - 07:00 - 22:00 Sun - 10:00 - 16:00
Asda pharmacy, Patchway, BS34 5TL	Mon-Fri 09:00 - 22:00	Sat -08:30 - 22:00 Sun - 10:00 - 16:00
Billings pharmacy, Kingswood, BS15 8LP	Mon-Fri 08:30 - 18:30	Sat - 08:30 - 17:30 Sun - Closed
Boots pharmacy, Bradley Stoke, BS32 8EF	Mon-Fri 08:00 - 24:00	Sat - 08:00 - 24:00 Sun - 10:00 - 16:00
Boots pharmacy, Cadbury Heath, BS30 8EN	Mon-Fri 09:00 - 18:00	Sat - 09:00 - 13:00 Sun - Closed
Boots pharmacy, Cribbs Causeway, BS34 5UP	Mon-Fri 08:30 - 21:00	Sat - 08:30 - 20:00 Sun - 11:00 - 17:00
Boots pharmacy, Downend, BS16 5SG	Mon-Fri 08:30 - 18:30	Sat - 09:00 - 12:00 Sun - Closed
Boots pharmacy, Emersons Green, BS16 7AE	Mon-Fri 08:30 - 20:00	Sat - 08:30 - 19:00 Sun - 10:30 - 16:30
Boots pharmacy, Kingswood, BS15 8LP	Mon-Fri 08:30 - 17:30	Sat - 08:30 - 17:30 Sun - Closed
Boots pharmacy, Longwell Green, BS30 7ES	Mon-Fri 07:30 - 24:00	Sat - 07:30 - 22:00 Sun - 10:30 - 16:30
Boots pharmacy, Staple Hill, BS16 5HL	Mon-Fri 09:00 - 18:00	Sat -09:00 - 17:30 Sun - Closed
Boots pharmacy, Thornbury, BS35 2AR	Mon-Fri 09:00 - 13:00; 14:00 - 18:00	Sat - 09:00 - 13:00; 14:00 - 18:00 Sun - Closed
Boots pharmacy, Yate, BS37 4AP	Mon-Fri 08:30 - 17:45	Sat - 08:30 - 17:45 Sun - 10:00 - 16:00
Boots pharmacy, Yate, BS37 4AX	Mon-Fri 08:00 - 20:00	Sat - 09:00 - 14:00 Sun - Closed
Bradley Stoke pharmacy, Bradley Stoke, BS32 9DS	Mon-Fri 09:00 - 19:00	Sat - 09:00 - 12:00 Sun - Closed
Cleeve Wood pharmacy, Downend, BS16 2SF	Mon-Fri 09:00 - 13:00; 14:00 - 17:30	Sat - 09:00 - 13:00 Sun - Closed
Cohens Chemist, Thornbury, BS35 1DS	Mon-Fri 09:00 - 13:00; 14:00 - 18:00	Sat -Closed Sun - Closed
Day Lewis pharmacy, Filton Park, BS7 0SG	Mon-Fri 09:00 - 13:00; 14:00 - 18:00	Sat -Closed Sun - Closed
Day Lewis pharmacy, Horfield, BS7 0QE	Mon-Fri 08:45 - 18:30	Sat -09:00 - 13:00 Sun - Closed
Ellacombe pharmacy, Longwell Green, BS30 9BA	Mon-Fri 09:00 - 13:00; 14:00 - 18:00	Sat -0 9:00 - 13:00 Sun - Closed
Frome Valley pharmacy, Frampton Cotterell, BS36 2DE	Mon-Fri 09:00 - 18:30	Sat - 09:00 - 12:00 Sun - Closed
Ideal pharmacy, Warmley, BS15 4ND	Mon-Fri 09:00 - 18:00	Sat - 09:00 - 13:00 Sun - Closed

Jhoots pharmacy, Filton, BS34 7DA	Mon-Fri 08:30 - 12:15; 13:30 - 18:00	Sat -Closed Sun - Closed
Jhoots pharmacy, Kingswood, BS15 1XL	Mon-Fri 09:00 - 13:00; 13:30 - 17:30	Sat -Closed Sun - Closed
Jhoots pharmacy, Patchway, BS34 5PG	Mon-Fri 09:00 - 13:00; 14:00 - 18:00	Sat -Closed Sun - Closed
Jhoots pharmacy, Stoke Gifford, BS34 8UE	Mon-Fri 08:30 - 18:30	Sat -09:00 - 13:00 Sun - Closed
Lloydspharmacy, Chipping Sodbury, BS37 6BA	Mon-Fri 09:00 - 18:00	Sat - 09:00 - 17:30 Sun - Closed
Lloydspharmacy, Downend, BS16 5FJ	Mon-Fri 08:00 - 19:00	Sat - 09:00 - 13:00 Sun - Closed
Lloydspharmacy, Emersons Green, BS16 7AE	Mon-Fri 07:00 - 23:00	Sat -17:00 - 21:00 Sun - Closed
Lloydspharmacy, Filton, BS34 8SS	Mon-Fri 08:00 - 20:00	Sat - 08:00 - 20:00 Sun - 10:00 - 16:00
Lloydspharmacy, Little Stoke, BS34 6BQ	Mon-Fri 08:30 - 20:00	Sat - 09:00 - 13:00 Sun - Closed
Lloydspharmacy, Patchway, BS34 5TF	Mon-Fri 09:00 - 19:00	Sat - 09:00 - 13:00 Sun - Closed
Lloydspharmacy, Thornbury, BS35 2AZ	Mon-Fri 08:30 - 18:30	Sat - 09:00 - 17:30 Sun - Closed
Lloydspharmacy, Yate, BS37 4DQ	Mon-Fri 08:00 - 20:00	Sat -09:00 - 13:00 Sun - Closed
Morrisons pharmacy, Cribbs Causeway, BS10 7UD	Mon-Wed 08:30 - 20:00 Thu-Fri 08:30 - 21:00	Sat - 08:00 - 20:00 Sun - 10:00 - 16:00
North Yate pharmacy, Yate, BS37 5UY	Mon-Fri 09:00 - 18:30	Sat - 09:00 - 13:00 Sun - Closed
Oldland Common pharmacy, Oldland Common, BS30 9QG	Mon-Fri 08:30 - 13:00; 14:00 - 18:30	Sat - 09:00 - 13:00 Sun - Closed
Pilning pharmacy, Pilning, BS35 4JF	Mon-Fri 08:30 - 13:00; 14:00 - 18:00	Sat -Closed Sun - Closed
Shaunak's pharmacy, Hanham, BS15 3QY	Mon-Fri 09:00 - 18:00	Sat - 09:00 - 17:30 Sun - Closed
Shaunak's pharmacy, Hanham, BS15 3HY	Mon-Fri 09:00 - 18:30	Sat -Closed Sun - Closed
Shaunak's pharmacy, Winterbourne, BS36 1JY	Mon-Fri 09:00 - 17:30	Sat - 09:00 - 13:00 Sun - Closed
Stuart Moul pharmacy, Frampton Cotterell, BS36 2LE	Mon-Fri 09:00 - 13:00; 14:00 - 18:00	Sat - 09:00 - 13:00 Sun - Closed
Tesco pharmacy, Bradley Stoke, BS32 8EF	Mon-Fri 08:00 - 20:00	Sat - 08:00 - 20:00 Sun - 10:00 - 16:00
Tesco pharmacy, Yate, BS37 4AS	Mon 08:00 - 23:30 Tue-Fri 06:00 - 23:00	Sat -06:30 - 22:00 Sun - 10:00 - 16:00
Well pharmacy, Downend, BS16 6BB	Mon-Fri 09:00 - 17:30	Sat -09:00 - 13:00 Sun - Closed
Well pharmacy, Kingswood, BS15 4EJ	Mon-Fri 09:00 - 18:30	Sat - 09:00 - 13:00 Sun - Closed
Westbourne pharmacy, Downend, BS16 6UG	Mon-Fri 09:00 - 17:30	Sat - 09:00 - 13:00 Sun - Closed
Yate family pharmacy, Yate, BS37 4AA	Mon-Fri 07:00 - 22:30	Sat - 07:00 - 22:30 Sun - 10:00 - 17:00

Appendix 5: List of contractors and advanced, enhanced and locally-commissioned services provided

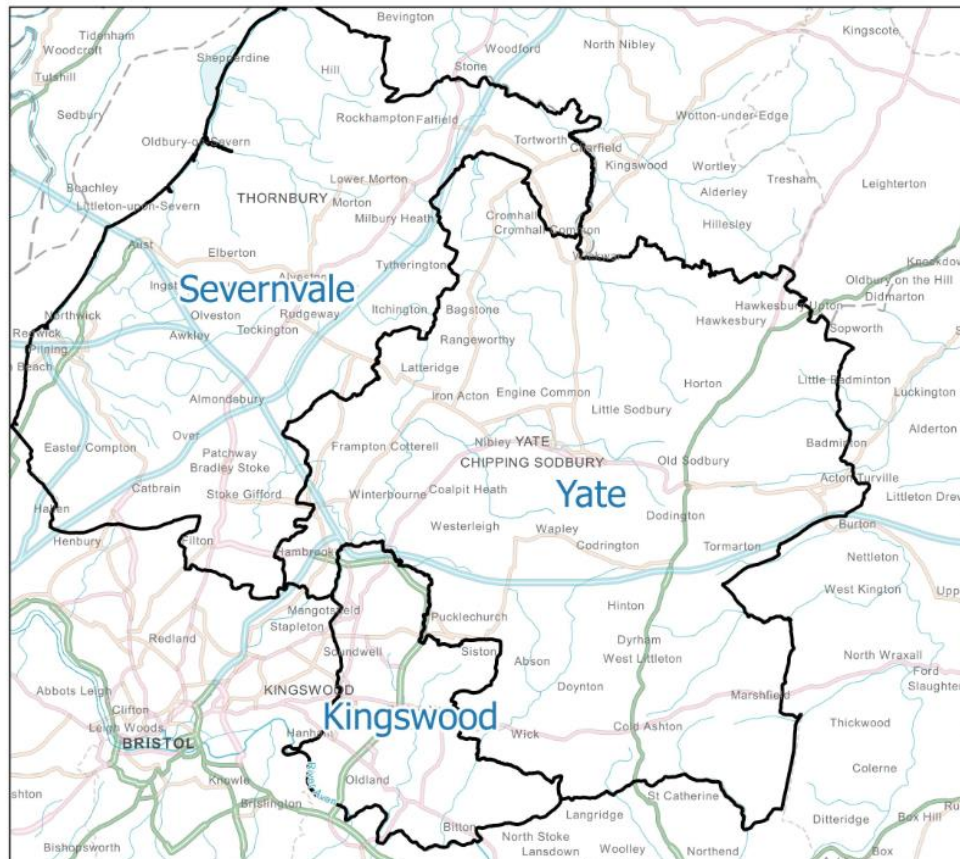
Detail provided within PNA.

Appendix 6: List of pharmacies included in the Pharmacy Access Scheme

Pharmacy	Locality	Contractor	Post code
Alveston pharmacy	Severnvale	Matrix Primary Healthcare Ltd	BS35 3LU
Abbotswood pharmacy	Yate	MJ Williams Ltd	BS37 4NG
Stuart Moul pharmacy	Yate	Moul Pharmacy Ltd	BS36 2LE
Shaunak's pharmacy	Yate	Shaunak's Pharmacy Ltd	BS36 1JY
Frome Valley pharmacy	Yate	Shaunak's Pharmacy Ltd	BS36 2DE
North Yate Pharmacy	Yate	Sharief Healthcare Ltd	BS27 5UY

Map A – South Gloucestershire localities

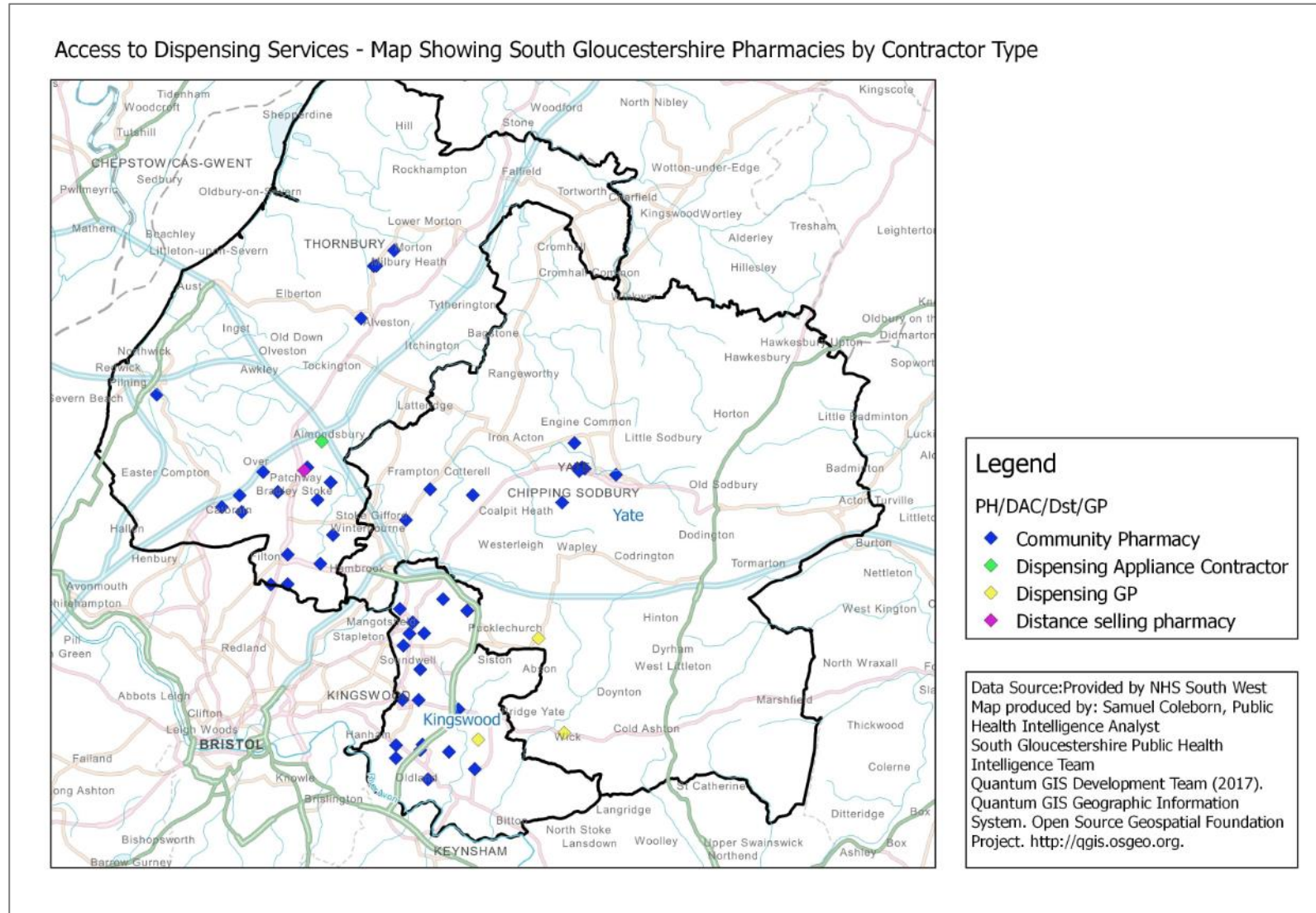
Map A – South Gloucestershire localities



