

South Gloucestershire Council

Pharmaceutical Needs Assessment

2022-2025



South Gloucestershire Health and Wellbeing Board
10-1-2022

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1. Executive Summary

This assessment of pharmaceutical needs in South Gloucestershire is a statutory responsibility of the Health and Wellbeing Board in South Gloucestershire, as per the Health and Social Care Act 2012 and is produced every three years. It is produced for NHS England to support decision making around the granting of licenses for pharmaceutical provision in South Gloucestershire for the period covered by the assessment, 2022 to 2025. The previous PNA for South Gloucestershire found no gaps in provision of pharmaceutical services.

For the purposes of this PNA, the data and provision were broken down by 3 geographical localities: Kingswood, Severnvale, and Yate. There are currently 47 community pharmacies in South Gloucestershire and 2 dispensing general practices spread across 4 branches. This represents a rate of 16 per 100,000 residents, lower than the national rate of 20.8 per 100,000 and the regional rate of 18.8 per 100,000. However, there is no set minimum requirement for pharmaceutical provision per capita, and access to appropriate services was considered in the context of travelling time and opening hours to ensure coverage.

Analysis for the entire population of South Gloucestershire show that 97.3% are within a 10-minute drive of a community pharmacy, reducing to 97.2% during rush hour. 92.5% are within a 5-minute drive of a community pharmacy, reducing to 90% during rush hour. This is broadly consistent with responses to our public engagement questionnaire. Most respondents reported travelling to their pharmacy by car, on foot, or having their medications delivered or collected for them. Additionally, of those responding, 96% were within a 20-minute drive or walk to a community pharmacy and 45% reported they would find it acceptable to travel between 10 and 30 minutes.

Over 81% of the South Gloucestershire population are within a 15-minute walk of a community pharmacy and 94% are within a 20-minute journey using public transport. A relatively small proportion of residents were likely to have a longer traveling time, related to more rural areas, however car ownership was noted to be higher in these areas and there were more likely to be access to a dispensing practice.

Opening hours analysis did not identify gaps in opening times which reduce access to necessary services. All pharmacies are open on weekdays with good coverage of early, late, and weekend provision across South Gloucestershire though there is some variability between the localities.

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.

Feedback from the formal consultation, which received ten responses, identified several issues with pharmaceutical provision which are not due to local factors. These included primary care workforce shortages, queues, and issues with medicines availability. These factors will be fed back to NHS England and inform local work around primary care working where possible though the fall outside of the scope of the PNA.

Conclusion

No gaps have been identified in necessary service provision, that if provided either now, or in the lifetime 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.

2. Introduction

South Gloucestershire Health and Wellbeing Board (HWB) is responsible for assessing the health needs of its local population. This is usually described within a Joint Strategic Needs Assessment (JSNA). A Pharmaceutical Needs Assessment (PNA) assesses how the health needs of those in South Gloucestershire can be met through pharmaceutical services commissioned by NHS England, and whether there are any gaps in provision. The responsibility for producing the PNA also sits with the HWB and is a statutory product covering a period of three years. The PNA is used by NHS England when making commissioning decisions around pharmaceutical services in the area, providing a transparent process of systematically identifying needs and then commissioning services that can meet them. If a pharmacy or a dispensing appliance contractor wishes to provide pharmaceutical services in South Gloucestershire, they are required to apply to NHS England to be included in the pharmaceutical list. 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.

Community pharmacies play a vital role in the local healthcare system, and are well placed to offer support and essential and frontline pharmaceutical services to local people. The PNA can help to identify the need for new premises in areas that are underserved, but also identify if there should be changes or improvements to the services offered or improvements in access to those services. Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, the PNA can also support the local integrated care board (ICB), Bristol, North Somerset, and South Gloucestershire (BNSSG) ICB with local commissioning decisions for services that may be delivered through pharmacies.

2.1. Developing the pharmaceutical needs assessment

The Director of Public Health is the HWB member who is accountable for the development of the PNA. 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 NHS regulations and then identifies and describes the pharmaceutical 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 IV](#).

The PNA development was comprised of 3 stages; Patient and Public Engagement, Data synthesis and Analysis, Formal Consultation.

The patient and public engagement comprised of a web-based questionnaire that was disseminated via social media and key stakeholders asking for feedback on the experience of using pharmacies in South Gloucestershire. 189 responses were received in the 3 weeks the questionnaire was live.

The data synthesis and analysis were carried out in conjunction with the South West Local Knowledge and Intelligence Service partners and focused on identifying pharmaceutical activity, travelling and opening times, and key population characteristics in South Gloucestershire.

A formal consultation period on the PNA ran for 60 days between the 11th of July and the 8th of September and sought responses from the public, key stakeholders, and providers of pharmaceutical provision in South Gloucestershire. 10 responses were received in all, 7 from residents, 1 on behalf of a voluntary or community organisation, 1 on behalf of a business, and 1 on behalf of a parish or town council.

2.2. Localities used for analysis

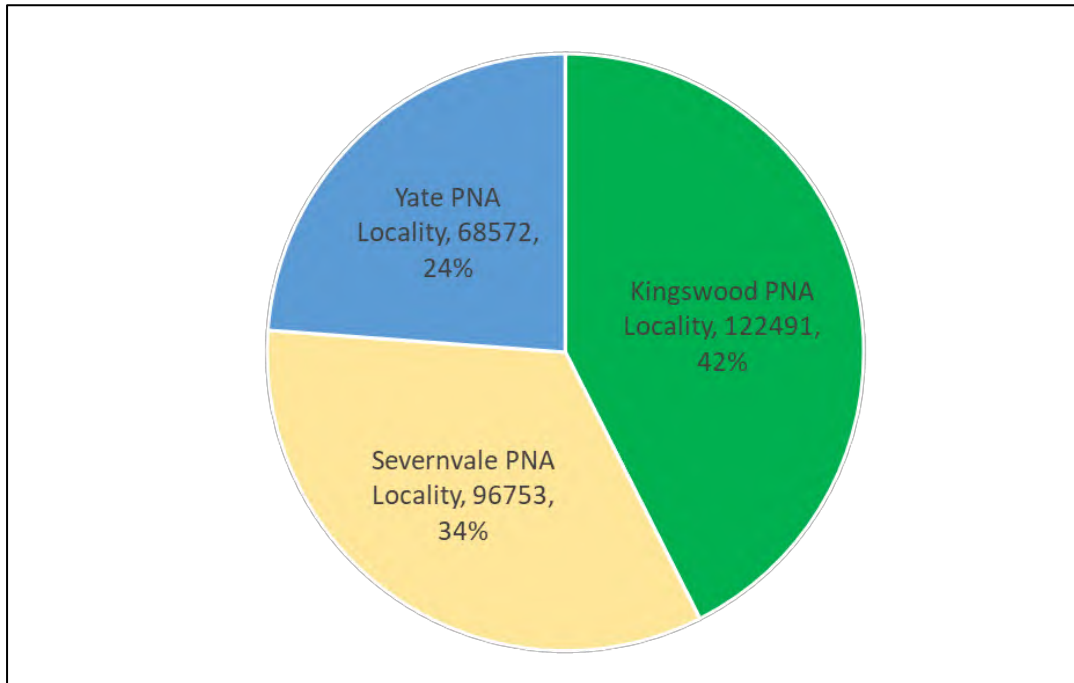
Three localities have been used for the PNA in South Gloucestershire to enable analysis of pharmaceutical need at a sub-local authority level. These localities combine smaller census geographies to enable effective profiling of the population. These smaller geographies were grouped based on where most of the population were registered with primary care services. The resulting three localities should therefore reflect the experience by users of pharmaceutical services and broadly align to geographies used by the National Health Service.

PNA Localities for South Gloucestershire:

- Kingswood PNA Locality
- Severnvale PNA Locality
- Yate PNA Locality

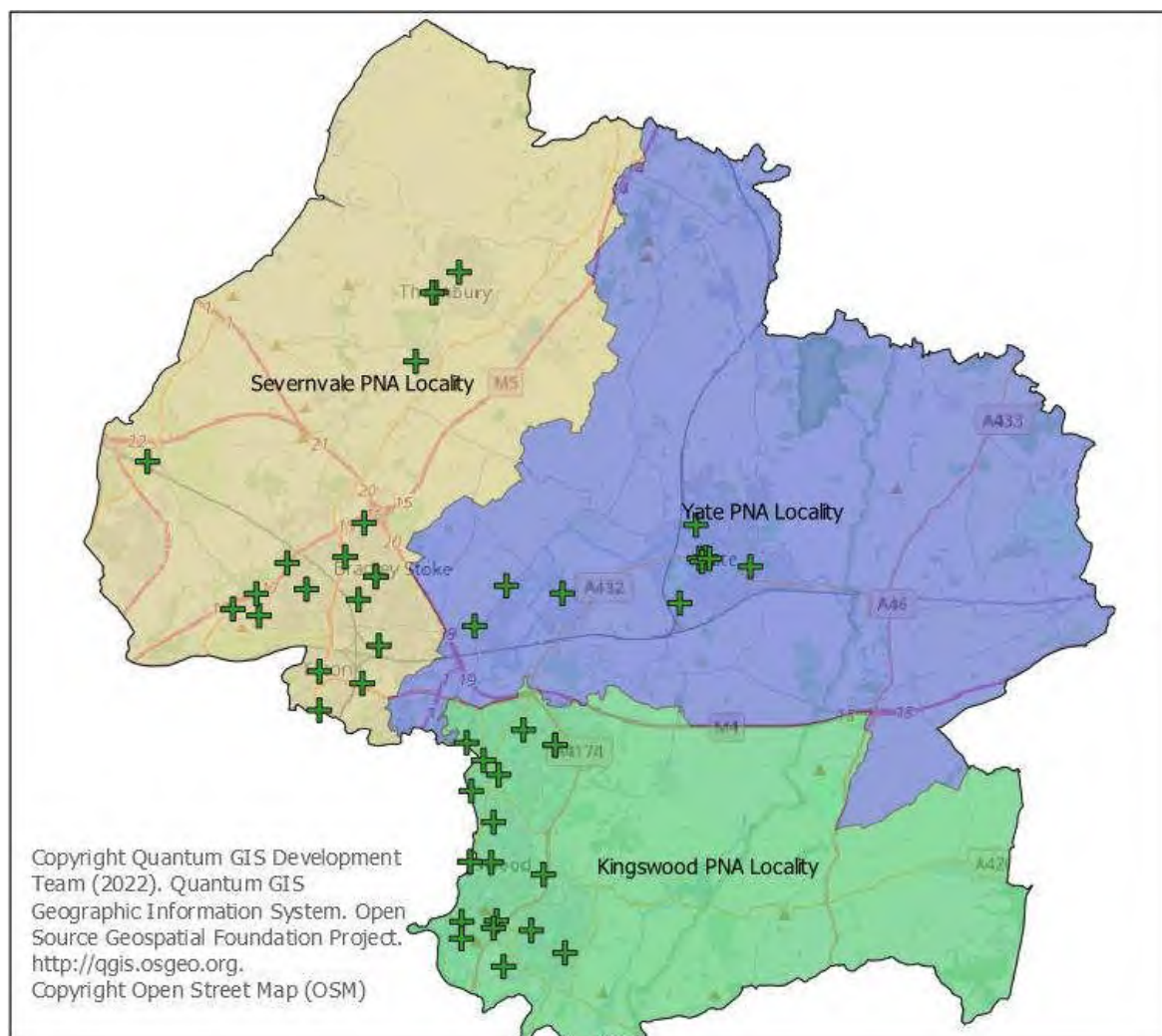
Figure 1 shows that the Kingwood Locality has the largest population, followed by Severnvale Locality and Yate Locality.

Figure 1 - Resident Population figures by locality, South Gloucestershire, 2020



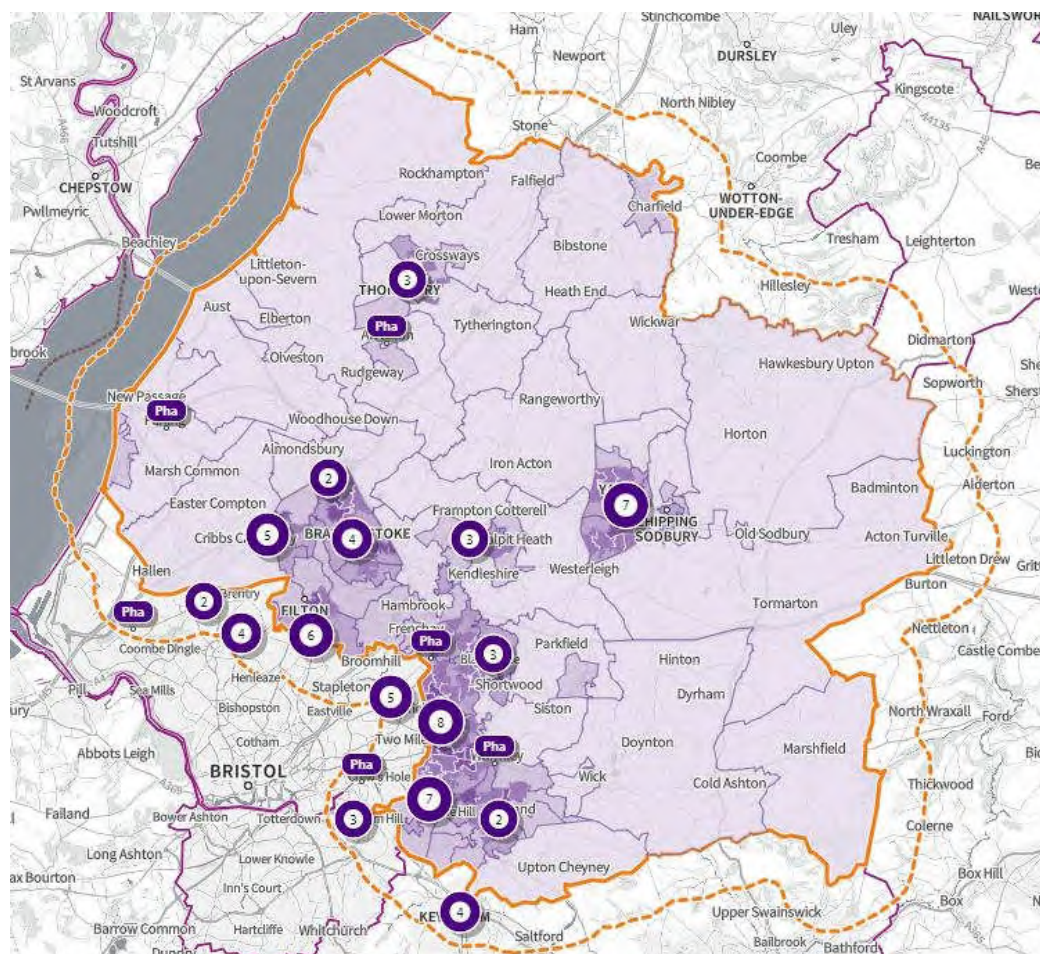
Source: ONS mid-2020 population estimates

Figure 2: South Gloucestershire Localities with pharmacies highlighted



South Gloucestershire had an estimated population density, measured in mid-year 2020 of 579.16 people per square kilometre, within a range of 35 to 7713 across its 65 LSOAs. The highest concentration areas (over 6,500 square kilometres) are found along the Bristol fringe areas of Bradley Stoke, Filton, Staplehill, Kingswood and Downend, with further concentrations in Yate and Chipping Sodbury. An illustration of population density and community pharmacy provision is provided in Figure 3.

Figure 3 – South Gloucestershire pharmacies with population density by Lower Super Output Area



- The colours represent the quintiles:
- 6,513.01 to 106,716 pop/km²: 21 areas
 - 4,334.01 to 6,513 pop/km²: 51 areas
 - 2,578.01 to 4,334 pop/km²: 38 areas
 - 747.01 to 2,578 pop/km²: 30 areas
 - 2 to 747 pop/km²: 25 areas

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Data Source: Small Area Population estimates for mid-year 2020

2.3. Pharmaceutical providers

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 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.

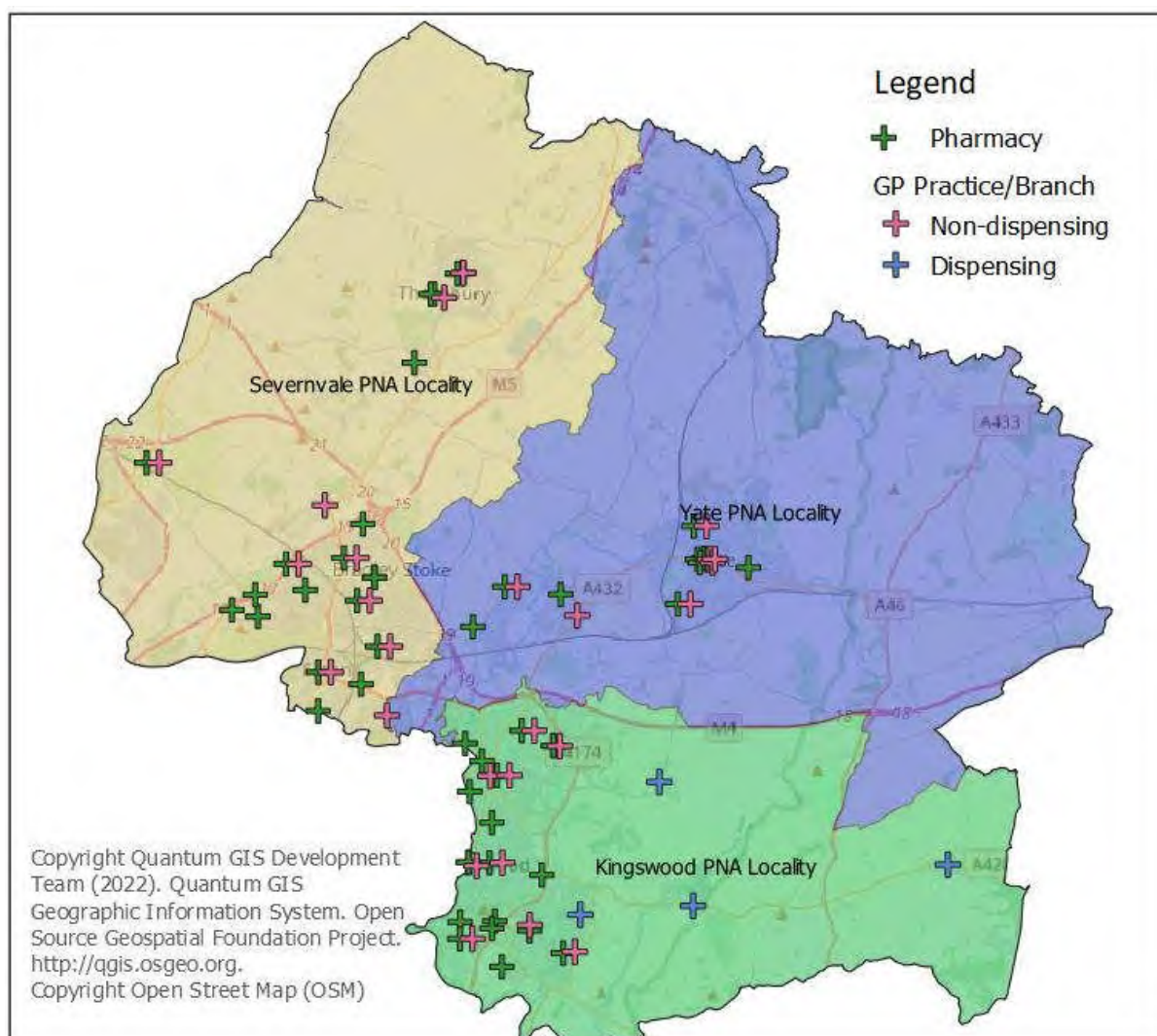
Dispensing appliance contractors (DACs)

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 18 regulations and the 2013 directions.

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

Figure 4 - South Gloucestershire localities with pharmacies and GP practice/branch highlighted



2.4. The scope of this PNA

The scope of this PNA is to address the following in line with the NHS Regulations 2013:

- Current provision of necessary services
- Gaps in provision in terms of necessary services
- Current provision of other relevant services
- Gaps in provision of services which would secure improvements and better access to pharmaceutical services.
- Other services

Pharmaceutical provision is delivered through Community Pharmacies, Dispensing General Practices and through Hospital Pharmacies. Only Community Pharmacies and Dispensing Practices are considered within the scope of this PNA.

Pharmaceutical provision is delivered in community pharmacies under three contractual tiers: Essential, Advanced and Enhanced. In order to be entered onto the Pharmaceutical List, community pharmacies must provide essential provision, the scope of this is outlined further in [section 2.5](#).

Within the scope of this PNA, 'Essential' provision is considered to be 'necessary'; 'Advanced', 'Enhanced' and any other services will be considered to be 'securing improvements and better access to pharmaceutical services'.

2.5. Essential services

There are seven essential services that all pharmacies must provide:

- 1) Dispensing of prescriptions – The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records. Also, the urgent supply of a drug or appliance without a prescription at the request of a prescriber.
- 2) 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.
- 3) Disposal of unwanted drugs – Acceptance of unwanted medicines which require safe disposal from households and individuals.
- 4) Discharge medicines service - By referring patients to community pharmacy on discharge with information about medication changes made in hospital, community

pharmacy can support patients to improve outcomes, prevent harm and reduce readmissions.

- 5) Promotion of healthy lifestyles – The provision of opportunistic healthy lifestyle 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.
- 6) 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.
- 7) 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 also apply.

2.6. Advanced services commissioned by NHS England

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.

- New medicine service (NMS) – The promotion of 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 seasonal 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.
- 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.

- Community Pharmacist Consultation Service (CPCS) – The urgent supply of a Prescription Only Medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM. The service takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service. These services can also refer patients for minor illness consultations. Since November 2020, general practices have also been able to refer patients. If a community pharmacist does make a supply of a medicine or appliance through CPCS they are required to notify the patient’s GP on the day the supply is made or on the following working day.
- Hypertension Case-Finding Service - The service aims to help prevent cardiovascular disease by identifying people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the request of a general practice, the pharmaceutical provider can undertake ad hoc normal and ambulatory blood pressure measurements; provide 24-hour ambulatory blood pressure monitoring (ABPM) for those with high blood pressure readings and promote healthy behaviours to patients.
- Hepatitis C testing service - The provision of point of care testing for Hepatitis C antibodies to people who inject drugs, i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use. Where people test positive for Hepatitis C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.
- Smoking Cessation Service – The provision of evidence-based smoking cessation support for 12 weeks including follow up after patient discharge from hospital. NHS trusts can refer patients to a pharmacy of their choice so they can receive continuing treatment, advice and support with their attempt to quit smoking.

2.6.1. Enhanced Services

Enhanced services are also directly commissioned by NHS England 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 (which includes medicines commonly needed at the end of life).

2.6.2. Locally commissioned services

Local councils and ICBs 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.

BNSSG ICB commissions a number of Local Enhanced Services from Community Pharmacy.

- Emergency supplies of medicines, which enables the pharmacist to provide a supply of a prescription only medicine when required to ensure prompt access and continuity of supply for the person e.g. if they have run out of their medicines at the weekend.
- The BNSSG Community Pharmacy Patient Group Direction (PGD) Service successfully went live in March 2020. This service compliments the national NHS 111 service and Community Pharmacy Consultation Service (CPCS) with GP practices. The PGD service is aimed at alleviating some of the pressure on General Practice and Out of Hours Services by enabling people to access prescription only treatments through their community pharmacy. The PGDs cover antibiotic treatment of urinary tract infections for females aged 16-64, antibiotic treatment of Impetigo for adults and children aged 2 and over, treatment of mild inflammatory skin conditions, antibiotic eye drops or ointment for conjunctivitis in children from 31 days to under 2 years and antibiotics for treatment of Sore Throat. All these PGDs follow local antimicrobial prescribing guidelines.
- Provision of Antiviral treatments in the event of an Influenza Outbreak.
- Supervised consumption of Tuberculosis treatment (TB DOTS Service). This is used on an as required basis, and pharmacy location is dependent on where the individual is resident.
- A small number of pharmacies in BNSSG are commissioned to support asylum seekers manage prescription charges while they are awaiting prescription exemption certificates

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 a minimum of 12 weeks of treatment, or longer if other complicating factors are present, 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 medications.

Needle and Syringe Programme

Provision of new needles and syringes makes an important contribution to minimising the harm to people who inject drugs, 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.

Emergency Hormonal Contraception (EHC)

This service is available free from pharmacies. It is targeted at female patients aged 24 and under attending within 120hrs of unprotected sexual intercourse. Pharmacists delivering this service will have undertaken specific, mandatory training and have declared their competence to prescribe. Patients should be offered free condoms and signposted to local services to access the full range of contraceptive choices and STI testing.

Chlamydia Treatment

This service is available from pharmacies. Pharmacists delivering this service will have undertaken specific, mandatory training and have declared 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 and are then offered a brief intervention and signposted or referred to treatment services as appropriate.

Chlamydia screening is no longer commissioned as a separate service. Pharmacies providing the EHC and Chlamydia Treatment services are, in line with the service specification, required to offer Chlamydia screening kits to patients attending for EHC and Chlamydia Treatment where indicated but the screening activity itself is not commissioned independently.

Dispensing of Nicotine Replacement Therapy (NRT) for Support to Stop Smoking

The dispensing of Nicotine Replacement Therapy (NRT) for support to stop smoking is available in all contracted South Gloucestershire pharmacies. Currently, 31 out of 47 pharmacies are contracted to deliver this service, creating a flexible and accessible network of providers. Contracted pharmacies are required to accept and process Nicotine Replacement Therapy (NRT) vouchers received from specialist and community stop smoking advisors who work within the South Gloucestershire area. Pharmacy staff delivering this service will have undertaken specific, mandatory training to dispense this medication.

