



Pharmaceutical Needs Assessment 2022

Bedford Borough Council
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Bedford Borough Council. The production has been overseen by the PNA Steering Group for Bedford Borough Health and Wellbeing Board with authoring support from Soar Beyond Ltd.

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Executive summary

1. Introduction

Every Health and Wellbeing Board (HWB) has a statutory duty to carry out a Pharmaceutical Needs Assessment (PNA) every three years. A PNA was last published in Bedford Borough in 2018 and updated with supplementary statements reflecting changes in needs as required with the next PNA due to be published in April 2021. Due to the COVID-19 pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Bedford Borough fulfils the regulatory requirement.

1.1. Aim, objectives, and methodology

The aim of the Bedford Borough PNA is to enable local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This was achieved by gathering the views on the adequacy of pharmaceutical services, from a wide range of stakeholders, including the public, through the distribution of surveys, one aimed at members of the public, pharmacy contractors, and dispensing GP practices. These were co-produced by a steering group that included representation from NHS England, the local medical committee, local pharmaceutical committee, Clinical Commissioning Group (CCG), Healthwatch Bedford Borough, and Public Health. The surveys addressed five key themes:

1. Necessary Services: current provision
2. Necessary Services: gaps in provision
3. Other relevant services:¹ current provision
4. Improvements and better access: gaps in provision
5. Other services

Three hundred and sixty-four responses were received from members of the public. Seven responses were received from pharmacy contractors (out of a total of 32 pharmacies in Bedford Borough). The relatively low response rate has been noted.

1.2. NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England and NHS Improvement (NHSE&I)². The types of providers are:

¹ This includes Advanced, Enhanced and Locally Commissioned Services

² Since the time of writing this has now changed to NHS England (NHSE).

- **Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs):** Community contractors refer to a person providing local pharmaceutical services from registered pharmacy premises in Bedford Borough HWB, neighbouring areas and remote suppliers including DSPs, who are required to offer services throughout England.
- **Dispensing Appliance Contractors (DACs):** DACs are required to provide a range of Essential Services including advice on and home delivery of appliances, but they are unable to supply medicines.
- **Local Pharmaceutical Service (LPS) providers:** LPS providers are pharmacy providers contracted by NHSE&I to perform specified services to their local population or a specific population which are outside the national framework.
- **Dispensing doctors:** This refers to GPs who are allowed to dispense the medicines they prescribe for their patients.

NHS pharmaceutical services refers to services commissioned through NHSE&I. The three main categories, as identified in the Community Pharmacy Contractual Framework (CPCF),³ are as follows:

1. **Essential Services:** These are services that every community pharmacy providing NHS pharmaceutical services must provide and are set out in their terms of service. These include: the dispensing of medicines and appliances, disposal of unwanted medicines, clinical governance and promotion of healthy lifestyles.
2. **Advanced Services:** These are services community pharmacy contractors and DACs can choose to provide subject to accreditation as set out in the Secretary of State Directions.
3. **Enhanced Services:** These are services commissioned directly by NHSE&I, introduced to assist the NHS in improving and delivering a better level of care in the community. Pharmacy contractors can choose to provide any of these services.

However, in the absence of a particular service being commissioned by NHSE&I, it is in some cases addressed by **Locally Commissioned Services**, funded by the local authority or CCG. These are services community pharmacy contractors can choose to provide and are therefore included in the PNA.

2. Bedford Borough population

The population of Bedford Borough was estimated to be 174,700 in 2020, with a projected population growth of around 10,500 (5.9%) and housing growth of around 6,000 new households between 2022 and 2032 compared with England (4% and 7% respectively).

³ The CPCF was last agreed in 2019

For the purpose of this PNA, Bedford Borough has been divided into three localities: Bedford North, Bedford South and Bedford Rural⁴ (see [Map L](#)). There is a distinct difference in levels of deprivation across the localities in Bedford Borough, Bedford South being the most deprived and Bedford Rural being the least deprived. Bedford North population has extremes of most and least deprived. Bedford North and Bedford South are very different to Bedford Rural in the distribution and demographics of the residents. Bedford South is the least populated locality with approximately 47,200 residents but has the highest proportion of residents identifying as being of Black, Asian or Minority Ethnic (BAME) (approximately 28%) compared with England (15%). Bedford North is the most densely populated locality with approximately 75,600 residents, approximately 22% identifying as being of BAME origin. Bedford Rural has approximately 52,000 residents, with the smallest proportion of residents identifying as being of BAME origin (approximately 7%). Bedford Rural covers a significant geography of Bedford Borough.

3. Lifestyle

In Bedford Borough the prevalence of hypertension (14.1%), diabetes (7.4%) and adult obesity (62%) are similar to the England averages (14%, 7.1% and 63% respectively). Whilst not statistically different from England, the level of obesity represents nearly two-thirds of the adult population and presents a significant health burden, especially in relation to diabetes now and in the future.

The under-18 conception rate for Bedford Borough (14.1 per 1,000) is similar to that of England (14.1 compared with 13.0 per 1,000); the rates for all-new Sexually Transmitted Infection (STI) diagnosis for Bedford Borough (527 per 100,000) is statistically higher than its deprivation decile peers (412 per 100,000) but lower than England (562 per 100,000).

The prevalence of smoking in those aged 18 years and over (Annual Population Survey, APS) in Bedford Borough is 10.8%, which is statistically similar to England (13.9%).⁵ There are inequalities in smoking prevalence between certain groups, with higher prevalence amongst those living in areas of higher deprivation, and those in routine and manual occupations.

Advanced, Enhanced and Locally Commissioned Services are provided by many community pharmacies to contribute to addressing these lifestyle issues, although this is varied and would benefit from additional communication across professionals and the public.

⁴ The three neighbourhoods are based on Middle Layer Super Output Areas

⁵ APS 2020

4. Pharmaceutical service providers in Bedford Borough

Bedford Borough has 32 community pharmacies (as of March 2022), including two DSPs, for a population of around 174,700. This equates to an average of 18.3 community pharmacies per 100,000 population (including DSPs), compared with 20.5 per 100,000 in England. Bedford Borough is well served with community pharmacies, but the number is lower than the East of England and national averages. Since the 2018 PNA there is one additional pharmacy, due to a DSP being added to the area.

In addition to the 32 pharmacies, Bedford Borough has seven dispensing GP practices providing pharmaceutical services. Combining these, Bedford Borough has an average of 22.3 community pharmacies and dispensing GP practices per 100,000 population. There are more pharmacies in areas where deprivation is higher, with 28 out of the 32 community pharmacies in Bedford North (16) and Bedford South (12), with a further two dispensing GP practices in Bedford North. Whilst levels of deprivation are higher in Bedford South, this is less densely populated, which may explain the slightly reduced provision compared with Bedford North. The pharmaceutical provision in Bedford Rural locality reflects the rural nature of the area, with a greater number of dispensing GP practices and fewer community pharmacies with limited supplementary opening hours (five and four, respectively).

Across Bedford Borough, independent pharmacies represent 66% of all pharmacy providers, which is higher than the England average (40%), with no one provider having a monopoly in any locality, allowing for a greater choice of pharmacy type for Bedford Borough residents.

Bedford Borough has three pharmacies open for 100 hours, two in Bedford North and one in Bedford South, with none in Bedford Rural. However, Bedford Rural does have one pharmacy open on Saturday 9 am–1 pm, 2 pm–5 pm, and one GP dispensing practice open 9.30 am–12.30 pm.

Provision of current pharmaceutical services and Locally Commissioned Services are distributed across localities, although more rural localities, especially on the boundaries of Bedford North, appear to be less well served.

There are no LPS providers in Bedford Borough.

5. Adequacy of pharmaceutical services in Bedford Borough

5.1. Current provision of Essential Services

There are 32 pharmacies (including two DSPs) and seven dispensing GP practices within Bedford Borough, and all pharmacies provide all Essential Services as per the current CPCF. No gaps have been identified, although recommendations to enhance provision have been highlighted in [Section 7](#) of this Executive Summary.

Due to the rurality of Bedford Borough, the percentage of the population that can access a community pharmacy within a 20-minute walk is lower in Bedford Borough than in England (78.7% compared with 89%) and 83.3% can reach a pharmacy within 2 km by walking. However, 92.4% can access a pharmacy by car within 20 minutes irrespective of the time of day and 100% can reach their nearest pharmacy within 20 minutes by car during off-peak hours, and within 30 minutes during peak hours.

5.2. Current provision of services that provide improvement or better access in Bedford Borough (Advanced, Enhanced, Locally Commissioned)

Advanced Services

There is good access to Advanced Services, i.e. the New Medicines Service and Community Pharmacist Consultation Service, with 94% and 97% of community pharmacies respectively providing these services across Bedford Borough. This is higher than the England average at 91% and 81% respectively.

The new hypertension case-finding service started in October 2021. Thirteen pharmacies across Bedford Borough have signed up to provide this service, with 11 of these in Bedford North and Bedford South. Activity data is still low at a national level (8%), regional level (7%) and in Bedford Borough (6%).

The smoking cessation Advanced Service⁶ commenced on 10 March 2022 and has been put into place in six out of 32 pharmacies across Bedford Borough. Only three of these are in Bedford North and Bedford South, where there are higher rates of smoking.

To date, there has been no data recorded on the use of the community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally and regionally). There was a delay in introducing these services due to the COVID-19 pandemic.

Enhanced Services

There are currently two Enhanced Services commissioned in Bedford Borough: the delivery of the COVID-19 vaccination service through seven pharmacies in Bedford Borough and coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days for access to medication if required.

Locally Commissioned Services

The following services are commissioned in Bedford Borough by the local authority or CCG:

- **Sexual health services:**⁷ Ten (31%) community pharmacies provide this service (three in Bedford North, five in Bedford South and two in Bedford Rural)

⁶ Smoking cessation Advanced Service: NHS trusts can refer patients to a community pharmacy of their choice for continuation of smoking cessation support on discharge.

⁷ Emergency hormonal contraception service, chlamydia screening and treatment.

- **Stop smoking service:** 12 (38%) pharmacies provide this service (eight in Bedford North, four in Bedford South)
- **Harm reduction services:**
 - Supervised consumption: 21 (66%) pharmacies provide this service (11 in Bedford North, seven in Bedford South and three in Bedford Rural)
 - Needle exchange: Three (9%) pharmacies provide these services (two in Bedford North and one in Bedford South)
- **End-of-life medicines service:** Seven (22%) pharmacies provide this service

Two out of seven responses from pharmacy contractors said that there was a need for further locally commissioned services.

5.3. Public Survey Feedback

From the 364 responses received from the public questionnaire:

- 94% have a regular or preferred pharmacy
- 98% identified that 'availability of medication' and 'quality of service' influenced their choice of pharmacy
- 86% describe the service as good or excellent, with 5% describing the pharmacy as poor
- 60% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 86% found it very easy or easy to speak to their pharmacy team during the pandemic
- The main method of travel to access a pharmacy is by walking, with 52% using this method; the next most common method is to drive by car (36%)
- There was generally good awareness of Essential Services provided from community pharmacies (most over 90%)
- Awareness of some of the available 'Advanced Services' was limited but respondents did wish for these services to be provided

6. Conclusions

The provision of current pharmaceutical services and Locally Commissioned Services is adequately distributed, with better provision in the more densely populated areas.