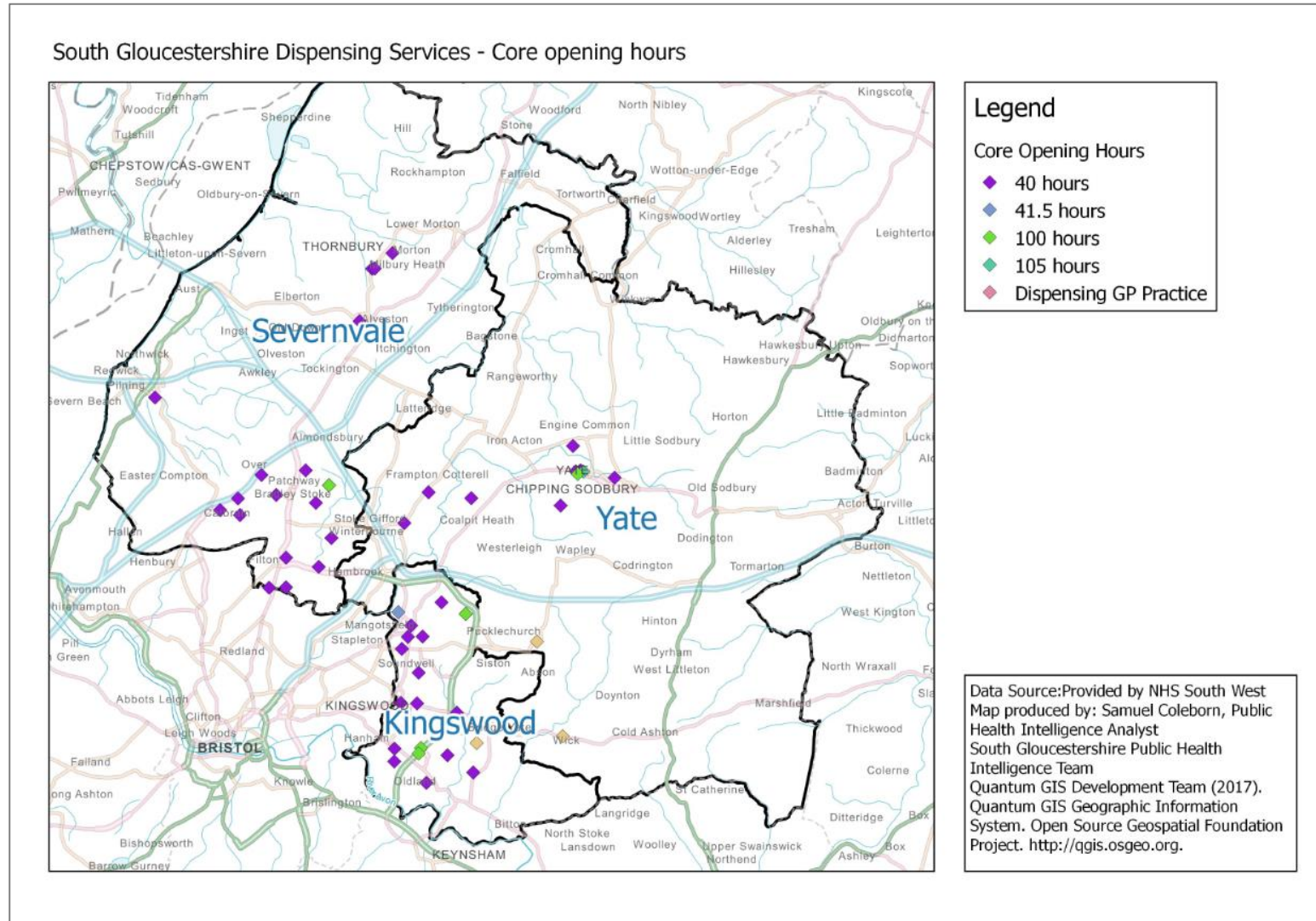
□ Locality Boundaries

99

Map B – Pharmacies by contractor type

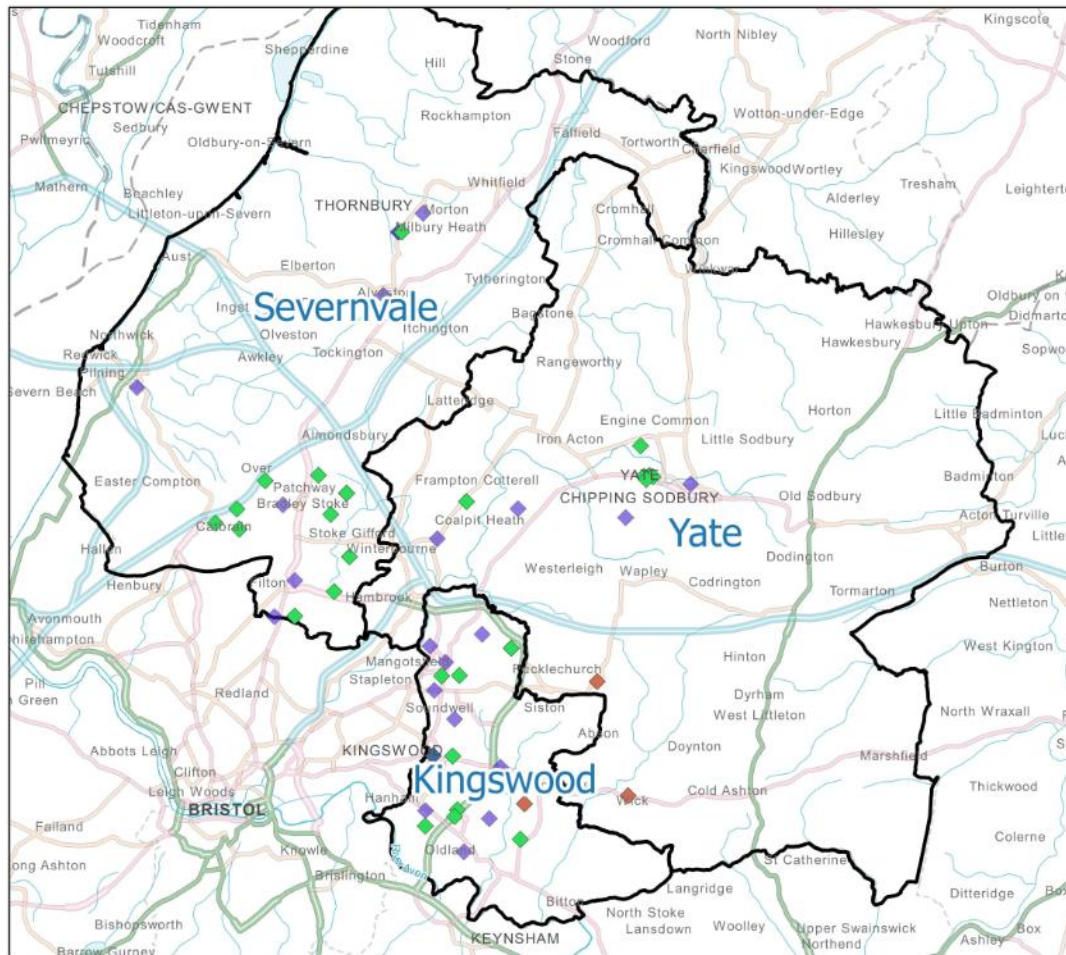


Map C - Core opening hours



Map D – Weekday evening opening

South Gloucestershire PNA - Dispensing of medicines and access to essential services - Weekday Evenings



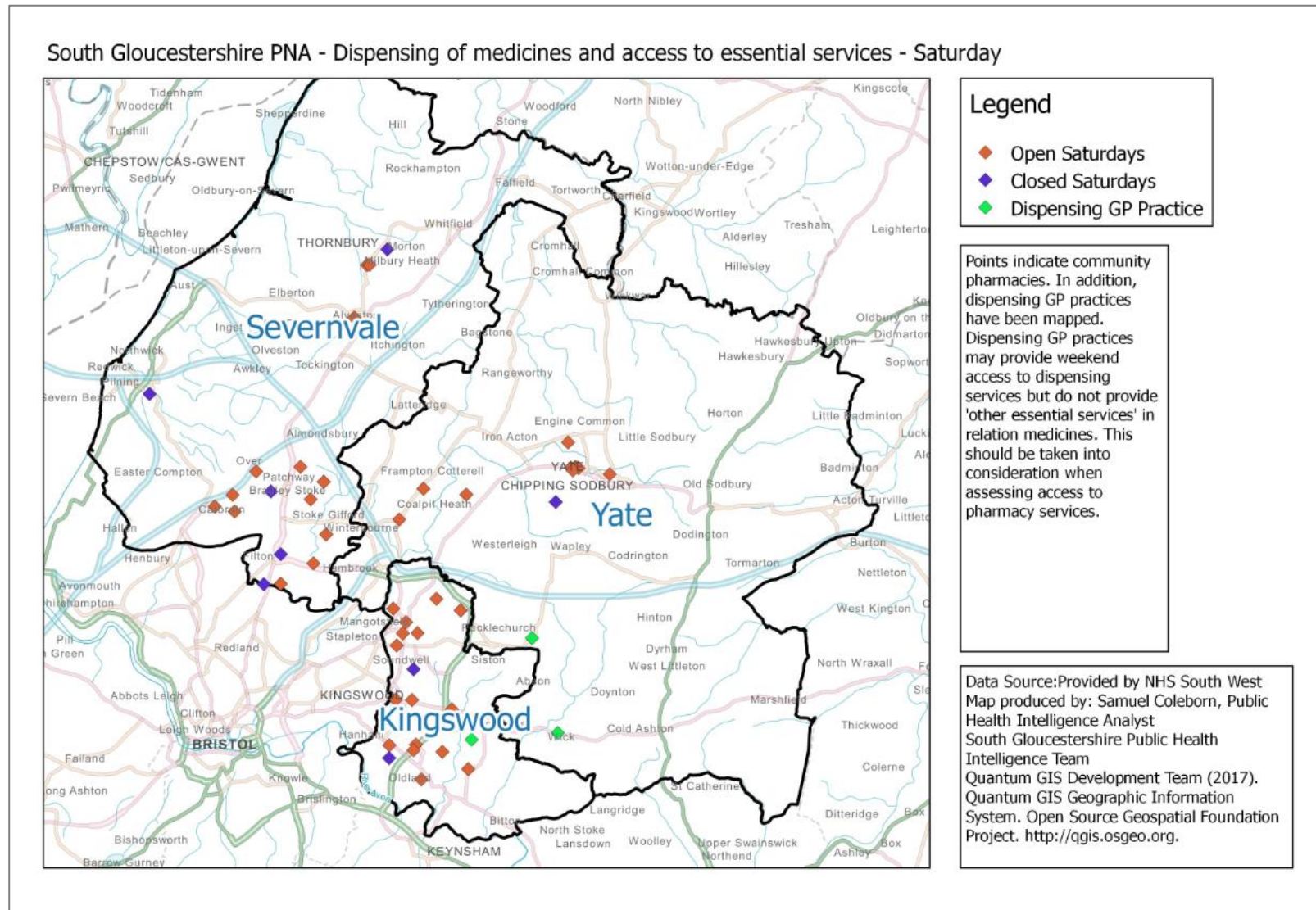
Legend

- ◆ Open after 6pm
- ◆ Closed by 6pm
- ◆ Dispensing GP Practices

Points indicate community pharmacies. In addition, dispensing GP practices have been mapped. Dispensing GP practices may provide evening access to dispensing services but do not provide 'other essential services' in relation medicines. This should be taken into consideration when assessing access to pharmacy services.

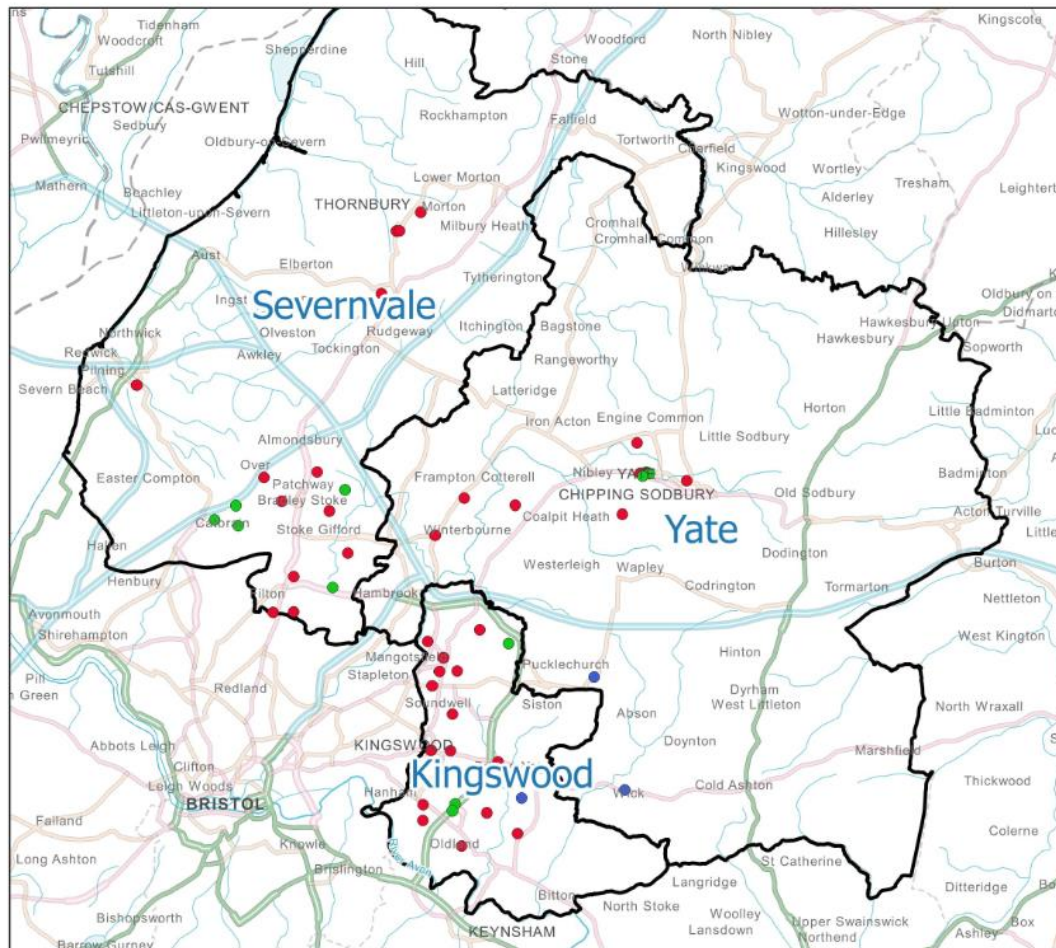
Data Source: Provided by NHS South West
Map produced by: Samuel Coleborn, Public Health Intelligence Analyst
South Gloucestershire Public Health Intelligence Team
Quantum GIS Development Team (2017).
Quantum GIS Geographic Information System. Open Source Geospatial Foundation Project. <http://qgis.osgeo.org>.