2.6.3 Pharmaceutical Services in other settings

Hospitals

North Bristol NHS Trust (NBT) at Southmead provide both inpatient and outpatient services. Hospital pharmacies fulfil prescriptions written in the hospital. Hospital pharmacies are not able to dispense prescriptions issued by other prescribers, for example GP surgeries. 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 1223 prisoners in April 2022. The three prisons make up part of the South West (North) cluster of prisons details of which can be found in [section 4.2](#).

A holistic healthcare service is provided by InspireBetterHealth, a partnership which brings together the expertise of leading healthcare organisations including: Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is the prime provider with Hanham Secure Health providing primary care services supported by Time for Teeth and Homecare Opticians. The pharmaceutical service to the prisons is provided by AWP who provide technical pharmacy services (prescription management, dispensing and stock supply), clinical pharmacy services and a pharmacy-led medicines management service.

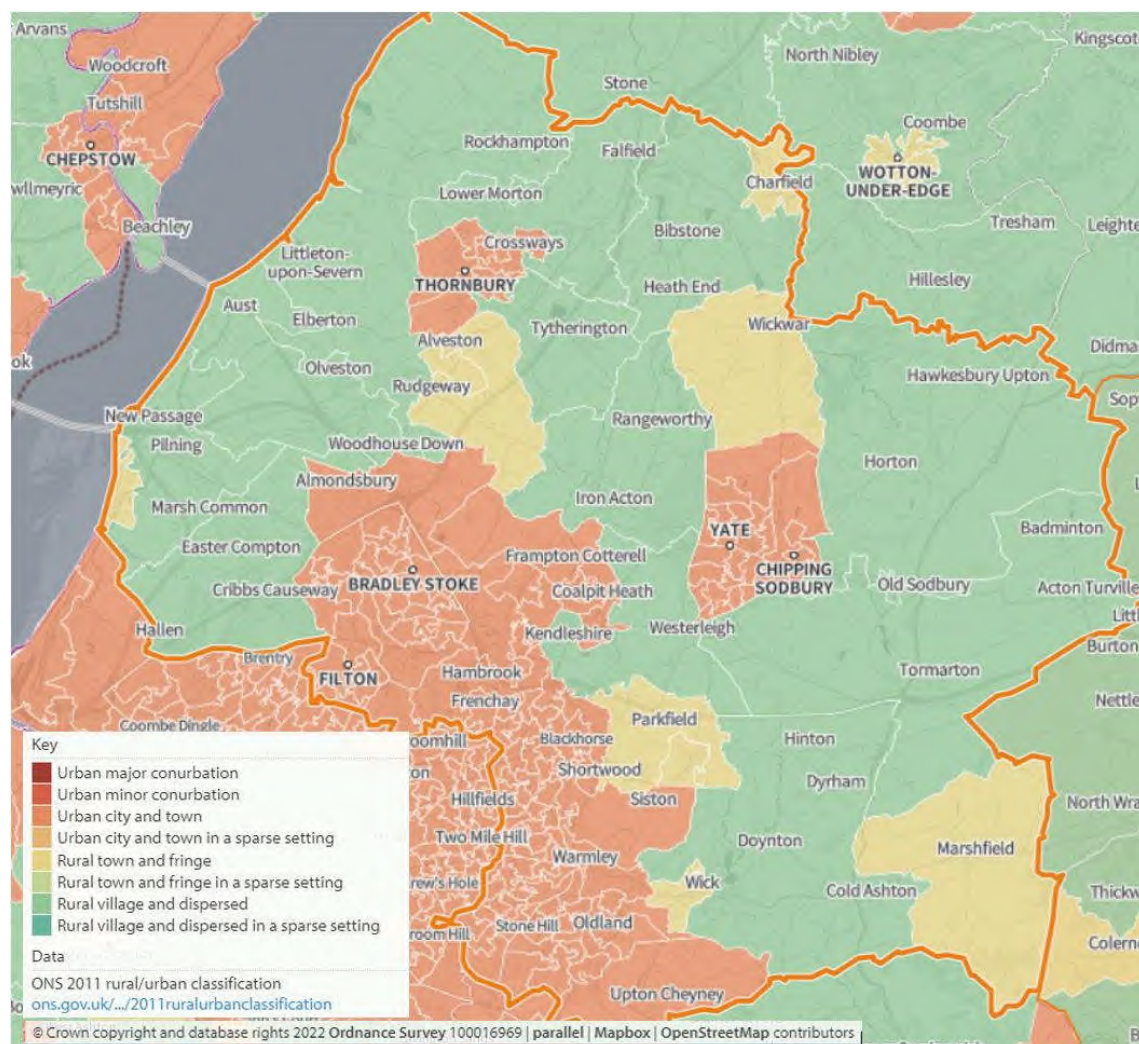
Remote suppliers

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.

3. Overview of South Gloucestershire

South Gloucestershire Unitary Authority covers an area of approximately 496.96 square kilometres, bordering the local government areas of Bristol, Bath and North East Somerset, Wiltshire and Gloucestershire. A large portion of the South Gloucestershire population live on the Bristol 'fringe' area, with further population concentrations living in the towns of Yate, Chipping Sodbury and Thornbury, as shown in Figure 5

Figure 5 - Map of South Gloucestershire area illustrating urban/rural classification



3.1. Population Overview

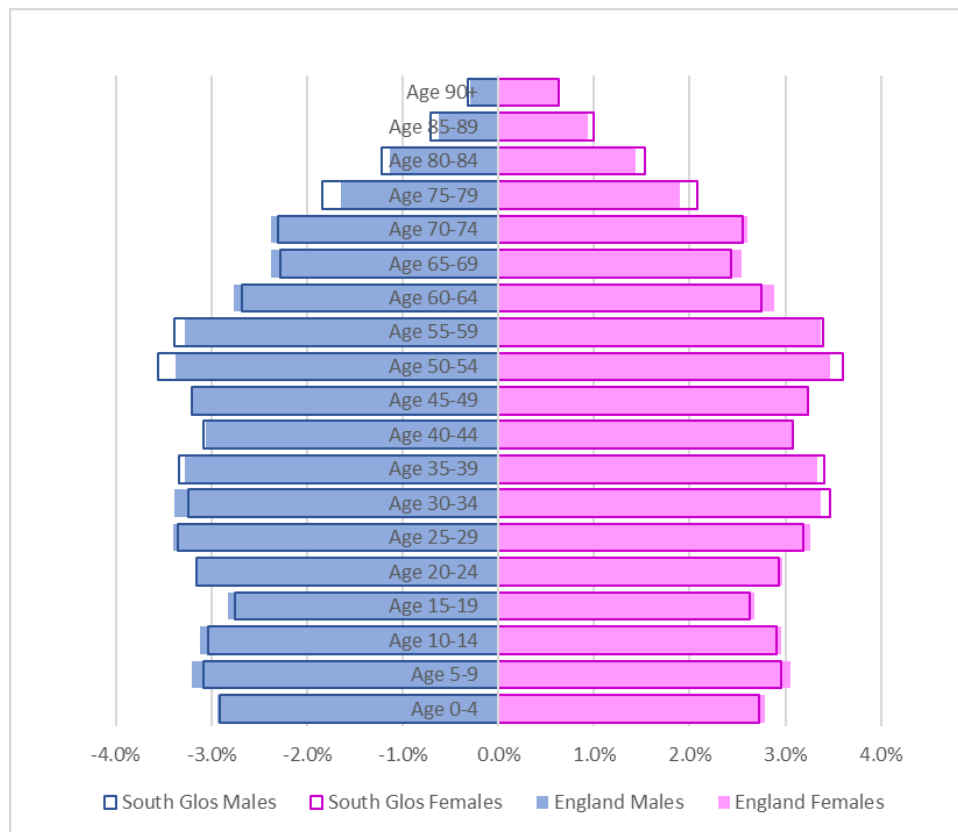
According to Office for National Statistics (ONS) projections, South Gloucestershire is home to 295,896 residents and the population is continuing to grow (Office for National Statistics, 2020). Overall, the population tends to experience better than national average outcomes, such as higher life expectancy and lower levels of poverty and deprivation. It is important to

note, however, that the area is not uniform, with variation in demographics and outcomes across the area. Further information on the South Gloucestershire population is provided throughout this section. It is important note some of the information used is taken from 2011 Census data and will have changed, data from other sources has been used where available.

According to ONS 2020 mid-year estimates, South Gloucestershire has a density of 579 people per square kilometre. This compares to 237 people per square kilometre for the South West and 434 for England. Again, there is variation across South Gloucestershire, with a mix of urban and rural areas, as shown in Figure 5.

19% of the South Gloucestershire population is over the age of 65, which is lower than the proportion for the Southwest (23%) and marginally higher than England (18.5%). 17.6% of the South Gloucestershire population is aged 0 to 14, which is higher than the proportion for the Southwest (16%) and lower than the proportion for England (18%) (ONS, 2020).

Figure 6 - Estimate Resident Population Proportions 2020, England & South Gloucestershire



Source: ONS Mid-year estimates for 2020

3.2. Ethnicity

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

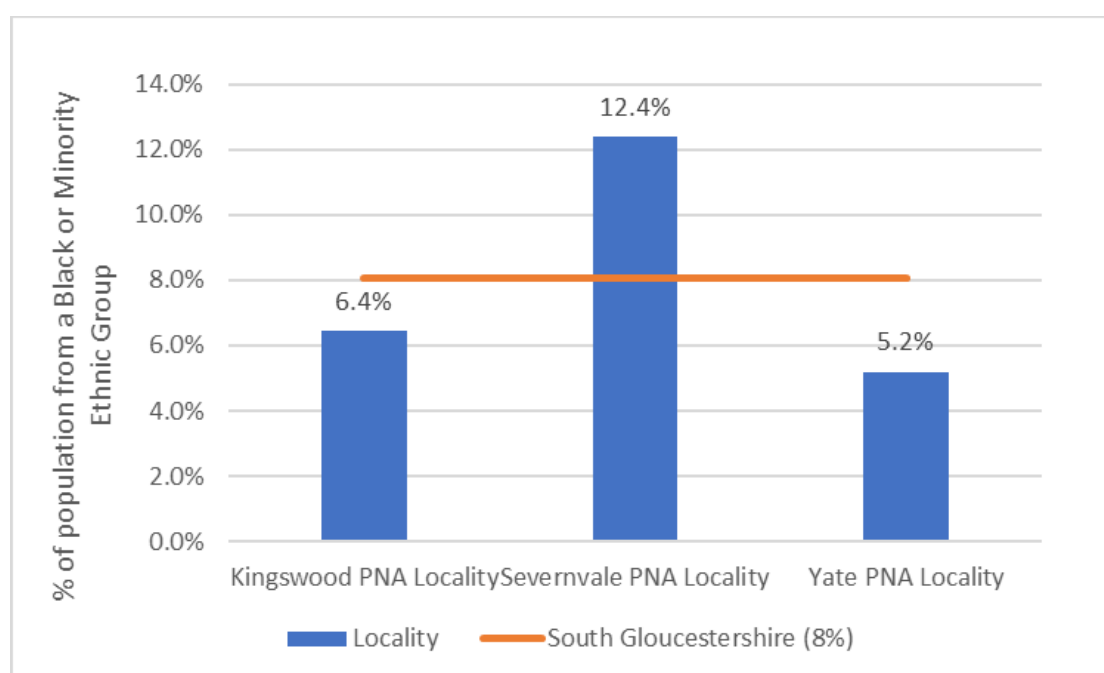
Table 1 - Estimates of population by ethnic group in South Gloucestershire 2011

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

Estimates about the BME population in the three localities suggest that proportions are highest in the Severnvale PNA Locality and below the South Gloucestershire average in the other two localities.

Figure 7 - Percentage of the population from a Black and Minority Ethnic Group, 2011



3.3. 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 lower than that for England. Due to the small numbers' religion was not assessed at the locality level.

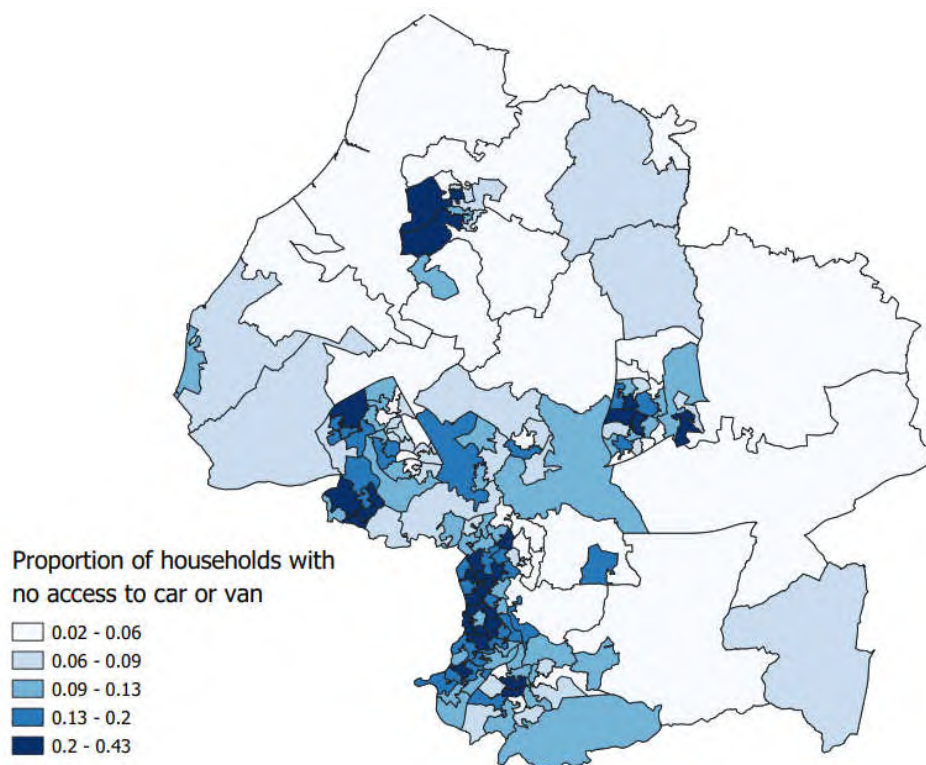
3.4. Disability

According to the 2011 Census, of the total population in South Gloucestershire, 6.4% (16,452) had a disability that limited their day-to-day activities a lot and 8.7% (22,582) had a disability that affected their day-to-day activities a little. Around half those severely limited live in the Kingswood PNA locality, 28% in the Severnvale Locality, and the lowest proportion in the Yate PNA Locality (23%).

3.5. Car ownership

South Gloucestershire has a high rate of household car ownership (87%). Areas of low household car ownership tend to be in and around more densely populated, urban areas. The PNA Locality showing the highest proportion of households without access to a car or van is Kingswood Locality (15%).

Figure 8 - Proportion of households with no access to car or van



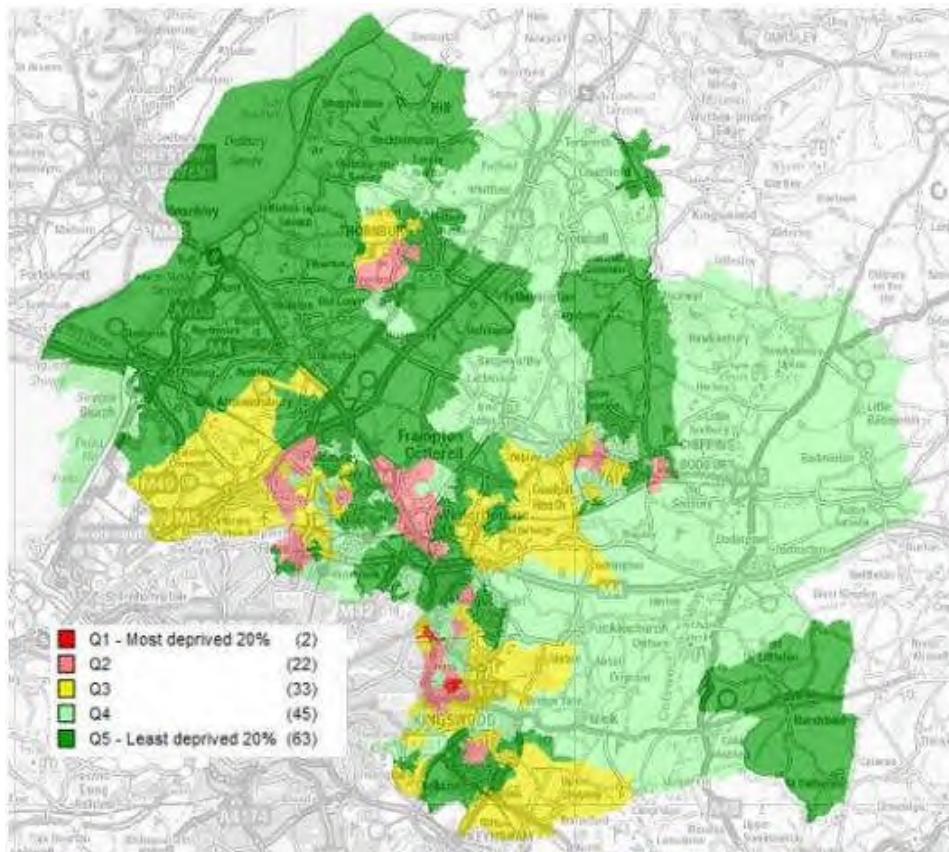
Source: 2011 Census, NOMIS QS416EW

3.6. Deprivation

South Gloucestershire is overall a relatively affluent area. A good measure of this is the Index of Multiple Deprivation (IMD). The Index of Multiple Deprivation 2019 is a relative measure of deprivation measured across seven distinct domains: income; health and disability; employment; education, skills and training; barriers to housing and services; crime; and living environment. Area level deprivation strongly links to health inequalities and increased risk of disease.

South Gloucestershire is an affluent area with only 1% of our residents living in the 20% most deprived areas of England. This is considerably lower than the value for the South West (11%). The same applies for children living in South Gloucestershire, with again only 1% living in the 20% most deprived areas of England. Approximately 31% of LSOAs in South Gloucestershire are in the 10% least deprived nationally. There are pockets of deprivation, with the most deprived LSOAs generally being clustered within the urban areas.

Figure 9 - Map of deprivation in South Gloucestershire, 2019 indices of deprivation

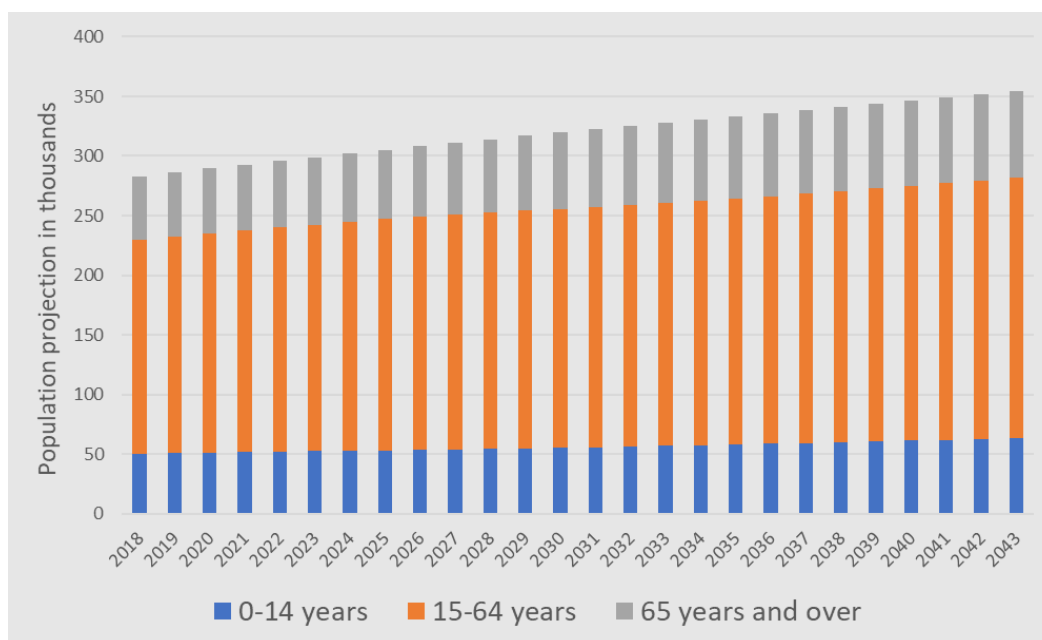


Source: An analysis of the English Indices of Deprivation 2019 for South Gloucestershire, Corporate Research and Consultation Team, South Gloucestershire Council [ID-2019-FULL-SOUTH-GLOS-REPORT.pdf](https://www.southglos.gov.uk/ID-2019-FULL-SOUTH-GLOS-REPORT.pdf) ([southglos.gov.uk](https://www.southglos.gov.uk))

3.7. Population growth

Figure 10 demonstrates that the population of South Gloucestershire will continue to grow significantly over the coming years. By 2030 the population is estimated to be just under 320,000 people. This is an anticipated rise in the region of 11% from the mid 2020 estimate and is higher than the projected England growth of 4.7%.

Figure 10 - Population projections (2018-2043) for South Gloucestershire

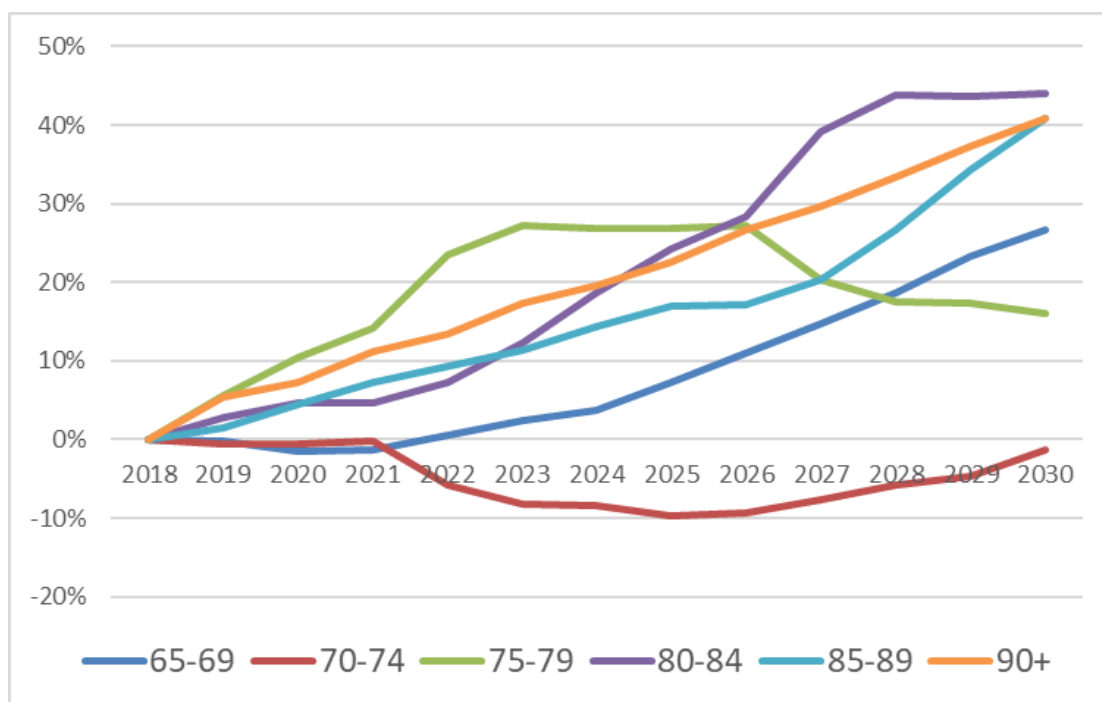


Source: ONS 2018-based Subnational Population Projections

3.8. Growth in older population age groups

By 2030, the largest projected increase is among those aged 65 years and over (17.8%), followed by 15-64 (9.8%) and 0-14 (8.7%). This is reflective of the aging population regionally. Within the '65 and over' population of South Gloucestershire, the largest projected increase is in the 80-84 age group, illustrated in Figure 11. The reduction seen in the 70-74 age group from 2021 is consistent with the relative decline in birth rate following the post-war 'baby boom'. This same trend can be seen in the 75-79 age group from 2026.

Figure 11 - Percentage increase in the projected populations of older people, 2018 – 2030



Source: Office for national Statistics 2018-based subnational population projections for local authorities

3.9. Housing developments

South Gloucestershire's 5-year housing land supply is outlined in the in Appendix A of the Authority Monitoring Report - [2021 AMR and supporting appendices \(southglos.gov.uk\)](https://southglos.gov.uk). Details of the expected housing completions over the next 5 years are provided in Table 2.