The rural nature and sparse population of some parts of Bedford Borough means that there are fewer community pharmacies present. The dispensing GP practices are important to ensure that medicines and services are available to these populations (especially in Bedford Rural).

As part of this assessment, there is no evidence to suggest there is a gap in service that would equate to the need for additional access to Essential Services outside of normal hours anywhere in Bedford Borough. There is also adequate access to a range of services commissioned from pharmaceutical service providers across the whole of Bedford Borough. However, Bedford Borough HWB will monitor the uptake and need for Essential Services. It will also consider the impact of any changes in this locality in the future, including population growth, which may provide evidence that a need exists. Any required amendments should be made through the three-year life cycle of this report.

7. Recommendations: Opportunities to enhance local community pharmacy services in Bedford Borough

Whilst no gaps have been identified in the current provision of pharmaceutical services across Bedford Borough or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of Bedford Borough residents in the following areas:

1. Given the future housing and population growth anticipated in Bedford Borough, the provision of pharmaceutical services should be monitored and reviewed to ensure the demands of the population are met.
2. Community pharmacy teams should promote healthy lifestyle messages and participate in national and local health campaigns especially in relation to obesity, diabetes, smoking and sexual health, in line with NHS Long Term Plan priorities.
3. Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered. This could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in Bedford North and Bedford South, which are more deprived.
4. All pharmacies and pharmacists should be encouraged to become accredited to deliver Advanced Services, delivering those services where there is identified need.
5. Incentives should be considered for existing providers to deliver all services within the localities where deprivation is higher: Bedford North and Bedford South neighbourhoods.
6. Pharmacies, especially those in more deprived neighbourhoods, should work to increase the offer and the uptake of all Essential, Advanced and Locally commissioned public health services, including sexual health services, and promote NHS Health Checks and the self-referral route to the NHS Diabetes Prevention Programme.
7. Further investigation into accessibility of pharmaceutical services in more rural, isolated areas, given the current locations of pharmacies and distribution of services, should be considered.

8. Additional approaches to improve stakeholder and public engagement should be adopted for future PNAs to increase responses rate and better understand the needs of the community.
9. Consider the provision of new Locally Commissioned Services to meet specific health needs, i.e., diabetes, respiratory services.

1 Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),⁸ hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for Bedfordshire Borough was published in March 2018 and since then has been kept updated with accompanying supplementary statements.

Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Bedford Borough fulfils this regulatory requirement.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the COVID-19 pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), including national directives and environmental factors, which need to be considered as part of this PNA.

1.2 National changes since the last PNA

- NHS Long Term Plan:**⁹ The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in [Section 2.1](#).

⁸ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 www.legislation.gov.uk/uksi/2013/349/contents/made

⁹ NHS Long Term Plan. www.longtermplan.nhs.uk/

- From 1 January 2021, being a **Healthy Living Pharmacy (HLP)** was an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.¹⁰
- Coronavirus pandemic: The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided.¹¹ In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 lateral flow test provision, which were decommissioned on 5 March and 1 April 2022 respectively. The COVID-19 vaccination service was added as an Enhanced Service provided from community pharmacies and commissioned by NHSE England and NHS Improvement (NHSE&I)¹².
- Remote access: From November 2020, community pharmacies were enabled to facilitate remote access to certain pharmaceutical services at or from the pharmacy premises. The use of these services increased during the COVID-19 pandemic.¹³
- **Community Pharmacist Consultation Service (CPCS):**¹⁴ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS urgent supply advanced scheme (NUMSAS) and local pilots of digital minor illness referral service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, from 999. From 1 November 2020, GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS LTP.

¹⁰ PSNC. Healthy Living Pharmacies. <https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

¹¹ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

¹² Since the time of writing this has now changed to NHS England (NHSE).

¹³ PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 2 June 2021. <https://psnc.org.uk/our-news/regs-reminder-12-facilitating-remote-access-to-pharmacy-services/>

¹⁴ PSNC. Community Pharmacist Consultation Service (CPCS). <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.¹⁵
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced, including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS is a voluntary scheme that forms part of the CPCF.¹⁶ It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE&I.

1.3 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to NHS Resolution, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through an application for judicial review of the process undertaken to conclude the PNA.

¹⁵ Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

¹⁶ NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).¹⁷ Information and JSNA products will be updated on the Bedford Borough Data Hub, which is kept live and informs the Joint Health and Wellbeing Strategy (JHWS), which takes into account the findings of current JSNA products.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE&I and Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

CCGs are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). ICS delegation has been delayed until July 2022, due to the COVID-19 pandemic, and some will not go live until April 2023. It is anticipated that they will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services (see [Section 1.4.1.3](#) for service descriptions). For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.¹⁸

Although the Steering Group is aware that during the lifetime of this PNA CCGs will transition into ICBs, we have referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

1.4 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

¹⁷ Bedford Borough Council. Bedford Borough JSNA. www.bedford.gov.uk/social-care-health-and-community/bedford-borough-jsna/

¹⁸ Since the time of writing, CCGs have been replaced by ICBs/ICSs. For Bedford Borough the following information pages provide detail on the various new structure: <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/>

What are Necessary Services?

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identified as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

The HWB has decided that all Essential Services are Necessary Services in Bedford Borough.

What is classed as relevant?

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are necessary then the remaining services will be other relevant services.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

To appreciate the definition of pharmaceutical services as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHSE&I. They are:

- Community pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing GP practices

For the purposes of this PNA, 'pharmaceutical services' has been defined as those services that are/may be commissioned under the provider's contract with NHSE&I. A detailed description of each provider type and the pharmaceutical services as defined in their contract with NHSE&I is set out below.

1.4.1 Community pharmacy contractors

Community pharmacy contractors comprise both those located within the Bedford Borough HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services as per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore likely that residents within Bedford Borough will be receiving pharmaceutical services from a DSP outside Bedford Borough.

NHSE&I is responsible for administering opening hours for pharmacies, which is handled locally by its regional offices. A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHSE&I. Supplementary hours, which are all the additional opening hours, can be amended by the pharmacy subject to giving three months' notice (or less if NHSE&I consents). A pharmacy may also have more than 40 core hours, which has been agreed with NHSE&I; in this case, the pharmacy cannot amend these hours without the consent of NHSE&I.¹⁹

The CPCF, last agreed in 2019,²⁰ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they must not provide Essential Services face-to-face on the premises, provision must be by mail order and/or wholly through the internet.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

1.4.1.1 Essential Services (ES)

Bedford Borough HWB has designated that all Essential Services are to be regarded as Necessary Services.

There are seven Essential Services, which are nationally negotiated and **must** be provided by all community pharmacy contractors. The Essential Services are listed below:

- ES1. Dispensing of medicine
- ES2. Repeat dispensing/Electronic Repeat Dispensing (eRD)
- ES3. Disposal of unwanted medicines
- ES4. Public health (promotion of healthy lifestyles)
- ES5. Signposting patients to other healthcare providers
- ES6. Support for self-care
- ES7. Discharge Medicines Service (DMS)

For more information on Essential Services please visit: <https://psnc.org.uk/services-commissioning/essential-services/>

¹⁹ PSNC. Opening Hours. <https://psnc.org.uk/contract-it/pharmacy-regulation/opening-hours/>

²⁰ DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. July 2019. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

1.4.1.2 Advanced Services (A)

Bedford Borough HWB has designated that all Advanced Services are to be regarded as relevant services, however they encourage existing pharmaceutical service providers to make available all Advanced Services where appropriate.

There are ten Advanced Services, which are nationally negotiated and **can** be provided by any community pharmacy contractor if they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Bedford Borough can be seen in [Section 3.1.4](#).

- A1. Appliance Use Review (AUR)
- A2. Stoma Appliance Customisation (SAC)
- A3. COVID-19 lateral flow device distribution service (stopped 1 April 2022)
- A4. Pandemic delivery service (stopped 5 March 2022, at 23:59)
- A5. Community Pharmacist Consultation Service (CPCS)
- A6. Flu vaccination service
- A7. Hepatitis C testing service
- A8. Hypertension case-finding service
- A9. New Medicine Service (NMS)
- A10. Smoking Cessation Advanced Service

Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances.

For more information on Advanced Services please visit: <https://psnc.org.uk/services-commissioning/advanced-services/>

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-savings for the commissioner.

1.4.1.3 Enhanced Services (EnS)

There are currently two Enhanced Services commissioned through community pharmacies from NHSE&I in Bedford Borough:

- EnS1. COVID-19 vaccination service
- EnS2. Christmas Day and Easter Sunday services

EnS1. COVID-19 vaccination

The COVID-19 vaccination service is nationally commissioned; however, the CCG proactively work with NHSE&I to support local delivery to ensure that the provision of vaccines meets the needs of the population. The number of pharmacies currently providing COVID-19 vaccination under the terms of an Enhanced Service doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the 12 months to 14 January 2022. At the current time there are six community pharmacy sites delivering COVID-19 vaccines in Bedford Borough.

EnS.2 Christmas Day and Easter Sunday services

For the last two years NHSE&I has had an Enhanced Service for coverage over Christmas Day and Easter Sunday to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers, so that patients can easily access medication if required.

1.4.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings and bandages. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC.

Pharmacy contractors, dispensing doctors and LPS providers may supply appliances, but DACs are unable to supply medicines.

1.4.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specific services to their local population or a specific population group (these services usually include those that are not traditionally associated with a pharmacy).

This contract is locally commissioned by NHSE&I and provision for these is made in the Pharmaceutical Regulations 2013 (Part 13 and Schedule 7). Such contracts are agreed outside the national framework. Payment for service delivery is locally agreed and funded.

1.4.4 Pharmacy Access Scheme (PhAS) providers²¹

The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected. The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close, for example, where a local population relies on a single pharmacy. The PhAS takes isolation and need levels into account.

Pharmacies in areas with high numbers of pharmacies remain excluded from the PhAS, as public access to NHS pharmaceutical services is not at risk.

The scheme is paid for from the funding for the CPCF. DSPs, DACs, LPS contractors and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS continues to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services are protected.

1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas

There are four other HWB areas that border Bedford Borough:

- Central Bedfordshire
- Milton Keynes
- Northamptonshire
- Cambridgeshire & Peterborough

In determining the needs of, and pharmaceutical service provision to, the population of the Bedford Borough, consideration has been made to the pharmaceutical service provision from neighbouring HWB areas.

1.4.6 Other services and providers in Bedford Borough

As stated in [Section 1.4](#), for the purpose of this PNA, 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE&I.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Bedford Borough commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and CCGs.

²¹ DHSC. 2022 Pharmacy Access Scheme: guidance. 4 July 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

1.5 Process for developing the PNA

Public Health Bedford Borough has a duty to complete and publish the results of a PNA every three years on behalf of Bedford Borough HWB. After a competitive tender process, Public Health Bedford Borough commissioned Soar Beyond Ltd to conduct the PNA and produce a report for publication, the process by which this was achieved can be seen in Table 2.