Map E – Saturday opening



Map F – Sunday opening

South Gloucestershire PNA - Dispensing of medicines and access to essential services - Sunday



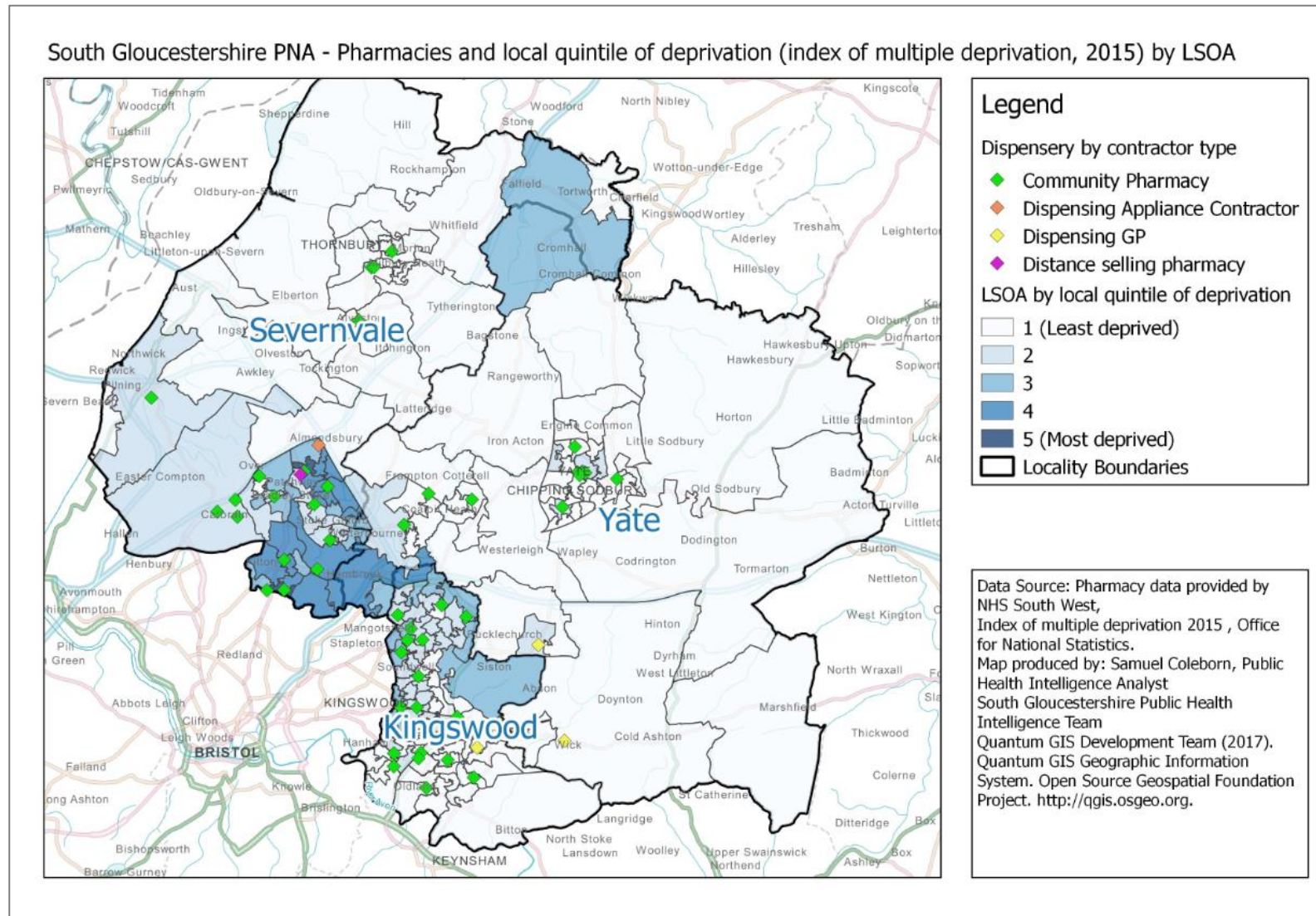
Legend

- Dispensing GP Practice
- Closed Sundays
- Open Sundays

Points indicate community pharmacies. In addition, dispensing GP practices have been mapped. Dispensing GP practices may provide access to dispensing services but do not provide 'other essential services' in relation to medicines. This should be taken into consideration when assessing access to pharmacy services.

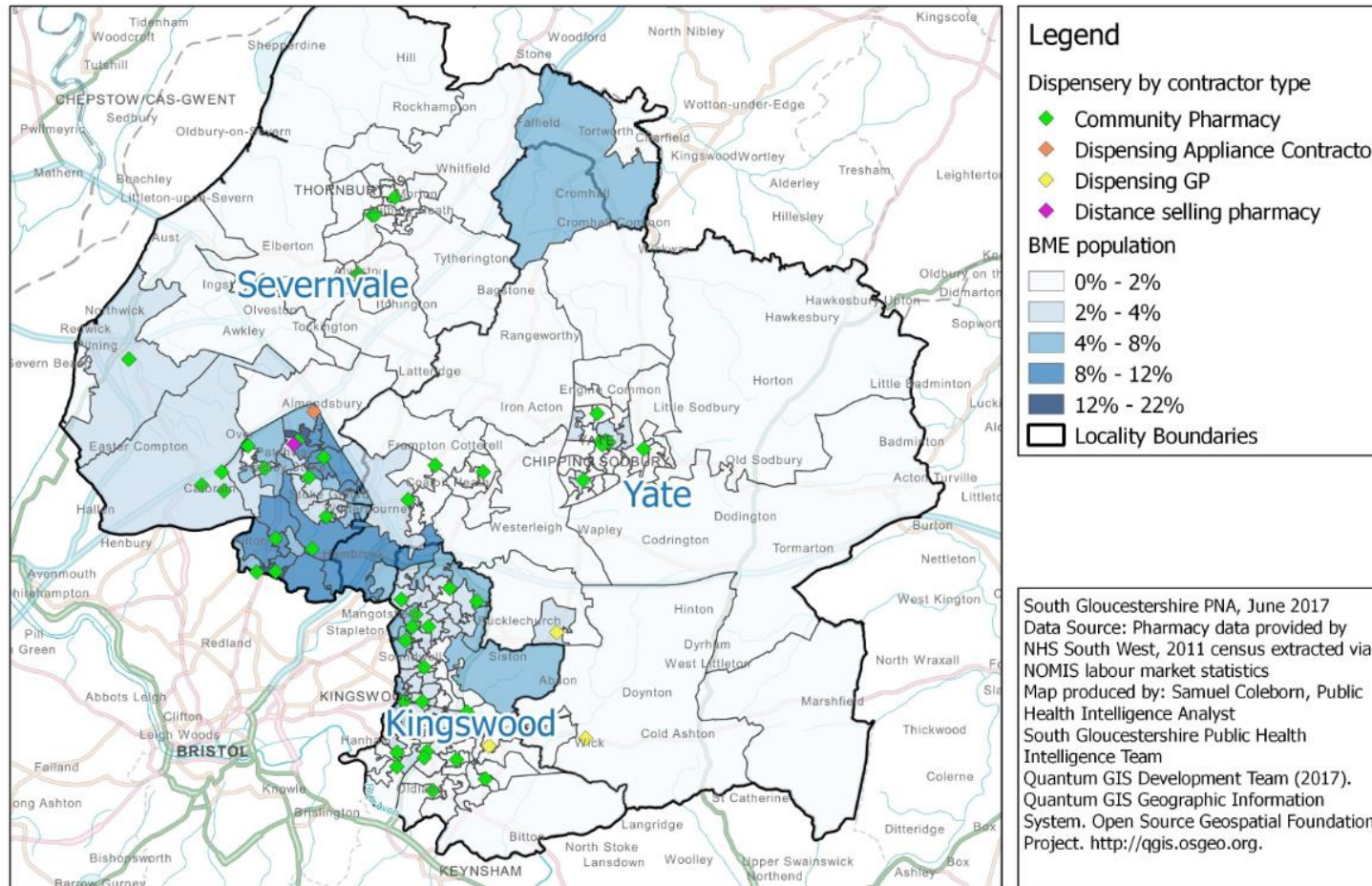
Data Source: NHS England
 Map produced by: Samuel Coleborn, Public Health Intelligence Analyst
 South Gloucestershire Public Health Intelligence Team
 Quantum GIS Development Team (2017).
 Quantum GIS Geographic Information System. Open Source Geospatial Foundation Project. <http://qgis.osgeo.org>.