Table 2 - Expected house completions over the next 5 years, 2021/22 - 2025/26



Area	Homes	PNA Locality 2022	Map reference
North Yate New Neighbourhood	1,487	Yate	HD1
Cribbs / Patchway New Neighbourhood	1,484	Severnvale	HD2
Lyde Green	824	Kingswood	HD3
Harry Stoke 1	730	Severnvale	HD4
East of Harry Stoke	646	Yate	HD5
Frenchay	252	Yate	HD6
Charlton Hayes	126	Severnvale	HD7
East of Cold Harbour Lane	74	Yate	HD8

With the exception of the developments North of Yate and Lyde Green, illustrated in Figure 13, the largest expected house completions are concentrated along the Bristol fringe, illustrated in Figure 12. Expected completions are located across all three of the PNA

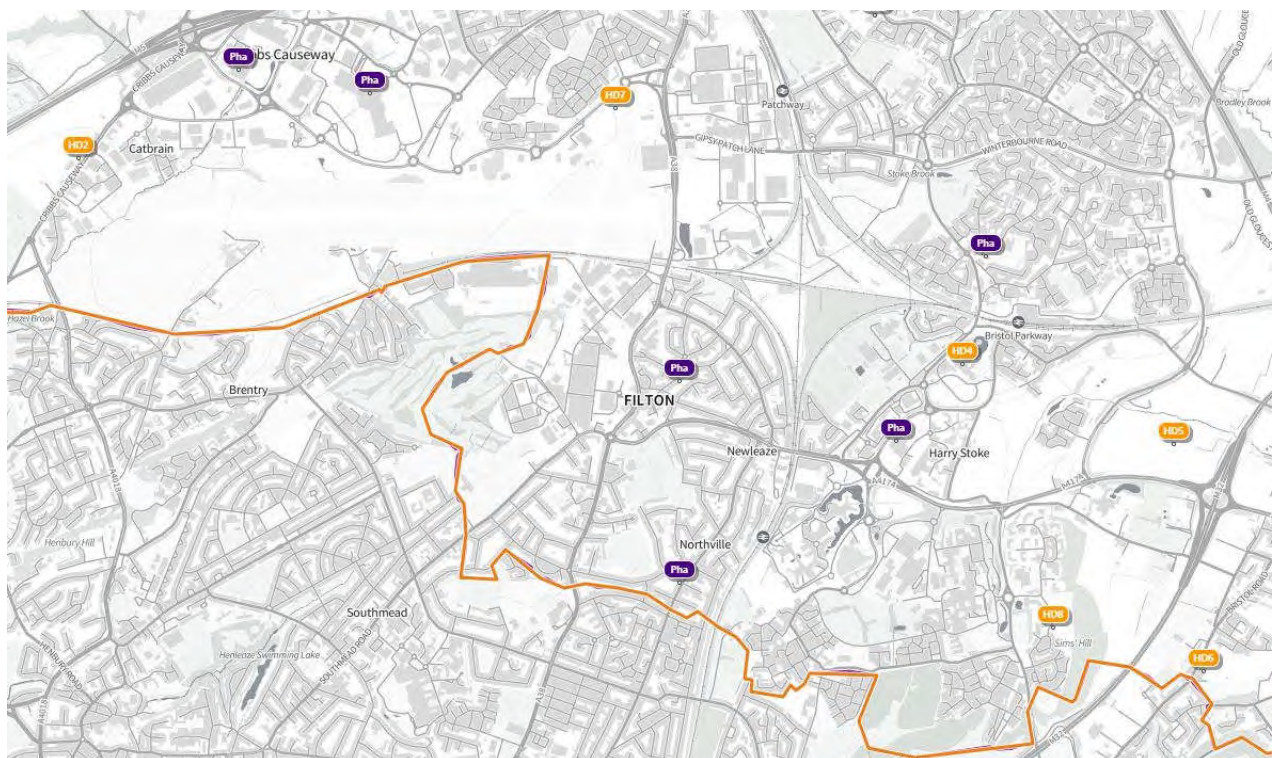
localities, with the highest numbers expected in the Yate locality, and the fewest expected in the Kingswood locality.

Figure 12 - Map illustrating approximate location of expected housing completions 2021/22 - 2025/26 (Bristol Fringe)

Key

-  Pharmacies
-  Sites of planned development

Details of size of allocation provided in Table 2





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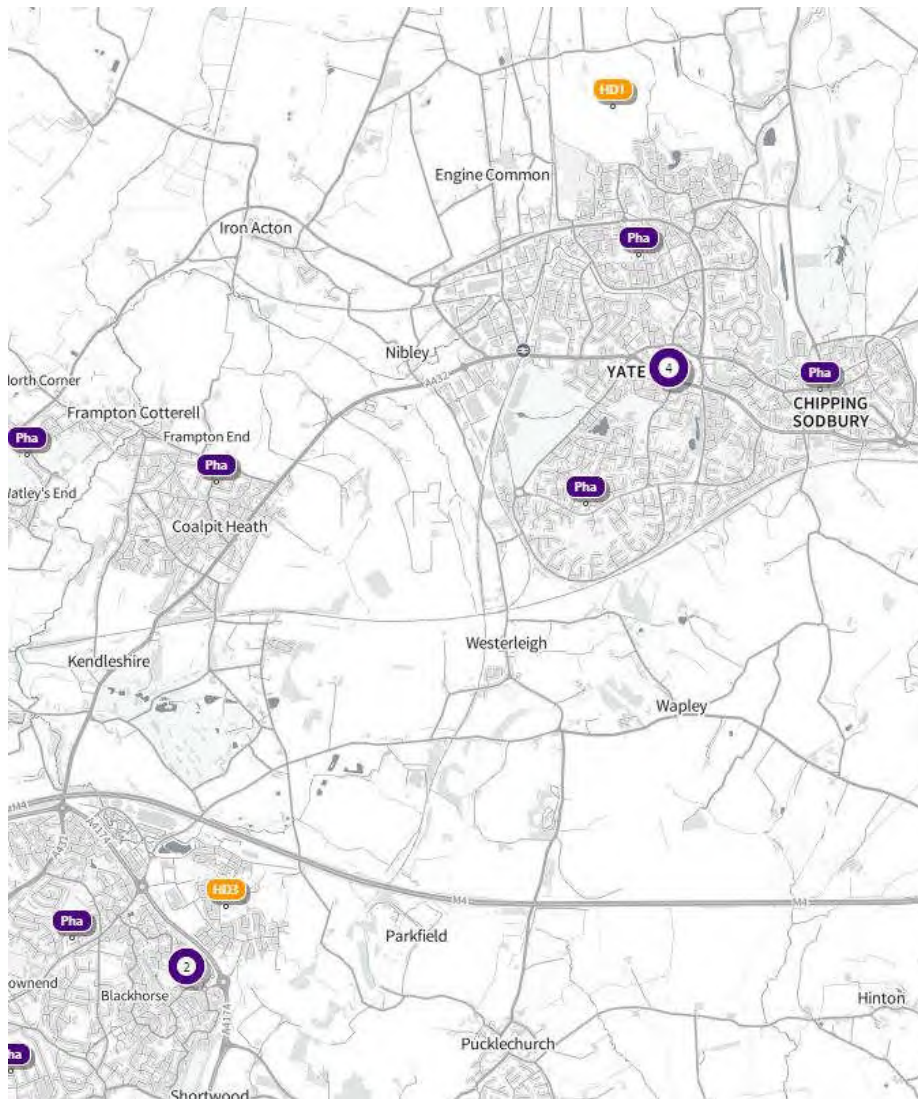
Data Source: [2021 AMR and supporting appendices \(southglos.gov.uk\)](#)

Figure 13 - Map illustrating approximate location of expected housing completions 2021/22 - 2025/26, Yate and Lyde Green

Key

-  Pharmacies
-  Sites of planned development

Details of size of allocation provided in Table 2



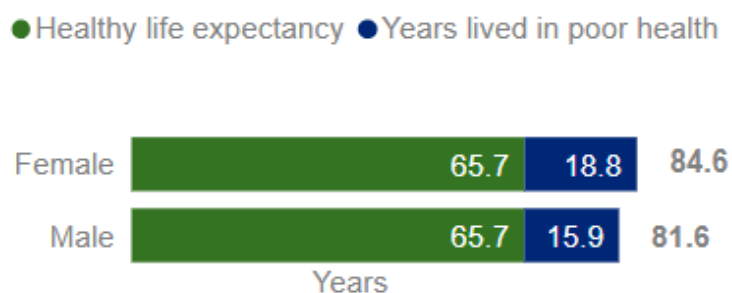
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Data Source: [2021 AMR and supporting appendices \(southglos.gov.uk\)](#)

3.10. Health and Wellbeing in South Gloucestershire

Both males and females born in South Gloucestershire can expect to live, on average, beyond the respective levels for England and the South West. Life expectancy in women (84.6) continues to be higher than men (81.6), but healthy life expectancy - years lived in good health - is not significantly different.

Figure 14 - Health Life Expectancy and Years lived in poor health



Source: Office for Health Improvement and Disparities, fingertips tools

There are however large inequalities in life expectancy between different geographical areas, with deprivation associated as a key factor. Within South Gloucestershire, the gap in life expectancy at birth between the least and most deprived areas is 4.7 years for males and 6.2 years for females (as measured by the slope index of inequality). (Figure 9 shows areas of higher deprivation in South Gloucestershire). Cancer in men and circulatory disease in women contribute most to the gap in life expectancy between the least and most deprived areas of South Gloucestershire.

More generally in terms of deaths, cancers (neoplasms) and cardiovascular diseases make up the highest burden of disease in South Gloucestershire, according to the latest estimates by the [Global Burden of Disease study \(2019\)](#), although there are differences by gender and marked differences by the main age groups. For deaths in the under 20s, for example, the highest burden is other non-communicable diseases and maternal and neonatal disorders.

In terms of years spent living with disability or ill health, again cancers (18%) and cardiovascular diseases (13%) make up the highest burden. Musculoskeletal conditions place third highest (12%), followed by mental (8%) and neurological disorders (7%).

4. Current pharmacy provision and dispensing activity in South Gloucestershire

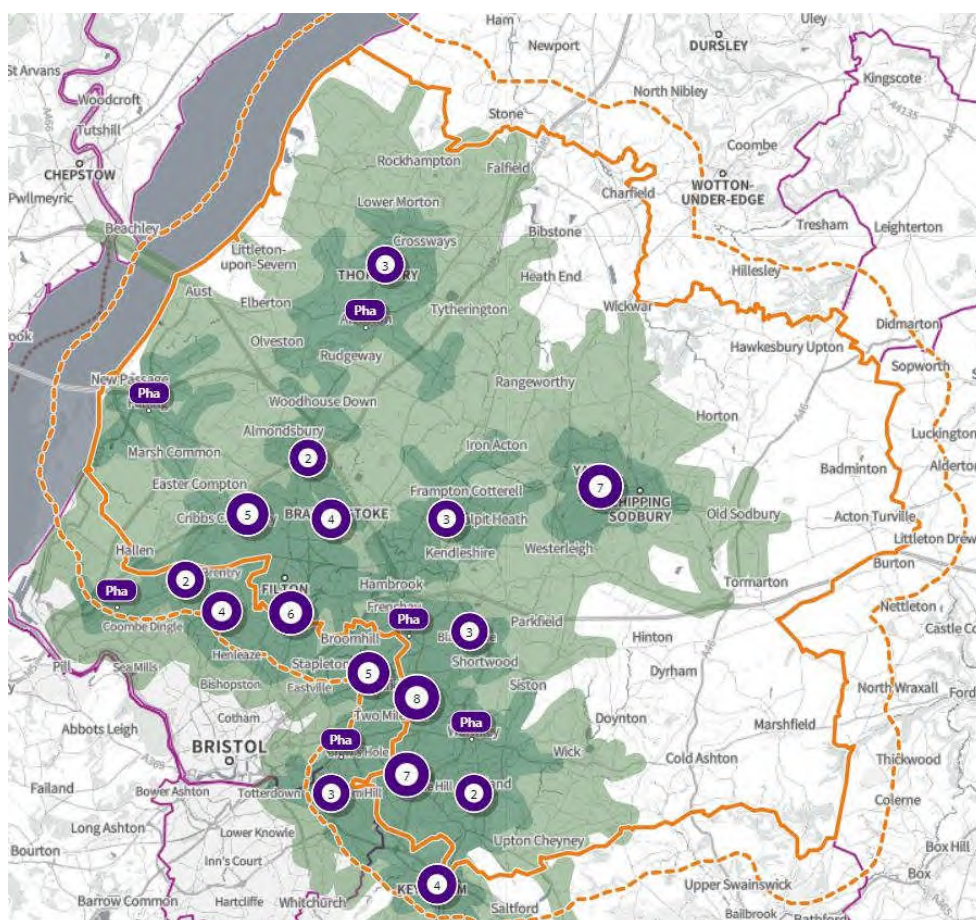
There are currently 47 community pharmacies in South Gloucestershire and two dispensing GP practices operating out of a total of 4 branches (see Figure 4). This represents a rate of 16 per 100,000 residents. Six pharmacies provide extended opening hours of 100 hours per week. Just under 89% of prescriptions in South Gloucestershire were dispensed in community pharmacies, 3% were dispensed by Distance Selling pharmacies and 1% were dispensed by dispensing appliance contractors. The dispensing contract type is not available for 6% of prescriptions.

All pharmacies in South Gloucestershire provide Electronic Prescription Services (EPS)

4.1. Travel time analysis

Analysis for the entire population of South Gloucestershire show that 97.3% are within a 10-minute drive of a community pharmacy, reducing to 97.2% during rush hour. 92.5% are within a 5-minute drive of a community pharmacy, reducing to 90% during rush hour. This is illustrated in Figure 15.

Figure 15 - Community pharmacies within a 5 and 10-minute drive, South Gloucestershire (with 1.6k/1 mile buffer)



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Over 81% of the South Gloucestershire population are within a 15-minute walk of a community pharmacy and 94% are within a 20-minute journey using public transport. Further travel time analysis is contained in Appendix 1.

It is clear from travel time analysis that areas with longer travel times are those with lower population density (Figure 3). This is reflected in the relatively small proportion of residents

that would have more than a 10-minute drive, 15-minute walk or 10-minute journey by Public transport. Similarly, areas showing longer travel times are broadly consistent with areas with higher car ownership (Figure 8).

Some of the populations identified as having longer to travel will have access to dispensing services via dispensing GP practices which are mapped in Figure 3, but were not included in the travel time analysis.

This is broadly consistent with our public engagement questionnaire. Of those responding, 96% were within a 20-minute drive or walk to a community pharmacy or dispensing practice, and the majority (74%) of those were within 10 minutes.

According to the public engagement questionnaire, 45% would find it acceptable to travel between 10 and 30 minutes. A travel time of up to 10 minutes was considered acceptable for 54% of those who responded to the patient engagement questionnaire with a further 32% considering a travelling time of less than 20 minutes acceptable. 45% of people responding felt a travelling time of between 10 and 30 minutes was acceptable.

4.2. Considerations for South Gloucestershire

4.2.1. Prison Populations

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 April 2022, Eastwood Park held 368 prisoners, Leyhill 462 prisoners, and Ashfield 393 prisoners. (Source: [Prison population figures: 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/prison-population-figures-2022))

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

4.2.2. Student Population

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 2020/21 the university had over 36,000 students, and over 4,000 staff, many of whom live within South Gloucestershire. It is one of the largest providers of higher education in the South West. ([Student and staff numbers - Demographic data | UWE Bristol](#)). Most of the student population are under the age of 21 (46%), followed by those aged 21-29 (30%) and 30-39 (11%). Students come from all parts of the UK and there are a growing number of international students from over 50 countries worldwide. Of the international student population, just over 21% (1,423) are from the European Union, while the remaining 79% (5,315) are overseas students.

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.

5. Pharmacy provision by locality area

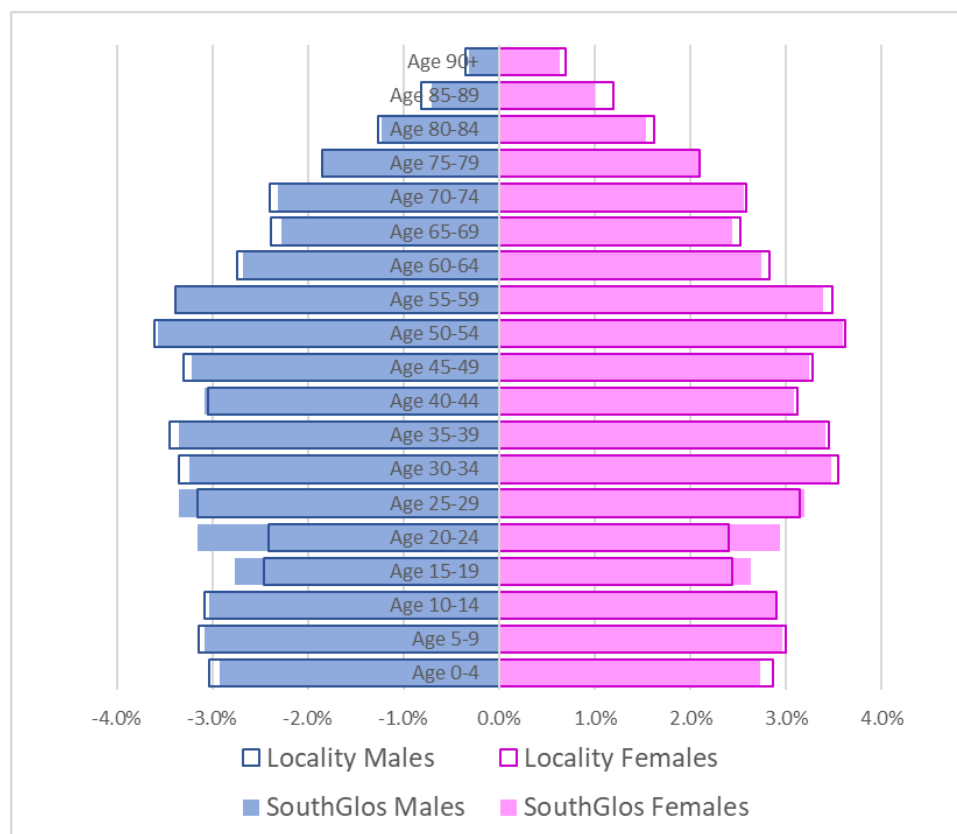
5.1. Kingswood Locality

With an estimated population of 122,491 Kingswood locality is home to the largest portion of the South Gloucestershire population. Most of this population live in the more densely populated areas around the Downend, Staplehill, Kingswood, Hanham and Cadbury Heath. The locality extends out to South Gloucestershire's eastern border with Wiltshire covering more sparsely populated countryside that includes the Town of Marshfield and the villages Pucklechurch and Wick.

Kingswood Locality contains some of the more deprived areas of South Gloucestershire including two small area geographies (Lower Super Output Areas – LSOAs) that fall into the most deprived 20% nationally and a further 9 in the 40% most deprived. These areas are situated in the densely populated areas along the Bristol fringe.

The age distribution of the Kingswood Locality population is broadly consistent with South Gloucestershire as a whole. Notable differences include a smaller population of young adults and students, and a marginally larger proportion of residents over the age of 60, between the ages of 30 and 50, and under the age 14.

Figure 16 - Age and sex breakdown of Kingswood Locality



There are currently 19 pharmacies in Kingswood as of May 2022. Of these, eleven pharmacies are owned by national pharmacy chains:

- 4 by Boots Pharmacy
- 2 by Bestway Pharmacy
- 2 by Lloyd's Pharmacy
- 1 by Pasab/Jhoots Pharmacy
- 1 by Asda Pharmacy
- 1 by Dudley Taylor Pharmacy

There are 8 other pharmacies in Kingswood not part of national pharmacy chains. There are three 100-hour pharmacies in Kingswood as of May 2022. These are:

- Asda Pharmacy, Craven Way, Longwell Green
- Lloyds Pharmacy, Emersons Way, Emersons Green
- Boots Pharmacy, Gallagher Shopping Park, Longwell Green

There are sixteen 40-hour pharmacies. Eighteen pharmacies are Community Pharmacist Consultation Service (CPCS) accredited as of May 2022 providing a total of 1,579 CPCS consultations in the first 9 months of 2021/22. In addition, all pharmacies have access to the Electronic Prescription Service (EPS).

There are no distance-selling pharmacies and no pharmacies with local pharmaceutical services contracts as of May 2022. There are no dispensing appliance contractors (DAC) in Kingswood.

There are 2 practices (4 branches) with dispensing doctors providing drugs and appliances to their own patients.

Since the last PNA was published 1 pharmacy has closed (Boots Pharmacy at BS16 5SG) and no new pharmacies have opened in Kingswood. Over the last three years provision in Kingswood has been as follows:

Table 3 - Pharmacy provision in Kingswood Locality 2018/19 – 2021/22

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head
2018/19	121,587	20	16.4	1,889,028	15.5
2019/20	122,123	20	16.4	1,867,844	15.3
2020/21	122,491	19	15.5	1,756,996	14.3
2021/22 (9 month)	-	19	-	1,324,888 (1,766,517 when extrapolated to 12 months)	-
South West 2020/21	5,659,143	1,065	18.8	95,328,352	16.8
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:

1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
2. Mid-year population estimates were not available for 2021 at the time of writing
3. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>

4. All pharmacy numbers include both community pharmacies and DACs

The number of items dispensed has reduced by 7.0% between 2018/19 and 2020/21.

The number of items dispensed per head in 2020/21 was lower than the South West and England average. The number of pharmacies per 100,000 population in Kingswood is lower than the 2020/21 South West and England averages.

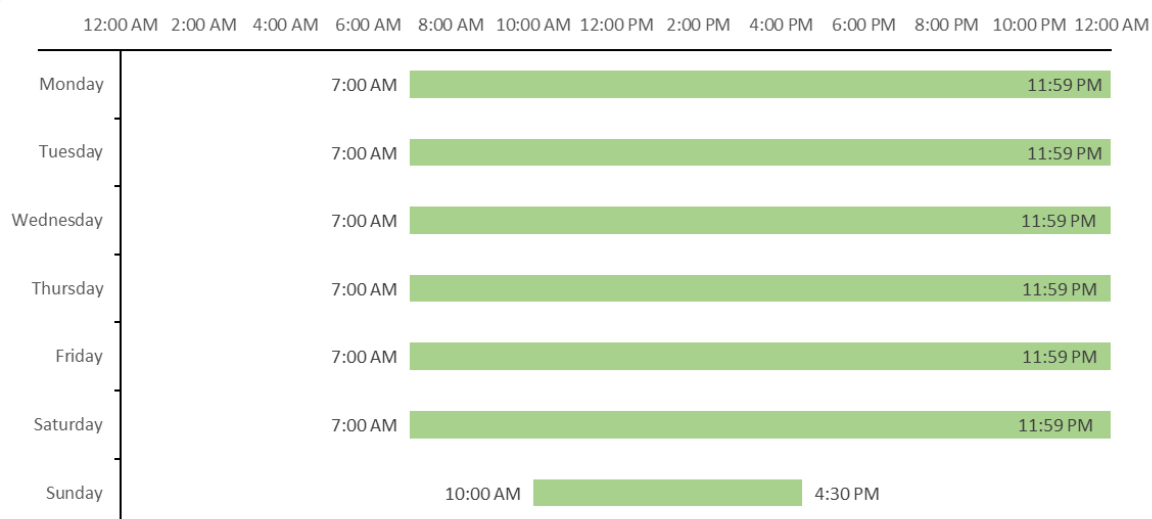
5.1.1. Access to essential services

- 4 pharmacies are open 7 days a week
- 12 pharmacies are open on Monday to Saturday only
- 4 pharmacies are open Monday to Friday only
- 1 pharmacies are open before 8am from Monday to Friday
- 4 pharmacies are open until after 6.30pm from Monday to Friday

5.1.2. Opening hours

The following chart shows the earliest opening hours and the latest closing hours for the Kingswood area:

Figure 17 - Pharmacy opening hours, Kingswood Locality



5.1.3. Access to advanced and enhanced services

Access to New Medicines Service (NMS)

19 pharmacies in Kingswood had NMS accreditation in as of May 2022. Over the first 9-month period of 2021/22, there were 2,752 NMSs undertaken. This is compared to the whole of 2020/21 where a total of 2,150 NMSs undertaken.

Access to the 'on demand availability of specialist medicines' enhanced service

As of May 2022, one pharmacy in Kingswood provides the specialist medicines advanced service (Boots Pharmacy, Gallagher Shopping Park, Longwell Green).

Access to dispensing of appliances

No data provided on pharmacy appliance dispensing.

Influenza vaccination advanced service

18 pharmacies in Kingswood provide the influenza vaccination advanced service as of May 2022. A total of 8,727 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during the 2021/22 flu season in Kingswood locality pharmacies matched with the Bristol, North Somerset and South Gloucestershire STP influenza report pharmacies.

Stoma appliance customisation advanced service

No pharmacies in Kingswood provide Stoma customisation as of May 2022. No stoma customisations have been performed between 2018/19 and 2021/22.

Appliance use review (AUR) advanced service

No pharmacies in Kingswood provided this service. Many appliances will be dispensed by DACs based around the country, which may provide this service.

Other services (as of May 2022)

- No pharmacies provide the Hepatitis-C Antibody Testing Service however this provision is available via Drug treatment centres and GPs as needed
- Fifteen pharmacies provide the Hypertension Case-Finding Service
- Six pharmacies provide the Stop Smoking Service
 - Jhoots Pharmacy, Pool Road, Kingswood
 - Well (Bestway) Pharmacy, Kingswood Health Centre, Alma Road
 - Cadbury Heath Pharmacy, School Road, Cadbury Heath
 - Ellacombe Pharmacy, Ellacombe Road, Longwell Green
 - Oldland Common Pharmacy, High Street, Oldland Common
 - Well (Bestway) Pharmacy, Badminton Road, Downend

Conclusion

Necessary services: statement of any gaps in provision

- No gap in current provision in the Kingswood locality area

Other relevant services: current provision

- No pharmacies in Kingswood currently offer a Stoma customisation service though this service is available in Severnvale.