Table 2: Process for developing the PNA

Process	Activity
Step 1: Steering group established	On 21 October 2021 Bedford Borough PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.
Step 2: Project planning and governance	Project plan and milestones agreed by Steering Group, see Appendix F.
Step 3: Review of 2018 PNA and JSNA	PNA Steering Group reviewed the existing PNA and subsequent supplementary statements ²² and JSNA.
Step 4a: Public questionnaire on pharmacy provision	Public questionnaire, co-produced by Steering Group, to establish views about pharmacy services. Further detail is provided in Section 5 . A total of 364 responses were received. Details can be found in Appendix C.
Step 4b: Pharmacy contractor questionnaire	A questionnaire was co-produced by the Steering Group. This was distributed to the local community pharmacies (Bedfordshire Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses.) A total of seven responses were received. Details can be found in Appendix D.
Step 4c: Dispensing practice questionnaire	The Steering Group agreed a questionnaire to be distributed to all dispensing practices in Bedford Borough to inform the PNA. A total of three responses were received. Details can be found in Appendix E.
Step 5: Mapping of services	Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE&I dated March 2022 was used for this assessment.

²² Bedford Borough PNA 2018-2021. www.bedford.gov.uk/social-care-health-and-community/bedford-borough-jsna/public-health-publications/

Process	Activity
Step 6: Preparing the draft PNA for consultation	<p>The Steering Group reviewed and revised the content and detail of the existing PNA. The draft PNA was approved for circulation by the Deputy Director of Public Health, Bedford Borough Council (BBC) and the Steering Group, and shared with the HWB as part of the consultation process. The process considered the JSNA and other relevant strategies in order to ensure the priorities were identified correctly.</p> <p>The Steering Group supported the engagement exercise for the draft PNA to extend the reach during the consultation.</p>
Step 7: Consultation	<p>In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 1 June and 31 July 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix G. The draft PNA was also posted on Bedford Borough' Council website.</p>
Step 8: Collation and analysis of consultation responses	<p>The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix H.</p>
Step 9: Production of final PNA - future stage	<p>The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.</p> <p>The final PNA was presented to the Bedford Borough Health and Wellbeing Board for approval and publication before 1 October 2022.</p>

The Steering Group were fully aware of the potential changes (e.g. amendments to community pharmacy contractor hours) brought about with the easing of restrictions due to the COVID-19 pandemic. However, as the PNA is an assessment taken at a defined moment in time, it was agreed the pragmatic way forward would be to monitor such changes and if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group identified the need to review and reassess.

1.6 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within the Bedford Borough geography would be defined. As the majority of health and social care data is available at local authority Middle Layer Super Output Level (MSOA) and provides reasonable statistical rigour, it was agreed that the MSOA would be used to define the localities of the Bedford Borough geography.

The localities used for the PNA for Bedford Borough are:

- Bedford North
- Bedford South
- Bedford Rural

A list of providers of pharmaceutical services in each locality is found in Appendix A.

2 Context for the PNA

2.1 Policy context

2.1.1 NHS Long Term Plan (LTP)²³

The NHS LTP was published in January 2019 and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Hypertension
 - Stronger NHS action on health inequalities
- Better care for major health conditions
 - Cancer
 - Cardiovascular disease
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

For community pharmacy, the plan states:²⁴

- NHS England will work with government to make greater use of community pharmacists' skills and opportunities to engage patients.
- NHS England and the government will explore further efficiencies through reform of reimbursement and wider supply arrangements.
- NHS England will work with community pharmacists and others to provide opportunities for the public to check their health, through tests for high blood pressure and other high-risk conditions. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who can support urgent care and promote patient self-care and self-management. The CPCS has been developed and has been available since 31 October 2019 as an Advanced Service.

²³ NHS Long Term Plan. www.longtermplan.nhs.uk/

²⁴ PSNC. The NHS Long Term Plan. <https://psnc.org.uk/the-healthcare-landscape/the-nhs-long-term-plan/>

2.1.2 Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to provide insight and intelligence on the current picture of the use of services by and needs of the local population, highlighting where there might be unmet need that allows for general or targeted interventions ensuring the efficient use of public funds and resources to improve health, care and wellbeing and reduce inequity in access and inequality of outcomes. In summary, the JSNA is an assessment of the health and wellbeing needs of the local area.

The PNA is undertaken in the current and future health, care and wellbeing needs of the borough and the community to inform local decision-making as defined in the current Bedford Borough JSNA.²⁵

The PNA should therefore be read alongside the JSNA. The Bedford Borough JSNA is a suite of documents on the BBC website, and this PNA has referred to the current JSNA.

2.1.3 Joint Health and Wellbeing Strategy (JHWS)

The vision of Bedford Borough HWB is to enable people in Bedford Borough to live healthier, happier lives. The HWB wants to narrow the differences in healthy life expectancy between those living in the most deprived communities and those in the more affluent communities.

Bedford Borough's Joint Health and Wellbeing Strategy 2018-2023 (JHWS)²⁶ sets the long-term strategic framework for improving health and wellbeing in Bedford Borough.

The wider JSNA products informed the refresh of the JHWS, ensuring that the strategy is evidence-based and focused on the relevant key issues, including inequalities, demographic pressures and redesigning services to meet need and enhance opportunities for prevention.

The most recent refresh of the JHWS (2018-2023) is based on three priorities:

- Start Well – Every child and young person in Bedford to have the best start in life
- Living Well – Enable adults and older people to live well and remain independent
- Working Together – Empower residents to create strong, safe and healthy communities

²⁵ Bedford Borough Council. JSNA. www.bedford.gov.uk/social-care-health-and-community/bedford-borough-jsna/

²⁶ Bedfordshire CCG. JHWS 2018-23. https://bbcdevwebfiles.blob.core.windows.net/webfiles/Social_Care_Health_and_Community/Bedford_Borough_Joint_Health_and_Wellbeing_Strategy_2018_final.pdf

2.2 The Bedford Borough population

An understanding of the size and characteristics of Bedford Borough population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This section provides a summary of the demographics of Bedford Borough residents, how healthy they are, and what changes can be expected in the future.

Full details of the demographics and health needs can be found in Appendix J.

2.2.1 Population overview

The latest 2020 estimate for Bedford Borough population was 174,700. Bedford North was the most populated locality, with around 75,600 residents, and Bedford South was the least populated, at 57,200 residents, see Table 3. [Map A](#) shows that community pharmacies are located where population density is high.

Between 2022 and 2032, the overall population is projected to grow by 10,500 (5.9%), with the largest growth expected in the category of those aged 80 years and over. The overall population growth is lower (4%) for England.²⁷

Table 3: Locality population estimates, 2020

Area	All ages
Bedford North	75,578
Bedford Rural	51,870
Bedford South	47,239
England	56,550,138

Source: ONS 2020 mid-year estimates, 2021

The age structure of Bedford Borough population was similar to that of England. The proportion under 18 was between 22 and 25%, (England 21%). Those aged 18–64 years old represent over half of the population (55–61%, England 60%). Those aged 65 and over represented 14–21% of the population (England 19%).

Within the next ten years in Bedford Borough there is an 8% expected increase in the number of households, from 72,518 to 78,562. (For further details please refer to Appendix J.)

Table 4 shows the ethnic composition by the defined localities of Bedford Borough (2011). Bedford North and Bedford South are very different from Bedford Rural. Bedford South is the least populated locality with approximately 47,200 residents, but has the highest proportion of residents identifying as being of Black, Asian or Minority Ethnic (BAME) (approximately 28%) compared with England (15%). Bedford North is the most densely populated locality with approximately 75,600 residents, approximately 22% of whom identify as being of BAME origin. Bedford Rural has approximately 52,000 residents with the smallest proportion of residents identifying as being of BAME origin (approximately 7%).

²⁷ ONS 2018-based subnational population projections. 2020.

Table 4: Population by broad ethnic group by locality, 2011

Locality	Asian/Asian British	Black/African/ Caribbean/ Black British	Mixed/ multiple ethnic group	Other ethnic group	White
Bedford North	13.1%	4.6%	3.6%	1.0%	77.8%
Bedford Rural	2.7%	1.5%	2.1%	0.4%	93.3%
Bedford South	17.4%	5.4%	4.5%	0.9%	71.8%
England	7.8%	3.5%	2.3%	1.1%	85.3%

Source: ONS Census, 2011

2.2.2 Health inequalities

The socioeconomic status of an individual or population is determined by characteristics including income, education and occupation, and lower socioeconomic status is associated with poorer health outcomes, including low birthweight, cardiovascular disease, diabetes, and cancer.

Index of Multiple Deprivation (IMD) data (2019) shows that Bedford Borough is ranked 97 out of 152 local authorities across the whole of England, where one is the most deprived and 152 is the least deprived. There is a distinct difference in levels of deprivation across the localities in Bedford Borough, Bedford South being the most deprived and Bedford Rural being the least deprived. Bedford North population had extremes of most and least deprived.

Table 5 shows the IMD 2019 quintile breakdown by locality. [Map B](#) shows pharmacy contractor locations and IMD score by Lower Layer Super Output Areas (LSOA).

Table 5: IMD 2019 quintile breakdown by locality

Area	1 (most deprived)	2	3	4	5 (least deprived)
Bedford North	25%	19%	13%	17%	27%
Bedford Rural	0%	7%	29%	36%	29%
Bedford South	33%	33%	26%	7%	0%

Source: ONS IMD, 2019

2.2.3 Health of the population

Population health indicators provide a high-level overview of the collective health of populations at a national, regional and local level. These indicators allow comparisons to be made regarding the health of different populations and can highlight issues or trends in time that require a more detailed investigation.

- **Life expectancy:** Life expectancy has increased across the country. Over the period 2018-20, life expectancy at birth in Bedford Borough was 83.2 years for women and 79.2 years for men, in both cases slightly lower than the average for England.

- **Lifestyle:** In Bedford Borough the prevalences of hypertension (14.1%), diabetes (7.4%) and adult obesity (62%) are similar to the England averages (14%, 7.1% and 63% respectively). Whilst not statistically different from England, the level of obesity represents nearly two-thirds of the adult population and presents a significant health burden.
- **Smoking:** The prevalence of smoking in those aged 18 years and over (Annual Population Survey, APS) in Bedford Borough is 10.8%, which is statistically similar to England (13.9%).²⁸ There are inequalities in smoking prevalence between certain groups, with higher prevalence amongst those living in areas of higher deprivation, and those in routine and manual occupations.
- **Drug and alcohol misuse:** Admission episodes for alcohol-related conditions for Bedford Borough was statistically better than England
- **Sexual health and teenage pregnancy**
 - The under-18s conception rate for Bedford Borough was lower but statistically similar to that of England
 - The rates for all new Sexually Transmitted Infection (STI) diagnosis for Bedford Borough, was statistically lower than England

2.2.3.1 Burden of disease

Long-term conditions are more prevalent in older people (58% of people over 60 compared with 14% under 40) and in more deprived groups (people in the poorest social class have a 60% higher prevalence than those in the richest social class and 30% more severity of disease).²⁹

The prevalence of long-term conditions, such as coronary heart disease, stroke, hypertension and Chronic Obstructive Pulmonary Disease (COPD) in Bedford Borough is statistically lower than or similar to that of England. However long-term conditions such as diabetes and asthma have a statistically higher prevalence in Bedford Borough than in England.

The data presented in Appendix J is not broken down by locality and therefore it is difficult to ascertain if there is a correlation between prevalence and age and those in more in more deprived areas.

²⁸ APS 2020.