Map G – Pharmacies and deprivation

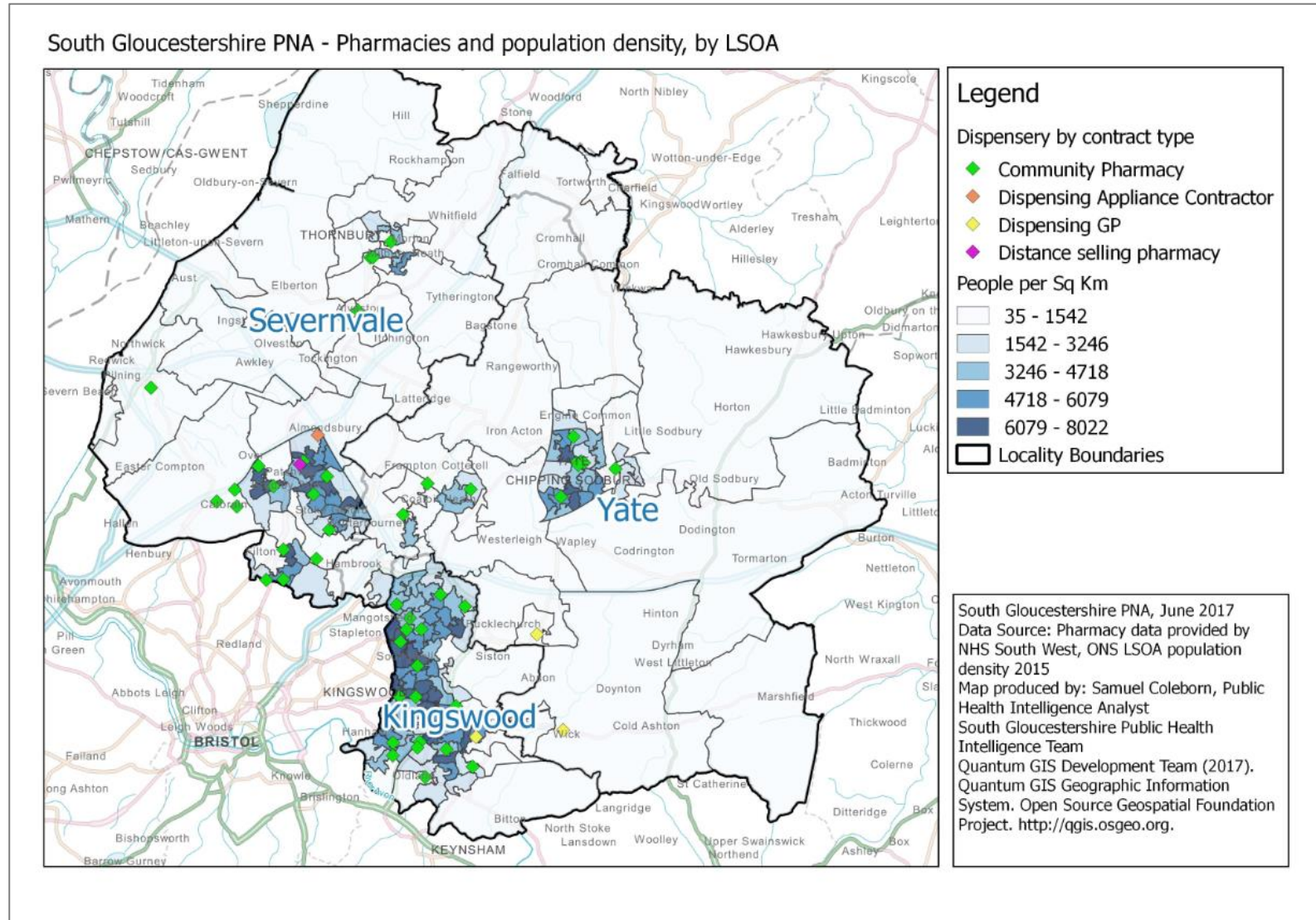


Map H – Pharmacies and BME status

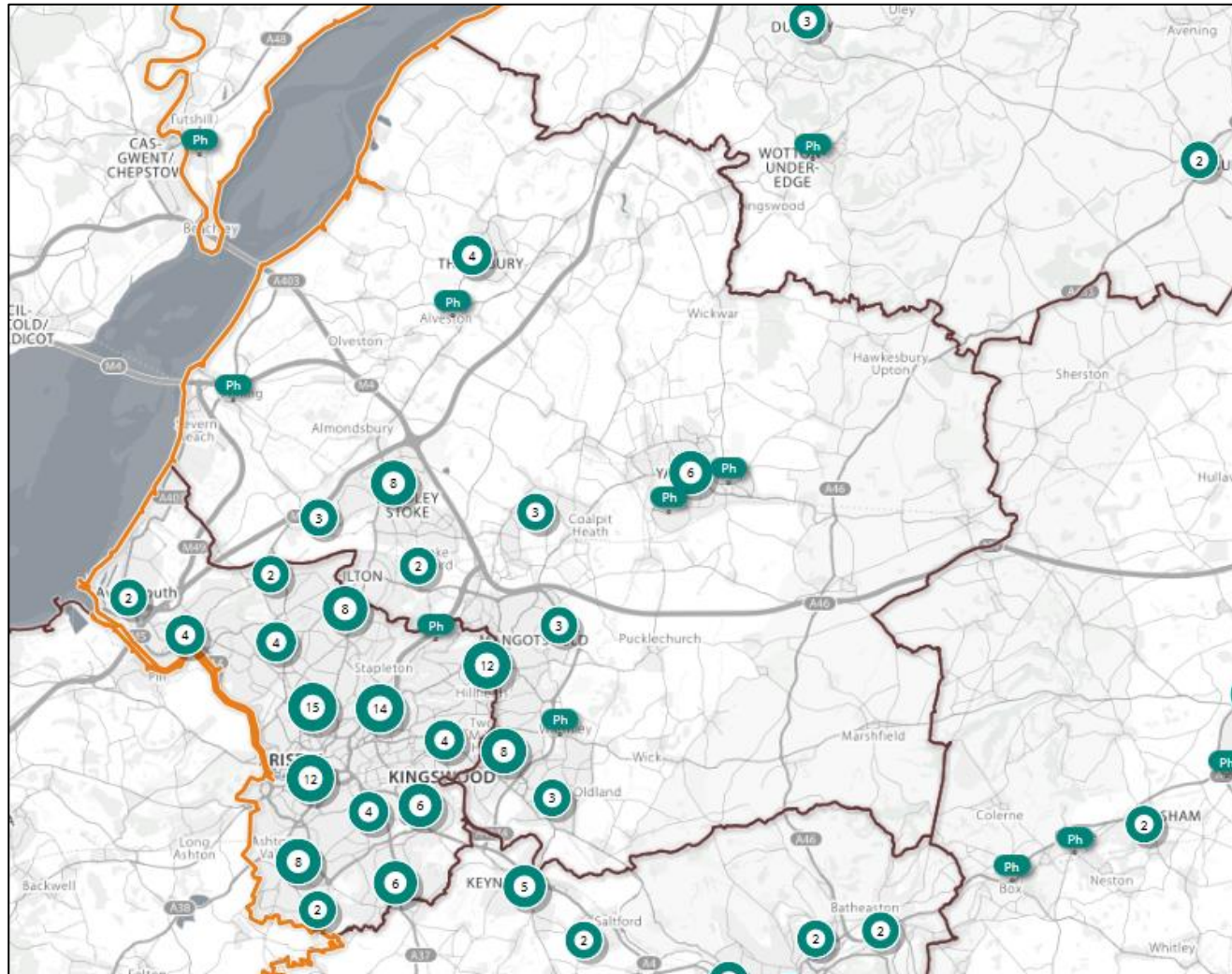
South Gloucestershire PNA - Pharmacies and proportion of population identifying as Black Minority Ethnic (BME), by LSOA



Map I - Pharmacies and population density



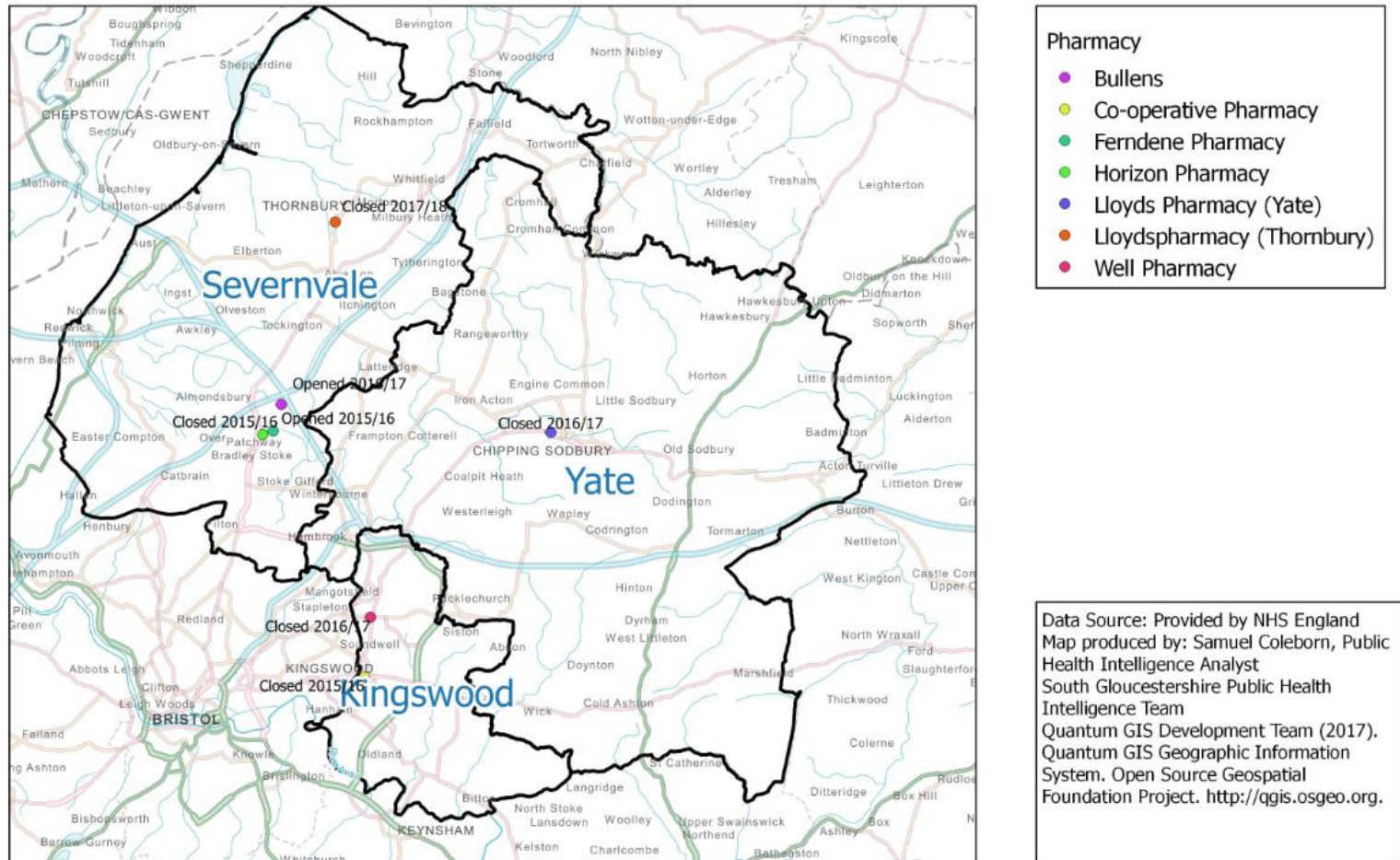
Map J – Pharmacies close to the South Gloucestershire border



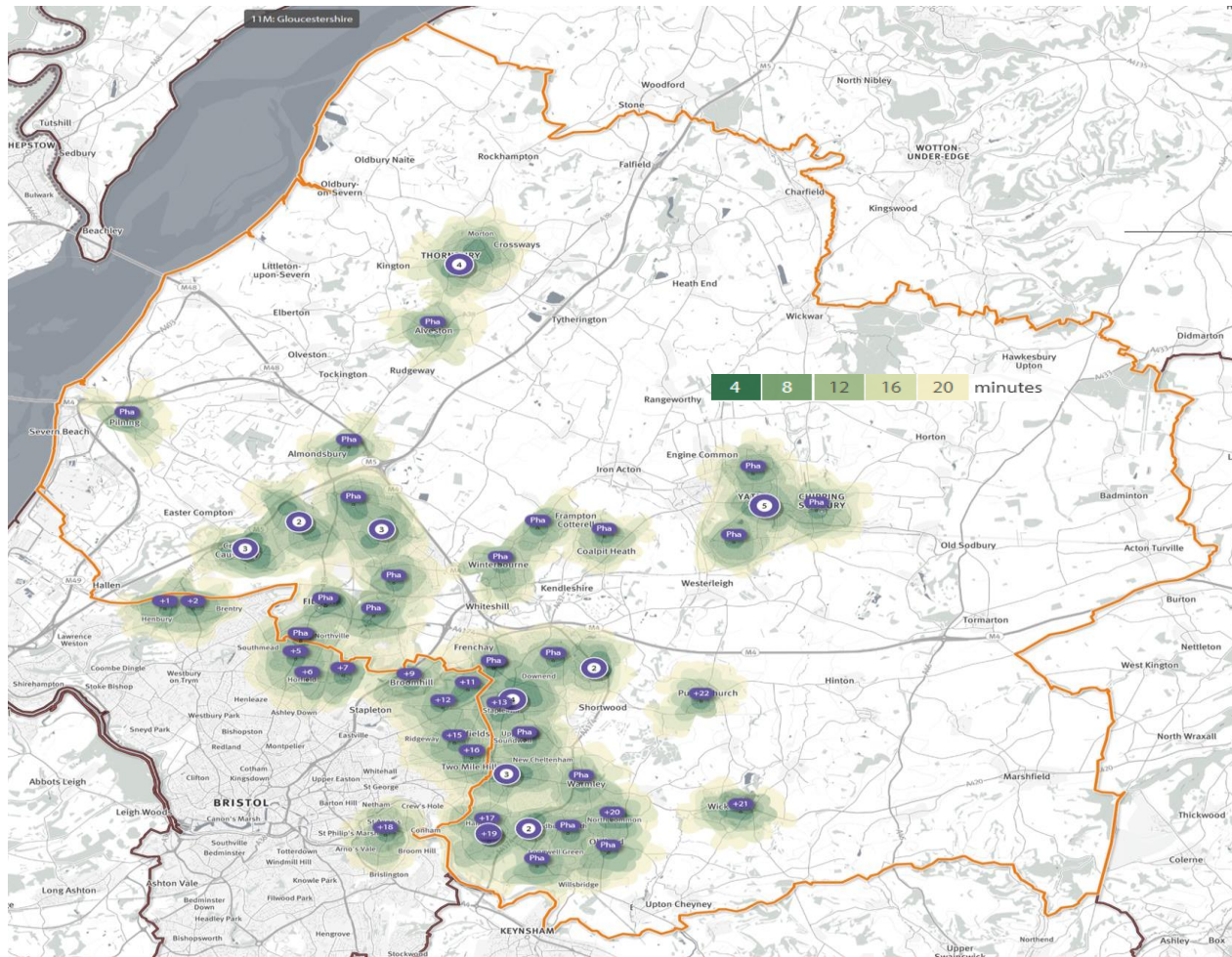
Data source: Public Health England SHAPE tool, 2017

Map K – Change of status since last PNA

Map showing South Gloucestershire pharmacies by changing status since last PNA

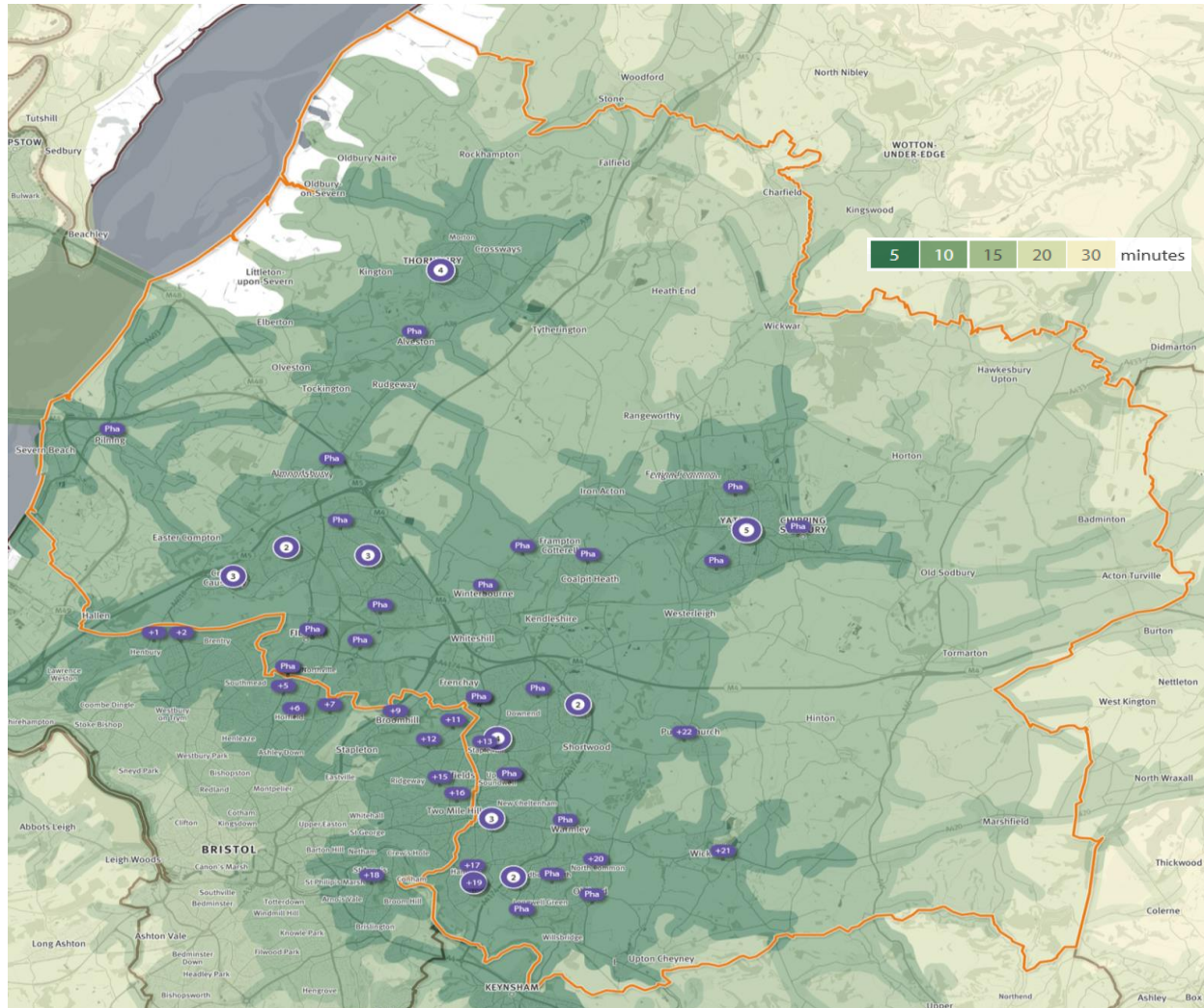


Map L – Walk time to nearest South Gloucestershire pharmacy up to 20 minutes (excludes distance selling pharmacy)