Improvements of better access: statement of any gaps in provision

- No gap in the provision or recommendation for improvements to improve access

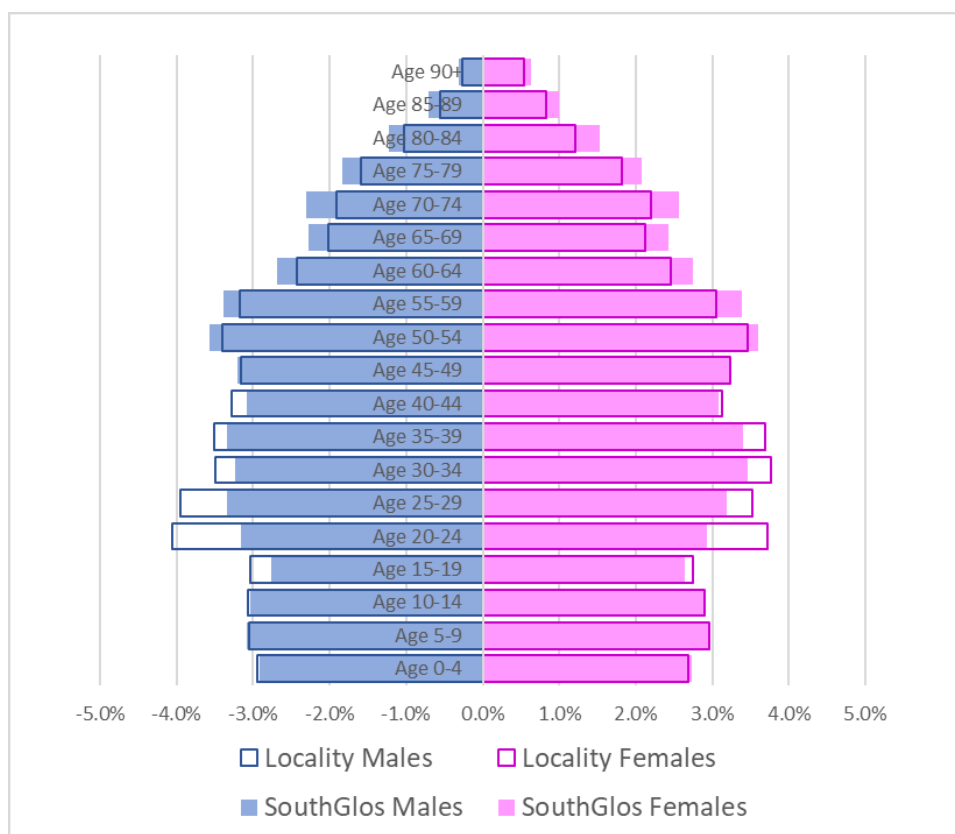
5.2. Severnvale Locality

With an estimated population of 96,753, Severnvale Locality covers the Northwest area of South Gloucestershire bordering the Severn estuary. It incorporates more densely populated areas of the Bristol fringe including Bradley Stoke, Patchway and Filton, as well as the market town of Thornbury 12 miles to the North of Bristol. Outside of these more densely populated areas, Severnvale locality covers a sparsely populated area of South Gloucestershire with a few villages including Alveston, Severn Beach to the west and Charfield to the north.

Severnvale Locality contains some of the more deprived areas of South Gloucestershire. While no LSOAs fall into the most deprived 20% nationally, 7 fall in to the 40% most deprived nationally. Except for one LSOA in South Thornbury, these areas are in and around Patchway and Filton.

The age distribution of the Severnvale population is reflective of its high student and young adult population concentrated in the Bradley Stoke, Filton and Frenchay areas.

Figure 18 - Age and sex breakdown of Severnvale Locality



There are currently 20 pharmacies in Severnvale as of May 2022. Twelve of these are owned by owned by national pharmacy chains:

- 3 by Boots Pharmacy
- 2 by Lloyd's Pharmacy
- 3 by Pasab/Jhoots Pharmacy
- 1 by Day Lewis Pharmacy
- 1 by Asda Pharmacy
- 1 by Tesco Pharmacy
- 1 by Morrison's Pharmacy

There are 8 other pharmacies in Severnvale not part of national pharmacy chains. There is one 100-hour pharmacy in Severnvale (Boots Pharmacy, Bradley Stoke District Centre, Bradley Stoke) as of May 2022 and nineteen 40-hour pharmacies.

Eighteen pharmacies are Community Pharmacist Consultation Service (CPCS) accredited as of May 2022 providing a total of 2,225 CPCS consultations in the first 9 months of 2021/22. In addition, all pharmacies have access to the Electronic Prescription Service (EPS).

There is one distance-selling pharmacy (Pilltime, Cribbs Causeway Centre, The Laurels, Cribbs Causeway) and no pharmacies with local pharmaceutical services contracts as of May 2022. There is one dispensing appliance contractor in Severnvale (Bullen Healthcare Group Ltd, Almondsbury Business Park, Bristol).

Since the last PNA was published 1 pharmacy has closed (Day Lewis Pharmacy, Gloucester Road North, Filton Park) and no new pharmacies have opened in Severnvalle however one pharmacy has changed Health and Wellbeing Boards from Bristol to South Gloucestershire in March 2022 (Pilltime, Cribbs Causeway Centre, The Laurels, Cribbs Causeway). It is not included in 2021/22 number of pharmacies or 9-month 2021/22 dispensing figures in the table below or and 9 month 2021/22 activity totals in this document. Over the last three years provision in Severnvalle has been as follows:

Table 4 - Pharmacy provision in Severnvalle Locality 2018/19 – 2021/22

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head
2018/19	93,774	20	21.3	1,381,330	14.7
2019/20	95,288	19	19.9	1,411,850	14.8
2020/21	96,753	19	19.6	1,353,970	14.0
2021/22 (9 month)	-	19	-	1,033,077 (1,377,436 when extrapolated to 12 months)	-
South West 2020/21	5,659,143	1,065	18.8	95,328,352	16.8
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:

1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019
2. Mid-year population estimates were not available for 2021 at the time of writing
3. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>
4. All pharmacy numbers include both community pharmacies and DACs

The number of items dispensed has reduced by 2% between 2018/19 and 2020/21.

The number of items dispensed per head in 2020/21 was lower than the South West and England average. The number of pharmacies per 100,000 population remains above the 2020/21 South West average but has fallen below the 2020/21 England average.

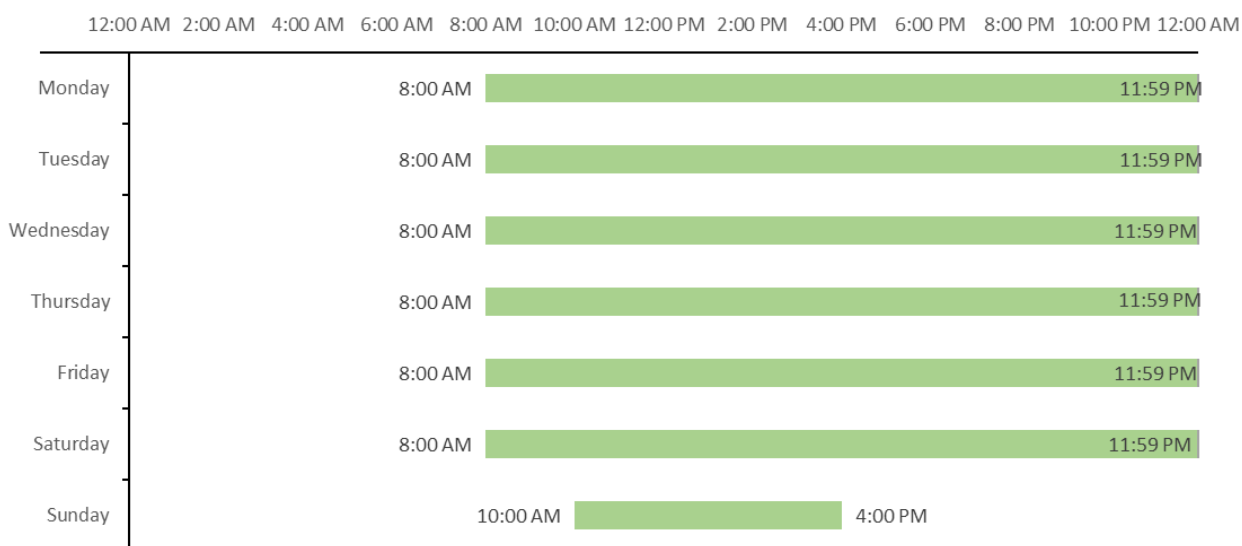
5.2.1. Access to essential services

- 6 pharmacies are open 7 days a week
- 6 pharmacies are open on Monday to Saturday only
- 8 pharmacies are open Monday to Friday only
- No pharmacies are open before 8am from Monday to Friday
- 7 pharmacies are open until after 6.30pm from Monday to Friday

5.2.2. Opening hours

The following chart shows the earliest opening hours and the latest closing hours for the Severnvale area:

Figure 19 - Pharmacy opening hours, Severnvale Locality



5.2.3. Access to advanced and enhanced services

Access to New Medicines Service (NMS)

18 pharmacies in Severnvale had NMS accreditation as of May 2022. Over the first 9-month period of 2021/22, 2,627 NMSs were undertaken. This is compared to the whole of 2020/21 where a total of 2,043 NMSs undertaken.

Access to the 'on demand availability of specialist medicines' enhanced service

As of May 2022, two pharmacies in Severnvale provide the specialist medicines advanced service.

These are:

- Tesco Pharmacy, Bradley Stoke District Centre, Bradley Stoke
- Asda Pharmacy, Highwood Lane, Patchway

Access to dispensing of appliances

No data provided on pharmacy appliance dispensing.

Influenza vaccination advanced service

17 pharmacies in Severnvale provide the influenza vaccination advanced service as of May 2022. A total of 9,787 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during the 2021/22 flu season in Severnvale locality pharmacies matched with the Bristol, North Somerset and South Gloucestershire STP influenza report pharmacies.

Stoma appliance customisation advanced service

One pharmacy in Severnvale provided Stoma customisation as of May 2022 (Lloyds Pharmacy, Coniston Medical Practice, Patchway). A total of 3 stoma customisations were performed in the first 9 months of 2021/22. This is compared to a total of 1 stoma customisation provided in 2018/19.

Appliance use review (AUR) advanced service

No pharmacies in Severnvale provide this service as of May 2022. No AURs were performed over the 2018/19 to 2021/22 period. Many appliances will be dispensed by DACs based around the country, which may provide this service.

Other services (as of May 2022)

- No pharmacies provide the Hepatitis-C Antibody Testing Service however this provision is available via Drug treatment centres and GPs as needed
- Thirteen pharmacies provided the Hypertension Case-Finding Service
- Three pharmacies provide the Stop Smoking Service
 - Jhoots (Pasab) Pharmacy, Stoke Gifford Medical Centre, Stoke Gifford
 - Jhoots (Pasab) Pharmacy, Conygre Medical Centre, Filton
 - Jhoots (Pasab) Pharmacy, Rodway Road, Patchway

Conclusion

Necessary services: statement of any gaps in provision

- No gap in current provision in the Severnvale locality area

Other relevant services: current provision

- No gap in the provision of other relevant services overall.

Improvements or better access: statement of any gaps in provision

- No gap in the provision or recommendation for improvements to improve access

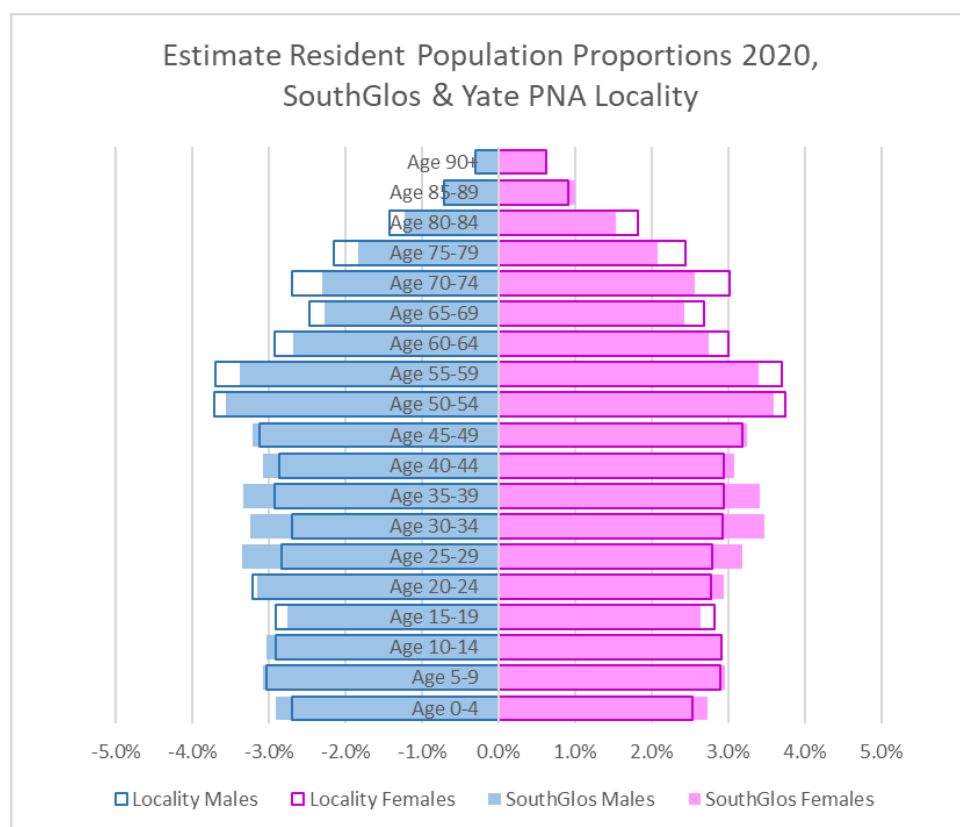
5.3. Yate Locality

With an estimated population of 68,572, Yate Locality covers the Northeast and Central area of South Gloucestershire. At its centre the towns of Yate and Chipping Sodbury comprise its most densely populated areas, with further concentrations in the areas of Frampton Cotterell, Coalpit Heath and Winterbourne.

Yate Locality contains some of the more deprived areas of South Gloucestershire. While no LSOAs fall into the most deprived 20% nationally, 3 fall in to the 40% most deprived nationally. Two of these are in the town of Yate itself, while the third covers the more rural area to the Southeast of Yate.

The age distribution of the Yate locality population is older than South Gloucestershire as a whole with a higher proportion of those between the ages of 50 and 84, and a lower proportion between the ages of 25 and 49.

Figure 20 - Age and sex breakdown of Yate Locality



There are currently 10 pharmacies in Yate as of May 2022. Of these, two pharmacies are owned by national pharmacy chains:

- 1 by Boots Pharmacy
- 1 by Tesco Pharmacy

There are 8 other pharmacies in Yate not part of national pharmacy chains. There is one 100-hour pharmacy in Yate as of May 2022 (Tesco Pharmacy, East Walk, Yate) and nine 40-hour pharmacies.

All pharmacies are Community Pharmacist Consultation Service (CPCS) accredited as of May 2022 providing a total of 1,371 CPCS consultations in the first 9 months of 2021/22. In addition, all pharmacies have access to the Electronic Prescription Service (EPS).

There are no distance-selling pharmacies and no pharmacies with local pharmaceutical services contracts as of May 2022. There are no dispensing appliance contractors in Yate.

Since the last PNA was published 1 pharmacy has closed (Yate Family Pharmacy, Kennedy Way, Yate closure followed by relocation of the Boots Pharmacy at West Walk, Yate to the site) and no new pharmacies have opened in Yate. Over the last three years provision in Yate has been as follows:

Table 5 - Pharmacy provision in Yate Locality 2018/19 – 2021/22

Year	Population	Number of pharmacies	Pharmacies per 100,000 population	Number of items dispensed	Items dispensed per head
2018/19	67,283	11	16.3	988,847	14.7
2019/20	67,682	11	16.3	999,317	14.8
2020/21	68,572	11	16.0	935,343	13.6
2021/22 (9 month)	-	10	-	669,742 (892,989 when extrapolated to 12 months)	-
South West 2020/21	5,659,143	1,065	18.8	95,328,352	16.8
England 2020/21	56,550,138	11,748	20.8	1,016,769,042	18.0

Notes:

1. Populations are based ONS mid-year population estimates. The population for each financial year is taken as the mid-year estimate for the first of the two years that make up the financial year. For example, for 2019/20 the population is taken as the mid-year estimate for 2019

2. Mid-year population estimates were not available for 2021 at the time of writing
3. Number of pharmacies in England and South West England in 2020/21 and total items dispensed are taken from Supporting Tables from NHSBSA found at: <https://www.nhsbsa.nhs.uk/statistical-collections/general-pharmaceutical-services-england/general-pharmaceutical-services-england-201516-202021>
4. All pharmacy numbers include both community pharmacies and DACs

The number of items dispensed has reduced by 5.4% between 2018/19 and 2020/21.

The number of items dispensed per head in 2020/21 was lower than the South West and England average. The number of pharmacies per 100,000 population is lower than the 2020/21 South West and England averages.

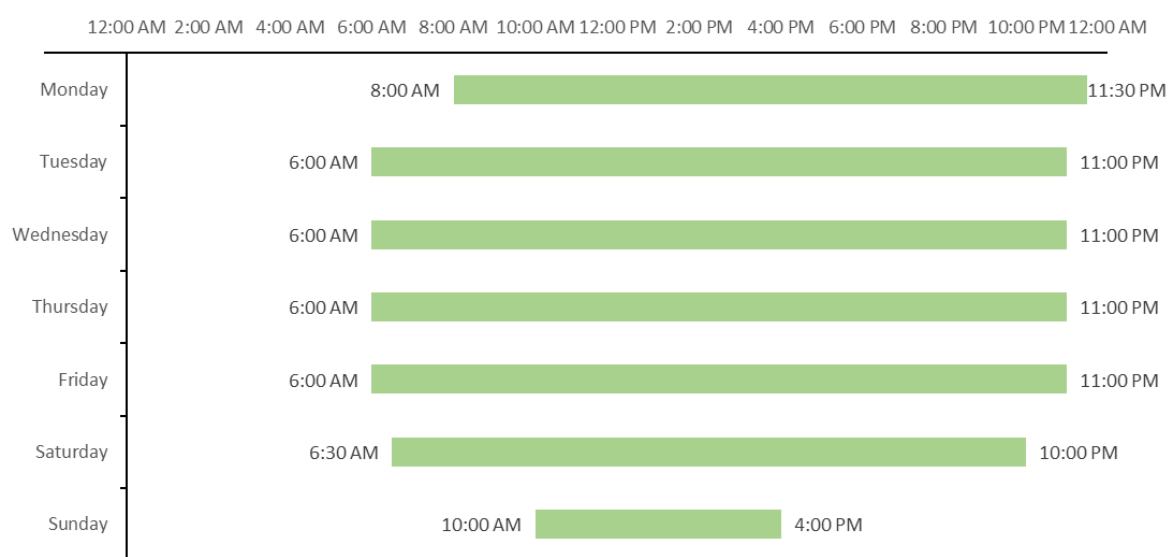
5.3.1. Access to essential services

- 2 pharmacies are open 7 days a week
- 5 pharmacies are open on Monday to Saturday only
- 3 pharmacies are open Monday to Friday only
- No pharmacies are open before 8am on Mondays
- 1 pharmacy is open before 8am from Tuesday to Saturday
- 4 pharmacies are open until after 6.30pm from Monday to Friday

5.3.2. Opening hours

The following chart shows the earliest opening hours and the latest closing hours for the Yate area:

Figure 21 - Pharmacy opening hours, Yate Locality



5.3.3. Access to advanced and enhanced services

Access to New Medicines Service (NMS)

All pharmacies in Yate had NMS accreditation in 2021/22. Over the first 9-month period of 2021/22, there were 1,661 NMSs undertaken. This is compared to the whole of 2020/21 where a total of 1,114 NMSs undertaken.

Access to the 'on demand availability of specialist medicines' enhanced service

As of May 2022, no pharmacies in Yate provides the specialist medicines advanced service.

Access to dispensing of appliances

No data provided on pharmacy appliance dispensing.

Influenza vaccination advanced service

9 pharmacies in Yate delivered the influenza vaccination advanced service in 2021/22. A total of 6,401 vaccinations were given according to the NHSBSAs Advanced Flu Vaccination Service report dataset during the 2021/22 flu season in Yate locality pharmacies matched with the Bristol, North Somerset and South Gloucestershire STP influenza report pharmacies.

Stoma appliance customisation advanced service

No pharmacies in Yate provide this service as of May 2022 and so no stoma customisations were performed in the first 9 months of 2021/22. This is compared to 2018/19 when 15 stoma customisations were performed.

Appliance use review (AUR) advanced service

No pharmacies provide this service as of May 2022 and so no AURs were performed in the first 9 months of 2021/22. This is compared to 2018/19 when 20 AURs were performed in this locality. Many appliances will be dispensed by DACs based around the country, which may provide this service.

Other services

- One pharmacy provides the Hepatitis C Antibody testing service and additionally this provision is available via Drug treatment centres and GPs as needed
 - Abbotswood Pharmacy, Abbotswood, Yate
- Five pharmacies provide the Hypertension Case-Finding Service
 - Abbotswood Pharmacy, Abbotswood, Yate
 - Frome Valley Pharmacy, From Valley Medical Centre, Frampton Cotterell
 - Shaunak's Pharmacy, Courtside Surgery, Kennedy Way, Yate
 - Shaunak's Pharmacy, Flaxpits Lane, Winterbourne
 - North Yate Pharmacy, Wellington Road, Yate
- Two pharmacies provide the Stop Smoking Service
 - Abbotswood Pharmacy, Abbotswood, Yate

- o North Yate Pharmacy, Wellington Road, Yate

Conclusion

Necessary services: statement of any gaps in provision

- No gap in current provision in the Yate locality area

Other relevant services: current provision

- No pharmacies in Yate currently provides the specialist medicines advanced service however this is available in both other localities.
- No pharmacies in Yate currently provides Stoma customisation though this is available in Severnvale

Improvements of better access: statement of any gaps in provision

- No gap in the provision or recommendation for improvements to improve access

6. Public engagement in pharmaceutical needs assessments

An online questionnaire was used to engage with the public on their experiences of pharmaceutical services in South Gloucestershire. We had 189 respondents, of which the majority were female, over the age of 45 years, and of a White ethnic background. A full copy of the questionnaire questions can be found in [appendix VI](#).

It should be noted that although the questionnaire provides examples of what service users in South Gloucestershire thought, not everyone would have been able to access the questionnaire in its digital form and the relatively low number of respondents means it is not possible to say these responses are reflective of the experience of the majority of people in South Gloucestershire. Additionally, the response to the survey was not wholly representative of the demographic characteristics of people in South Gloucestershire for example no respondents stated that they were from an ethnic minority background. However, it is important to include the voices of those who responded and identify whether any of the responses or the experiences of particular groups can be explored further in local work.

Demographic characteristics of respondents

The majority of respondents (56%) were aged 45y and above (with 31% aged 45-54y and 25% aged 55-64y). Respondents were predominantly female (80%), versus male (17%). No respondents identified as transgender. A significant majority of respondents indicated being from a White ethnic background (97%) with 3% selecting 'prefer not to say'.

The religious belief selected most by respondents was Christianity (45%), with 44% selected being of no religion. The majority of respondents indicated they were Heterosexual (87%), 2% were Gay or Lesbian, and 2% selected Other, 1% were Bisexual and 9% selected 'prefer not to

say'.

There were no responses from individuals indicating they are from an ethnic minority group. There were no respondents currently serving in the UK Armed Forces, with 3% having previously served in Regular Armed Forces and 1% in the Reserve Armed Forces.

Approximately one third of respondents are employed full-time (31%), just under a quarter are employed part-time (22%) and just over a quarter are retired (29%).

Figure 22: Employment Status of Respondents

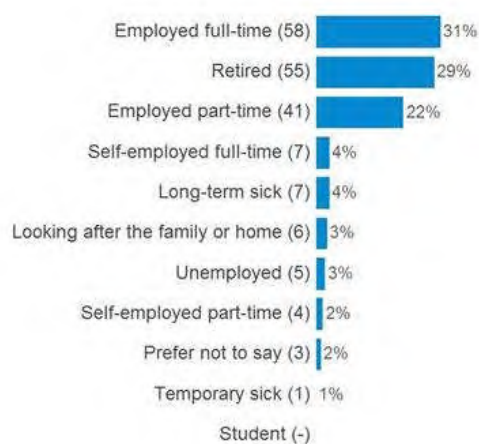
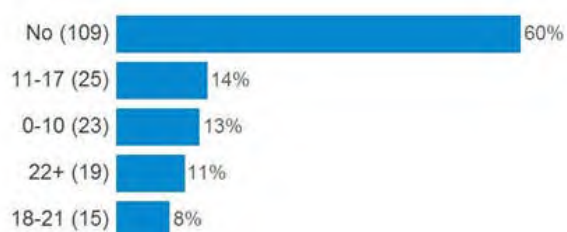


Figure 23 shows that the majority of respondents reported not having dependents living in their household (60%), with the remaining 40% having dependents from the following age groups:

Figure 23: Age of dependents in household



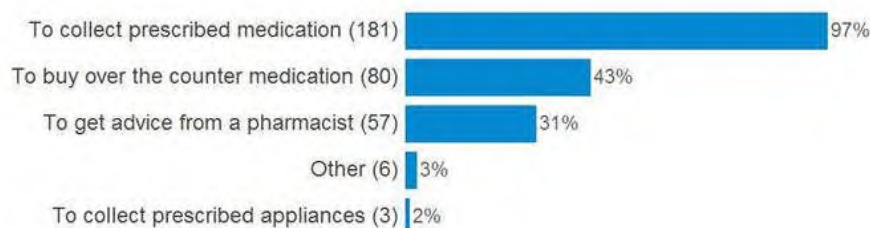
18% of respondents considered themselves to have a disability, this is higher than the proportion of the population estimated to have a disability according to the 2011 Census, though may be reflective of the age distribution of respondents. The majority of respondents did not consider themselves to have a disability (76%) and a further 7% selected 'prefer not to say'.