²⁹ The King's Fund. Long-term conditions and multi-morbidity. 2012-2013. www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity

3 NHS pharmaceutical services provision in Bedford Borough

3.1 Community pharmacies

<p>32 community pharmacies in Bedford including 2 DSPs</p> 	<p>174,700 population of Bedford Borough</p> 	<p>18.3 (with DSPs) pharmacies per 100,000 population*</p> 
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*Correct as of March 2022

Bedford Borough has 32 community pharmacies (as of March 2022) including two DSPs for a population of around 174,700. This equates to an average of 18.3 community pharmacies per 100,000 population (including DSPs), compared with 20.5 per 100,000 in England. Since the previous PNA was published in 2018, there has been an increase in the number of pharmacies in Bedford Borough from 31 to 32, due to a DSP being added to the area. In addition to the 32 pharmacies, Bedford Borough has seven dispensing GP practices providing pharmaceutical services. Combining these, Bedford Borough has an average of 22.3 community pharmacies and dispensing GP practices per 100,000 population.

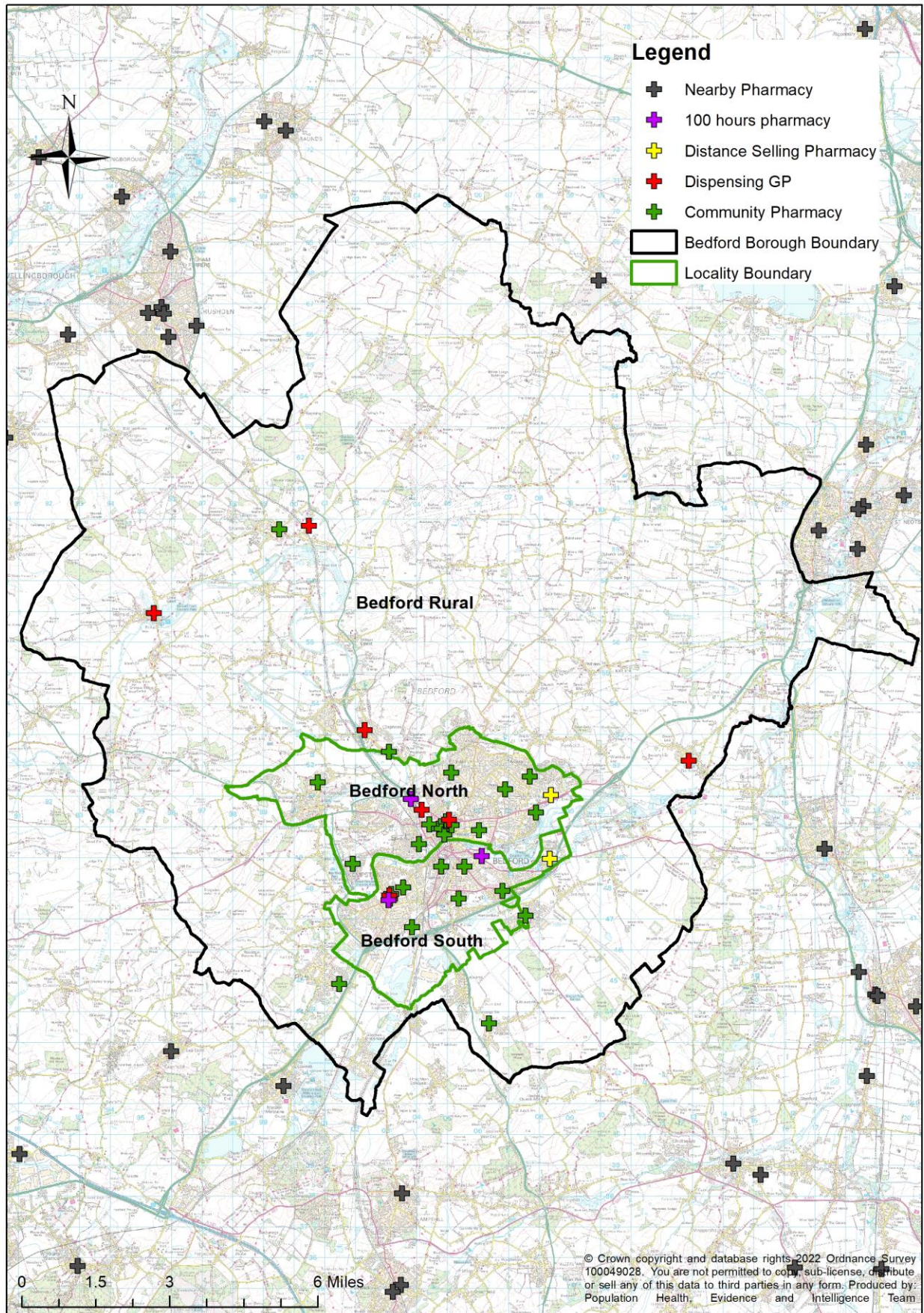
The East of England average has decreased to 19.4 from the previous 20.4 community pharmacies per 100,000 population. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2.

Due to the rural nature of Bedford Borough, the population may find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to Bedford Borough: Central Bedfordshire (13.6), Milton Keynes (17.4), Northamptonshire (17.0) and, Cambridge and Peterborough (17.7).

Where discussed, the total number of community pharmacies includes LPS providers and DSPs, i.e. 32 community pharmacies. DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate to exclude the DSPs from the analysis as they cannot or do not provide the service being discussed. This information will be annotated in the tables and made clear in the discussion.

Figure 1 shows all pharmacy contractor locations within Bedford Borough.

Figure 1: All contractors in Bedford Borough



A list of pharmacy contractors in Bedford Borough and their opening hours can be found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list for each HWB area), BBC, Bedfordshire, Luton and Milton Keynes (BLMK) CCG, and obtained from local intelligence.

There has been a change in the numbers of community pharmacies over recent years compared with regional and national averages. Bedford Borough is adequately served with community pharmacies, but the number is lower than the East of England and national averages (see Table 6).

Table 6: Number of community pharmacies (includes DSP) per 100,000 population

Year	England	East of England	Bedford Borough
2020-21	20.6	19.4	18.3
2019-20	21.0	21.6	17.9
2018-19	21.2	20.4	18.4

Source: ONS Mid-Year Population³⁰

The number and rates of community pharmacies also vary widely by locality (see Table 7).

Table 7: Breakdown of average community pharmacies per 100,000 population

Locality	Number of community pharmacies (March 2022)*	Total population (ONS 2020)	Average number of community pharmacies per 100,000 population (Dec 2021)*
Bedford North	16	75,578	21.2 [#]
Bedford South	12	47,239	25.4
Bedford Rural	4	51,870	7.7 [^]
Bedford Borough	32	174,700	18.3
East of England (2021)	1,216	6,269,161	19.4
England (2021)	11,636	56,760,975**	20.6

* Data includes DSPs, which do not provide face-to-face services

** ONS mid-year 2020

[^] there are five dispensing GP practices in addition to community pharmacies in Bedford Rural

[#] there are two dispensing GP practices in addition to community pharmacies in Bedford North

³⁰ ONS. Population Data. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021.

www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

3.1.1 Choice of community pharmacies

The breakdown of community pharmacy ownership in Bedford Borough is shown in Table 8. The data shows that national pharmacy ownership is at similar levels to those seen in the rest of East of England, whereas Bedford Borough has a much higher percentage of independent pharmacies compared with nationally, and no one provider having a monopoly in any locality. People in Bedford Borough therefore have a good choice of pharmacy providers.

Table 8: Community pharmacy ownership, 2020-21

Area	Multiples (%)	Independent (%)*
England	60%	40%
East of England	56%	44%
Bedford Borough	34%	66%

* Includes pharmacies on Association of Independent (AIMs) pharmacies list

3.1.2 Weekend and evening provision

Bedford Borough has three pharmacies open for 100 hours, with none in Bedford Rural locality (see Table 9). However, Bedford Rural does have one pharmacy open on Saturday, 9 am–1 pm, 2 pm–5 pm, and one GP dispensing practice open from 9.30 am–12.30 pm.

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 9: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2021)	1,094 (9.4%)
East of England	121 (10.0%)
Bedford Borough	3 (10%)
Bedford North	2 (13%)
Bedford South	1 (8%)
Bedford Rural	0

3.1.3 Access to community pharmacies

Community pharmacies in Bedford Borough are particularly located around areas with a higher density of population, see [Map A](#). Many provide extended opening hours and/or open at weekends.

A previously published article³¹ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk

³¹ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates. [Map B](#) shows there are more pharmacies in those areas in Bedford Borough where deprivation is higher.

3.1.3.1 Routine daytime access to community pharmacies

Travel times to community pharmacies using different modes of transport can be seen in [Maps D to K](#).

In summary:

- Driving: 98.3% of the population can drive to a pharmacy within 15 minutes off-peak (100% within 20 minutes) and 98.3% of the population can drive to a pharmacy within 15 minutes during rush hour (100% within 30 minutes); 98.3% can reach a pharmacy within 8 km by car
- Public transport: 92.4% of the population can access a pharmacy within 20 minutes no matter the time of day
- Walking: 82.6% of the population can walk to a pharmacy within 30 minutes and 83.3% can reach a pharmacy within 2 km by walking
- 70% of community pharmacies are open on Saturday but only 25% are open in Bedford Rural, however, access across BBC is within 30 minutes to their nearest pharmacy open on a Saturday
- 23% of community pharmacies are open on Sunday, however, a majority of Bedford Borough residents can reach their nearest pharmacy open on Sunday within 30 minutes by car

The above demonstrates adequate access to community pharmacies in Bedford Borough. There are also GP dispensing practices open, which are not factored into the above and would therefore provide further access to medicines in the rural areas of Bedford Borough.

3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), vary within each locality. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level (see Table 10). The population of Bedford Borough has low access to community pharmacies in the evening, as only 33% of community pharmacies open in the evening. Of the dispensing GP practices, 57% are open beyond 6 pm. Together they provide good access in the evening.

Table 10: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on a Saturday and Sunday

Locality	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
Bedford North	33%	87%	27%
Bedford Rural	0%	25%	0%
Bedford South	45%	64%	27%
Bedford Borough	33%	70%	23%

Full details of all pharmacies' opening hours can be found in Appendix A.

3.1.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Bedford Borough, 70% are open on Saturdays, the majority of which are open into the late afternoon. Only 25% are open in Bedford Rural, however access across BBC is within 30 minutes by car to their nearest pharmacy open on a Saturday (see [Map K](#)).

'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.1.3.4 Routine Sunday daytime access to community pharmacies

Of the community pharmacy providers in Bedford Borough, with exception of Bedford Rural locality, 23% are open on a Sunday. Fewer pharmacies are open on Sundays than any other day in Bedford Borough however [Map D](#) shows that 100% of the population can access a pharmacy on Sunday within 30 minutes. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.1.3.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

NHSE&I has commissioned an Enhanced Service to provide coverage over Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days, with their location near to the hubs and out-of-hours providers, so that patients can easily access medication if required.

3.1.4 Advanced Service provision from community pharmacies³²

Data supplied from NHSE&I has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services listed in Table 11. Please note, this is snapshot at a moment in time and therefore is likely to change as more providers sign up to provide services listed below.