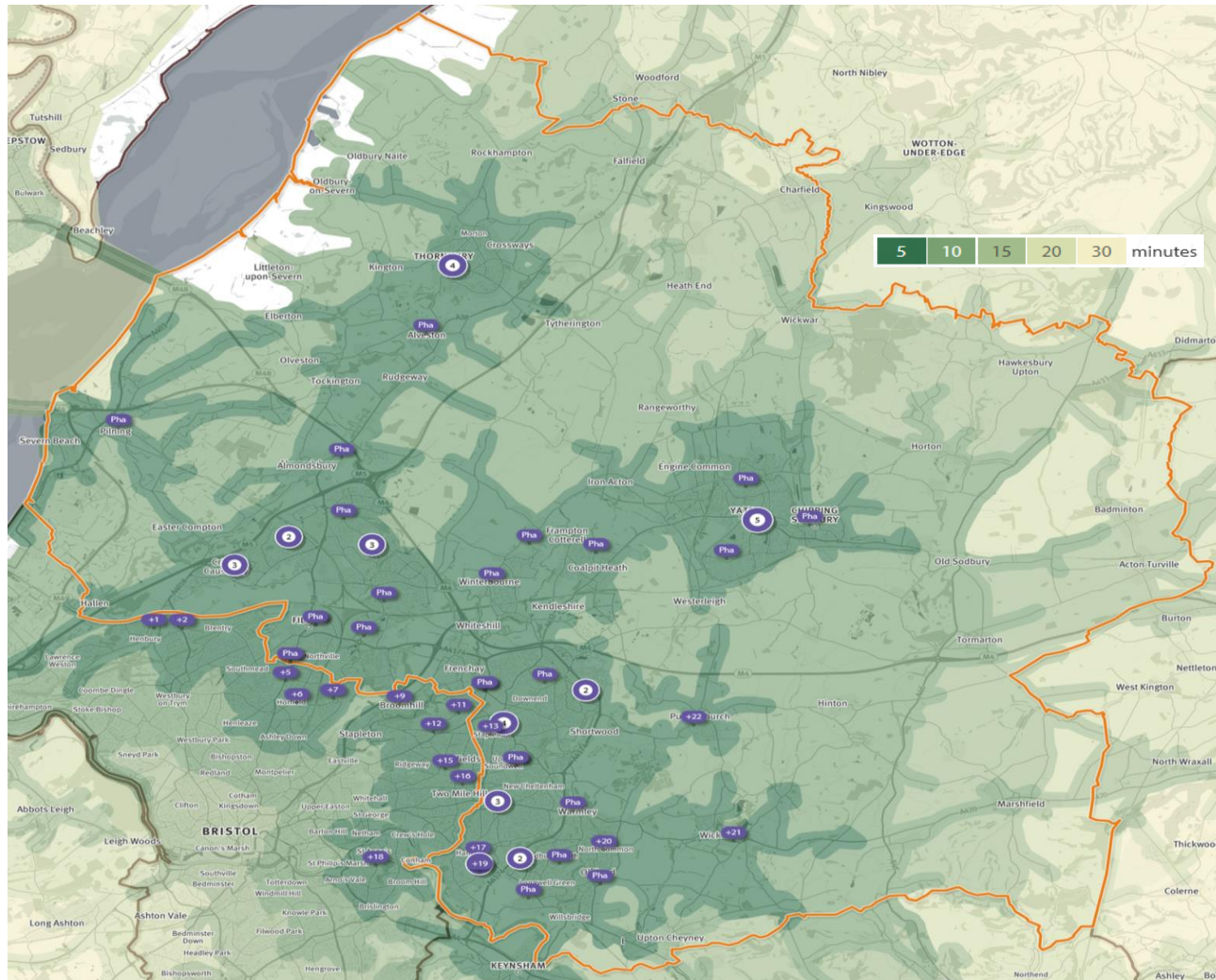
Data source: Public Health England SHAPE tool, 2017

Map M – Drive times, off peak (excludes distance selling pharmacy)



Data source: Public Health England SHAPE tool, 2017

Map N – Drive times, peak (excludes distance selling pharmacy)



Data source: Public Health England SHAPE tool, 2017

Appendix 8 – Equality Impact Assessment

EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2018

SECTION 1 - INTRODUCTION

The main purpose of the PNA is to map current pharmaceutical service provision against demographics and health needs, and identify any current or future gaps.

PNAs provide an up to date statement of the needs for pharmaceutical services of the local population. PNAs identify the existing pharmaceutical services in the area on a 'pharmaceutical list and map' and compare the level of provision with the demand of local people.

PNAs are used by the NHS to make decisions on which NHS funded services should be provided by local pharmacies and to determine 'market entry' applications to the pharmaceutical list. To be successful, applicants must prove they are able to meet a pharmaceutical need as set out in the PNA.

The main activities of the PNA are to identify and address any local gaps in pharmaceutical service, and enable commissioners to make appropriate decisions on commissioning new services.

The main users of the PNA are current and prospective future providers of pharmaceutical services within Health and Wellbeing board areas (and in neighbouring HWB areas), service users, public health, service commissioners.

It is intended that the PNA be published in April 2018. Updates to this Equality Impact Assessment and Analysis and the Pharmaceutical Needs Assessment will be communicated via the Health & Wellbeing Board.

SECTION 2 - RESEARCH AND CONSULTATION

The following data provides background information for the Equality Impact Assessment and Analysis by describing population-level data of relevance to the PNA.

Age – ONS 2015 mid-year estimates

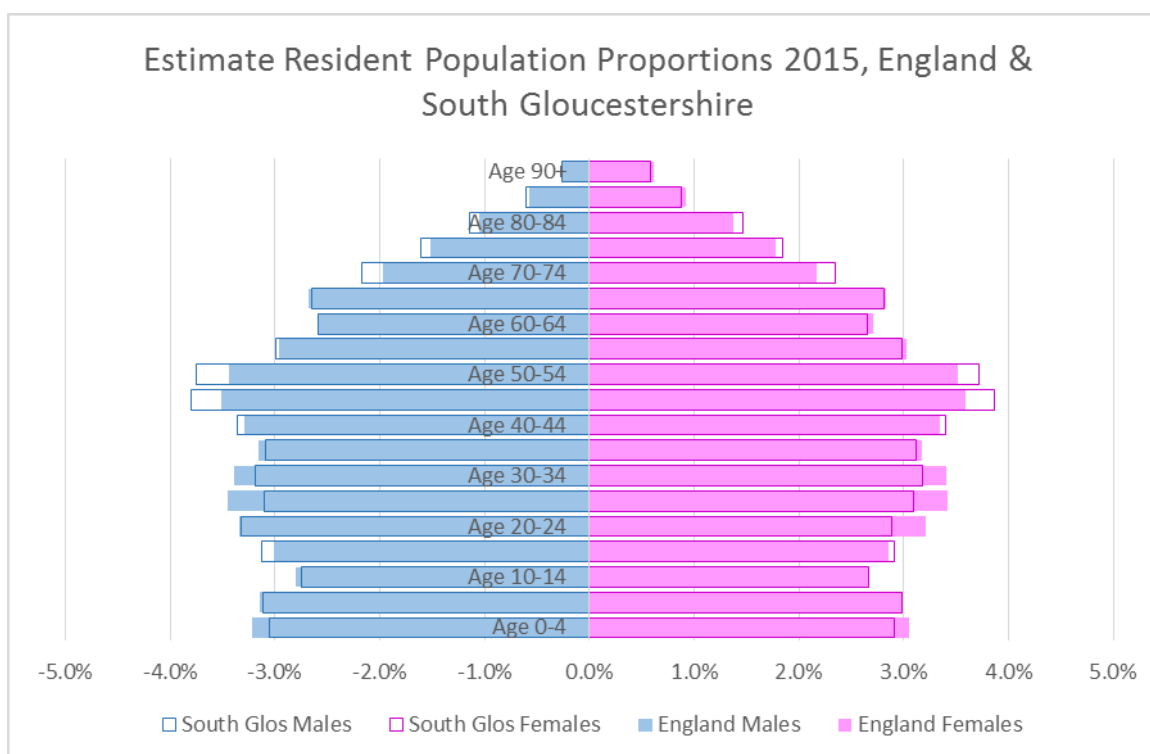
Age	Males	Females
0-4	8381	7983
5-9	8553	8212
10-14	7535	7320
15-19	8569	8003
20-24	9120	7934
25-29	8523	8519
30-34	8763	8751
35-39	8485	8575
40-44	9211	9355
45-49	10431	10630
50-54	10312	10210
55-59	8211	8205
60-64	7101	7288
65-69	7284	7746
70-74	5971	6445
75-79	4421	5086
80-84	3121	4021
85-89	1646	2428
90+	717	1595

South Gloucestershire has a slightly older population compared to England with a larger than average middle-aged population.

The proportion of 0-15 year olds is 18.6%, very similar to the England average of 19.0%.

South Gloucestershire also has a very similar proportion of those of working age (63.1%) compared to England (63.3%).

Older people aged over 65 make up 18.4% of the population, greater than the 17.7% for England.



Source: ONS mid-year population estimates 2015

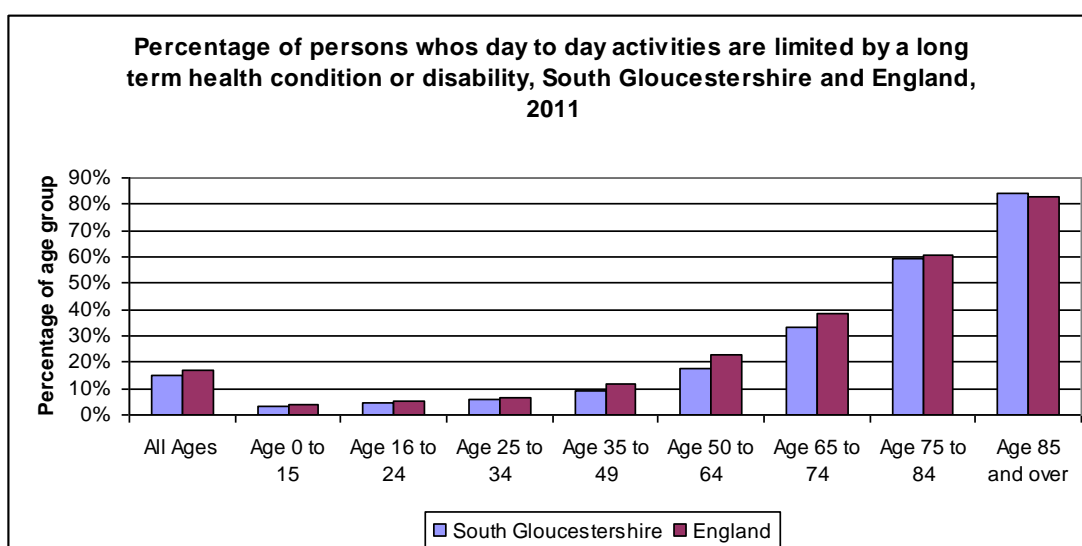
Limiting long term illness and disability

Across all ages, the estimated number of people living in South Gloucestershire who have a limiting long term health problem or disability is 39,000, which equates to 15% of the South Gloucestershire population, a lower percentage than England as a whole.

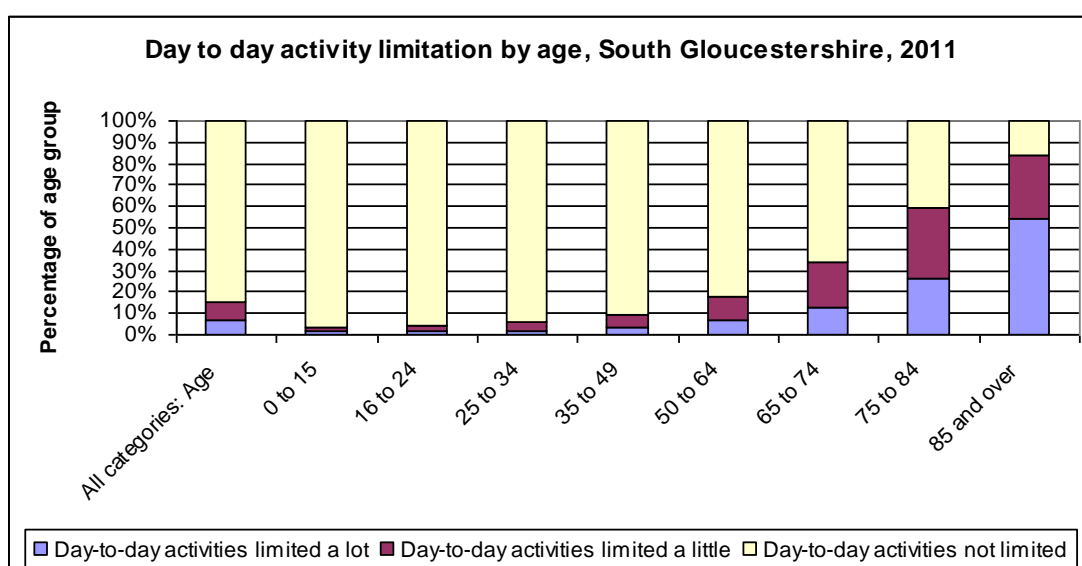
Approximately 16,450 (6.4%) persons are reported to have their daily activities limited a lot, this figure increases with age with 3% of under 65s reporting day to day activities being limited a lot compared to 13% of 65-74 year olds, 27% of 75 to 84 year olds, and 54% of those aged 85 and over.

Percentage of persons whose day to day activities are limited by a long term health condition or disability, and number of persons whose day to day activities are limited by category

Age	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited
All ages	16452	22582	219173
0 to 15	673	995	48232
16 to 24	457	738	26279
25 to 34	615	1143	29378
35 to 49	2016	3390	53580
50 to 64	3317	5236	39185
65 to 74	3005	5007	15868
75 to 84	3823	4683	5896
85 and over	2546	1390	755



Source: census 2011



Source: census 2011

Sensory impairment

There are an estimated 8,790 people living with some degree of sight loss in South Gloucestershire. Of this total, 5,660 are living with mild sight loss, 1,960 are living with moderate sight loss and 1,160 are living with severe sight loss. 3.2% of the total population of South Gloucestershire are living with sight loss, compared to 3.1% of the total population of England.

By 2030, it is expected there will be 12,620 people in South Gloucestershire living with sight loss, an increase of 43.6%. By 2030, the number of people living with severe sight loss is estimated to be 1,740, an increase of 50.0%.

As of 2013/14, there are 740 people in South Gloucestershire that are registered as blind or partially sighted. Of the people registered as blind or partially sighted in South Gloucestershire, 54% are registered as blind and 46% are registered as partially sighted.

Source: RNIB Sight Loss Data Tool Version 3.4 (extracted 2017)

Hearing impairment

Approximately 28,874 people (over 18) are estimated to have a moderate or severe hearing impairment in South Gloucestershire, of whom 6,700 are estimated to be of working age (18-64).