Over a third of respondents (35%) provide care or support to someone who is sick, has a disability or is an older person (other than in a professional capacity) either inside or outside of their household.

Pharmacy use

Of the 189 respondents, the majority (97%) visit a pharmacy to collect prescribed medication. 43% buy over the counter medication and 31% visit to get advice from a pharmacist. Other reasons for visiting include collecting prescribed appliances, buying things other than medication and vaccination (see Figure 24 below):

Figure 24: Purpose of pharmacy visits



89% of respondents normally collect their prescribed medication from a pharmacy. The majority (94%) reported they usually use the same pharmacy. Just over a third visit the pharmacy monthly (37%) with a similar proportion visiting every 2-3 months (35%). A small proportion of respondents visit weekly (9%).

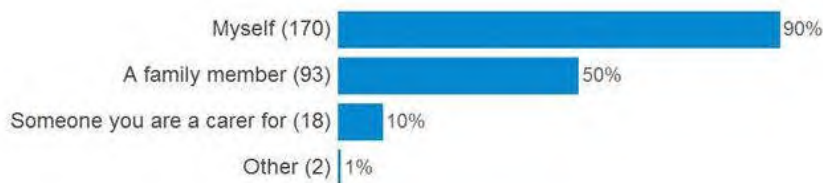
Over a third of respondents visit their pharmacy/dispensing GP practice monthly (37%) and over a third visit every 2-3 months (35%).

Figure 25: Frequency of pharmacy visits



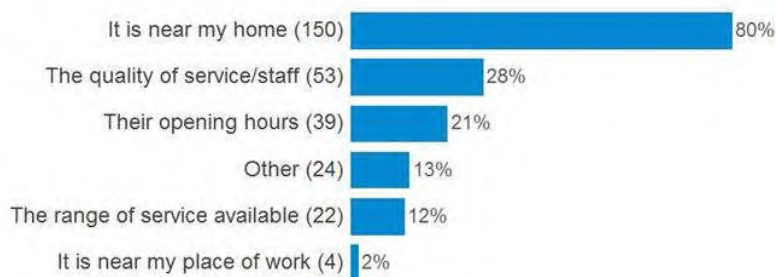
The significant majority of respondents visit the pharmacy/dispensing GP practice for themselves (90%) with other persons they visit for including a family member or someone for whom they are a carer. (Some respondents selected multiple reasons/persons):

Figure 26: Responses to 'Who would you normally visit the pharmacy/dispensing practice for?'



The majority of respondents indicated that they use the pharmacy that they normally use because it is close to their home (80%), indicating that proximity of access is an important factor when choosing a pharmacy.

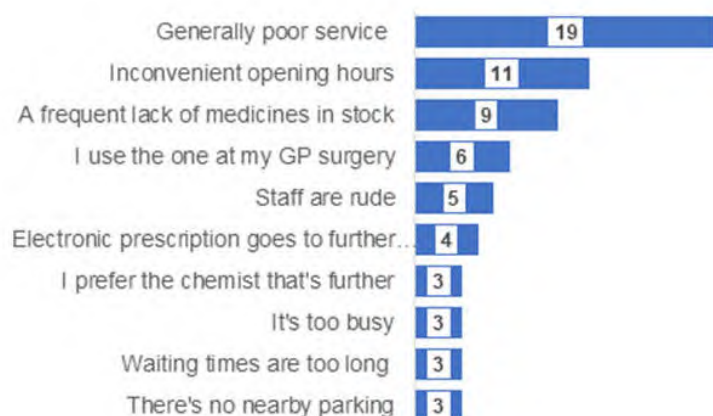
Figure 27: Reasons for selecting pharmacy



However, around a third of respondents (34%) do not use the pharmacy most local to themselves, with reasons including: 'generally poor service', 'inconvenient opening hours', 'a frequent lack of medicines in stock', 'use of the pharmacy at their GP surgery' (see Figure 28 below).

Of these, 'generally poor service' was the reason most frequently given, highlighting that the quality of service a pharmacy offers is a valuable factor considered when choosing a pharmacy.

Figure 28: Reasons for not visiting closest pharmacy



Below are some extracts from the responses given for not using their most local pharmacy, which discuss stock availability, poor customer service experiences, long waiting times, opening times and facilities like private consultation rooms and parking. Not all responses were negative, with good experience also being a reason for selecting a specific pharmacy over the nearest.

“Not helpful enough or private faculty [sic] to speak to pharmacist”

“Waiting times is long & always Q’s [sic] and minimal staff !”

“Previous dispensing chemist always owed items and had rude staff”

“Service is slow for prescription collection”

“Because they never have what you need”

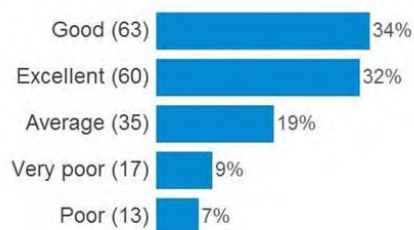
“the local pharmacy shuts at 5pm. Doesn't open weekends. And has nowhere for parking.”

“Because the pharmacist is really helpful and knowledgeable, he works very hard and long hours to support the local community and did the same during covid”

Ease of obtaining medication & problems:

Two thirds of respondents rate the ease of obtaining medication at their usual pharmacy (e.g. waiting time or stock availability) as ‘Excellent’ (32%) or ‘Good’ (34%) indicating that most individuals are able to obtain their prescriptions easily.

Figure 29: Ease of obtaining medication



However, 40% of respondents provided comments about problems faced when obtaining medication.

The 3 main problems highlighted were:

No or low stock:

“Very limited stock. Routinely have to wait or go back to collect”

Waiting time both in the pharmacy and for prescription to be filled:

“Its rarely ready. Even when given 2-3 days notice, I have to sit and wait while they make it up”

System and staffing issues e.g. not enough staff/including closed as no pharmacist:

“I find that the pharmacy has a closed time for lunch break and not open on a Sunday”

“can get very busy and could do with more staff to dispense medications”

“Always a very long queue. Staff not very efficient, ignoring customers and not very compassionate”

“It's very unusual for them to get it right. Their systems seem to be poor or unstable. They have lots of locums and I get told different stories each time.”

Positive feedback comments described: helpful and friendly staff, medication always or usually in stock, generally good service:

“I always get the medication and advice I require”

“Friendly and helpful staff. Very unlikely that they don't have what I need.”

“Better before lockdown but still good”

“The pharmacy I use is very good they will text me when my medication is ready so it saves you having to wait around”

Access

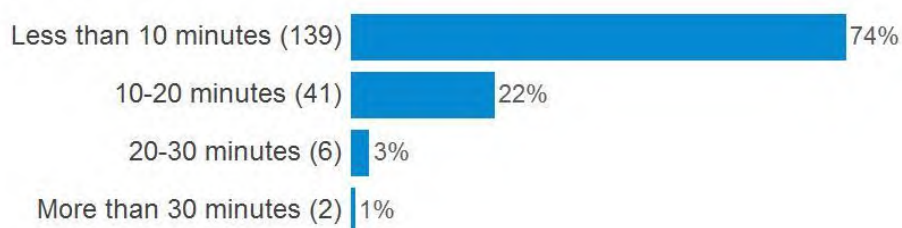
Over half of respondents reported using a car to travel to their pharmacy. Only a small proportion of respondents don't travel to the pharmacy (5%) as prescriptions are collected for them or delivered to them, or use another method of transport.

Figure 30: Usual method of travel to pharmacy



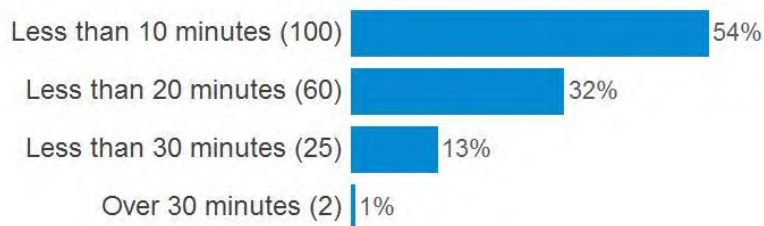
74% of respondents reported that it currently takes them less than 10 minutes to reach their nearest pharmacy, with 99% able to reach their nearest pharmacy in under 30 minutes.

Figure 31: Time taken to reach pharmacy



When asked what respondents felt was an acceptable travelling time, 54% of respondents felt a time of less than 10 minutes was acceptable, whilst 46% of were happy with travelling more than 10 minutes.

Figure 32: Acceptable travelling time



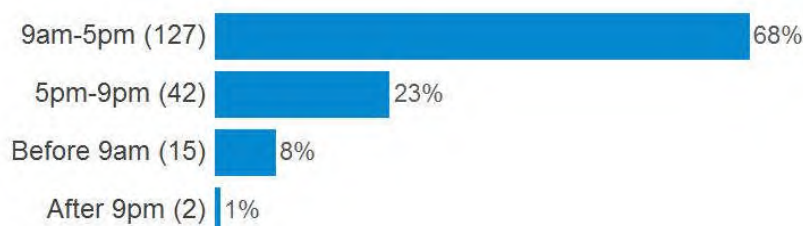
Most respondents were not aware of which pharmacies in their area would be open early in the mornings, in the evenings, or on Saturdays or Sundays.

Figure 33: Awareness of pharmacy opening times



Amongst respondents there was a preference for visiting a pharmacy on weekdays and during standard opening hours. 89% of respondents preferred to visit a pharmacy between Monday and Friday, with 9% preferring Saturday and 2% preferring Sunday. 68% of respondents preferred to visit pharmacies between 9am and 5pm with 23% preferring between 5pm and 9pm, and 8% before 9am.

Figure 34: Pharmacy visiting time preferences



Some comments from respondents regarding opening times in response to their overall satisfaction with their pharmacy mentioned unexpected closures and opening times not being aligned to affiliated GP surgeries.

“Often closed during advertised hours without notice”

“They open at 0830 not open at 8 am which is when the surgery they are part of opens. They are not open on a Saturday.”

Disability & Access

18% of respondents disclosed that they consider themselves to have a disability. Of these, the majority (16 respondents, 78%) collect prescribed medication from their pharmacy or GP dispensing practice, 27% have medication delivered to their house. This highlights that a delivery service is well utilised for over a quarter of respondents with a disability. 14% of respondents with a disability indicated that they do not visit a pharmacy because someone else collects their prescription or it is delivered to them.

Wheelchair access is available at their local pharmacy for the majority of respondents (69%), but 8% indicated it is not available and 23% did not know. 23% respondents stated that handrails if there are steps are available but nearly a third (31%) highlighted they are not available, and half of respondents did not know if they are (50%). 18% of respondents indicated that they know Hearing Loops are available, with the majority of respondents not knowing if they are (77%) and 5% stating they are not. This indicates that some pharmacies may be lacking in key reasonable adjustments to facilitate accessibility for people with disabilities.

23 respondents left specific feedback regarding how their disability affects the way their pharmacy service is accessed and used. 4 respondents said their disability did not affect the way they used the pharmacy, whilst 2 stated family members collected their medications for them.

Some respondents noted difficulties with using pharmacies as a result of their disability including restricted mobility, difficulty queuing, nowhere to park nearby, difficulties with communication, or accessing frequent medications quickly enough.

“cause stress and there's nowhere to sit and wait”.

3 respondents stated that visiting the pharmacy can be “tiring and distressing” or painful, one of these was for communication reasons;

“Communication with staff, no BSL provided so it's all about lip-reading, hard work”.

A further 3 respondents said they relied on deliveries from their pharmacy however they added

“Online is fine if no changes to medication. Picking up meds is more difficult if ... needed straight away”

and another that

“have problems due to working when they deliver”

Sufficient information about medication

The majority of respondents (87%) feel they are provided with sufficient information about

their medication (e.g. dosage, possible side effects). Of the 13% that stated they are not happy with information supplied, reasons for being unhappy included: not receiving any advice about their medication and being given the wrong advice.

Further comments included:

“Only asked to confirm name and address. had not information sheet inside the medication and it was the first time taking it”

“Recently had to start taking statins but was not told about side effects.”

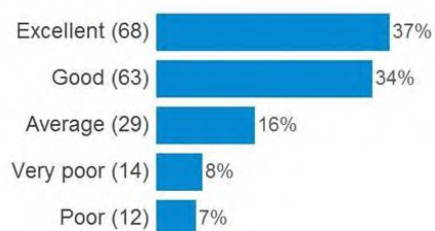
“I have been told the incorrect instructions for HRT”

Of the respondents satisfied with information about medication, there was positive feedback including that Pharmacist and staff were always good at providing information on medication; that they were satisfied with the information the GP had provided and the labelling of their medication; and that they received sufficient information from their pharmacist and the leaflets.

Overall satisfaction:

Over two thirds of respondents rated their overall satisfaction with their pharmacy/dispensing GP practice as ‘Excellent’ (37%) or ‘Good’ (34%).

Figure 35: Overall satisfaction



Around a third of respondents commented and indicated areas for improvement within their pharmacy/dispensing GP Practice. Areas in which they would like to see improvement:

- Improved staff service
- shorter dispensing waiting times
- increased staffing levels
- improve/ keep to opening times
- increase stock availability
- better GP and pharmacy communication
- better delivery options

Further comments suggest that the improvements respondents would most like to see are related to:

Increasing trained, attentive staff numbers in the pharmacy and reducing waiting times:

“Never enough staff, always long queues, always getting things wrong”

“Need more trained staff. Need instruction on priorities when there is a queue. Need to be more attentive to customers requirements and help when needed”

“Better systems and understanding of how to use them”

Better stock availability to avoid repeated visits to the pharmacy for out-of-stock items. It is important to note that stock availability is reliant on supply chains and national and international manufacturing of drugs:

“Long waits, routinely have to wait a few days for them to get stock”

“Less good than it was due I believe to cut back in staffing and sometimes medicines not in stock”

“So many problems with items being unobtainable and such a palaver having to take days to go back to the surgery to get prescription changed”

Improved no/low cost delivery service:

“none of them will deliver”

“they have just started to charge £5 for prescription deliveries”

“I have to pay for delivery service as both my daughters work full time and are unable to collect for me as the pharmacy is closed Saturday and Sunday”

Disability and satisfaction

45.3% of respondents without a disability rated their overall satisfaction with their pharmacy service as ‘Excellent’ compared with 22.7% of respondents with a disability rating theirs as ‘Excellent’.

This indicates that respondents with a disability may be less likely to perceive the pharmacy service they receive is ‘Excellent’. This could suggest there is an inequality in the provision of service or in the accessibility to the same quality of service between individuals with and without disabilities.

Covid-19 Impact

The Covid-19 pandemic has changed the use of pharmacy services for almost a quarter of respondents (23%). The explanations of different usage included: continued health protection measures (such as mask wearing), restricted numbers inside the pharmacy and queueing outside, opting for a delivery service now instead, utilising electronic means of ordering prescriptions (text message/NHS app/order online).

Other changes have included:

“It’s much more planned and I walk to the surgery to get some exercise.”

“Due to telephone appointments with GP, I am at home so use the pharmacy closest to my home rather than closest to my GP.”

(Use of pharmacy for more medical advice) “Because it’s very difficult to get through to the doctors”

For some there has been a negative impact their use of pharmacy services:

“During Covid the pharmacy did everything and it was easy, now I have to go back to the doctors to get the prescription to give to the chemist”

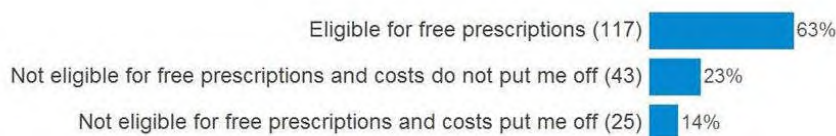
And: not liking to be inside small spaces of pharmacies now because of Covid risk.

Prescription Costs

Nearly two thirds (63%) of respondents indicated being eligible for free prescriptions. 23% of respondents are not eligible but the prescription costs do not put them off collecting prescribed medication. However, 14% of respondents who are not eligible for free prescriptions stated that the cost of prescriptions does put them off collecting prescribed medication.

This indicates that the cost of prescriptions may be a barrier to some individuals collecting their prescribed medication and may result in not taking their necessary prescribed medication. Although the cost of prescriptions is not within the control of providers all partner organisations should be aware that medication costs may result in inequality in health outcomes and that patients may not be accessing necessary medications as prescribed.

Figure 36: Prescription costs and medicines access



7. Formal Consultation

The formal consultation period for the PNA ran for 60 days between the 11th of July and the 8th of September and sought responses from the public, key stakeholders and providers of pharmaceutical provision in South Gloucestershire.

Ten responses were received, too few to be representative of the views of South Gloucestershire as a whole; however the responses still add valuable community voices to our assessment of local provision. Demographic questions and key questions on the findings of the PNA were asked. A full copy of the consultation questions and report is available in [Appendix VII](#).

7.1 Demographic breakdown of responses

10 responses were received in all, 7 from residents, 1 on behalf of a voluntary or community organisation, 1 on behalf of a business, and 1 on behalf of a parish or town council. Due to the responses from organisations it is difficult to pull out demographic data for the responders as they represent wider groups. Most of the people who answered, reported being over 45 years of age. Responses were evenly split by Gender; and 4 of 7 people who answered reported being White British. 5 of 10 respondents reported having a disability.

7.2 Responses to key questions

Those responding to the consultation were asked if the PNA accurately reflected provision of current services, future needs, gaps, and the overall conclusions drawn by the PNA. The responses to the questions were mixed overall, with a great deal of uncertainty. As there were only 10 responses it is not possible to draw conclusions from the responses as it may not be representative of the views of all residents in South Gloucestershire.

- For current services, 5 responded didn't know if the PNA was an accurate reflection of current service provision, 4 felt it was accurate and 1 felt it was not. 4 respondents disagreed it was an accurate representation of pharmaceutical needs, 2 agreed and 3 did not know.
- For future needs, 6 respondents did not feel that their future needs would be met over the next 3 years, whilst 4 respondents did.
- For gaps in provision, 3 respondents agreed with the PNA identifying no gaps in provision, 3 disagreed, and 4 did not know.
- For the overall conclusions, 4 respondents agreed with the conclusions of the PNA, 4 did not agree and 2 did not know.

7.3 Key themes from the comments

The scope of the PNA is narrow in that it is a market entry tool used by decision makers in granting new pharmaceutical licenses. Many of the comments identify issues with pharmaceutical provision that are not due to local factors or within the remit of the PNA and these have been outlined below.

Workforce shortages, and general practice pressures

Staffing and pressure across primary care is well documented and not specific to South Gloucestershire. Several comments report delays in accessing GPs having a knock in impact in accessing medications in a timely manner or that there is additional pressure on pharmacies and pharmacists due to the community using them when a GP is not available. Often pharmacists are able to provide advice and help as the first point of contact in the community but this can mean additional demand on pharmaceutical services and queues. Pharmaceutical services too are experiencing staff shortages and a new pharmacy would not resolve the issue identified, as such this feedback can not change the conclusions of the PNA regarding the provision of local pharmaceutical services.

Availability of medications

Issues with the availability of medicines are not specific to South Gloucestershire and nationally there have been reported shortages of some medicines due to manufacturing issues and supply chain problems. Data on multiple visits to pharmacies to dispense medications was not available for the PNA, and it is uncertain how much of an impact this has on local residents. This is not something that can be addressed further within the scope of the PNA, as such this feedback cannot change the conclusions of the PNA regarding the provision of local pharmaceutical services.

Access

The steering group acknowledges that access to cars is a limiting factor in accessing pharmacies, although on the whole car ownership in South Gloucestershire is high. Access to public transport for some areas may be poorer or intermittent, but on the whole services are within a reasonable commuting distance across all three localities. The steering group acknowledges that home delivery services are a voluntary offer and that some services require payment which may be prohibitive.

One comment mentioned their local pharmacy was only open during working hours. Every pharmacy in South Gloucestershire is open during the week, but late opening and weekend opening is more variable. Every locality does have later provision and weekend provision available but this is not available at every pharmacy.

Population growth

Population growth is a topic which was addressed by the PNA, and it is important to note that there is no minimum number of pharmacies required per capita. The Health and Wellbeing board is responsible for continuing to review pharmaceutical needs throughout the life of the PNA and to issue supplements should there be a change in the assessed need requiring a change in pharmaceutical provision.

7.4 Responding to the consultation – what next?

The steering group has assessed the consultation report and it is not felt that a change is required in the conclusions drawn by the PNA as a result. Many of the comments fall outside of the scope of the PNA and what it is used for, however there are other pieces of work happening locally to ensure the primary care system works together and that it meets local needs. The consultation responses will also inform that work. The Health and Wellbeing board will continue to assess the pharmaceutical needs and provision in South Gloucestershire throughout the life of the PNA and will issue supplementary statements if there are changes in the conclusions drawn.

8. Conclusion

8.1. Necessary services: statement of any gaps in current provision

Necessary services were considered to be in line 'essential services' within the scope of this PNA.

Travel times

In order to assess the provision of essential services against the needs of the residents of South Gloucestershire, the steering group 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. The steering group acknowledges that car ownership is a key factor in access in some areas of South Gloucestershire, and that prescription delivery services are a voluntary offer, and can also come at a cost meaning access to this service may not be consistent.

Opening times

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. All pharmacies in South Gloucestershire are open during weekdays. Weekend, and early and evening opening is available in all localities though there are variations.

Future use of services

The HWB will monitor the uptake and need for necessary services and will consider the impact of any changes in this 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:

Travelling times by car, public transport and walking, and the opening hours of pharmacies in all three localities, and across the whole HWB area, are reasonable in all the circumstances although consideration of public transport access for the more rural areas should continuously be evaluated and updated. Additionally, access to medicines delivery services, which are a voluntary offer, should be made available where possible to support those who may have difficulty travelling to collect medications.

No gaps have been identified in necessary services that if provided either now, or in the lifetime 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.

8.2. Necessary services: statement of any gaps in future provision

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.

8.3. Improvements and better access: statement of any gaps in provision

Based on current information no gaps have been identified in respect of securing improvements, or better access either now or in the lifetime of this PNA in any part of South Gloucestershire.