Table 11: Providers of Advanced Services in Bedford Borough (2021-22): percentage of community pharmacy providers signed up to services by locality as of March 2022³³

NHSE Advanced or Enhanced Service	Bedford North (16)	Bedford South (12)	Bedford Rural (4)
NMS [^]	14 (88%)	12 (100%)	4 (100%)
CPCS (includes GP CPCS) [^]	13 (81%)	12 (100%) [^]	4 (100%)
Flu vaccination	13 (81%)	10 (83%)	3 (75%)
SAC	0	1 (8%)	0
AUR	0	0	0
Hep C testing	0	0	0
Hypertension case-finding [^]	6 (38%)	5 (42%) [^]	2 (50%)
Smoking cessation Advanced Service	1 (6%)	2 (17%)	3 (75%)

* Enhanced

[^] Services provided by DSP in Bedford South

There is no data on AUR, or community pharmacy hepatitis C antibody-testing service (currently commissioned until 31 March 2023). The hepatitis C service has had a very low uptake in Bedford Borough and nationally. However, it should be noted that for some of these services, such as the AUR, not signing up does not preclude them from providing the service.

The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and five community pharmacy or DAC providers (0.4%) in the East of England in 2020-21. There has been no recorded provision of the AUR service from community pharmacy providers in Bedford Borough to the end of January 2022.

Detail of the recorded activity of Advanced Service delivery in Bedford Borough for 2021-22 (across 10 months) can be seen in Table 12. It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates

³² **Note:** Community pharmacy COVID-19 lateral flow distribution service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022 at 23:59, and have therefore not been included in the table 12.

³³ The DSP in Bedford South does provide some Advanced Services and so it is included in Table 11. A DSP may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided to persons present at the premises.

- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

Table 12: Advanced Service provision: percentage of providers actively providing the service

Advanced Service	England	East of England	Bedford
NMS*	91%	92%	94%
Community pharmacy seasonal influenza vaccination*	85%	84%	87%
CPCS*	81%	83%	97%
Hypertension case-finding service (November 2021)	8%	7%	6%
AUR*	0.1%	0.1%	0%
SAC*	0.5%	0.4%	3%

Source: NHS Business Services Authority (BSA) Dispensing Data

* Data from NHS BSA 2021-22 (across 10 months)

New services, such as CPCS, are being used, but data shows low uptake nationally.³⁴ A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.³⁵ This is improving, particularly in GP CPCS. Service provision in Bedford Borough is good.

The new hypertension service started in October 2021. Activity data is still low nationally, regionally and in Bedford Borough.

The smoking cessation Advanced Service started on 10 March 2022, and has been put into place in six pharmacies across Bedford Borough, although no activity data is available at time of writing. To date, there has been no data recorded on the use of community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally and regionally). There was a delay in introducing these services due to the COVID-19 pandemic.

3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I and outside the scope of the PNA. Therefore, any Locally Commissioned Services commissioned by CCGs or the local authority are not considered here but are reflected in [Section 4](#).

There are currently two Enhanced Services commissioned in Bedford Borough:

³⁴ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

³⁵ Royal College of General Practitioners. Making the Community Pharmacist Consultation Service A Success. October 2021. www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic, provided by seven pharmacies across Bedford Borough
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required

3.2 Dispensing Appliance Contractors (DACs)

There are no DACs in Bedford Borough, however, there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

The community pharmacy contractor questionnaire received six responses, and 33% of respondents reported that they provide all types of appliances.

As part of the Essential Services of DACs, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Bedford Borough.

3.3 Distance-Selling Pharmacies (DSPs)

There are two DSPs in Bedford Borough accounting for 6.3% of the total number of pharmacies. Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

It should be noted that DSPs located within Bedford Borough provide services to the whole population of England and likewise, DSPs elsewhere in England can provide services to Bedford Borough residents.

The two DSPs in Bedford Borough are:

- 121 Pharmacy, Unit 1, Caxton Park, Caxton Road, Elms Farm, Bedford MK41 0TY
- Smarta Healthcare, 5 Stephenson Court, Priory Business Park, Bedford MK44 3WJ

This has increased from one DSP, Smarta Healthcare, in 2018.

3.4 Local Pharmaceutical Service (LPS) providers

There are no LPS pharmacies in Bedford Borough.

3.5 PhAS pharmacies

There are ten PhAS pharmacies in Bedford Borough. The full list can be found in Appendix A.

3.6 Dispensing GP practices

There are seven dispensing GP practices in Bedford Borough, the same as in the 2018 PNA. They are listed in Appendix A.

3.7 Pharmaceutical service provision provided from outside Bedford Borough

Bedford Borough is bordered by four other HWB areas: Central Bedfordshire, Milton Keynes, Northamptonshire and Cambridge and Peterborough. As previously mentioned, like the East of England, Bedford Borough has good transport links even to the rural areas. As a result, it is anticipated that some residents in Bedford Borough will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

For some residents, the nearest provider of pharmaceutical services may be across the border in a neighbouring HWB area. Given the largely rural nature of Bedford Borough, many residents will be familiar with significant travel times, particularly in the evenings and at weekends, to access other services such as supermarkets.

It is not practical to list here all those pharmacies outside Bedford Borough area by which Bedford Borough residents will access pharmaceutical services. A number of providers lie within close proximity of the borders of Bedford Borough boundaries and are marked on [Map L](#).

4 Other services that may support pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or CCG.

The services commissioned from community pharmacy contractors in Bedford Borough by the local authority and CCG are listed in Tables 13 and 14. Service details are found in Appendix K. Data supplied from CCG and local authority has been used to demonstrate how many community pharmacies per locality have signed up to provide these services listed in the tables.

Table 13: Provision of Locally Commissioned Services (CCG) by locality (number of pharmacies)

CCG-commissioned	Bedford North (16)	Bedford South (12)	Bedford Rural (4)
End-of-life medicines service	3 (19%)	3 (25%)	1 (25%)

Table 14: Provision of Locally Commissioned Services (local authority) by locality (number of community pharmacies)

Local authority-commissioned	Bedford North (16)	Bedford South (12)	Bedford Rural (4)
Stop smoking	8 (50%)	4 (33%)	0
Sexual health	3 (19%)	5 (42%)	2 (50%)
Supervised consumption	11 (69%)	7 (58%)	3 (75%)
Needle exchange	2 (13%)	1 (8%)	0

Details of other NHS providers in Bedford Borough (such as hospitals, urgent care service and prisons) that provide pharmaceutical services and privately funded services have been listed in Appendix K and are outside of the scope of this PNA.

5 Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (see Appendix C) and compiled by Bedford Borough PNA Steering Group. This was circulated using various routes as listed below:

- PNA Steering Group
- Social channels
- To all staff within BBC
- Outreach to specific hard-to-reach groups (i.e. older persons networks/school newsletters)
- Voluntary groups
- BBC website
- Healthwatch

There has been a good response to the public questionnaire with 364 responses received.

A breakdown of the respondents' sex, age and disability status is shown in Tables 15–17.

Table 15: Demographic analysis of community pharmacy user questionnaire respondents: sex

Sex – male	Sex – female
31%	65%

Table 16: Demographic analysis of community pharmacy user questionnaire respondents: age

Age 25–34	Age 35–44	Age 44–54	Age 55–64	Age 65+	Age – prefer not to say
3%	14%	17%	23%	39%	2%

Table 17: Demographic analysis of community pharmacy user questionnaire respondents – illness or disability

Illness or disability – yes	Illness or disability – no
52%	37%

To note:

- There are a large number of languages spoken in Bedford and the ethnicity of the Bedford Borough population is outlined in Appendix J. When the questionnaire responses are compared to the population demographics:
 - The majority (92%) of the responses were from respondents describing themselves as being 'White': the average Bedford Borough population is 66% White
 - 4% of respondents reported that they prefer not to say
 - 19% of the Bedford Borough population are from 'other' ethnic groups but there were no respondents from these groups

- There are a smaller number of respondents who were under 44 years old; this may affect the responses to Q21, awareness of services
- There were only 364 responses from a population of 174,700, so the findings should be interpreted with some care regarding the representation of the community as a whole

5.1 Visiting a pharmacy

- 94% have a regular or preferred pharmacy
- 86% describe the service as good or excellent (only 19 respondents (5%) identified the service from their pharmacy as poor)
- 60% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 24% make pharmacy their first point of call for minor ailments
- 16 respondents (4%) stated they regularly prefer to use an internet/online pharmacy

5.2 Choosing a pharmacy

The following table shows the percentage of respondents who consider the reasons in the table as very important or importance when choosing a pharmacy.

Reason for choosing pharmacy	% Respondents (very important/important)
Quality of service	98%
Convenience	96%
Accessibility	74%
Availability of medication	98%

5.3 Mode of transport to a community pharmacy

The main way reported is that patients access a pharmacy is by walking (52%). The next most common method is to drive by car (36%); 1% use public transport. It should be noted that public transport usage declined during the COVID-19 pandemic and maybe reflected in this low number.

5.4 Time to get to a pharmacy

The following table shows the time it takes to travel to the respondents pharmacy.

≤30 mins	≤15 mins
98%	88%

- 94% report no difficulty in travelling to a pharmacy
- Of the 19 respondents reporting any difficulty, five reported parking difficulties, three reported public transport availability; three suggested that the location of the pharmacy was a problem

5.5 Preference for when to visit a pharmacy

The information from respondents showed that there was no preferred day or time of day to visit a pharmacy.

- Of note: over 93% of respondents suggest that the pharmacy is open on day when they need it and 89% of respondents suggest that the pharmacy is open at the time when they need it

5.6 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (most over 90%), with the exception of the DMS (21%). However, due to DMS being a service provided to patients discharged from hospital, you would not expect a high percentage to be aware, due to the lack of need or perceived need. Details of these services can be found in [Section 1.4.1.1](#).

Table 18 shows the awareness of respondents for certain services and a second column that identifies the percentage that would wish to see the service provided.

Table 18: Awareness of services

Service	% of respondents who were aware	% of respondents who would wish to see provided
DMS	21%	72%
CPCS	19%	70%
Flu vaccination	89%	90%
NMS	28%	60%
Needle exchange	24%	52%
Stopping smoking/nicotine replacement therapy	59%	59%
Supervised consumption	34%	46%
Sexual health services	42%	65%
Immediate access to specialist drugs, e.g. palliative care medicines	20%	80%
Hepatitis C testing	4%	46%
COVID-19 vaccination	77%	84%

Responses indicate that there is a lack of awareness of many of the services that are currently provided, with the exception of flu vaccination and COVID-19 vaccination. Of note, some services are not able to be promoted, i.e. CPCS, which would explain the lower numbers. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy, although specific need may vary within the community (e.g. not everyone would require a needle exchange service).

- 25% of respondents have used eRD

A full copy of the responses can be found in Appendix C.

6 Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

The health needs and pharmaceutical service provision for Bedford Borough have been analysed, taking into consideration the priorities outlined in the NHS LTP, BBC's JSNA, the JHWS, other local policies, strategies and health needs ([Section 2](#) and Appendix J).

Several of the priorities in these strategies and policies can be supported by the provision of pharmaceutical services within Bedford Borough. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

Role of community pharmacies during the COVID-19 pandemic

It is important to note the role that community pharmacy has played in preventing and containing the COVID-19 pandemic.³⁶ The PSNC agreed changes with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.³⁷ Pandemic-specific services introduced are temporary and there is no way to determine whether they will be extended, stopped or reintroduced. It should be acknowledged how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the COVID-19 pandemic. An audit conducted by PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.³⁸

At present it is not clear what shape services locally commissioned by the CCG will take in the long-term future. The development of the ICS across Bedford Borough will conceivably lead to an alignment of these Locally Commissioned Services across the ICS area.