640 people (or 60 of working age) are estimated to have a profound hearing impairment, and the Census 2011 indicates 136 people in South Gloucestershire for whom sign language is recorded as their main language.

Source: *“Projecting Adult Needs and Service Information” for 2017 (extracted 2017)*

Physical impairment

13,318 people (of working age 18-64) are estimated to have a moderate physical disability in South Gloucestershire, and a further 3,939 are estimated to have a serious physical disability.

Source: *“Projecting Adult Needs and Service Information” for 2017 (extracted 2017)*

Mental health

The number of people in South Gloucestershire that are estimated to have a common mental disorder of some sort is 27,151

Source: *“Projecting Adult Needs and Service Information” for 2017 extracted 2017.*

The number of people that accessed mental health services in South Gloucestershire in 2010/11 was 3574, of which 60% were women, and 24% were females aged 65 and over.

Source: *NHS Information Centre for Health and Social Care.*

The proportion of the South Gloucestershire GP registered population registered as having a severe mental illness is 0.56%, compared to 0.90% nationally. This register includes all patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses.

Source: *QOF data, NHS digital*

Learning difficulties/disabilities

5209 people (over 18) are estimated to have a learning disability of some level in South Gloucestershire, of whom 1086 people (over 18) are estimated to have a moderate or severe learning disability.

Source: *“Projecting Adult Needs and Service Information” for 2017 (extracted 2017)*

Autism

1,703 people (18-64) are estimated to have autistic spectrum disorders of some level in South Gloucestershire.

Source: “Projecting Adult Needs and Service Information” for 2017 (extracted 2017)

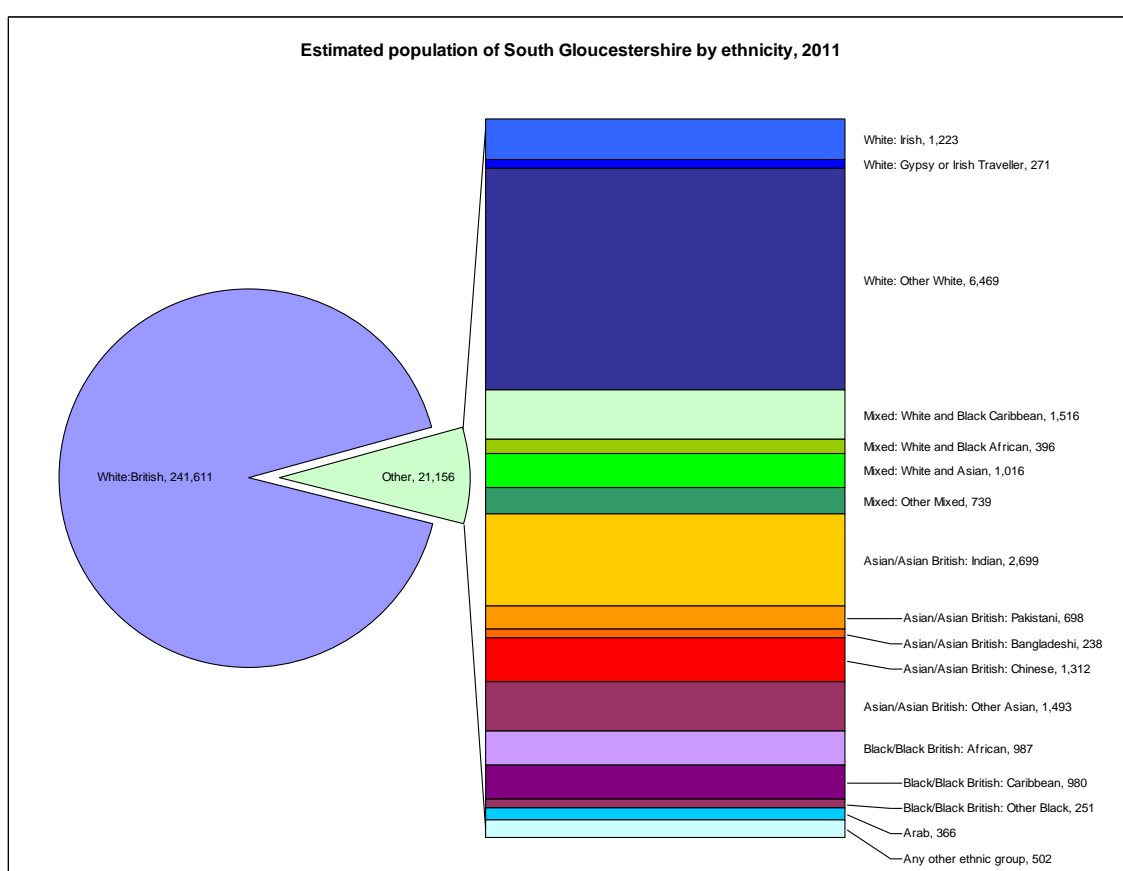
Carers

The Census 2011 estimates that 27,640 people in Bristol are informal Carers. This represents 10.5% of the population, which is very slightly higher than the England average of 10.2% as Carers.

The majority of these provide care for under 19 hrs/wk (19,280 people) but 5,380 people provide care for over 50 hrs/ wk.

Ethnicity

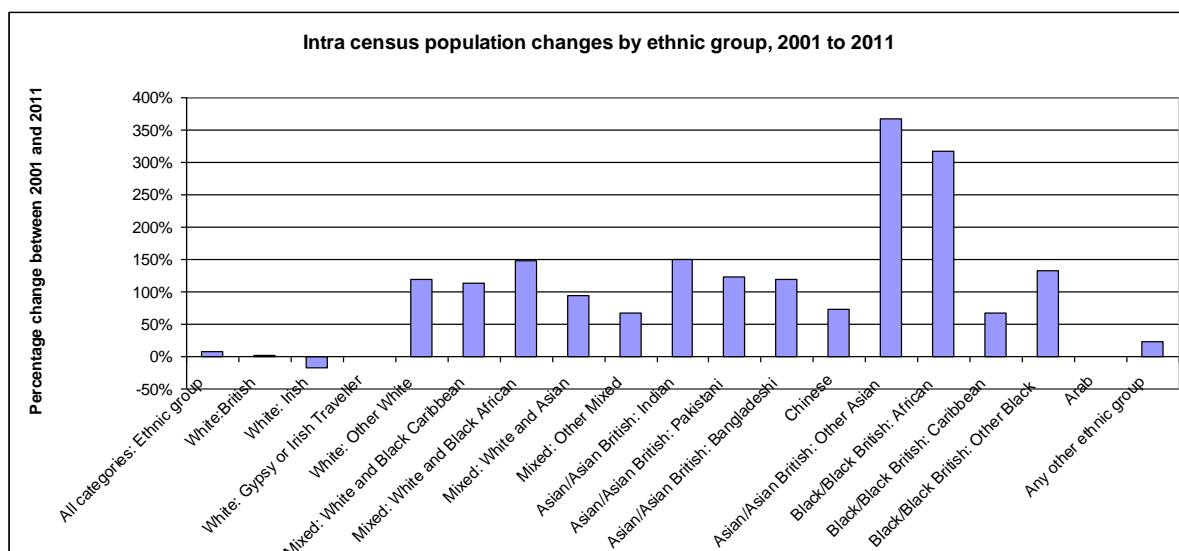
Data from the 2011 census indicates that 92% of the population are White British in South Gloucestershire, higher than the 80% for England as a whole.



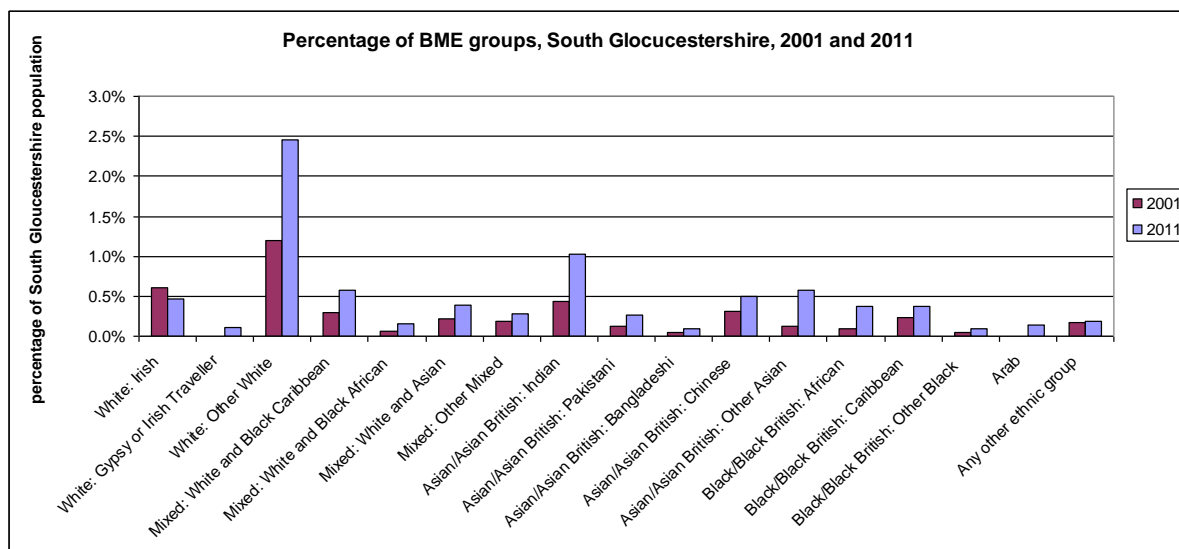
Source: Census 2011

Since the last census the percentage of White British has fallen from 96% mainly due to increases in ethnic diversity in the area. The ethnic groups that have seen the largest percentage increase since the last census are ‘Other Asian’ groups and ‘Black African’.

(It is worth noting that the ethnicity classifications have altered since the 2001 census, with no Gypsy and Irish Traveller or Arab classifications in previous the 2001 data).



Two of the largest ethnic groups in South Gloucestershire remain White Other and Indian (it may not be possible to compare White Irish due to classification changes outlined above).



93.4% of South Gloucestershire residents were born in the UK, 2.7% born in an EU country (inc. Ireland) and 3.9% born in countries outside of the EU.

Gypsy and Traveller populations

There are two official traveller sites in South Gloucestershire, Patchway and Winterbourne. Data from the 2011 census estimates that the White Gypsy or Traveller population is approximately 270 (0.1%) in South Gloucestershire, the same percentage as both England and the South West. Due to the cultural practices of this ethnic group this figure will be under constant flux, and it is likely that the census figure may represent settled travellers or those on permanent sites and not those actively travelling or on temporary, private or unlicensed sites. It is therefore likely that the census figure is an undercount of the true traveller population at any one time in South Gloucestershire.

The South Gloucestershire school census data shows that in Spring 2015 0.3% of its pupils described their ethnicity as Gypsy, Roma or Irish Traveller. The proportions were generally higher in the year groups 2 to 6 (average 0.4%) with very low numbers in secondary education average (0.1%).

According to the Accommodation Assessment the main communities in South Gloucestershire are Romany Gypsies 36% (English/Welsh) and Irish Travellers 21% with small numbers of Travelling Show People.

Source: South Gloucestershire Council and the City of Bristol Council Gypsy, Traveller and Travelling Show people Accommodation Assessment, Opinion Research Services. 2014

However the Ethnic Minority and Traveller Achievement Service (EMTAS) data below illustrates the proportions of traveller ethnicity for the school age population and accommodation tenure. Locally this is understood to be a closer representation of the current GRT populations in South Gloucestershire. By their nature the proportions of nomadic populations have temporal patterns, and this needs to be noted by future needs assessments.

ETHNICITY

Total Number of Children	English/Welsh Gypsies	Irish Travellers	Fairground/Circus Families
328	30%	52%	17%

ACCOMMODATION

Total Number of Children	Authorised Council Sites	Authorised Private Sites	House	Fairground Sites	Unauthorised Encampments
328	21%	20%	36%	17%	6%

Source: Ethnic Minority and Traveller Achievement Service Data

Religion and Belief

	Number	Percentage
Christian	156504	59.6%
Buddhist	708	0.3%
Hindu	1681	0.6%
Jewish	145	0.1%
Muslim (Islam)	2176	0.8%
Sikh	623	0.2%
Other religion	888	0.3%
No religion	80607	30.7%
Religion not stated	19435	7.4%

Source: Census 2011

The majority of South Gloucestershire residents reported that they were Christian or had no religion. The largest religions other than Christianity are Islam and Hinduism, but overall South Gloucestershire non Christian religions make up a smaller proportion compared to England as a whole.

	2001	2011	% change in counts
Christian	73.92%	59.56%	-13.80%
Buddhist	0.14%	0.27%	108.24%
Hindu	0.28%	0.64%	145.40%
Jewish	0.05%	0.06%	7.41%
Muslim (Islam)	0.37%	0.83%	142.59%
Sikh	0.14%	0.24%	80.58%
Other religion	0.23%	0.34%	59.43%
No religion	17.46%	30.68%	87.98%
Religion not stated	7.42%	7.40%	6.62%

Source: Census 2001 and Census 2011

There has been a great shift in self-reported religion in South Gloucestershire in the last 10 years. The number and proportion of people reporting themselves as being Christian has fallen considerably, large increases have been observed amongst Hindus and Muslims, the proportion of whom in South Gloucestershire has more than doubled in the last 10 years.

Sexual Orientation

The government estimates that 5-7% of the population are lesbian, gay or bisexual, so based on updated 2011 population figures South Gloucestershire may have 15,700 people who are lesbian, gay or bisexual (estimate 13,100 – 18,400).

Note – Sexual orientation is not included as a category in the Census, so specific figures are not available. However, the Census 2011 did show that the number of people in South Gloucestershire cohabiting in a same sex relationship or a registered same-sex civil partnership is over 1,300.

The Gender Identity Research and Education Society, GIRES, estimate (in 2011) that 0.6%-1% of the population (16+) experience some degree of gender variance, which in South Gloucestershire (based on 16+ population of 212,800) would equate to 1,280 – 2,130 people. The majority of these would continue to live in their birth gender and not request medical intervention, and GIRES estimate that, at some stage, about 0.2% may undergo treatment for gender transition – an estimate of up to 430 people in South Gloucestershire.

Other Issues to Consider

Usage of online services

It is important that access to online services is raised by this EqIAA as some pharmaceutical services are offered by digital means and this would therefore have a differential impact on some protected characteristic groups.

The research report “Understanding digital exclusion in South Gloucestershire: Data summary for South Gloucestershire digital inclusion strategy, April 2013” makes the following findings:

“....we can assume at a district level, there are key groups that will need to be treated as more likely to be digitally excluded than other residents, and there are concentrations of these types of populations located throughout South Gloucestershire”.