9. Table of Figures

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9.1. Appendix I: Travel time maps

Figure 37 - 20-minute walk time to community pharmacy

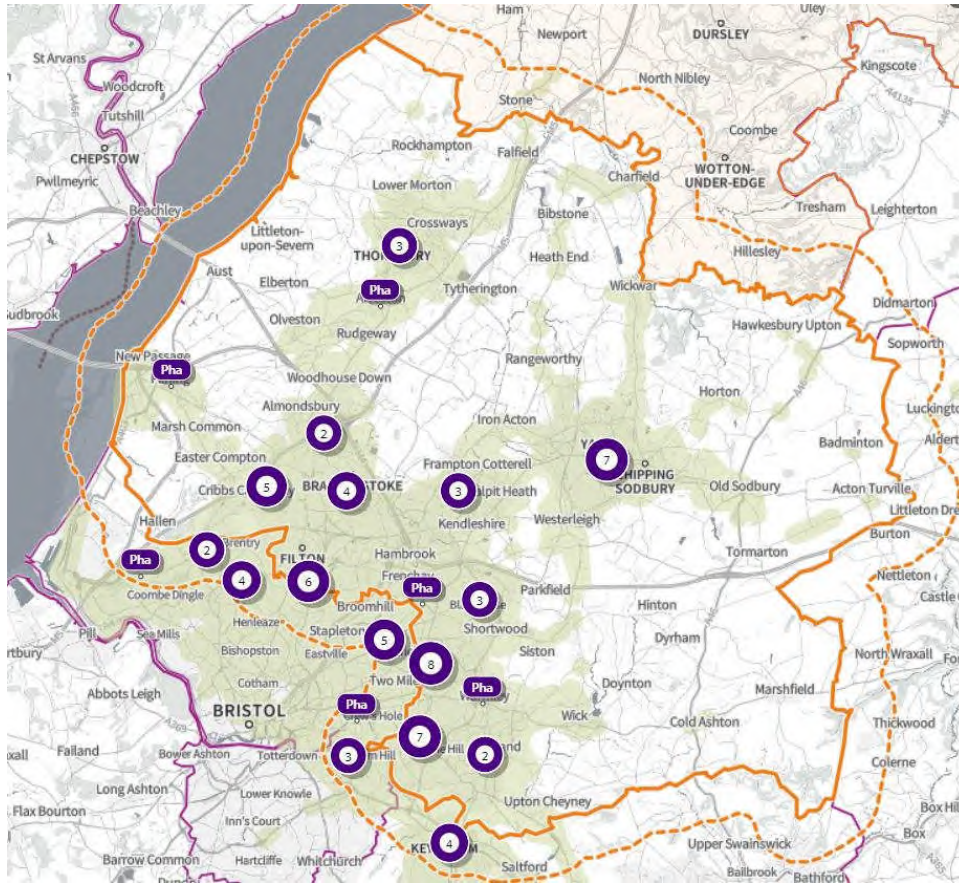
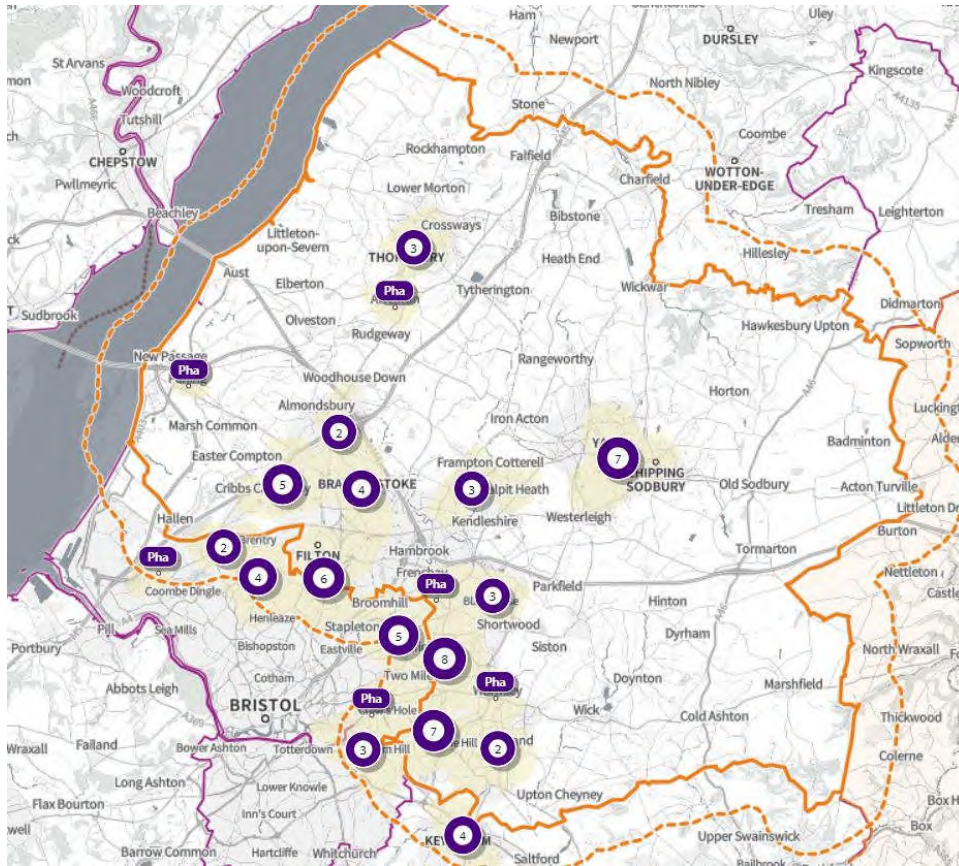


Figure 38 - 15-minute walk time to community pharmacy



9.2. Appendix III: Pharmacy details

9.2.1. Opening hours

ODS CODE	Pharmacy	Location		Opening Hours							Total Opening Hours
	Trading Name	Town	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
FR737	Alveston Pharmacy	Alveston	BS35 3LU	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
FJ348	Boots Pharmacy	Bradley Stoke	BS32 8EF	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	10:00-16:00	100
FPJ34	Tesco In-Store Pharmacy	Bradley Stoke	BS32 8EF	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00	78
FQW00	Bradley Stoke Pharmacy	Bradley Stoke	BS32 9DS	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed	48
FPN92	Cadbury Heath Pharmacy	Cadbury Heath	BS30 8EN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
FGD28	Chipping Sodbury Pharmacy	Chipping Sodbury	BS37 6BA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	Closed	53.5
FD125	Boots Pharmacy	Cribbs Causeway	BS34 5UP	10:00-19:00	10:00-19:00	10:00-19:00	10:00-19:00	10:00-19:00	10:00-16:00	11:00-15:00	55
FM720	Morrisons Pharmacy	Cribbs Causeway	BS10 7UD	08:30-13:30 14:30-20:00	08:30-13:30 14:30-20:00	08:30-13:30 14:30-20:00	08:30-13:30 14:30-20:00	08:30-13:30 14:30-20:00	08:00-13:30 14:30-19:00	10:00-16:00	68.5
FMM59	LloydsPharmacy	Downend	BS16 5FJ	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-13:00	Closed	56.5
FVV10	Cleeve Wood Pharmacy	Downend	BS16 2SF	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00 14:00-17:30	09:00-13:00	Closed	41.5
FXT39	Westbourne Pharmacy	Downend	BS16 6UG	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	Closed	42.5
FXW67	Well Pharmacy	Downend	BS16 6BB	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed	46.5

ODS CODE	Pharmacy	Location		Opening Hours							Total Opening Hours
	Trading Name	Town	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
FEA59	LloydsPharmacy Inside Sainsbury's	Emersons Green	BS16 7AE	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-21:00	10:30-16:30	100
FJ295	Boots Pharmacy	Emersons Green	BS16 7AE	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-19:00	Closed	55
FQJ16	Jhoots Pharmacy	Filton	BS34 7DA	08:30-12:15 13:30-18:00	08:30-12:15 13:30-18:00	08:30-12:15 13:30-18:00	08:30-12:15 13:30-18:00	08:30-12:15 13:30-18:00	Closed	Closed	45.25
FF379	Frome Valley Pharmacy	Frampton Cotterell	BS36 2DE	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	Closed	48
FVA41	Stuart Moul Pharmacy	Frampton Cotterell	BS36 2LE	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed	44
FDA63	Shaunaks Pharmacy	Hanham	BS15 3QY	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
FJK44	Shaunaks Pharmacy	Hanham	BS15 3HY	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed	47.5
FX536	Day Lewis Pharmacy	Horfield	BS7 0QE	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed	49
FG399	Jhoots Pharmacy	Kingswood	BS15 1XL	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	09:00-13:00 13:30-17:30	Closed	Closed	40
FHH26	Boots Pharmacy	Kingswood	BS15 8LP	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	08:30-17:00	Closed	48.5
FM505	Well Pharmacy	Kingswood	BS15 4EJ	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	Closed	Closed	47.5
FQX27	Billings Pharmacy	Kingswood	BS15 8LP	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-17:30	Closed	59
FN395	Concord Pharmacy	Little Stoke	BS34 6BQ	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	Closed	54

ODS CODE	Pharmacy	Location		Opening Hours							Total Opening Hours
	Trading Name	Town	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
FE841	Asda Pharmacy	Longwell Green	BS30 7DY	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00	100
FRE69	Boots Pharmacy	Longwell Green	BS30 7ES	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	08:00-23:59	10:30-16:30	100
FTM27	Ellacombe Pharmacy	Longwell Green	BS30 9BA	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00	Closed	44
FX718	Oldland Common Pharmacy	Oldland Common	BS30 9QG	08:30-13:00 14:00-18:30	08:30-13:00 14:00-18:30	08:30-13:00 14:00-18:30	08:30-13:00 14:00-18:30	08:30-13:00 14:00-18:30	09:00-13:00	Closed	49
FML62	LloydsPharmacy	Patchway	BS34 5TF	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	Closed	Closed	50
FVE40	Asda Pharmacy	Patchway	BS34 5TL	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	10:00-16:00	72
FXV73	Jhoots Pharmacy	Patchway	BS34 5PG	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed	40
FGP04	Pilning Pharmacy	Pilning	BS35 4JF	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	Closed	Closed	42.5
FKR58	Boots Pharmacy	Staple Hill	BS16 5HL	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-17:00	Closed	48
FJM71	Jhoots Pharmacy	Stoke Gifford	BS34 8UE	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	08:30-13:00 14:00-18:00	Closed	Closed	42.5
FQL62	LloydsPharmacy Inside Sainsbury's	Stoke Gifford	BS34 8SS	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00	78
FF121	Thornbury Pharmacy	Thornbury	BS35 2AZ	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	Closed	56
FJV73	Boots Pharmacy	Thornbury	BS35 2AR	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed	51

ODS CODE	Pharmacy	Location		Opening Hours							Total Opening Hours
	Trading Name	Town	Postcode	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
FTK58	Cohens Chemist	Thornbury	BS35 1DS	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed	40
FCL91	Ideal Pharmacy	Warmley	BS15 4ND	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed	47.5
FWJ81	Shaunaks Pharmacy	Winterbourne	BS36 1JY	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	Closed	46.5
FDH15	Boots Pharmacy	Yate	BS37 4AP	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	10:00-16:00	70
FEE95	Abbotswood Pharmacy	Yate	BS37 4NG	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	09:00-13:00 14:00-18:00	Closed	Closed	40
FFQ95	Shaunaks Pharmacy	Yate	BS37 4DQ	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-13:00	Closed	56.5
FM704	Yate Family Pharmacy	Yate	BS37 4AA	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	08:00-19:00	Closed	Closed	55
FW074	Tesco In-Store Pharmacy	Yate	BS37 4AS	08:00-23:30	06:00-23:00	06:00-23:00	06:00-23:00	06:00-23:00	06:30-22:00	10:00-16:00	105
FWQ62	North Yate Pharmacy	Yate	BS37 5UY	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	Closed	Closed	40

9.2.2. Advanced and enhanced services

ODS CODE	Pharmacy	Location		Contract		Advanced Services (Date = when signed up to offer service)									Enhanced Services	
						40 Hour Contract	100 Hour Contract	CPCS	New Medicines Service	Flu	Hypertension case-finding service (Oct 21)	Stop Smoking Service	Appliance Usage Review	Stoma Appliance Customisations		Hep C Testing Service
FR737	Alveston Pharmacy	Severnvale PNA Locality	BS35 3LU	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	13/04/2021	No
FJ348	Boots Pharmacy	Severnvale PNA Locality	BS32 8EF	No	Yes	Yes	Yes	Yes	No	No	No	No	No	No	06/04/2021	No
FPJ34	Tesco In-Store Pharmacy	Severnvale PNA Locality	BS32 8EF	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	31/03/2021	Yes
FQW00	Bradley Stoke Pharmacy	Severnvale PNA Locality	BS32 9DS	Yes	No	Yes	Yes	Yes	28/02/2022	No	No	No	No	No	01/04/2021	No
FPN92	Cadbury Heath Pharmacy	Kingswood PNA Locality	BS30 8EN	Yes	No	No	Yes	No	27/09/2021	31/03/2022	No	No	No	No		No
FGD28	Chipping Sodbury Pharmacy	Yate PNA Locality	BS37 6BA	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	13/04/2021	No
FD125	Boots Pharmacy	Severnvale PNA Locality	BS34 5UP	Yes	No	Yes	Yes	Yes	15/03/2022	No	No	No	No	No	07/04/2021	No
FM720	Morrisons Pharmacy	Severnvale PNA Locality	BS10 7UD	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	09/04/2021	No
FMM59	LloydsPharmacy	Kingswood PNA Locality	BS16 5FJ	Yes	No	Yes	Yes	Yes	30/03/2022	No	No	No	No	No	07/04/2021	No
FV110	Cleeve Wood Pharmacy	Kingswood PNA Locality	BS16 2SF	Yes	No	Yes	Yes	Yes	01/10/2021	No	No	No	No	No	05/04/2021	No
FXT39	Westbourne Pharmacy	Kingswood PNA Locality	BS16 6UG	Yes	No	Yes	Yes	Yes	10/01/2022	No	No	No	No	No	30/03/2021	No
FXW67	Well Pharmacy	Kingswood PNA Locality	BS16 6BB	Yes	No	Yes	Yes	Yes	04/10/2021	29/04/2022	No	Yes	No	No	05/04/2021	No
FEA59	LloydsPharmacy inside Sainsbury's	Kingswood PNA Locality	BS16 7AE	No	Yes	Yes	Yes	Yes	30/03/2022	No	No	No	No	No	07/04/2021	No
FJ295	Boots Pharmacy	Kingswood PNA Locality	BS16 7AE	Yes	No	Yes	Yes	Yes	15/03/2022	No	No	No	No	No	06/04/2021	No
FQJ16	Jhoots Pharmacy	Severnvale PNA Locality	BS34 7DA	Yes	No	Yes	Yes	Yes	30/09/2021	09/03/2022	No	Yes	No	No	07/04/2021	No
FF379	Frome Valley Pharmacy	Yate PNA Locality	BS36 2DE	Yes	No	Yes	Yes	Yes	26/01/2022	No	No	No	No	No	01/04/2021	No
FVA41	Stuart Moul Pharmacy	Yate PNA Locality	BS36 2LE	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	01/04/2021	No
FDA63	Shaunaks Pharmacy	Kingswood PNA Locality	BS15 3QY	Yes	No	Yes	Yes	Yes	26/01/2022	No	No	No	No	No	01/04/2021	No
FJK44	Shaunaks Pharmacy	Kingswood PNA Locality	BS15 3HY	Yes	No	Yes	Yes	Yes	26/01/2022	No	No	No	No	No	01/04/2021	No
FX536	Day Lewis Pharmacy	Severnvale PNA Locality	BS7 0QE	Yes	No	Yes	Yes	Yes	04/10/2021	No	No	No	No	No	06/04/2021	No
FG399	Jhoots Pharmacy	Kingswood PNA Locality	BS15 1XL	Yes	No	Yes	Yes	Yes	30/09/2021	09/03/2022	No	Yes	No	No	07/04/2021	No
FHH26	Boots Pharmacy	Kingswood PNA Locality	BS15 8LP	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	06/04/2021	No
FM505	Well Pharmacy	Kingswood PNA Locality	BS15 4EJ	Yes	No	Yes	Yes	Yes	04/10/2021	29/04/2022	No	No	No	No	05/04/2021	No
FQX27	Billings Pharmacy	Kingswood PNA Locality	BS15 8LP	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	30/03/2021	No
FN395	Concord Pharmacy	Severnvale PNA Locality	BS34 6BQ	Yes	No	Yes	Yes	Yes	26/10/2021	No	No	No	No	No	07/04/2021	No
FE841	Asda Pharmacy	Kingswood PNA Locality	BS30 7DY	No	Yes	Yes	Yes	Yes	28/01/2022	No	No	No	No	No	30/03/2021	No
FR669	Boots Pharmacy	Kingswood PNA Locality	BS30 7ES	No	Yes	Yes	Yes	Yes	15/03/2022	No	No	No	No	No	06/04/2021	Yes
FTM27	Ellacombe Pharmacy	Kingswood PNA Locality	BS30 9BA	Yes	No	Yes	Yes	Yes	03/12/2021	02/03/2022	No	No	No	No	05/04/2021	No
FX718	Oldland Common Pharmacy	Kingswood PNA Locality	BS30 9QG	Yes	No	Yes	Yes	Yes	12/03/2022	11/04/2022	No	No	No	No	30/03/2021	No

ODS CODE	Pharmacy	Location		Contract		Advanced Services (Date = when signed up to offer service)									Enhanced Services	
						40 Hour Contract	100 Hour Contract	CPCS	New Medicines Service	Flu	Hypertension case-finding service (Oct 21)	Stop Smoking Service	Appliance Usage Review	Stoma Appliance Customisations		Hep C Testing Service
FML62	LloydsPharmacy	Severnvale PNA Locality	BS34 5TF	Yes	No	Yes	Yes	Yes	24/03/2022	No	No	No	Yes	No	08/04/2021	No
FVE40	Asda Pharmacy	Severnvale PNA Locality	BS34 5TL	Yes	No	Yes	Yes	Yes	28/01/2022	No	No	No	No	No	30/03/2021	Yes
FXV73	Jhoots Pharmacy	Severnvale PNA Locality	BS34 5PG	Yes	No	Yes	Yes	Yes	30/09/2021	09/03/2022	No	No	No	No	07/04/2021	No
FGP04	Pilning Pharmacy	Severnvale PNA Locality	BS35 4JF	Yes	No	Yes	Yes	Yes	29/10/2021	No	No	No	No	No	12/04/2021	No
FKR58	Boots Pharmacy	Kingswood PNA Locality	BS16 5HL	Yes	No	Yes	Yes	Yes	No	No	Yes	No	No	No	06/04/2021	No
FJM71	Jhoots Pharmacy	Severnvale PNA Locality	BS34 8UE	Yes	No	Yes	Yes	Yes	30/09/2021	09/03/2022	No	No	No	No	07/04/2021	No
FQL62	LloydsPharmacy inside Sainsbury's	Severnvale PNA Locality	BS34 8SS	Yes	No	Yes	Yes	Yes	18/03/2022	No	No	No	No	No	07/04/2021	No
FF121	Thornbury Pharmacy	Severnvale PNA Locality	BS35 2AZ	Yes	No	Yes	Yes	No	No	No	No	No	No	No		No
FJV73	Boots Pharmacy	Severnvale PNA Locality	BS35 2AR	Yes	No	Yes	Yes	Yes	14/03/2022	No	No	No	No	No	07/04/2021	No
FTK58	Cohens Chemist	Severnvale PNA Locality	BS35 1DS	Yes	No	Yes	Yes	Yes	03/12/2021	No	No	No	No	No	07/04/2021	No
FCL91	Ideal Pharmacy	Kingswood PNA Locality	BS15 4ND	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	06/04/2021	No
FWJ81	Shaunaks Pharmacy	Yate PNA Locality	BS36 1JY	Yes	No	Yes	Yes	Yes	26/01/2022	No	No	No	No	No	01/04/2021	No
FDH15	Boots Pharmacy	Yate PNA Locality	BS37 4AP	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	06/04/2021	No
FE95	Abbotswood Pharmacy	Yate PNA Locality	BS37 4NG	Yes	No	Yes	Yes	Yes	03/12/2021	02/03/2022	No	No	No	Yes	05/04/2021	No
FFQ95	Shaunaks Pharmacy	Yate PNA Locality	BS37 4DQ	Yes	No	Yes	Yes	Yes	26/01/2022	No	No	No	No	No	01/04/2021	No
FM704	Yate Family Pharmacy	Yate PNA Locality	BS37 4AA	Yes	No	Yes	No	No	No	No	No	No	No	No		No
FW074	Tesco In-Store Pharmacy	Yate PNA Locality	BS37 4AS	No	Yes	Yes	Yes	Yes	No	No	No	No	No	No	31/03/2021	No
FWQ62	North Yate Pharmacy	Yate PNA Locality	BS37 5UY	Yes	No	Yes	#N/A	#N/A	20/03/2022	20/03/2022	No	No	No	No		No

9.3. Appendix IV: South Gloucestershire PNA Steering Group

9.3.1 Terms of reference

South Gloucestershire Pharmaceutical Needs Assessment (PNA) Steering Group: Terms of Reference (24/06/2022)

Objective/Purpose

To oversee and provide governance on the revision of the South Gloucestershire PNA on behalf of the Health & Wellbeing Board by October 2022 to ensure that it satisfies the relevant regulations including consultation requirements.

Accountability

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

Membership

The steering group is to consist of:

- 1) South Gloucestershire Council – Consultant in Public Health, and Public Health Registrar (Co-chairs)
- 2) Clinical Commissioning Group (CCG) representative – Medicines Manager or representative
- 3) Local Medical Committee representative
- 4) Local Pharmaceutical Committee representative
- 5) Healthwatch representative
- 6) NHS England Area Team - Head of Medicines Management/Project Manager
- 7) Representative of dispensing practices. (3 practices in South Gloucestershire)
- 8) CCG Head of Patient and Public Involvement
- 9) South Gloucestershire Council – Consultation Lead
- 10) Cllr for public health and inequalities

Core membership of the steering group consists of members 1 - 5 listed above. Other members can still attend and contribute to steering group meetings; additional members may be co-opted on to the group for specific roles.

Decision making

The steering group meeting needs 3 out of 5 of the core members (as outlined above) in attendance for quoracy. Key decisions will be recorded in the minutes.

Frequency of meetings

There will be three six-weekly meetings at the start of the project with the first being held in March 2022. The frequency of following meetings will be reviewed. It is anticipated that these will become bi-monthly.

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 October 2022.

9.4 Appendix V EqIAA

INITIAL EQUALITY IMPACT ASSESSMENT AND ANALYSIS (EqIAA)

DRAFT PHARMACEUTICAL NEEDS ASSESSMENT (PNA) 2022

Please Note:-

This document describes an initial analysis of equalities impacts in relation to the draft Pharmaceutical Needs Assessment (PNA) 2022

The council has a statutory duty to consider the impact of its actions in relation to the following protected characteristic groups:-

Age

Disability

Gender Reassignment

Marriage and Civil Partnership

Pregnancy and Maternity

Race

Religion or Belief

Sex

Sexual Orientation

Therefore, the council wishes to hear and proactively consider any comments in relation to how any aspect of the issues presented may impact on any sections of the community as listed above. Any feedback in relation to equalities and any point raised within this document will inform a full Equality Impact Assessment and Analysis of the Pharmaceutical Needs Assessment 2022.

You can find out more and tell us your views by:

Online: CONSULTATION TEAM TO ENTER

Email: consultation@southglos.gov.uk

Write to: CONSULTATION TEAM TO ENTER

Phone: CONSULTATION TEAM TO ENTER

Copies of the consultation are available from your local library and one stop shop. CONSULTATION TEAM TO ENTER FURTHER PLACES WHERE AVAILABLE IF APPROPRIATE.

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.

PNA's provide an up to date statement of the needs for pharmaceutical services of the local population. PNA's 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.

PNA's 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 South Gloucestershire, service users, public health, service commissioners.

It is intended that the PNA be published in October 2022. 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

NB. This section will be updated post 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 2020 mid-year estimates

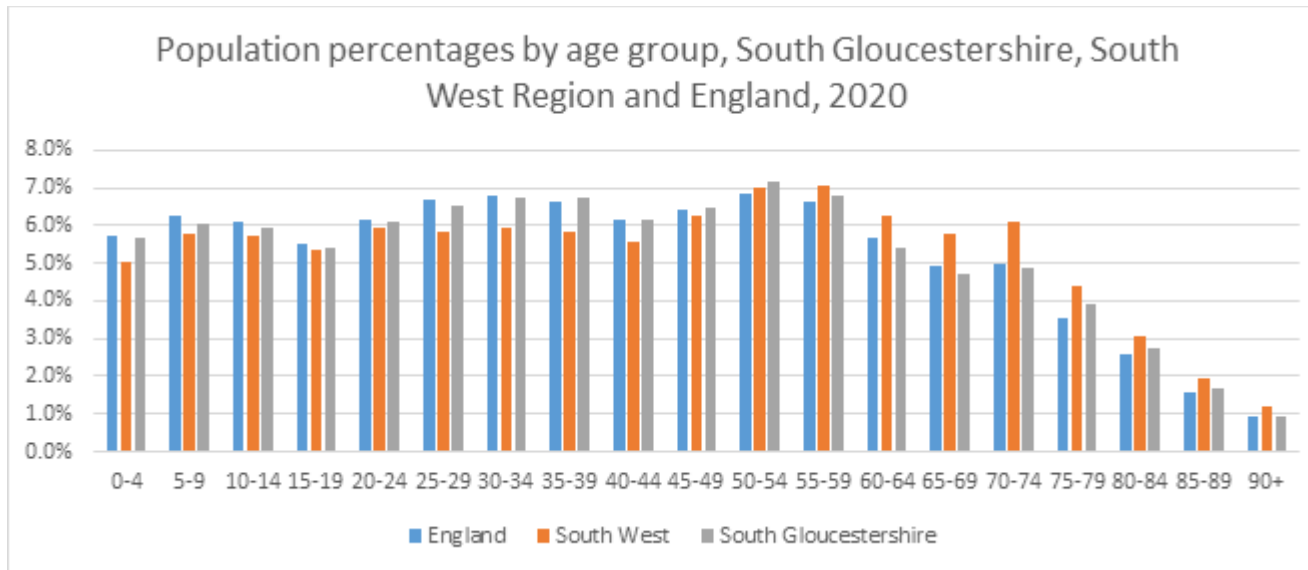
Age band	Males	Females	Persons
Age 0-4	8,404	7,849	16,253
Age 5-9	8,880	8,522	17,402
Age 10-14	8,745	8,352	17,097
Age 15-19	7,944	7,579	15,523
Age 20-24	9,093	8,453	17,546
Age 25-29	9,637	9,169	18,806
Age 30-34	9,333	9,987	19,320
Age 35-39	9,623	9,799	19,422
Age 40-44	8,871	8,861	17,732
Age 45-49	9,244	9,319	18,563
Age 50-54	10,261	10,356	20,617
Age 55-59	9,754	9,762	19,516
Age 60-64	7,714	7,896	15,610
Age 65-69	6,570	6,997	13,567
Age 70-74	6,644	7,367	14,011
Age 75-79	5,288	5,997	11,285
Age 80-84	3,527	4,402	7,929
Age 85-89	2,026	2,876	4,902
Age 90+	906	1,809	2,715
Total	142,464	145,352	287,816

South Gloucestershire has a slightly older population compared to England

The proportion of 0-14 year olds is 17.6%, very similar to the England average of 18.1%.

South Gloucestershire also has a very similar proportion of those of working age (63.5%) compared to England (63.4%).

Older people aged over 65 make up 18.9% of the population, greater than the 18.5% for England.



Limiting long term illness and disability

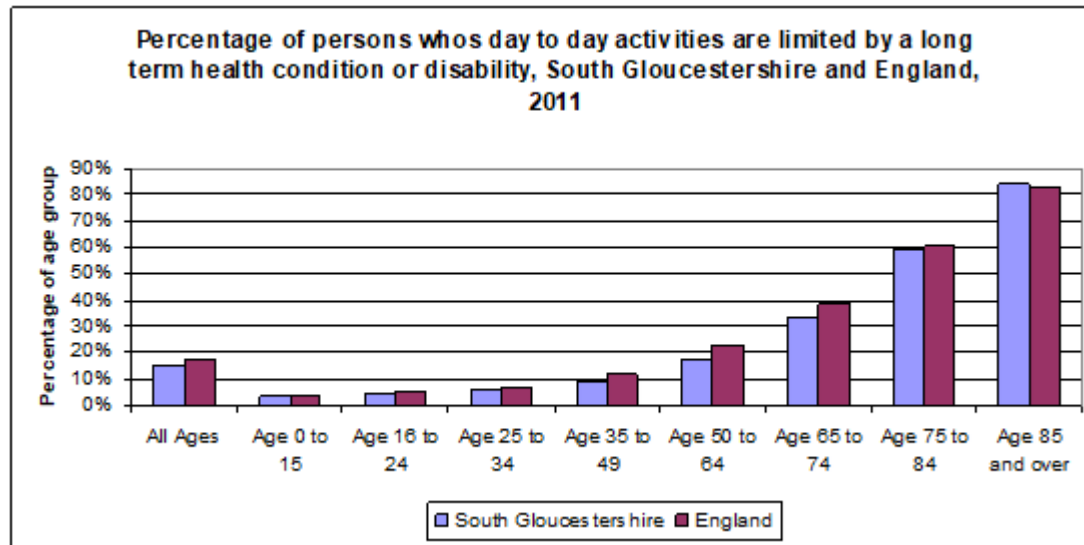
Across all ages, the estimated number of people living in South Gloucestershire who have a limiting long term health problem or disability is 39,000, which equates to 15% of the South Gloucestershire population, a lower percentage than England as a whole.