6.2 PNA localities

There are 32 community pharmacies including DSPs within Bedford Borough, one in Bedford North and one in Bedford South locality. In addition, there are seven dispensing GP practices.

³⁶ Itani R et al. Community pharmacists' preparedness and responses to COVID-19 pandemic: A multinational study. *Int J Clin Pract.* 2021. DOI: <https://doi.org/10.1111/ijcp.14421>

³⁷ To note: there have been temporary changes to the service requirements within the NHS CPCF that were introduced during the pandemic.

³⁸ PSNC Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

The health needs of the Bedford Borough population influences pharmaceutical service provision in Bedford Borough, however, there is limited health needs data presented at locality level. As such, the impact on community pharmacy services is therefore discussed in relation to the whole of Bedford Borough (see [Section 6.4](#)). Health needs are illustrated in Appendix J.

For the purposes of the PNA Necessary Services for Bedford Borough are:

- All **Essential** Services

The following **Advanced** Services are considered **relevant**:

- CPCS
- NMS
- Flu vaccination
- AUR
- SAC
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking cessation Advanced Service

Bedford Borough HWB has identified **Enhanced** Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in Bedford Borough.

Bedford Borough HWB has identified **Locally Commissioned** Services that secure improvements or better access or have contributed towards meeting the need for pharmaceutical services in the HWB area.

Population

The latest 2020 estimate for Bedford Borough population is 174,700. Between 2022 and 2032, the overall population is projected to grow by 10,500 (5.9%). The largest predicted population growth is in the 80+ age group. This PNA covers the period 2022 to 2025 and, assuming linear population growth based on Table 19, there would be an approximate increase of 3,500 people in the whole of Bedford Borough.

There is a planned growth of just over 6,000 new dwellings between 2022 and 2032. Assuming linear growth for the lifetime of the PNA (to 2025) there are likely to be about 1,800 new dwellings. This information is provided by locality (see Table 19).

Table 19: Estimated housing growth by locality

Locality	2022	2032	New households 2022–2032	Estimated new households 2022–2025*
Bedford North	33,037	35,791	2,753	826
Bedford Rural	20,236	21,923	1,687	500
Bedford South	19,244	20,848	1,604	481

* 2022 to 2025 is the PNA lifetime

Source: Census 2011; ONS 2018-based household projections

6.2.1 Bedford North

6.2.1.1 Necessary Services: current provision

Bedford North has a population of 75,578 and is the most populous and densely populated locality.

There are 15 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 19.8, higher than the Bedford Borough average (18.3) and similar to the England average of 20.6 (see [Section 3.1](#)). In addition, there is one DSP, which if included in the pharmacy numbers increases the ratio to 21.2.

Of these pharmacies, 14 hold a standard 40-core hour contract while one holds a 100-core hour contract. There are five PhAS pharmacies.

There are two dispensing GP practices; if they are added to the community pharmacy numbers then the ratio of dispensaries to 100,000 population is 23.8.

Of the 15 pharmacies (not including the DSP):

- 3 (20%) pharmacies are open after 6.30 pm on weekdays
- 13 (87%) pharmacies are open on Saturdays
- 4 (27%) pharmacies are open on Sundays

There are also a number of accessible providers open in the neighbouring locality of Bedford South.

6.2.1.2 Necessary Services: gaps in provision

Housing developments and population growth estimates during the PNA lifespan in the locality are:

- Population: +1554
- Housing: +826

These developments are not likely to have a major impact on pharmaceutical services.

There are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is good pharmaceutical service provision across the whole locality to ensure continuity of provision to new developments.

No gaps in the provision of Necessary Services have been identified for Bedford North locality.

6.2.1.3 Other relevant services: current provision

Regarding access to **Advanced** Services:

- 14 pharmacies (88%) provide the NMS
- 13 pharmacies (81%) provide the CPCS (including GP CPCS)
- 13 pharmacies (81%) provide flu vaccination services
- 6 pharmacies have signed up to the hypertension case-finding service
- 1 pharmacy has signed up to the smoking cessation Advanced Service

6.2.1.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced** Services:

- 4 (25%) pharmacies provide the COVID-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 15 pharmacies:

- 3 pharmacies provide the end-of-life medicines service commissioned via the CCG
- Stop smoking is provided in 8 pharmacies.
- Sexual health services are provided in 3 pharmacies (20%), providing Emergency Hormonal Contraception (EHC) and chlamydia screening and treatment
- 11 pharmacies (73%) provide supervised consumption
- 2 pharmacies (13%) provide needle exchange

Health information provided in Appendix J is not broken down by locality. [Section 6.4](#) discusses improvements and better access across the whole of Bedford Borough.

There are pockets of high levels of deprivation in the locality and it is therefore important to have relevant services available. Sexual health services are provided in 20% of community pharmacies in the locality but none of these are open on Sundays. Only two pharmacies provide needle exchange in the locality, and therefore consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies.

No gaps have been identified that if provided either now or in the future (over the next three years) would secure improvements or better access to relevant services across Bedford North locality.

6.2.2 Bedford South

6.2.2.1 Necessary Services: current provision

Bedford South has a population of 47,239.

There are 11 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 23.3, higher than Bedford Borough (18.3) and England (20.6) averages (see [Section 3.1](#)). In addition, there is one DSP, which if included in the pharmacy numbers increases the ratio to 25.4.

Of the 11 community pharmacies, nine hold a standard 40-core hour contract while two hold a 100-core hour contract. There are two PhAS pharmacies, and no dispensing GP practices.

Of the 11 pharmacies (not including DSP):

- 4 (36%) pharmacies are open after 6.30 pm on weekdays
- 7 (64%) pharmacies are open on Saturdays
- 3 (27%) pharmacies are open on Sundays

There are also a number of accessible providers open in the neighbouring locality of Bedford North.

6.2.2.2 Necessary Services: gaps in provision

Housing developments and population growth to 2025 have been broken down by locality:

- Population: +971
- Housing: +481

This level of growth should not adversely affect pharmaceutical provision.

There are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is good pharmaceutical service provision across the whole locality.

No gaps in the provision of Necessary Services have been identified for Bedford South locality

6.2.2.3 Other relevant services: current provision

Regarding access to **Advanced** Services:

- All pharmacies provide the NMS
- All pharmacies provide the CPCS (including GP CPCS)
- 10 pharmacies (83%) provide flu vaccination services
- 5 pharmacies have signed up to the hypertension case-finding service
- 2 pharmacies have signed up to the smoking cessation Advanced Service

6.2.2.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced Services**:

- 2 (17%) pharmacies provide the COVID-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 13 pharmacies:

- 3 pharmacies provide the end-of-life medicines service commissioned via the CCG
- Stop smoking is provided in 4 pharmacies.
- Sexual health services are provided in 5 pharmacies, providing EHC and chlamydia screening and treatment.
- 7 pharmacies provide supervised consumption
- 1 pharmacy provides needle exchange

Health information provided in Appendix J is not broken down by locality. [Section 6.4](#) discusses improvements and better access across the whole of Bedford Borough.

Bedford South is the most deprived locality in Bedford Borough, therefore it is important to have access to relevant services in the locality. Just over one-third (38%) of pharmacies provide sexual health services and 31% provide stop smoking services in the locality. None of the pharmacies in this locality providing these services is open on a Sunday.

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies.

No gaps have been identified that if provided either now or in the future (over the next three years) would secure improvements or better access to relevant services across Bedford South locality.

6.2.3 Bedford Rural

6.2.3.1 Necessary Services: current provision

Bedford Rural has a population of 51,870.

There are four community pharmacies and five dispensing GP practices in this locality. The estimated average number of community pharmacies per 100,000 population is 7.7, significantly lower than the Bedford Borough (18.3) and England (20.6) averages ([Section 3.1](#)).

When the GP dispensing practices are added into the community pharmacies, the average number of dispensaries rises to 17.3.

All of the pharmacies hold a standard 40-core hour contract. There are three PhAS pharmacies.

Of the 4 pharmacies:

- No pharmacies are open after 6.30 pm on weekdays
- 2 (50%) pharmacies are open on Saturdays
- No pharmacies are open on Sundays

The pharmaceutical provision in Bedford Rural locality reflects the rural nature of the area, with a greater number of dispensing GP practices and limited supplementary opening hours of community pharmacies.

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.2.3.2 Necessary Services: gaps in provision

Housing developments and population growth to 2025 have been broken down by locality:

- Population: +1066
- Housing: +500

Bedford Rural covers a significant geographical area and any population growth may have a specific impact if delivered in a specific area, depending on existing community pharmacy (or dispensing GP practice) locations. This could mean existing pharmacies may need to review their workforce and capacity to meet the demand, should the need occur.

There are no pharmacies open on weekday evenings after 6.30 pm or on a Sunday. Access to services during these times will need to be in neighbouring localities or HWB areas, however, 100% of the population can access a pharmacy on Sunday (off-peak) within 30 minutes by car (see [Map D](#)).

A number of community pharmacies provide free prescription delivery services (non-commissioned service), which many residents may find helpful. Additionally, the whole locality is supported by dispensing GP practices, which is normal in rural areas.

Provision of Necessary Services in the locality is adequate.

Bedford Borough HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand

No gaps in the provision of Necessary Services have been identified for Bedford Rural locality.

6.2.3.3 Other relevant services: current provision

Regarding access to **Advanced** Services:

- All pharmacies provide the NMS
- All pharmacies provide the CPCS (including GP CPCS)
- 3 pharmacies (75%) provide flu vaccination services
- 2 pharmacies have signed up to the hypertension case-finding service
- 3 pharmacies have signed up to the smoking cessation Advanced Service

6.2.3.4 Improvements and better access: gaps in provision

Regarding access to **Enhanced** Services:

- 1 (25%) pharmacy provides the COVID-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 13 pharmacies:

- 1 pharmacy provides the end-of-life medicines service commissioned via the CCG
- No pharmacy provides stop smoking services
- Sexual health services are provided in 2 pharmacies, providing EHC and chlamydia screening and treatment
- 3 pharmacies provide supervised consumption
- No pharmacy provides needle exchange

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies. The new smoking cessation Advanced Service and the local stop smoking service could be considered, as smoking remains a significant cause of ill health.

Access to Essential Services outside normal hours in this locality relies on travel to other areas on weekday evenings and Sundays. There are pharmacies in Bedford North and Bedford South open at these times to provide services that would be available by car within 30 minutes.

Bedford Borough HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

No gaps have been identified that if provided either now or in the future (over the next three years) would secure improvements or better access to relevant services across Bedford Rural locality.

6.3 Necessary Services: gaps in provision in Bedford Borough

When assessing the provision of pharmaceutical services in Bedford Borough and each of the three PNA localities, Bedford Borough HWB has considered the following:

- The health needs of the population of Bedford Borough from the JSNA, JHWS and nationally from the NHS LTP
- The map showing the location of pharmacies within Bedford Borough ([Map L](#))
- Population information ([Section 2](#) and Appendix J) including specific populations
- IMD 2019 data ([Section 2](#) and Appendix J)
- Access by various modes of travel to community pharmacies including walking, by car and by public transport ([Section 3.1.3](#))
- The number, distribution and opening times of pharmacies within each of the three PNA localities and across the whole of Bedford Borough (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies covering each of the three PNA localities and the whole of Bedford Borough (Appendix A)
- Results of the public questionnaire (Appendix C)
- Results of the contractor questionnaire (Appendix D)
- Proposed new housing developments (Appendix J)
- Projected population growth (Appendix J)

The latest 2020 estimates for the Bedford Borough population is 174,700. Between 2022 and 2032, the overall population is projected to grow by 10,500 (5.9%). The largest predicted population growth is in the 80+ age group. This PNA covers the period 2022 to 2025 and, assuming linear population growth, there would be an approximate increase of 3,150 people in the whole of Bedford Borough.