Digitally included / active traits in South Gloucestershire – the LSOAs with the top 10% online response rates tend to have:

- People aged under 65 years, particularly those aged between 16 to 44 years
- People who are in employment
- Populations where there are more people with higher level qualifications
- more people in employment
- a higher percentage of the population whose main language is not English
- a lower proportion of people claiming key out-of-work benefits

Digitally excluded / inactive traits in South Gloucestershire – based on the data analysed, the bottom 10% of online response rates do not show such clear traits as the highest 10%. These LSOAs tend to have:

- People aged over 65 years, particularly those aged over 75 years
- People who have classed themselves as having a limiting illness
- Populations where there are more people with no qualifications
- People who are out of work or who are claiming out-of work-benefits, particularly those who live in rural areas and are unable to access public provision of internet such as via libraries

Consultation was carried out from 4th September 2017 until 27th. As part of the consultation we welcomed comments made online and by letter, email, fax and over the phone and these contact methods were promoted on consultation literature.

Key issues emerging from the consultation are

- 24 hours access to services
- Access to services from more rural locations

SECTION 3 - IDENTIFICATION AND ANALYSIS OF EQUALITIES ISSUES AND IMPACTS

As a result of the research conducted thus far, we believe that we have pharmaceutical provision that meets the needs of the population regardless of protected characteristics. This will need to be reviewed for the next PNA as a result of future housing developments. The following table sets out key issues in respect of Protected Characteristic groups that we will ensure are addressed by the PNA.

Protected Characteristic	Issues Emerging
Age	<p>The need for pharmaceutical services rises with age, for example for those older people living with multiple long term conditions. It is important that recommendations emanating from the PNA account for this factor which results in more people from older age groups having a need to access pharmaceutical services.</p> <p>Older people have reported that they are less likely to use the internet than other groups of the population. Some pharmaceutical services are offered by digital means and this would therefore have a differential impact on some protected characteristic groups.</p>
Disability	<p>It is important that physical access to pharmacy buildings is ensured.</p> <p>Our research shows that disabled people have a significantly lower rate of internet usage when compared to the population as a whole. Therefore it is important the PNA uses this information to ensure accessibility to services for disabled people and people with a limiting illness is maintained and continuously developed.</p>
Marriage and Civil Partnership	No impacts noted.
Pregnancy and Maternity	Access to sexual health services and contraception as pharmacies offer elements of this service provision.
Gender Reassignment	Access to private consultation rooms is a factor that is considered important in respect of this protected characteristic. This is a factor that should also be taken into account for the whole population.
Race	Access to translation services may sometimes be required as it is important that pharmacies are able to provide services to all, taking into account diversity.
Religion	An awareness of different religious beliefs is important for pharmacies in order to ensure access to appropriate information.
Sex	No issues noted.
Sexual Orientation	Access to private consultation rooms is a factor that is considered important in respect of this protected

	characteristic. This is a factor that should also be taken into account for the whole population.
--	---

SECTION 4 - EqIAA OUTCOME

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	<input checked="" type="checkbox"/>	As a result of this analysis, there are no major changes required to the PNA, however section 5 below highlights the issues of 24 hour services and rurality, which will continue to be monitored across protected characteristic groups.
Outcome 2: Adjustments to remove barriers or to better promote equality have been identified.	<input type="checkbox"/>	
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.	<input type="checkbox"/>	
Outcome 4: Stop and rethink.	<input type="checkbox"/>	

SECTION 5 - ACTIONS TO BE TAKEN AS A RESULT OF THIS EqIAA

- The impact of access to 24 hours services and services in rural locations will continue to be monitored in order to establish any health impact and potential for growth of pharmaceutical services in future

SECTION 6 - EVIDENCE INFORMING THIS EqIAA

Census 2001

Census 2011

ONS 2015 mid-year estimates

RNIB Sight Loss Data Tool Version 3.4 (extracted 2017)

“Projecting Adult Needs and Service Information” for 2017 (extracted 2017)

QOF data, NHS digital

South Gloucestershire Council and the City of Bristol Council Gypsy, Traveller and Travelling Show people Accommodation Assessment, Opinion Research Services. 2014

Ethnic Minority and Traveller Achievement Service Data

Gender Identity Research and Education Society, GIREs data

Understanding digital exclusion in South Gloucestershire: Data summary for South Gloucestershire digital inclusion strategy, April 2013

Appendix 9 – Consultation report

Pharmaceutical Needs Assessment 2017

Consultation Output Report

South Gloucestershire Council

Author: Corporate Research & Consultation Team
Date: December 2017

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1. Key Findings

- Most respondents agree with the accuracy of the Pharmaceutical Needs Assessments in terms of availability, needs of population and identification of gaps
- Less than half of respondents (9 out of 25) believe that their pharmaceutical needs will be met in the next 3 years
- Just under half of respondents (12 out of 25) agree with the conclusions of the Pharmaceutical Needs Assessments
- One issue raised by a few respondents was the demand for greater availability of 24-hour pharmaceutical services

2. Consultation purpose, methodology and response

Research Objectives

The purpose of this consultation was to seek views and gather opinions from groups and organisations on the draft versions of the Pharmaceutical Needs Assessments for Bristol, North Somerset and South Gloucestershire.

Methodology

The consultation process was supported by a dedicated consultation webpage which hosted all consultation documents, an online survey and a paper survey to download. The online consultation system sent out a notification to registered users informing them of the consultation and providing links to this information: <https://consultations.southglos.gov.uk/consult.ti/PNA2018/>

The survey was open from 4th September 2017 until 27th November 2017. As part of the consultation we also welcomed comments made online and by letter, email, fax and over the phone and these contact methods were promoted on consultation literature.

Consultation information was sent to statutory consultees, including all pharmacies in the three Local Authorities, Town and Parish Councils, South Gloucestershire councillors and local voluntary and community organisations. The list of statutory consultees can be found in Appendix B. Notifications were also sent to a range of other stakeholders and interested parties. All libraries and One-Stop Shops were also notified of the consultation details and asked to cascade the information to any interested parties.

Sample and Response

The survey received a total number of 26 responses, of which 2 were paper copies and 24 were completed online.

4 emails were received by the South Gloucestershire Council Consultation mailbox.

From Table 1 it is possible to tell how many individuals downloaded and viewed each of the consultation documents electronically.

Table 1. Downloads of online documents available during consultation

Consultation document	Number of downloads from Southglos.gov.uk webpage
Bristol PNA and Initial EqlAA	67
North Somerset PNA	117
North Somerset Initial EqlAA	13
South Gloucestershire PNA	319
South Gloucestershire Initial EqlAA	47
Paper survey for Bristol	13
Paper survey for North Somerset & South Gloucestershire	90

General Caveats

The results of this consultation may not be statistically representative of the views of South Gloucestershire residents due to the nature of the consultation methodology used. The level of response, information gathered and views obtained still provide a useful indicator of wider opinion and any important issues that will need to be considered.

Due to the software used and the different response options open to respondents, it was possible for people to submit more than one response. This has been monitored during the consultation period and analysis and it does not appear to have been abused or be a significant issue affecting the response.

Any obvious duplicate comments, personal information and comments that can identify individuals, have been removed from the comments analysis.

Percentages used in this report have been rounded and may not add up to exactly 100%. For some survey questions, respondents could select more than one response which also means that percentages or number of responses, if added together, can total more than 100% or more than the number of responses received.

We have included all responses received direct to us as part of this consultation report, however we are aware of other comments made particularly via social media, in comments made to news articles online and in letters to the press that we have not been able to practically include.

A full list of all comments made is available on request.

Further Information

This report was produced by South Gloucestershire Council's Corporate Research & Consultation Team. Further information about this report is available from the Senior Corporate Consultation Officer:

☎ 01454 868154

✉ consultation@southglos.gov.uk

✉ South Gloucestershire Council, Corporate Research and Consultation Team, Council offices, Badminton Road, Yate, Bristol, BS37 5AF

3. Survey Analysis

3.1. Overall Response

Overall, there were 26 survey responses; the majority (22) were for South Gloucestershire, 3 were for North Somerset and 1 was for Bristol. Due to the small volume of responses, survey results will not be analysed separately by region, but which LA responses refer to will be indicated.

Table 2: Q1 “Which area's PNA do you want to comment on?”

Base size : All Respondents (n=26)

Which area's PNA do you want to comment on?	Number of respondents
Bristol	1
South Gloucestershire	22
North Somerset	3



3.2. Perceived Accuracy of Assessments

The majority of respondents (20 out of 25) felt that the draft PNA accurately reflects the services in their area. All 3 respondents for North Somerset agreed with this, whilst 1 respondent for South Gloucestershire and Bristol respectively disagreed. No respondents provided any comments on the reason for their answer.

Table 3: Q3 “Do you think that the information contained within the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in [Local Authority]?”

Base size: All Respondents to Q3 (n=25)

Counts Respondents	Total	Which area's PNA do you want to comment on?		
		Bristol	South Gloucestershire	North Somerset
Base	25	1	21	3
Yes	20	-	17	3
No	1	-	1	-
Don't know	4	1	3	-

Whilst more respondents were likely to feel that the PNA adequately reflected the needs of the local population than not (13 'yes' vs. 7 'no'), this was not the case for North Somerset where 2/3 respondents did not feel that the PNA was an adequate reflection of local population needs. The reasons for disagreement are shown in Table 5 (no reasons for agreement were given); one concern was regarding the ability to reach pharmaceutical services for those living in rural areas.

Table 4: Q4 “Do you feel that the pharmaceutical needs of the population of [local authority] have been adequately reflected in the draft PNA document?”

Base: All Respondents to Q4 (n=25)

Counts Respondents	Total	Which area's PNA do you want to comment on?		
		Bristol	South Gloucestershire	North Somerset
Base	25	1	21	3
Yes	13	1	11	1
No	7	-	5	2
Don't know	5	-	5	-

Table 5: Q4a “Why do you say that?”

Base: Respondents who answered ‘no’ at Q4 (does PNA adequately reflect pharmaceutical needs of your LA?)

Comment	Local Authority
In Thornbury they're always running out of things, slow serving	South Gloucestershire
there is no pharmacy in Bitton especially with the new houses currently being built in Bitton	South Gloucestershire
The pharmaceutical chemist in Thornbury have a very quick turnaround of its staff. Some of whom could do with a lot more training in dealing with the customers!	South Gloucestershire
There is insufficient understanding of the needs of people in the rural parts of South Glos. 100% of people being 20 minutes from a pharmacy by public transport is a laughable measure. What about people who cannot get to a bus route, or have to wait 2 hours for the next bus, or can't get home again afterwards as the last bus has gone?	South Gloucestershire
The individual's needs change and there is not always time to adjust this	South Gloucestershire
New houses in Weston but no provision	North Somerset
The conclusion for North Somerset is that there is no gap in services, based on the premise that whilst this is the lowest population proportion within a 20-minute walk time of a pharmacy/dispensing practice, this locality has the highest car ownership (with 90% of households having access to a car). Given the findings of this needs assessment, the steering group say they are satisfied that North Somerset has good coverage of essential pharmaceutical services through community pharmacies and dispensing doctors. This conclusion is reached based on travel time analysis based on car driving times, public transport and walk times but will be updated following consultation findings. The PNA steering group acknowledge and accept that access to a car is a requirement for this conclusion to hold in the most rural areas. A prescription delivery service is also available although this is provided on a voluntary basis and could be withdrawn. Given the distance to a pharmacy of our Parish and lack of certainty that a delivery service will remain the Parish Council is concerned about the complacency of the conclusion regarding car access.	North Somerset

The majority of respondents (14 out of 25) agree that there are no gaps in provision of services. However 6 respondents disagree with this assessment; at least one respondent regarding each local authority. Reasons for disagreement are shown in Table 7 (no reasons for agreement or ‘don’t know’ were given).

Table 6. Q7. “The PNA does not identify any gaps in the provision of necessary services (including the dispensing of prescriptions). Do you agree with this assessment?”

Base : All Respondents to Q7 (n=25)

Counts Respondents	Total	Which area's PNA do you want to comment on?		
		Bristol	South Gloucestershire	North Somerset
Base	25	1	21	
Yes	14	-	12	
No	6	1	4	
Don't know	5	-	5	

Table 7. Q7a. “Why do you say that?”

Base: All respondents

Comment	Local Authority
I don't drive and my nearest chemist is a long walk away, and doesn't open weekends or evenings.	Bristol
There is more and more times that prescriptions cannot be completed due to delay in receipt from the makers.	South Gloucestershire
Current services are inadequate in Yate, especially since the closure of Lloyds in West Walk. The Courtside Lloyds is always crowded, with long waiting times, repeat prescriptions never ready until the last minute.	South Gloucestershire
Mental health is still not covered enough and effects more of the population than NHS England and councils reckon	South Gloucestershire
Please see comment above.	North Somerset

3.3. Confidence in Pharmaceutical Provision

Overall, just under half of respondents (12 out of 25) did not know if their pharmaceutical needs would be met in the short term future, based on the information from the PNA. However no comments were left to explain why this is.

9 respondents felt their pharmaceutical needs would be met, and 4 respondents – at least one for each local authority – did not believe their needs would be met in the next 3 years. Their reasons are shown in Table 9.

Table 8: Q5 “From the information in the draft PNA, do you believe that your future pharmaceutical needs will be met in the next 3 years?”

Filter : All Respondents to Q5 (n=25)

	Total	Which area's PNA do you want to comment on?		
		Bristol	South Gloucestershire	North Somers
Base	25	1	21	
Yes	9	-	8	
No	4	1	2	
Don't know	12	-	11	

Table 9: Q6 “Why do you say that?”

Base: Respondents who answered 'no' at Q5

Comment	Local Authority
Chemists keep closing down and the government, local or central, can't stop this.	Bristol
You have not allowed for the ageing population and the growth in immigration.	South Gloucestershire
Need more pharmacies open 24 hours like in Asda etc.	South Gloucestershire

3.4. Feedback on PNA Conclusions

Overall, just under half of respondents (12 out of 25) agree with the conclusions contained within the draft PNAs. 5 respondents disagreed – at least one for each of the local authorities. The reason for their disagreement can be seen in Table 11.

Table 10: Q8. “Do you agree with the conclusions contained within the draft PNA?”

Base: All Respondents to Q8 (n=25)

Counts Respondents	Total	Which area's PNA do you want to comment on?		
		Bristol	South Gloucestershire	North Somerset
Base	25	1	21	
Yes	12	-	11	
No	5	1	2	
Don't know	8	-	8	

Table 11: Q8a. “Why do you say that?”