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.

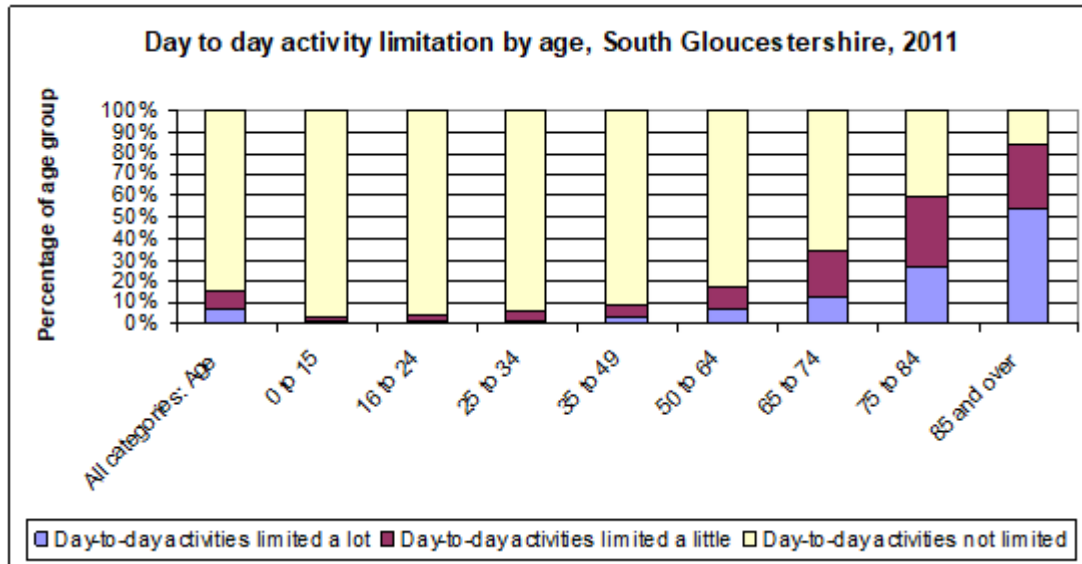
Percentage of persons whose day to day activities are limited by a long term health condition or disability, and number of persons whose day to day activities are limited by category

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 9,600 people living with some degree of sight loss in South Gloucestershire. Of this total, 6,180 are living with mild sight loss, 2,130 are living with moderate sight loss and 1,290 are living with severe sight loss.

By 2030, it is expected there will be 11,900 people in South Gloucestershire living with sight loss, an increase of 24%. By 2030, the number of people living with severe sight loss is estimated to be 1,640, an increase of 27%.

Source: RNIB Sight Loss Data Tool Version 4.3.1 (extracted 2022)

Hearing impairment

As of 2020, approximately 50,307 people (over 18) are estimated to have some hearing loss in South Gloucestershire. This is expected to increase to 57,881 by 2030. Approximately 5,407 people (18+) are estimated to have severe hearing loss. This is anticipated to increase to 6,739 by 2030

The Census 2011 indicates there are an estimated 136 people in South Gloucestershire for whom sign language is recorded as their main language.

Source: "Projecting Adult Needs and Service Information" (extracted June 2022)

Physical impairment

9,375 people (of working age 18-64) are estimated to have impaired mobility in South Gloucestershire, expected to increase to 10,024 by 2030.

Source: "Projecting Adult Needs and Service Information" (extracted June 2022)

Mental health

The number of people in South Gloucestershire between the age of 18 to 64 predicted to have a common mental disorder is 33,060, expected to increase to 35,851 by 2030.

Source: "Projecting Adult Needs and Service Information" (extracted June 2022)

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)

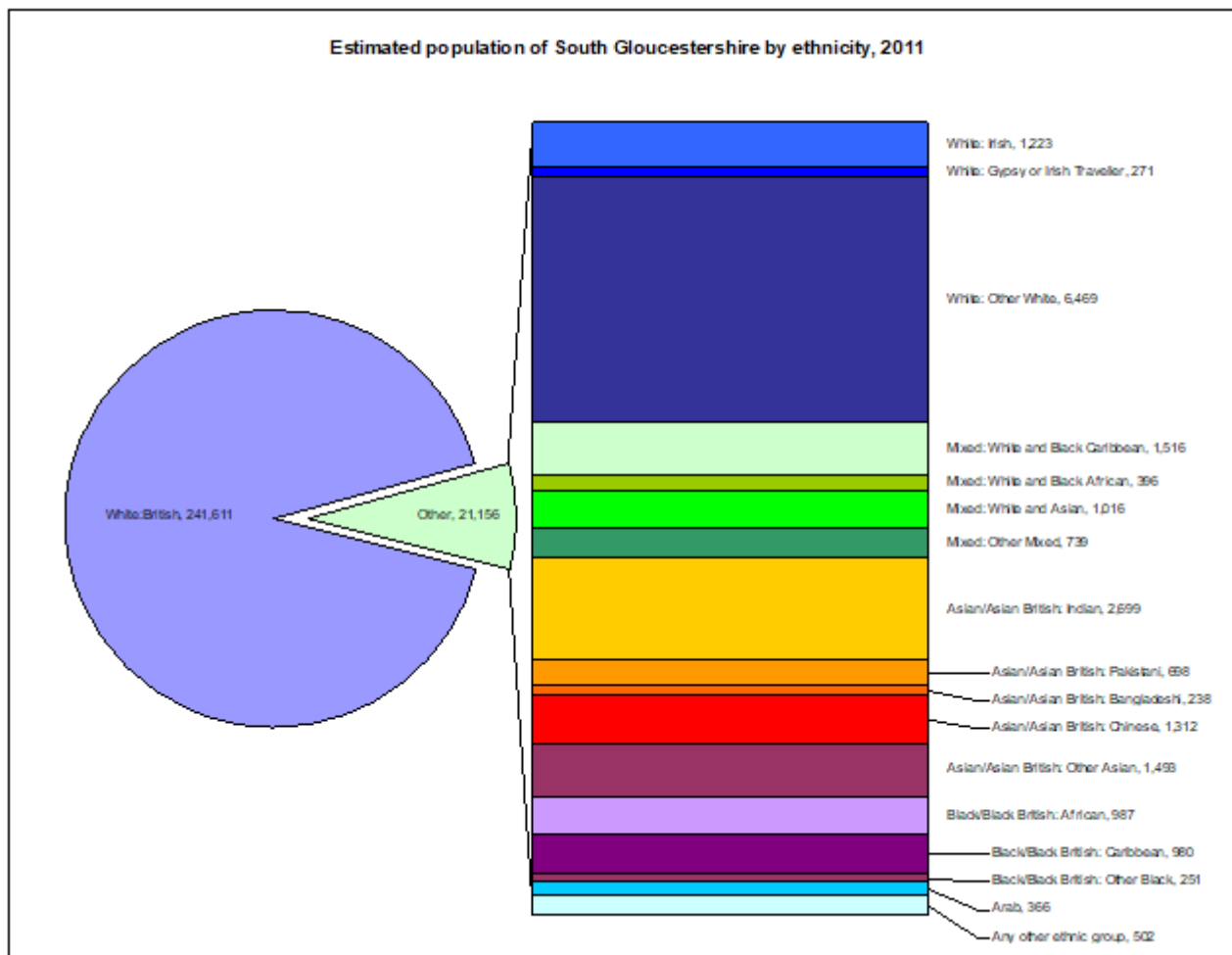
Carers

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

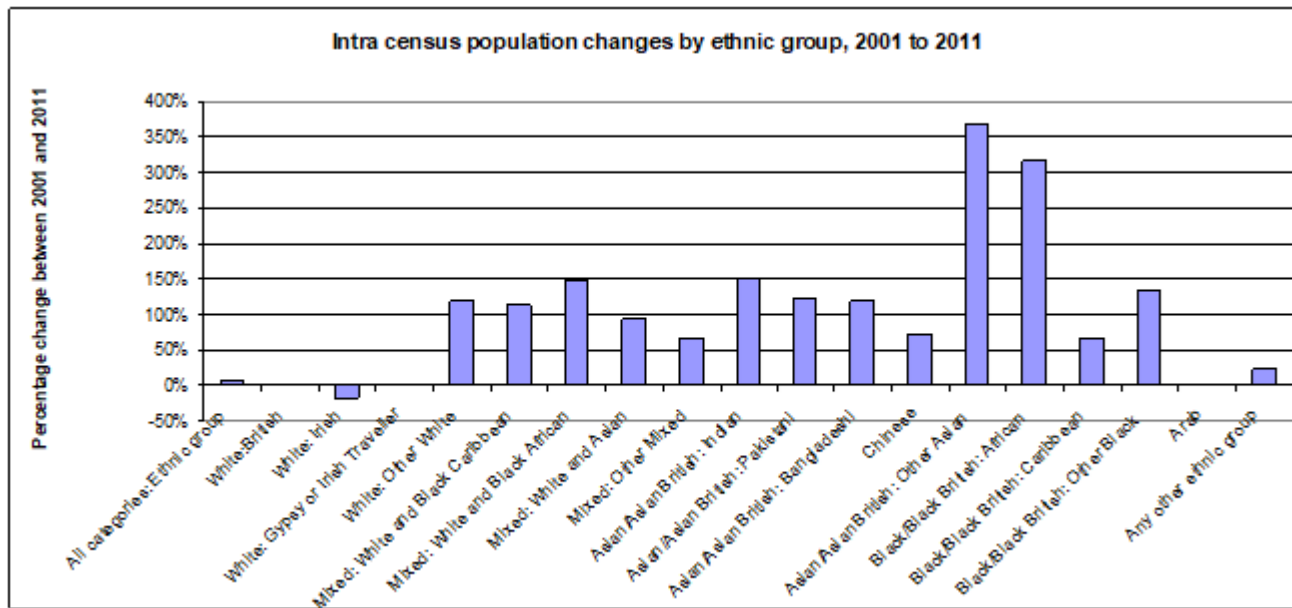
Data from the 2011 census indicates that 92% of the population are White British in South Gloucestershire, higher than the 80% for England as a whole.



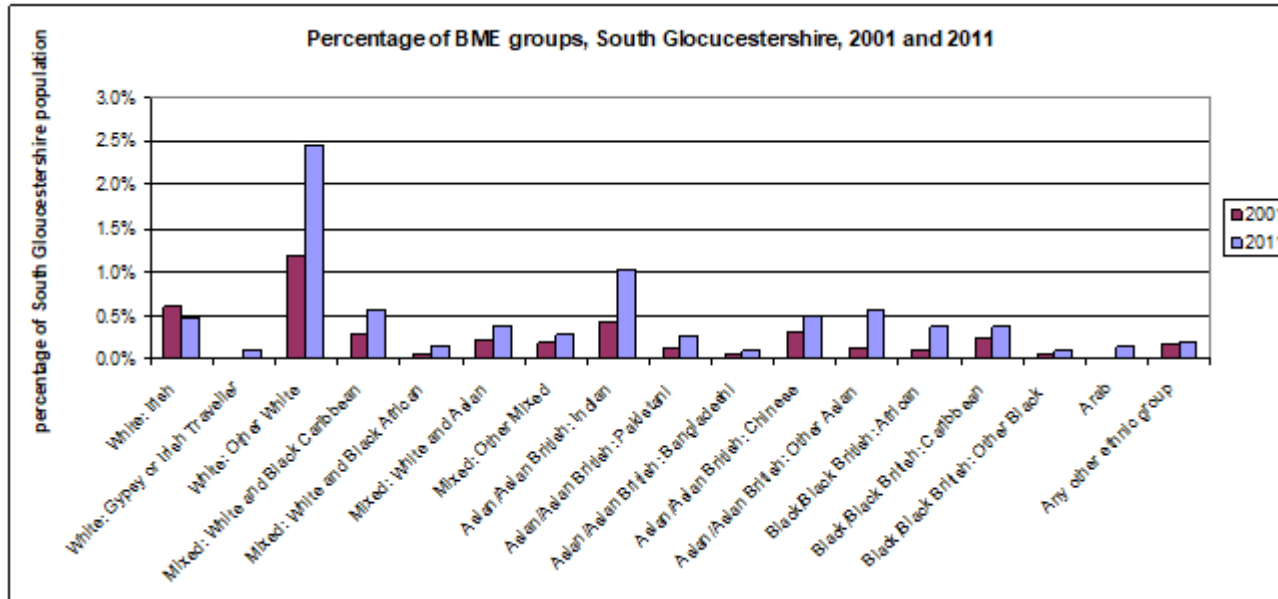
Source: Census 2011

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 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.

Page Break

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

NB. This section will be updated post consultation.

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> <p>Travel is likely to be by car, car ownership was 87% in the 2011 census, though this is not broken down by age.</p>
Disability	It is important that physical access to pharmacy buildings is ensured.

	<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> <p>Hearing Loops and British Sign Language services may be needed for those who are hard of hearing.</p> <p>Easy to read materials with plain English and staff awareness of hidden disabilities may be needed for those with learning disabilities.</p> <p>Travel is likely to be by car, car ownership was 87% in the 2011 census, though this is not broken down by age.</p>
<p>Marriage and Civil Partnership</p>	<p>No impacts noted.</p>
<p>Pregnancy and Maternity</p>	<p>Access to sexual health services and contraception as pharmacies offer elements of this service provision. 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.</p>

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	<p>Access to translation and interpretation services may sometimes be required as it is important that pharmacies are able to provide services to all, taking into account diversity.</p> <p>Gypsy, Roma, Traveller groups being able to access pharmaceutical services should be considered.</p> <p>Refugees – links may need to be clear between all healthcare providers so there is shared understanding of access to pharmacy services and support etc.</p>
Religion	An awareness of different religious beliefs is important for pharmacies in order to ensure access to appropriate information.
Sex	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.

Sexual Orientation	<p>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.</p> <p>One in eight LGBT people have experienced some form of unequal treatment from healthcare staff because they're LGBT. Almost one in four LGBT people have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. One in seven LGBT people have avoided treatment for fear of discrimination because they're LGBT.</p>
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SECTION 4 - EqIAA OUTCOME

This section will be completed post consultation.

Outcome	Response	Reason(s) and Justification
Outcome 1: No major change required.	x	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.		
Outcome 3: Continue despite having identified potential for adverse impact or missed opportunities to promote equality.		
Outcome 4: Stop and rethink.		

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 2011

ONS 2020 mid-year estimates

RNIB Sight Loss Data Tool Version 4.3.1 (extracted 2022)

“Projecting Adult Needs and Service Information” for 2022 (extracted 2022)

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

9.5 Appendix VI: Patient and Public Engagement Questionnaire

South Gloucestershire Pharmacy Services Survey

This survey is to help South Gloucestershire Health and Wellbeing board identify and describe the need for pharmaceutical services across South Gloucestershire.

Responses to this survey will inform a wider consultation that will support NHS England in the planning and commissioning of pharmaceutical services over the next three years (2022 – 2025). It may also help the local Clinical Commissioning Group (Bristol, North Somerset, and South Gloucestershire), and South Gloucestershire Council with commissioning services that may be provided by local pharmaceutical services.

We welcome the views of anyone who uses or would like to use the services offered by community pharmacies, dispensing appliance contractors or dispensing GP practices in South Gloucestershire.

NB please comment on your experiences over the last 12 months.

*This questionnaire does not ask for any personal identifiable details from yourself. Any answers you provide will be treated as confidential and responses will be anonymised. (Data collected by SGC is in accordance with the Data Protection Act 2018 and General Data Protection Regulations (GDPR)).

Why do you usually visit a pharmacy? (tick all that apply)

- To collect prescribed medication
- To collect prescribed appliances
- To buy over the counter medication
- To get advice from a pharmacist
- Other

please specify

If you haven't visited a pharmacy in the last year, why is this? (tick all that apply)

- Haven't needed pharmacy services
- Someone goes to a pharmacy for me
- Pharmacy delivers my medications
- Unable to get to my pharmacy due to its location
- Unable to get to my pharmacy due to its opening times
- Other

please state reasons

Where do you normally collect your prescribed medication?

- Pharmacy
- GP (dispensing practice)
- Delivered to my house

Do you usually use the same pharmacy or different pharmacies?

- The same
- Different

How frequently do you visit your pharmacy/dispensing GP practice?

- At least weekly
- Monthly
- Every 2-3 months
- Every 3-6 months
- Less than twice a year
- I don't visit (e.g. because someone else collects for me or it gets delivered to me)

Who would you normally visit the pharmacy/dispensing GP practice for? (tick all that apply)

- Myself
- A family member
- Someone you are a carer for
- Other

please specify

Why do you use the pharmacy that you normally use? (tick all that apply)

- It is near my home
- It is near my place of work
- The quality of service/staff
- The range of service available
- Their opening hours
- Other

please say why

Is there a more convenient/closer pharmacy that you don't use?

- Yes
- No

Please explain why you don't use the more convenient/closer pharmacy

How do you usually travel to your pharmacy/dispensing GP practice?

- Car
- Bicycle
- Walk
- Public transport
- Don't travel (e.g. because someone else collects for me or it gets delivered to me)

How long does it usually take to travel to your pharmacy/dispensing GP practice?

- Less than 10 minutes
- 10-20 minutes
- 20-30 minutes
- More than 30 minutes

What do you think is an acceptable amount of time to have to travel to a pharmacy?

- Less than 10 minutes
- Less than 20 minutes
- Less than 30 minutes
- Over 30 minutes

Do you know which pharmacies in your area are open early in the mornings, in the evenings, or on Saturdays or Sundays?

- Yes
- No

What time do you prefer to visit a pharmacy?

- Before 9am
- 9am-5pm
- 5pm-9pm
- After 9pm

Which day do you prefer to visit a pharmacy?

- Monday-Friday
- Saturday

Sunday

Q15 Is disabled access available at your pharmacy you usually use?

	Yes	No	Don't know
Wheelchair access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handrails if there are steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you rate the ease of obtaining medication at your usual pharmacy (e.g. waiting time or stock availability)?

- Excellent
- Good
- Average
- Poor
- Very poor

please comment on your answer

Are you provided with sufficient information about your medication (e.g. dosage, possible side effects)?

- Yes
- No

Please comment on your answer

Are you eligible for free prescriptions, and if not, do prescription costs put you off collecting prescribed medication?

- Eligible for free prescriptions
- Not eligible for free prescriptions and costs do not put me off
- Not eligible for free prescriptions and costs put me off

How would you rate your overall satisfaction with your pharmacy/dispensing GP practice?

- Excellent
- Good

- Average
- Poor
- Very poor

Please provide any comments, including what else you think could improve your pharmacy/dispensing GP practice.

Do you use the pharmacy services differently now because of the Covid-19 pandemic, and if so how?

- Yes
- No

Please explain how you use the services differently

The following section is really important - by understanding what diverse people tell us, we can act appropriately to ensure that our programme is accessible and available to everyone. Any responses to these questions will remain strictly confidential, individuals will not be identified and personal details will not be published.

What age group are you in?

- 13 to 15
- 16 to 17
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or over
- Prefer not to say

Please indicate your ethnicity

- Arab
- Asian/Asian British – Bangladeshi
- Asian/Asian British – Indian
- Asian/Asian British – Pakistani
- Asian/Asian British – Chinese
- Asian/Asian British – Other (please state)
- Black/ Black British/African/Caribbean– African
- Black/ Black British/African/Caribbean – Caribbean
- Black/ Black British/African/Caribbean – Other (please state)
- Mixed/Multiple Ethnic Groups – White & Asian
- Mixed/Multiple Ethnic Groups – White & Black African
- Mixed/Multiple Ethnic Groups – White & Black Caribbean
- Mixed/Multiple Ethnic Groups – Other (please state)
- White – English/Welsh/Scottish/Northern Irish/British
- White - Gypsy or Irish Traveller
- White – Irish
- White - Roma
- White – Other
- Other ethnic group
- Prefer not to say

please state

What is your gender?

- Female

- Male
- Other
- Prefer not to say

Do you identify as a transgender person?

- Yes
- No
- Prefer not to say

Do you consider yourself to be disabled?

- Yes
- No
- Prefer not to say

Please select all disabilities that apply to you

- Physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches
- Sensory impairment, such as being blind / having a serious visual impairment or being deaf / have a serious hearing impairment
- Mental health condition, such as depression, anxiety or schizophrenia
- Learning disability/difficulty (such as Down's Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autistic spectrum disorder)
- Long standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Other

Please specify

please tell us how this affects the way that you access or use services

What is your sexual orientation

- Bisexual
- Gay or lesbian
- Heterosexual/Straight
- Other
- Prefer not to say

Please state

What is your religion or belief

- Buddhist
- Christian

- Hindu
- Jewish
- Muslim
- Sikh
- Other religion
- No religion
- Prefer not to say

Please state

Are you currently or have you previously served in the UK Armed Forces?

- No
- Yes - currently serving
- Yes – previously served in Regular Armed Forces
- Yes – previously served in Reserve Armed Forces

Do you have any dependents living in your household in the following age groups? (tick all that apply)

- No
- 0-10
- 11-17

- 18-21
- 22+

Do you look after, or give special help to, anyone who is sick, has a disability or is an older person (other than in a professional capacity)?

- Yes, in my own household
- Yes, outside my household
- No

Which of the following best describes your usual employment status

- Employed full-time
- Employed part-time
- Self-employed full-time
- Self-employed part-time
- Unemployed
- Student
- Looking after the family or home
- Temporary sick
- Long-term sick
- Retired
- Prefer not to say

Thank you for completing this survey - please press the submit button below to send us your answers

9.6 Appendix VII: Formal consultation report

Pharmaceutical Needs Assessment

Consultation Output Report

South Gloucestershire Council

Author: Insights and Engagement Team
Date: September 2022



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1. Key Findings

- Opinions were **very mixed**, with a relatively even split of agreement vs disagreement for many of the questions in the consultation survey
- There were a high number of **'don't know'** responses to a number of the questions
- There were no significant differences in responses between equalities groups

Current services

- Half of all respondents **did not know** whether the information in the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in South Gloucestershire
- Four respondents **agreed** that the information was an accurate reflection, and one respondent disagreed
- **More respondents disagreed than agreed** that the pharmaceutical needs of the population of South Gloucestershire have been adequately reflected in the draft Pharmaceutical Needs Assessment document

Future needs

- Six out of ten respondents **did not agree** that their future pharmaceutical needs will be met in the next 3 years
- Respondents are concerned about **accessibility** of GPs and healthcare services, **queues** at pharmacies, and **pressure on services** from increased demand.

Gaps in provision

- There was an **even split** of opinion over the PNA assessment that there are not any gaps in the provision of necessary services: three respondents agreed and three disagreed
- **Accessibility** was flagged as an issue for provision

Agreement with the PNA conclusions

- There was an **even split** of opinion over agreement with the PNA conclusions: four respondents agreed and four disagreed

Any other comments

- Themes mentioned included **availability** of medicines, the **time** taken to receive medicines, the **closure** of pharmacies, and problems of **accessibility** for residents without easy access to transport.

1. Consultation purpose, methodology and response

Research Objectives

The purpose of this consultation was to seek views and gather opinions from residents, partners and stakeholders on the assessment of pharmaceutical needs in South Gloucestershire. The assessment is a statutory responsibility of the Health and Wellbeing Board in South Gloucestershire, as per the Health and Social Care Act 2012 and is produced every three years.

Methodology

Process

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:

[Pharmaceutical Needs Assessment 2022 - South Gloucestershire Online Consultations \(southglos.gov.uk\)](https://southglos.gov.uk).

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 also promoted.

Consultation information was sent to Town and Parish Councils, South Gloucestershire councillors and local voluntary and community organisations. 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.

Methods

Survey

The survey was open from 11th July 2022 until 8th September 2022.

Sample and Response

We received 10 responses to the consultation. All 10 of these responses were received online, either from a computer, a smartphone or a tablet.

No other comments or emails were received.

General Caveats

The results of this consultation are not 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.

All comments made as part of the survey have been included in this report.

Further Information

This report was produced by South Gloucestershire Council's Insights and Engagement Team.