Ethnicity varies by locality, with Bedford Rural being over 93% White and Bedford South being less than 72% White.

There is expected to be a growth in housing in Bedford Borough of just over 6,000 new dwellings between 2022 and 2032. Assuming linear growth for the lifetime of the PNA (to 2025) there are likely to be about 1,800 new dwellings.

There are 30 community pharmacies, two DSPs and seven dispensing GP practices in Bedford Borough. There are 17.2 community pharmacies per 100,000 population in Bedford Borough (18.3 when DSPs are included), compared with 20.6 per 100,000 in England.

The rural nature with sparse population of some parts of Bedford Borough means that there are fewer community pharmacies present. Dispensing GP practices are important to ensure that medicines and services are available to these populations (especially Bedford Rural). Combining these, Bedford Borough has an average of 22.3 community pharmacies and dispensing GP practices per 100,000 population.

A similar percentage of community pharmacies in Bedford Borough are open for 100 hours or more when compared with England (10% versus 9.4% in England), three in total, although the majority of community pharmacies (73%) are open on Saturdays and 23% of pharmacies are open on Sundays. Opening hours do vary by locality and this is discussed in [Section 6.2](#). The public survey identified that 89% of respondents suggested that the opening times of their community pharmacy were at the most convenient time.

Access to pharmaceutical services on bank holidays is limited, but there is access if required as an Enhanced Service across Bedford Borough.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Essential Services outside normal hours anywhere in Bedford Borough. However, Bedford Borough HWB will monitor the uptake and need for Necessary Services during the lifetime of this PNA (three years). It will also consider the impact of any changes in the future which may provide evidence that a need exists.

6.4 Improvements and better access: gaps in provision for Bedford

The Steering Group considers that it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

The health needs and priorities of the population of Bedford Borough were summarised in [Section 2](#) and outlined further in Appendix J, although not broken down by locality.

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service
- Stop smoking Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and cardiovascular disease
- Utilise the DMS and NMS services to support specific disease areas that have a relatively higher prevalence, e.g. asthma and diabetes
- Target the flu vaccination service to increase the uptake in at-risk groups
- Community pharmacies that are delivering high levels of EHC should work collaboratively with the commissioner to develop priority access pathways for longer-term contraception methods

- National community pharmacy retailers should be encouraged to sign up to provide enhanced sexual health services, to boost local access and service delivery

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although the questionnaire did highlight that there was a lack of awareness of some of the services that were available. A review of how services are advertised would be worthwhile in an effort to improve uptake of services. A summary of the questionnaire results can be seen in [Section 5](#) (full results in Appendix C).

The majority of community pharmacies offer a delivery service, (although this is not an NHSE&I commissioned service) and some have extended opening hours on Saturdays. There are pharmacies open on weekday evenings and Sundays in both Bedford North and Bedford South localities.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other relevant healthcare providers (e.g. sexual health providers), which would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Bedford Borough, this has been included within the document. Appendix J discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Bedford Borough will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE&I and all CCGs, to commission pharmacy services that meet local needs but which are beyond the scope of the PNA.

7 Conclusions

The provision of current pharmaceutical services and Locally Commissioned Services is adequately distributed, with better provision in the more densely populated areas.

The rural nature and sparse population of some parts of Bedford Borough mean that there are fewer community pharmacies present. The dispensing GP practices are important to ensure that medicines and services are available to these populations (especially in Bedford Rural).

As part of this assessment, there is no evidence to suggest there is a gap in service that would equate to the need for additional access to Essential Services outside of normal hours anywhere in Bedford Borough. There is also adequate access to a range of services commissioned from pharmaceutical service providers across the whole of Bedford Borough. However, Bedford Borough HWB will monitor the uptake and need for Essential Services. It will also consider the impact of any changes in this locality in the future, including population growth, which may provide evidence that a need exists. Any required amendments should be made through the three-year life cycle of this report.

7.1 Statements of PNA

The PNA is required to clearly state what is considered to constitute Necessary Services, as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Bedford Borough are defined as Essential Services.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Bedford Borough.

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Bedford Borough, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.1.1 Current Provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services that are described in [Section 1.4.1.1](#). Access to Necessary Service provision in Bedford Borough is provided by locality in [Section 6.2](#).

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Bedford Borough to meet the needs of the population.

Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Bedford Borough to meet the needs of the population.

7.1.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances (over the next three years) across Bedford Borough.

7.1.3 Improvements and better access – gaps in provision

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Bedford Borough.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Bedford Borough, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.1.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1.2](#) and the provision in each locality is discussed in [Section 6.2](#). [Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Bedford Borough.

There are no gaps in the provision of Advanced Services across the whole of Bedford Borough.

[Section 8](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Bedford Borough.

There are no gaps in the provision of Advanced Services at present or in the future (over the next three years) that would secure improvements or better access to Advanced Services in Bedford Borough.

7.1.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1.3](#) and the provision in each locality is discussed in [Section 6.2](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Bedford Borough.

No gaps have been identified that if provided either now or in the future (over the next three years) would secure improvements or better access to Enhanced Services across Bedford Borough.

7.1.3.3 Current and future access to Locally Commissioned Services

With regard to Locally Commissioned Services (LCS), the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Section 4](#) and their provision by locality is discussed in [Section 6.2](#).

[Section 6.4](#) discusses improvements and better access to LCS in relation to the health needs of Bedford Borough.

[Section 8](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Bedford Borough.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

Based on current information, no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances (over the next three years), across Bedford Borough to meet the needs of the population

8 Opportunities for service provision from community pharmacies in Bedford Borough

8.1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside of the requirements of a PNA; it is considered as being additional to any Necessary Services required under the Pharmaceutical Regulations 2013.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned services for Bedford Borough as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

[Section 2](#) and Appendix J discusses the priorities nationally and the health needs for Bedford Borough, and these are considered when outlining opportunities for further community pharmacy provision below.

The highest risk factors for causing death and disease for the Bedford Borough population are listed in Section 2 and are considered when looking at opportunities for further community pharmacy provision.

8.2 Opportunities for further community pharmacy provision

Health needs and highest risk factors for causing death and disease for the Bedford Borough population are stated in Section 2 and Appendix J.

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help manage and support in these areas.

8.2.1 Existing services

8.2.1.1 Essential Services

Although the percentage of adults classified as overweight or obese for Bedford Borough is statistically similar to that of England, signposting for issues such weight management and health checks would be beneficial.

Bedford Borough has a statistically higher prevalence of diabetes to that of England and therefore it would be beneficial to promote a self-referral route to the NHS Diabetes Prevention Programme (NDPP).

8.2.1.2 Advanced Services

Some of the existing Advanced Services could be better utilised within Bedford Borough, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services, e.g. diabetes and asthma.

8.2.1.3 Locally Commissioned Services

Sexual health services are provided in many community pharmacies, although only 42% of the respondents to the public questionnaire were aware that they were available. Based on the identified health needs around sexual health, promotion or expansion of these services may be beneficial. In addition, coupling such services with the hepatitis C testing Advanced Service could be advantageous.

8.2.2 New services

From the public questionnaire there is a wish that a variety of services are provided from community pharmacies.

8.2.2.1 Advanced Services

These services would be commissioned by NHSE&I.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Bedford Borough based on the identified health needs, including:

- Hypertension case-finding service

This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

- Stop Smoking

There is a new smoking cessation Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The DHSC and NHSE&I proposed the commissioning of this service as an Advanced Service.

Consideration should be given to incentives for further uptake of the smoking cessation Advanced Service and local stop smoking service. Smoking is a major cause of cardiovascular disease and provision of these services, combined with the existing hypertension case-finding service, will further support in improving patient health outcomes. Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across Bedford Borough. This will mean that more eligible patients are able to access and benefit from these services. In addition, incentives should be considered for all services for existing contractors within Bedford North and South where deprivation is higher.

8.2.2.2 Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively affect outcomes.

The NHS Health Check is a national programme for people aged 40–74 that assesses a person’s risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. It is currently offered by General Practice.

As hypertension, stroke and circulatory disease are all priority health areas nationally and in Bedford Borough, and the rates of diabetes are increasing, then the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Appendix J provides examples of services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are also many examples of different service types on the PSNC website, those described in Appendix J give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Bedford Borough or in the NHS LTP.

8.3 Recommendations

Whilst no gaps have been identified in the current provision of pharmaceutical services across Bedford Borough or in the future (over the next three years) there are opportunities to enhance provision and support improvement in the health of Bedford Borough residents in the following areas:

1. Given the future housing and population growth anticipated in Bedford Borough, the provision of pharmaceutical services should be monitored and reviewed to ensure the demands of the population are met.

2. Community pharmacy teams should promote healthy lifestyle messages and participate in national and local health campaigns, especially in relation to obesity, diabetes, smoking and sexual health in line with NHS LTP priorities.
3. Methods to enhance the awareness and uptake of all services on offer by community pharmacies should be considered (where service specifications permits). This could be through the adoption of a range of communication methods appropriate to professionals and the local community, especially those in Bedford North and Bedford South, which are more deprived. This will help to manage the following issues:
 - The existing services can have improved utilisation
 - The public questionnaire made it clear that members of the public were not aware of all the available services
 - Members of the public wish to see many of these services provided ([Section 5](#))
4. All pharmacies and pharmacists should be encouraged to become accredited to deliver Advanced Services, delivering those services where there is identified need.
5. Incentives should be considered for existing providers to deliver all services within the localities where deprivation is higher: Bedford North and Bedford South.
6. Pharmacies, especially those in more deprived neighbourhoods, to consider participating in non-essential services to increase the offer and the uptake of all Advanced and Locally Commissioned Services including sexual health services and should promote NHS Health Checks and the self-referral route to the NDPP.
7. Further investigation into accessibility of pharmaceutical services in more rural, isolated areas, given the current locations of pharmacies and distribution of services, should be considered.
8. Additional approaches to improve stakeholder and public engagement should be adopted for future PNAs to increase response rates and better understand the needs of the community.
9. Consider the provision of new Locally Commissioned Services to meet specific health needs, i.e. diabetes, respiratory services.