Base: All Respondents who answered 'no' at Q8

Comment	Local Authority
Due to my last answer.	Bristol
There are current gaps in the market as Oldland common pharmacy shuts for lunch so members of the public have to wait until they open again. Shutting for lunch is not acceptable in these times.	South Gloucestershire
It seems to have been a hugely lengthy verbose and repetitive exercise just to say everything's fine, we don't need to improve anything.	South Gloucestershire
Winford Parish is not well served and not every resident has access to a car. There is no public transport service to a pharmacy, apart from a community bus that takes people to and from the airport for connection to other services. This is not appropriate for the collection of regular medicines and appliances, particularly for those less able to travel.	North Somerset

A few respondents had questions or comments about the PNA overall, and whilst there was no common theme in the feedback, two respondents mentioned the need for 24-hour access to pharmacy services.

Table 12: Q9. “Please use this space to make any other comments about the PNA or pharmacy services in [local authority] that you think are relevant”

Base: All respondents to Q9

Comment	Local Authority
I think it is totally inadequate that there is nowhere in the region (or Bristol/North Somerset) that an 'out of hours' service is available. I accept that there may only be one and that a car/taxi might be needed to travel to it, but I think there should be a 24 hour service somewhere. Having a husband who has had cellulitis...having to wait 4/5 hours to get antibiotics, results in the infection getting much worse and as a consequence the recovery taking longer...which in turn means he can't work for longer etc...In this day and age, I would have thought this would appropriate and possible....it only needs just one in each region...either that or out of hours doctors have to have access to the appropriate medications at all hours.	South Gloucestershire
A lot of the pharmacies do not provide a separate consultation room to discuss your prescription you should not have to discuss your prescription in front of the counter with everyone else waiting to collect theirs. There is no privacy in a lot of the pharmacies this is unacceptable.	South Gloucestershire
I can only talk from the aspect of the chemist that makes up me prescriptions.	South Gloucestershire
There seems to have been no assessment of the quality of services being provided by pharmacies, including their ability/willingness to deliver prescriptions to people's homes where required.	South Gloucestershire
Wondering what services and medications are going to be stopped because of this report.	South Gloucestershire
Would like assurance that all pharmacies know about and work to the Accessible Information Standard	South Gloucestershire
Page 61, section 7.2.9 refers to PCTs (now defunct). Also following paragraph states that South Glos can access sexual health and smoking cessation services across the border in Wiltshire pharmacies and this is not the case - You need to be a Wiltshire resident to access these services from a Wiltshire pharmacy.	South Gloucestershire
N/A	South Gloucestershire
Need pharmacies open 24/7 and close to bus routes	South Gloucestershire

3.5. Profile of survey respondents

Type of Respondent

The majority of survey respondents were members of the public (21 out of 26). However there were also responses from health or social care professionals (2), providers of pharmacy services (2), one Parish council (Winford) and one response from Wiltshire Health and Wellbeing Board (via Wiltshire Council).

Table 13: Q2 Are you responding to this consultation...?

Base size: All Respondents to Q2 (n=26)

	Total	Which area's PNA do you want to comment on?		
		Bristol	South Gloucestershire	North Somerset
Base	26	1	22	
As a member of the public	21	1	19	
As a health or social care professional	2	-	1	
As a pharmacist or provider of pharmacy services	2	-	1	
On behalf of a voluntary or community sector organisation	-	-	-	
On behalf of a business	-	-	-	
On behalf of a Parish or Town Council	1	-	-	
Other	1	-	1	

Gender

Table 14: Q10. "Are you...?"

Base : All Respondents to Q10 (n=21)

Counts Respondents	Total	Which area's PNA do you want to comment on?		
		Bristol	South Gloucestershire	North Somerset
Base	21	1	19	
Male	10	-	10	
Female	11	1	9	
Prefer not to say	-	-	-	

Age

Table 15: Q11 “How old are you?”

Base: All Respondents to Q11 (n=21)

Counts Respondents	Total	Which area's PNA do you want to comment on?		
		Bristol	South Gloucestershire	North Some
Base	21	1	19	
17 or under	-	-	-	
18 - 24	-	-	-	
25 - 44	3	-	3	
45 - 64	11	1	9	
65+	5	-	5	
Prefer not to say	2	-	2	

Disability

Table 16: Q12 “Do you consider yourself to be disabled?”

Base: All Respondents to Q12 (n=21)

Counts Respondents	Total	Which area's PNA do you want to comment on?		
		Bristol	South Gloucestershire	North Somerset
Base	21	1	19	1
Do you consider yourself to be disabled?				
Yes	6	-	5	1
No	11	1	10	-
Prefer not to say	4	-	4	-

Table 17: Q13 “If yes, please explain how this impacts on your use of or access to pharmacy services”

Base: Respondents with a disability (4)

Comment	Local Authority
If I find that I can no longer drive, my local pharmacy delivers each week.	South Gloucestershire
None. I am able to collect my prescriptions monthly.	South Gloucestershire
I am a PERSON WITH PARKINSONS and so rely on a well run pharmacy service	South Gloucestershire
Sensory impairment	South Gloucestershire

Ethnicity

Only one respondent answered Q14 “Your ethnicity”, and they responded as “White – English/Welsh/Scottish/Northern Irish/British”.

Transgender, Religion and Sexual Orientation

There were no responses to Q15, Q16 or Q17. These questions were only asked to those respondents who were answering questions on the Bristol PNA, due to a difference in equalities monitoring policies between the other local authorities.

4. Analysis of other representations

4.1. Letters and emails

Four emails were received regarding the draft PNAs, the contents of which are shown in Table 18.

Table 18: Emails received and type of respondent

Comments	Respondent
<p>I write in my capacity as the Unitary Authority Ward Councillor to ensure that should consideration be given to any rationalisation of Pharmacies in Portishead, that due recognition be given to the excellent service offered by independently operated West Hill Pharmacy and the important role it plays in the vitality of the local community away from the High Street</p>	<p>Councillor of West Ward, Portishead</p>
<p>This consultation is 135 pages of mainly technical data. The notion that this is an accessible public consultation is unrealistic. If South Gloucestershire really wants to consult the public at large, as opposed to specialist providers, then it needs to reflect upon how accessible the consultation is, and produce a consultation for the wider public which makes explicit the key issues and choices as they will affect the public. As it stands the document is entirely focussed on speaking to and with the provider and commissioner audiences. It has value in that context, but it should not then be issued to the general public for consultation as it is not the basis upon which any local member of the public can realistically be able to identify and communicate gaps in need or mechanisms for addressing inequalities they have identified.</p> <p>Instead, if the providers, commissioners and HWB want to know what the public, for whom the services are provided and who fund the services, see as gaps or opportunities, could we have a document that addresses the public?</p> <p>As Yate Town Council our particular concern is access to pharmaceutical services in the Yate area. We note that the ratio of pharmacies to population in Yate is higher than in South Gloucestershire as a whole, and is significantly above the national average. Whilst we</p>	<p>Yate Town Council</p>

<p>have a number of pharmacies in the main shopping centre in Yate, we do not have pharmacies in all of the smaller shopping centres in town, which particularly has an impact on the very people most likely to need the pharmacies.</p> <p>However the primary complaint we hear from local residents is about the lack of availability of pharmacy services after 6pm and at weekends. The figures from NHS England on page 11 of the report underline this, with Severnvalle having twice the number of pharmacies open after 6pm compared to Yate, and twice as many open on Sundays. There is a real problem with access to pharmacy services after 6pm and on Sundays in the town. And we are aware of real problems which have arisen with the complete lack of any pharmacy after 5pm on Sundays.</p> <p>Even when there is one open, access to information about which one will be open are troubling. We believe that given the 24/7 lifestyle is now spreading to this area, it is important that there are better out of hours facilities.</p> <p>We are not aware of gaps in specialist services.</p>	
<p>I was on site yesterday and asked the [gypsy and traveller family] mums about their experiences of using the local pharmacies in the area. It was an opportunistic open discussion with a group of mums during the stay and play and managed to get informal feedback only because of the time factor and variations of literacy levels within the group. The mums come and go at their own accord so if I started doing a form each, I think I would have lost them!</p> <p>In general the mums reports they use the pharmacies in Patchway and Asda at Cribbs for getting their medication only. They report it's just a tick or signature needed to get their medications so they don't find it awkward if they can't read or write. They report being happy with the opening times and access, although I sensed they only look upon pharmacies as somewhere to get medication as opposed to the other services pharmacies offer. Perhaps marketing their services in Patchway to the travellers via visual posters or informal opportunistic conversations by the pharmacist when they pop in, could in fact help the GRT families find out that pharmacies can offer much more than just dispense medications.</p>	<p>South Gloucestershire Council employee</p>

<p>I have read through the draft Bristol PNA and have noticed some discrepancies in the information relating to the services provided by our branches.</p> <p>Pharmacy: FAG83, Bestway National Chemists Ltd, 22a Lodgeside Avenue – It states that the pharmacy offers the Stop Smoking Service & Voucher, however the pharmacy only offers the Vouchers.</p> <p>Pharmacy FTW66, Bestway National Chemists Ltd, Horfield Health Centre – it states that the pharmacy only offers the Vouchers, but it does offer both the vouchers and the Stop Smoking Service</p> <p>Pharmacy FNV78, Bestway National Chemists Ltd, Sea Mills Surgery - it states that the pharmacy only offers the Vouchers, but it does offer both the vouchers and the Stop Smoking Service</p> <p>Pharmacy FWR01, Bestway National Chemists Ltd, Hartcliffe Health Centre - it states that the pharmacy only offers the Vouchers, but it does offer both the vouchers and the Stop Smoking Service</p> <p>Pharmacy FHE93, Bestway National Chemists Ltd, 36 Filton Road – it states that the branch does not offer the Stop Smoking Voucher, but the branch does offer the vouchers</p>	<p>Individual in a professional capacity</p>
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Consultation Appendices

Appendix A. Copy of survey



Thanks for taking the time to take part in this consultation.

Before you do, make sure you have read the document showing the draft Pharmaceutical Needs Assessment (PNA) for the area you are interested in (Bristol, South Gloucestershire or North Somerset.

You can find these at South Gloucestershire Council's consultation homepage

If you have any questions about the draft PNA, contact consultation@southglos.gov.uk

This survey closes at 11pm on Monday 27th November 2017

Q1 Which area's PNA do you want to comment on?

- ☐ Bristol
- ☐ South Gloucestershire
- ☐ North Somerset

Q2 Are you responding to this consultation...?

- | | |
|--|--|
| <input type="checkbox"/> As a member of the public | <input type="checkbox"/> On behalf of a business |
| <input type="checkbox"/> As a health or social care professional | <input type="checkbox"/> On behalf of a Parish or Town Council |
| <input type="checkbox"/> As a pharmacist or provider of pharmacy services | <input type="checkbox"/> Other |
| <input type="checkbox"/> On behalf of a voluntary or community sector organisation | |

Q2a If 'other' please specify:

**Q2b If you are responding on behalf of an organisation
What is the name of the organisation you are responding on behalf of?**

Q3 Do you think that the information contained within the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in your area?

- ☐ Yes
☐ No
☐ Don't know

**Q3a If you answered 'no'
Why do you say that?**

Q4 Do you feel that the pharmaceutical needs of the population of your area have been adequately reflected in the draft PNA document?

- ☐ Yes
☐ No
☐ Don't know

**Q4a If you answered 'no'
Why do you say that?**

Q5 From the information in the draft PNA, do you believe that your future pharmaceutical needs will be met in the next 3 years?

- ☐ Yes
☐ No
☐ Don't know

**Q6 If you answered 'no'
Why do you say that?**

Q7 The PNA does not identify any gaps in the provision of necessary services (including the dispensing of prescriptions). Do you agree with this assessment?

- ☐ Yes
☐ No
☐ Don't know

**Q7a If you answered 'no'
Why do you say that?**

Q8 Do you agree with the conclusions contained within the draft PNA?

- ☐ Yes
☐ No
☐ Don't know

**Q8a If you answered 'no'
Why do you say that?**

Q9 Please use this space to make any other comments about the PNA or pharmacy services in your area that you think are relevant.

About you

This section is really important as it helps us to gain a better understanding of the needs of different service users, the views of different people and how they could be impacted by any changes. This information will remain confidential and will be used for analysis purposes only. Your personal information will not be published and individuals will not be identified.

If you are answering on behalf of an organisation, you do not need to complete this section

Q10

Are you...?

- ☐ Male ☐ Female ☐ Prefer not to say

Q11

How old are you?

- ☐ 17 or under ☐ 25 - 44 ☐ 65+
- ☐ 18 - 24 ☐ 45 - 64 ☐ Prefer not to say

Q12

Do you consider yourself to be disabled?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q13

If yes, please explain how this impacts on your use of or access to pharmacy services

Q14a

How would you describe your ethnic group?

White

- ☐ English/Welsh/Scottish/Northern Irish/British ☐ Gypsy or Irish Traveller
- ☐ Irish ☐ Any other White background

Q14b

Mixed/Multiple Ethnic Groups

- ☐ White & Black Caribbean ☐ White & Asian
- ☐ White & Black African ☐ Any other mixed/multiple background

Q14c

Asian/Asian British

- ☐ Indian ☐ Chinese
- ☐ Pakistani ☐ Any other Asian background
- ☐ Bangladeshi

Q14d

Black/African/Caribbean/Black British

- ☐ African ☐ Any other Black/African/Caribbean background
- ☐ Caribbean

Q14e

Other ethnic group

- ☐ Arab ☐ Other

Q14g

If you said any 'other' background, please write in

Thank you for taking the time to respond to this survey. Please return this survey or any comments before **27th November 2017** by post to:

FREEPOST RTXL-YJXJ-BXEX , South Gloucestershire Council, Corporate Research & Consultation Team, PNA2018, Council offices, Badminton Road, Yate, BRISTOL, BS37 5AF

Appendix B. List of statutory consultees

Avon Local Pharmaceutical Committee (LPC)
Avon Local Medical Committee (LMC)
South Gloucestershire Health & Wellbeing Board
Bristol Health & Wellbeing Board
Wiltshire Health & Wellbeing Board
Gloucestershire Health & Wellbeing Board
North Somerset Health & Wellbeing Board
Bath & North East Somerset Health & Wellbeing Board
Gloucestershire LPC
Wiltshire LPC
Gloucestershire LMC
Wiltshire LMC
All community pharmacy contractors in South Gloucestershire
All dispensing doctor surgeries in South Gloucestershire
South Gloucestershire Healthwatch
South Gloucestershire Council Overview and Scrutiny Committee (OSC)
Parish and Town Councils in South Gloucestershire
North Bristol NHS Trust
University Hospital Bristol NHS Foundation Trust