Further information about this report is available from the Insights and Engagement Manager:

📞 01454 868550

✉ consultation@southglos.gov.uk

🌐 www.southglos.gov.uk

✉ South Gloucestershire Council, Insights and Engagement Team, Council offices, Badminton Road, Yate, Bristol, BS37 5AF

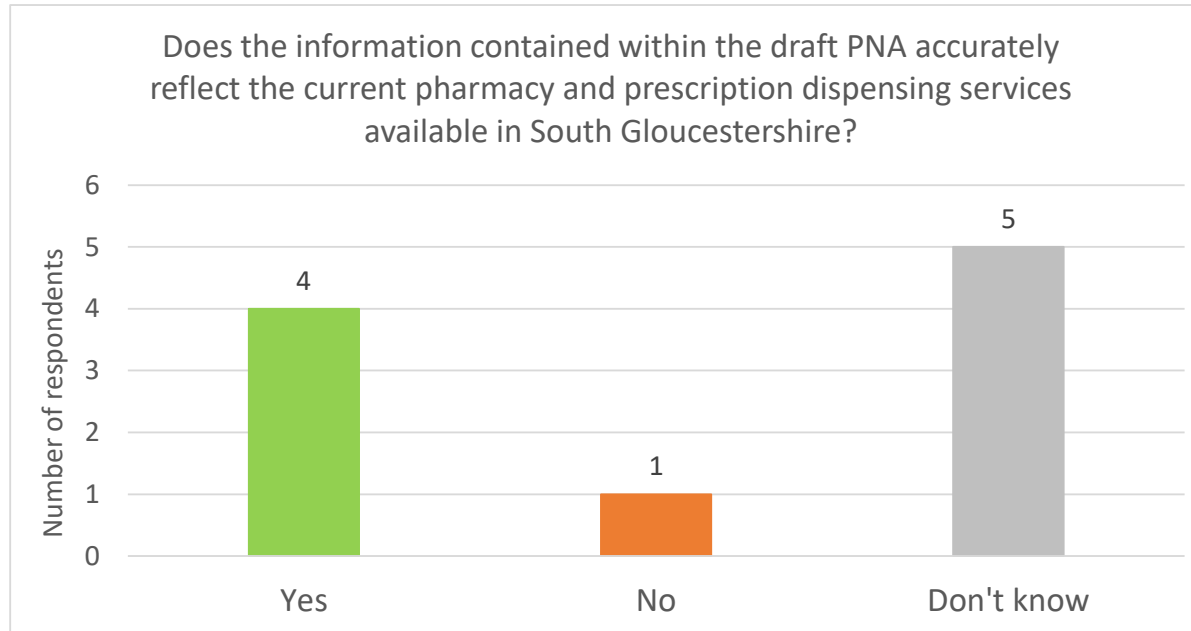
2. Survey Analysis

2.1. Current services

Respondents were asked whether the information contained within the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in South Gloucestershire.

Some respondents were unsure on this issue, and the most common response was 'Don't know' (five respondents). Four respondents answered yes, and one respondent answered no.

Fig 1: Do you think that the information contained within the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in South Gloucestershire?



Base: 10 respondents

The reason that the one respondent answered no is as follows:

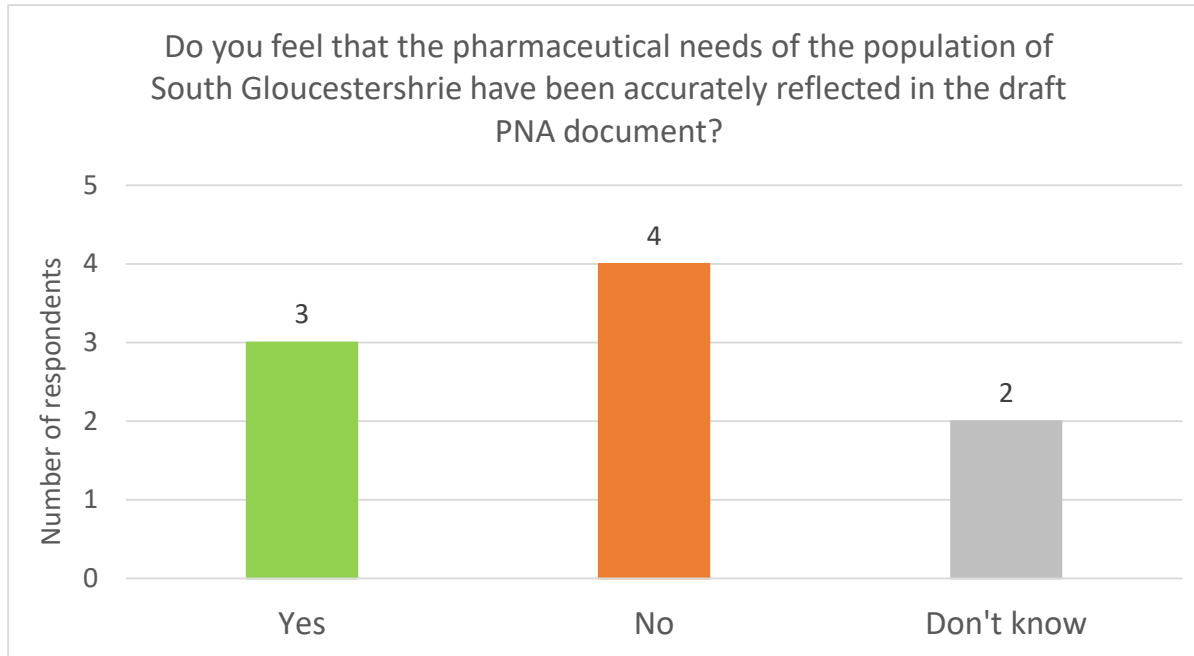


"It does not reflect the lack of pharmacy facilities in Bitton."

Respondents were then asked whether the pharmaceutical needs of the population of South Gloucestershire have been adequately reflected in the draft Pharmaceutical Needs Assessment document.

More respondents disagreed (four) than agreed (three) with this statement, and two respondents felt they didn't know.

Fig 2: Do you feel that the pharmaceutical needs of the population of South Gloucestershire have been adequately reflected in the draft PNA document?



Base: 9 respondents

Reasons given for disagreement were as follows:

“There isn't enough PNAs to cover such a big area”

“The pharmaceutical needs of an ageing population in Bitton are not reflected”

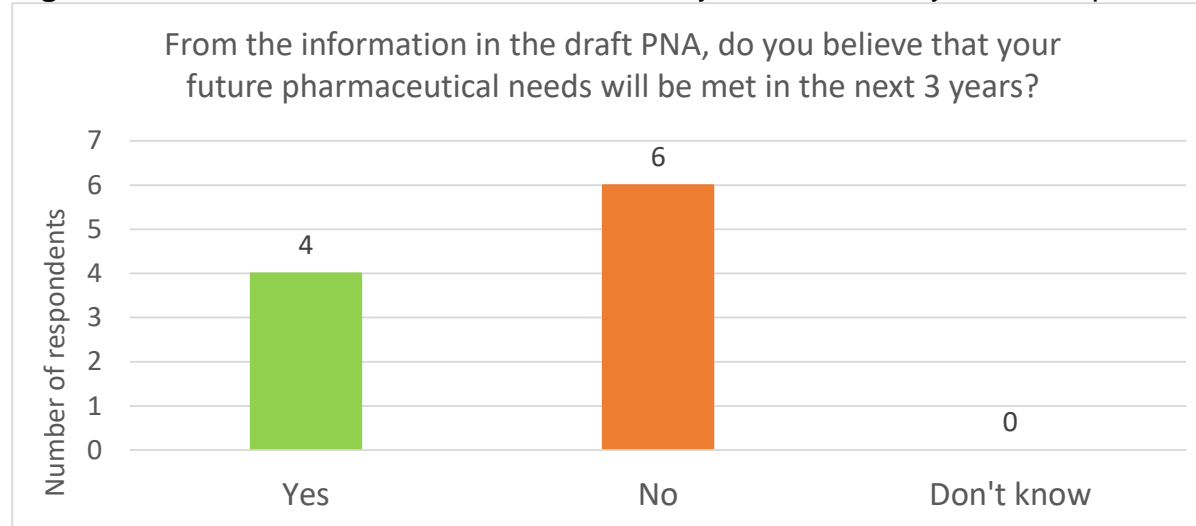
2.2. Future needs

Respondents were asked “From the information in the draft PNA, do you believe that your future pharmaceutical needs will be met in the next 3 years?”

The majority of respondents did not agree with this, with six respondents answering no. Four respondents said yes, and no respondents were unsure.

“Whilst the volume of dispensing is included there is no reference to how many prescriptions are not dispensed on first, second visit etc. This appears to be a growing problem and needs to be properly analysed.”

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



Base: 10 respondents

Respondents were asked to explain their reasons for their answer. Themes mentioned include accessibility of GPs and healthcare services, queues at pharmacies, and pressure on services from increased demand.

Table 1: Why do you say that?

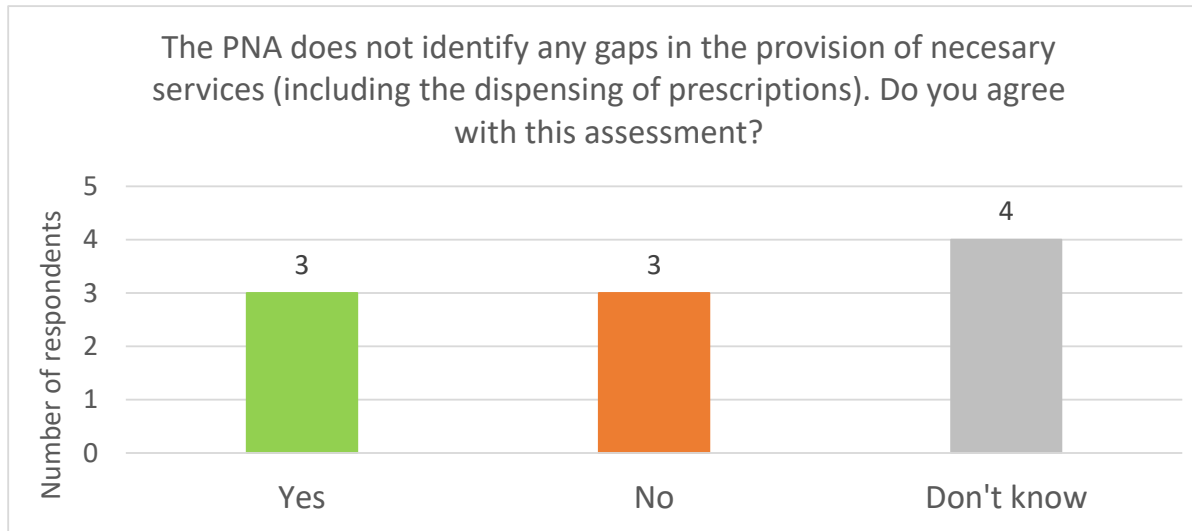
Why do you say that?
Due to lack of access to GPs and not being able to get appointments, there is already a greater reliance on Chemist, especially those who can give out medicine. GPs are relying more on phone consultations. The phone answering is adequate at GPs and you are not allowed to go in and make appointments. The phone systems cannot cope with the traffic, so it is pushing everyone away from doctors. Things will get missed, so this will put pressure elsewhere in the NHS. I am not sure I read any of this anywhere. The location is not really the biggest consideration.
I do not have access to a pharmacy outside normal working hours. Very often there are long delays in receiving my medicines because the pharmacy say there are problems with availability. Very often there are long queues at the pharmacy because of staff shortages and the sheer volume of people needing to collect their medicines. Added to that there are difficulties seeing a doctor in order to access prescribed drugs. I do not feel confident about the future.
No, it is getting harder and harder with an ever increasing population to see a pharmacist, and the queues are increasing
I doubt there is the resources and the willingness to do so.
the document is too long winded, but i gave up with stoke gifford pharmacy attached to the stoke gifford medical centre because they never have anything in stock. i never ever get any pharmacy products locally but instead get it from Lloyds Direct the online pharmacy

2.3. Gaps in provision

The PNA does not identify any gaps in the provision of necessary services (including the dispensing of prescriptions). Respondents were asked whether they agreed with this assessment.

Opinion was once again split on this issue. Three respondents said yes, they agreed, and three respondents said no, they disagreed. Four respondents said they did not know.

Fig 4: 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: 10 respondents

The reasons that respondents answered no were as follows:

“See response to question 5: Due to lack of access to GPs and not being able to get appointments, there is already a greater reliance on Chemist, especially those who can give out medicine. GPs are relying more on phone consultations. The phone answering is adequate at GPs and you are not allowed to go in and make appointments. The phone systems cannot cope with the traffic, so it is pushing everyone away from doctors. Things will get missed, so this will put pressure elsewhere in the NHS. I am not sure I read any of this anywhere. The location is not really the biggest consideration.”

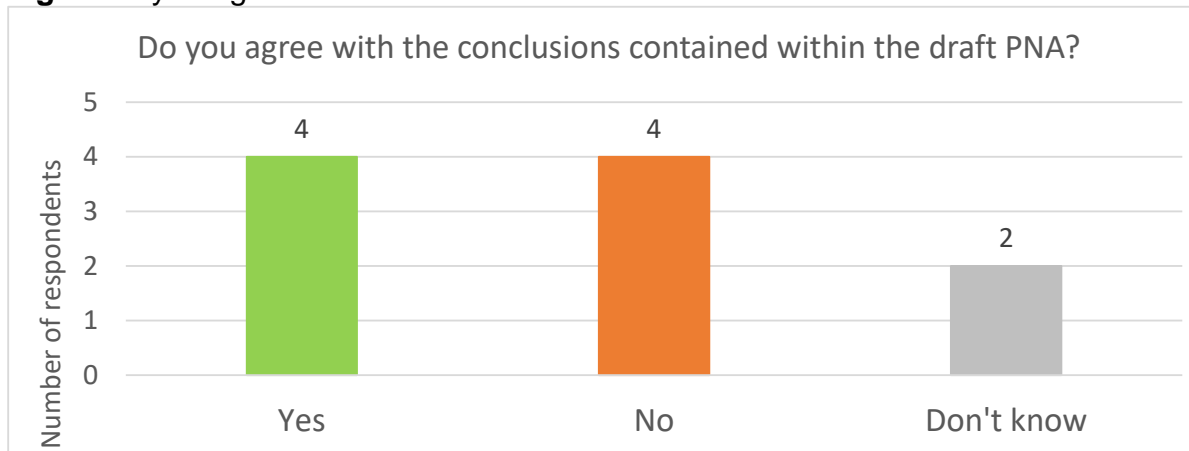
“You say that most people live a short drive away from a pharmacy - how does that support people who either do not drive or do not have access to a car? The poorest and most disabled people, who generally need a lot of support will not have easy access to a pharmacy, possibly none at all..”

2.4. Agreement with conclusions

Respondents were asked whether they agreed with the conclusions in the draft PNA.

Again, opinion was split. Four respondents said yes, they agreed, and four respondents said no, they disagreed. Two respondents said they did not know.

Fig 5: Do you agree with the conclusions contained in the draft PNA?



Base: 10 respondents

The reasons that respondents answered no were as follows:

Table 2: If you answered no, you don't agree with the conclusions contained in the draft PNA, why do you say that?

Why do you say that?
If I need a new medicine and I tell my GP it is an emergency it will take about a week to reach the point of having medicine in my hand. If I say it is not an emergency then it will take about five weeks to have the new medicine in my hand. I do not see this situation reflected in your document. If I want a repeat prescription then it usually takes 9 days to get my medicine but then my requests get lost somewhere in 'the system' and it takes more like 14 days, I am told not to stockpile medicines to avoid waste but, from my position there is little alternative. I think that the whole process needs a review in order to speed it up and improve reliability.
The conclusion states nothing about pharmacies charging for a delivery service which some people cannot afford. These services are not free.
It was too wordy and seemed to miss many points

2.5. Any other comments

Respondents were asked for any other comments about the Pharmaceutical Needs Assessment or pharmacy services in South Gloucestershire that they thought were relevant.

Themes mentioned included availability of medicines, the time taken to the receive medicines, the closure of pharmacies, and problems of accessibility for residents without easy access to transport.

Table 3: Any other comments?

Any other comments?
There is a shortage of pharmacists in the area, Boots stores are closing which usually offer a pharmacy service has this been taken into account? In Nailsea the only pharmacy is Boots and the shopping centre is being run down. How long before there is NO pharmacy in the shopping centre in Nailsea?
The pharmacy in Alveston is fantastic, always gives excellent service and it should be an example to others.
Our local pharmacy is Pilning. It is not acceptable that one has to wait 7 days for a prescription nor is it acceptable to visit multiple times to collect items that have been ordered but have not been delivered. The pharmacy appears well stocked and we'll staffed but can rarely provide what you need when you need it. For example it should not be that a doctor prescribed a treatment and schedules a follow up to check efficacy of treatment but the follow up has to be postponed because the pharmacy have failed to dispense several weeks later. The analysis needs to show consideration of the wait times, reissue of scripts and the number of requests for new prescriptions.
You need to have chemists that have things in stock, and not have to go back multiple times. Or do as most of us have done and move to the online pharmacy Lloyds direct

We are concerned that rapidly growing communities around Yate like Pucklechurch, Wickwar or Charfield have no pharmacy. The review focusses on access for the 97% who it says are within a 10 minute drive, a 15 minute walk or a 20 minute public transport journey. Our concern is about the residents in our town who do not have access to a bus within walking distance of their homes, and live too far to be able to walk to the shopping centre. As bus services contract, this is a growing number. They are disproportionately elderly and disabled residents who cannot drive, and cannot walk for 15 minutes. As the equality assessment reminds people, these are the very people most likely to need to access pharmacy services. They are also, as the equality report points out, the people who are least likely to be able to access online services. We note that the surveys that informed the decisions making were done via a webbed questionnaire, so the responses will have underrepresented these groups. We are deeply concerned the proposals say nothing about how to improve services to this most precarious grouping, which represent a significant percentage of our population. Our second major concern is in relation to the inaccessibility of vaccination identified during the covid vaccination roll out. This was done via GP surgeries, but the part of Yate which has the oldest, most disabled and economically less affluent community found that its surgery, as a branch surgery of a chain based Downdon was not providing the vaccination locally. No other surgery in Yate could provide the vaccination, and there is now no longer a bus to get them to the Downdon surgery (or even to Downdon) so if they did not drive, people went unvaccinated or had to get a taxi to Downdon. The issues of transport and access are not wholly about rural areas, as this is an urban problem. There is a pharmacy at Abbotswood, but they were not authorised to help. This needs resolving. The strategy contains a lot of data about need and deprivation, and provides helpful maps of localities of need. However, when it comes to looking at provision it only looks across the whole of each zone, and does not look at the particular challenges people in the LSOAs which are most likely to be disabled / elderly / in poor health or poverty to ask the question - do THEY have access to services within what for them would be a reasonable distance of their home. Surely, that is the question we should be asking if we want to address health inequality. We have had experiences of problems with out of hours/ holiday provision, in particular at weekends and out of hours - the pharmacy at Tesco whilst open long hours is not easy to access as even if you park right by it involves use of the traveller etc and is not always available. An improvement would be an easily accessible online directory that shows the nearest OPEN pharmacy at any time, using googlemaps or some equivalent online tool. Whilst the non-availability of some specialist services in ONE locality might not be a problem, to have zero availability of some of the specialist services anywhere in South Gloucestershire is a problem. Because the review wholly focuses on the localities separately, it does not identify the cumulative impact. In relation to some of the specialist services, which were provided in Yate and no longer are, it does not explore the problem of alternative access, and simply says there is no problem. We used to have a stoma appliance service for example, which was well used, indeed better used than the only one in South Glos, yet its loss is dismissed.

2.6. Profile of Survey Respondents

Table 4: Type of respondent

Type of respondent	
Base	10
Are you responding to this consultation...?	
As a member of the public	7
As a health or social care professional	-
As a pharmacist or provider of pharmacy services	-
On behalf of a voluntary or community sector organisation	1

On behalf of a business	1
On behalf of a Parish or Town Council	1
Other	-

Base: 10 respondents

Table 5: Gender of respondents

Gender	
	Base
Are you...?	7
Male	3
Female	3
Prefer not to say	1

Base: 7 respondents

Table 6: Age of respondents

Age	
	Base
How old are you?	7
17 or under	-
18 - 24	-
25 - 44	-
45 - 64	4
65+	2
Prefer not to say	1

Base: 7 respondents

Table 7: Disability of respondents

Disability	
	Base
	10
Do you consider yourself to be disabled?	
No	2
Prefer not to say	3
Yes - Physical impairment	3
Yes - Sensory impairment	3
Yes - Mental health condition	1
Yes - Learning disability/ difficulty or cognitive impairment	1
Yes - Long standing illness or health condition	3
Yes - Other (please state below)	-

Base: 10 respondents

Table 8: Ethnicity of respondents

Ethnicity	
	Base
	7
Your ethnicity:	
Arab/Arab British	-
Asian/Asian British – Bangladeshi	-
Asian/Asian British – Indian	-
Asian/Asian British – Pakistani	-
Asian/Asian British – Chinese	-
Asian/Asian British – Other	-

Black/African/Caribbean/Black British – African	-
Black/African/Caribbean/Black British – Caribbean	-
Black/African/Caribbean/Black British – Other	-
Gypsy or Traveller of Irish Heritage	-
Mixed/Multiple Ethnic Groups – White & Asian	-
Mixed/Multiple Ethnic Groups – White & Black African	-
Mixed/Multiple Ethnic Groups – White & Black Caribbean	-
Mixed/Multiple Ethnic Groups – Other	-
White – English/Welsh/Scottish/Northern Irish/British	4
White – Irish	-
White – Other (please state)	-
Other ethnic group (please state)	-
Prefer not to say	3

Base: 7 respondents

Table 9: Religion of respondents

Religion	
	Base
What is your religion?	
No religion	-
Buddhist	-
Christian	-
Hindu	-

	Jewish	-
	Muslim	-
	Sikh	-
	Any other religion or belief	-
	Prefer not to say	-

Base: 0 respondents

Table 10: Sexual orientation of respondents

Sexual Orientation		
	Base	-
What is your sexual orientation?		
	Hetrosexual (straight)	-
	Lesbian, gay or bisexual	-
	Prefer not to say	-

Base: 0 respondents

Table 11: Transgender

Transgender		
	Base	-
Are you transgender?		
	Yes	-
	No	-
	Prefer not to say	-

Base: 0 respondents

Table 12: Armed Forces

Armed Forces		
	Base	10

Are you currently, or have you previously, served in the UK Armed Forces?		
No		8
Yes - currently serving		-
Yes - previously served in Regular Armed Forces		1
Yes - previously served in Reserve Armed Forces		-
Prefer not to say		1

Base: 10 respondents

3. Other representations

No other representations were received.

Appendix



Have your say on the updated Pharmaceutical Needs Assessment for 2022

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 South Gloucestershire

Please complete this survey by 8th September 2022

Q1 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 | |

Q1a If 'other' please specify:

Q2 Do you think that the information contained within the draft PNA accurately reflects the current pharmacy and prescription dispensing services available in South Gloucestershire?

- Yes
 No
 Don't know

Q2a If you answered 'no' Why do you say that?

Q3 Do you feel that the pharmaceutical needs of the population of South Gloucestershire have been adequately reflected in the draft PNA document?

- Q4 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

Q5 Why do you say that?

- Q6 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

Q6a If you answered 'no'
Why do you say that?

- Q7 Do you agree with the conclusions contained within the draft PNA?
- Yes No Don't know

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

- Q8 Please use this space to make any other comments about the PNA or pharmacy services in South Gloucestershire 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

Q9

Are you...?

- Male

 Female

 Prefer not to say

Q10

How old are you?

- 17 or under

 25 - 44

 65+
- 18 - 24

 45 - 64

 Prefer not to say

Q11 **Do you consider yourself to be disabled?** (please tick all that apply)

- No
 Prefer not to say
 Yes - Physical impairment
 Yes - Sensory impairment
 Yes - Mental health condition
 Yes - Learning disability/ difficulty or cognitive impairment
 Yes - Long standing illness or health condition
 Yes - Other (please state below)

Q11a If 'other' please specify:

Q12 **Your ethnicity:**

- | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="radio"/> Arab/Arab British | <input type="radio"/> Mixed/Multiple Ethnic Groups – White & Asian |
| <input type="radio"/> Asian/Asian British – Bangladeshi | <input type="radio"/> Mixed/Multiple Ethnic Groups – White & Black African |
| <input type="radio"/> Asian/Asian British – Indian | <input type="radio"/> Mixed/Multiple Ethnic Groups – White & Black Caribbean |
| <input type="radio"/> Asian/Asian British – Pakistani | <input type="radio"/> Mixed/Multiple Ethnic Groups – Other |
| <input type="radio"/> Asian/Asian British – Chinese | <input type="radio"/> White – English/Welsh/Scottish/Northern Irish/British |
| <input type="radio"/> Asian/Asian British – Other | <input type="radio"/> White – Irish |
| <input type="radio"/> Black/African/Caribbean/Black British – African | <input type="radio"/> White – Other (please state) |
| <input type="radio"/> Black/African/Caribbean/Black British – Caribbean | <input type="radio"/> Other ethnic group (please state) |
| <input type="radio"/> Black/African/Caribbean/Black British – | |

Q13 **What is your religion?**

- | | | |
|-----------------------------------|------------------------------|----------------------------------------------------|
| <input type="radio"/> No religion | <input type="radio"/> Hindu | <input type="radio"/> Sikh |
| <input type="radio"/> Buddhist | <input type="radio"/> Jewish | <input type="radio"/> Any other religion or belief |
| <input type="radio"/> Christian | <input type="radio"/> Muslim | <input type="radio"/> Prefer not to say |

Q14 **What is your sexual orientation?**

- | | | |
|----------------------------------------------|------------------------------------------------|-----------------------------------------|
| <input type="radio"/> Hetrosexual (straight) | <input type="radio"/> Lesbian, gay or bisexual | <input type="radio"/> Prefer not to say |
|----------------------------------------------|------------------------------------------------|-----------------------------------------|

Q15 **Are you transgender?**

- | | | |
|---------------------------|--------------------------|-----------------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Prefer not to say |
|---------------------------|--------------------------|-----------------------------------------|

Q16 **Are you currently, or have you previously, served in the UK Armed Forces?**

- No
- Yes - currently serving
- Yes - previously served in Regular Armed Forces
- Yes - previously served in Reserve Armed Forces
- Prefer not to say

Thank you for taking the time to respond to this survey. Please return this survey or any comments before **8th September 2022** by post to:
FREEPOST SGC, South Gloucestershire Council, Corporate Research & Consultation Team, PNA2022, Council offices, Badminton Road, Yate, BRISTOL, BS37 5AF