Appendix A: List of pharmaceutical service providers in Bedford Borough

Bedford North locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	NHSE&I Advanced										NHSE&I Enhanced	CCG	LA				
								100 hrs	PhAS	NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking			End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange
121 Pharmacy	FCC16	DSP	Unit 1, Caxton Park, Caxton Road, Elms Farm, Bedford	MK41 0TY	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Goldharts Chemist	FCG26	Community	41-43 St Peters Street, Bedford	MK40 2PN	08:30-18:30	09:00-12:30	Closed	-	-	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-
OM Pharmacy	FE991	Community	1 The Broadway, Bedford	MK40 2TJ	09:00-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	Y	-	-
Tesco Pharmacy	FF441	Community	Riverfield Drive, Bedford	MK41 0SE	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-
Lloyds Pharmacy	FG608	Community	107 Brickhill Drive, Bedford	MK41 7QF	09:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-
Well Pharmacy	FGL66	Community	86 Queens Drive, Putnoe, Bedford	MK41 9BS	08:30-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	-	Y	Y	-	Y	-	-
Lindleys Pharmacy	FH585	Community	15 Ford End Road, Bedford	MK40 4JE	09:00-21:00	09:00-21:00	09:00-13:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-
Kidmans Surgical Chemist	FJ835	Community	141-143 Castle Road, Bedford	MK40 3RS	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	Y	-	-
Bedford Pharmacy	FLV26	Community	9 Greenhill Street, Bedford	MK40 1LX	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	Y	-	-	-	-
Bromham Pharmacy	FN234	Community	Avoca House, Molivers Lane, Bromham	MK43 8JT	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-
Boots	FNX34	Community	33-37 Harpur Centre, Bedford	MK40 1TN	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	Y	Y	Y	Y
Kays Chemists	FP598	Community	108 Bromham Road, Bedford	MK40 2QH	09:00-17:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	Y	-	-
Superdrug Pharmacy	FQK65	Community	11,13 & 15 All Hallows, Bedford	MK40 1LN	08:30-14:00, 14:30-17:30	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	Y	Y	Y
Lloyds Pharmacy	FRP52	Community	Fairfield Park, 90 Clapham Road, Bedford	MK41 7PJ	07:00-23:00	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-	-
Fairleys Pharmacy	FTY20	Community	103 Church Lane, Goldington, Bedford	MK41 0PW	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-
The Village Pharmacy	FXE23	Community	Meiklejohn Centre Unit 3, Kingswood Way, Great Denham, Bedford	MK40 4GH	09:00-17:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	Y	Y	Y	-

Bedford South locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking			COVID-19 vaccination	End of life care medicines	Stop smoking
Britannia Pharmacy	FEC88	Community	The Saxon Centre, 242 Bedford Road, Kempston, Bedford	MK42 8PP	08:30-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	Y	Y
Avicenna Pharmacy	FEG14	Community	88 London Road, Bedford	MK42 0NT	08:30-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-
Meiklejohn Pharmacy	FKK94	Community	141 Harrowden Road, Bedford	MK42 0RU	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	Y	-
Wootton Pharmacy	FM534	Community	Unit 2, Folkes Road, Wootton, Bedford	MK43 9TE	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	Y	Y	Y	-
Tesco Pharmacy	FML15	Community	Cardington Road, Bedford	MK42 0BG	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	-	-	-	Y	-	-	Y	-
Lloyds Pharmacy	FMP44	Community	245 Bedford Road, Kempston, Bedford	MK42 8BP	09:00-18:30	Closed	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	Y	-	-	-
Berkeley Pharmacy	FNR24	Community	30 Gostwick Road, Bedford	MK42 9XD	09:00-13:00, 14:00-17:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-
Boots	FQ564	Community	Unit D, Interchange Retail Park, Race Meadows Way, Kempston, Bedford	MK42 7AZ	09:00-19:00	09:00-17:00	11:00-17:00	-	Y	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-
Lloyds Pharmacy	FTN38	Community	Sainsbury's Store, 252-274 Bedford Road, Kempston	MK42 8AY	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-
Janssen's Pharmacy	FVM05	Community	28 Ampthill Road, Bedford	MK42 9HG	09:00-18:00	09:00-13:00, 14:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	Y	-
Lloyds Pharmacy	FW482	Community	98 Bedford Road, Kempston	MK42 8BG	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-
Smarta Healthcare	FXJ96	DSP	5 Stephenson Court, Priory Business Park, Bedford	MK44 3WJ	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-

Bedford Rural locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG	LA			
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption
Herbert and Herbert	FDL06	Community	88 High Street, Clapham, Bedford	MK41 6BW	09:00-18:00	09:00-13:00, 14:00-17:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	-	Y	-	
Shortstown Pharmacy	FK604	Community	Unit 2(B) Block F, 15 Beauvais Square, New Cardington, Shortstown, Bedford	MK42 0GE	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-
Wilstead Pharmacy	FWD83	Community	1 Cross Roads, Church Road, Wilstead, Bedford	MK45 3HJ	09:00-18:00	Closed	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	Y	-	-	
Wellbeing Pharmacy	FWV87	Community	61 High Street, Sharnbrook, Bedford	MK44 1PB	09:00-18:00	Closed	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	Y	-	-	Y	-
King Street Surgery	E81038	Dispensing GP Practice	273 Bedford Road, Kempston. (1 Branch: 1 Cater Street, Kempston, MK42 8DR)	MK42 8QD	08:30-18:15 (Wed 08:30-12:30, 14:00-18:15)	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Harrold Medical Practice	E81007	Dispensing GP Practice	Peach's Close, Harrold	MK43 7DX	08:30-18:30	09:00-12:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Sharnbrook Surgery	E81024	Dispensing GP Practice	Templars Way, Sharnbrook, Bedford	MK44 1PZ	10:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Priory Medical Practice	E81049	Dispensing GP Practice	48 The Glebe, Clapham, Bedford	MK41 6GA	08:00-13:00, 14:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Great Barford Surgery	E81031	Dispensing GP Practice	26 Silver Street, Great Barford	MK44 3HX	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Appendix B: PNA Steering Group terms of reference

Objective/Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of Bedford Borough Council, to ensure that it satisfies the relevant regulations including consultation requirements.

Accountability

The Steering Group is to report to the Consultant in Public Health.

Membership

Core members:

- Consultant in Public Health
- NHS England representative
- Local Medical Committee representative
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Council – Public Health Principal
- Council – Primary Care and Performance Public Health Practitioner
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member but will chair the meetings. Each core member has one vote. The Consultant in Public Health will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG commissioning managers
- NHS trust chief pharmacists
- Dispensing doctors representative

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by Bedford Borough Council to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the Health and Wellbeing Board (HWB).

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision and health needs

- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - NHS England
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to the HWB on both the draft and final PNA
- Publish the final PNA by 1 October 2022.

Appendix C: Public questionnaire

Total responses received:¹ **364**






1) What could a pharmacy offer to make it your first point of call for your health needs?

Answered – 310; skipped – 54






Minor ailment service	75	Extended opening hours	48
Friendly and experienced staff	42	More staff	39
Efficiency and speed	37	Good advice	31
Private area/consultation room	30	Some prescription service	22
Good connection with GP	19	General health checks	13
Cheaper prices	11	Appointment system	9
Diagnostic service	9	Confidentiality	8
Location	5	Greater products range	4
Easy parking	3	Doctor/nurse on staff	3
Offer Wi-Fi	1	Eye appointments	1
Larger premises	1	Sexual health services	1
COVID jabs and services	1	Blood pressure checks	1
Cholesterol testing	1	Vaccinations	1
Better advertising of services	1	Change of culture to go to pharmacy before GP	1

2) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)

For yourself: Answered – 362; skipped – 2

Once a week or more		9%	34
Once a month		51%	184
Once every few months		30%	107
Once in six months		8%	28
I haven't visited/contacted a pharmacy in the last six months		2%	9

For someone else: Answered – 82; skipped – 82

Once a week or more		11%	31
Once a month		37%	104
Once every few months		22%	62
Once in six months		12%	33
I haven't visited/contacted a pharmacy in the last six months		18%	52

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

3) If you have not visited/contacted a pharmacy in the last six months, is there a reason why? (Please select one answer)

Answered – 37; skipped – 327

I regularly prefer to use an internet/online pharmacy*		43%	16
Other, please specify below		57%	21




* An internet pharmacy is one which operates partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home

Other, please specify:

Prescription is delivered	11	Don't need to visit	9
I visit the pharmacy in person	3	Use an app for delivery	3
Shield from COVID	2	Pharmacy delivers	2
Not qualified to give good advice	2	Medication not available	2
Disabled and housebound, rely on internet service	1	I use an online pharmacy	1
Anxiety prevents visit	1	Somebody goes for me	1

4) Do you have a regular or preferred pharmacy that you visit/contact? (Please select one answer) (Please note this question is mandatory)




Answered – 364; skipped – 0

Yes (if happy to do so, please provide the name and address below)		94%	341
No		5%	17
I regularly prefer to use an online pharmacy – if happy to do so, please provide the website below		2%	6

Provided name/address/website of pharmacy: 332

5) How would you rate your overall satisfaction with your regular/preferred pharmacy? (Please select one answer) (Please note this question is mandatory)

Answered – 364; skipped – 0

Excellent		63%	229
Good		23%	82
Fair		9%	34
Poor		5%	19

6) How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic? (Please select one answer) (Please note this question is mandatory)

Answered – 364; skipped – 0

Very easy		46%	169
Easy		40%	146
Difficult		11%	40
Very difficult		2%	9

7) On a scale from 1 to 10 (1 = extremely poorly, 10 = extremely well) how well does your local community pharmacy meet your need for treating a minor illness? (Please select one answer) (Please note this question is mandatory)

Answered – 364; skipped – 0

1		3%	12
2		2%	9
3		2%	8
4		3%	12
5		6%	21
6		4%	15
7		11%	40
8		14%	50
9		18%	65
10		36%	132

8) When considering a choice of pharmacy, please select the importance of each of the following aspects:

Answered – 362; skipped – 2

Quality of service (friendly staff, expertise)			
Very important		72%	261
Important		26%	93
Neutral		2%	6
Not important		0%	1
Completely irrelevant		0%	1
Convenience (e.g. location, opening times)			
Very important		71%	258
Important		25%	91
Neutral		3%	10
Not important		0%	1
Completely irrelevant		0%	1

Accessibility (e.g. parking, clear signage)			
Very important		38%	136
Important		36%	131
Neutral		17%	62
Not important		6%	21
Completely irrelevant		3%	9
Availability of medication/ services (e.g. stocks, specific services)			
Very important		72%	259
Important		26%	94
Neutral		2%	7
Not important		0%	1
Completely irrelevant		0%	1
Other (please specify below)			
Very important		61%	57
Important		23%	22
Neutral		5%	5
Not important		3%	3
Completely irrelevant		7%	7

Other:

Knowledgeable & friendly staff	25	Delivery service	9
Private space	6	Opening times	5
Close links with GP	5	Accuracy in dispensing	4
Quick serving times	4	Good staff levels	4
Vaccinations service	4	Range of services offered	4
Location	3	Price on goods	3
Cleanliness	2	Good stock levels	2
Independent rather than a chain	2	Accessibility	2
Advice on prescribed medication	2	Quick response time	2
Weight management service	1	Low staff turnover	1
Equipment (walking aids)	1	eRD available	1
Within walking distance	1	Willing to order products	1
Accurate communication	1	Test reviews offered	1
Ease of contact	1	Free of choice	1

9) Who would you normally visit/contact a pharmacy for? (Please select all that apply)

Answered – 361; skipped – 3

Yourself		93%	337
A family member		52%	187
Neighbour/friend		10%	36
Someone you are a carer for		7%	25
All of the above		5%	19
Other (please specify)		1%	2

Other, please specify:

Family if staying with me	1	Elderly partner	1
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10) If you visit/contact a pharmacy regularly *on behalf of someone else*, please give a reason why? (Please select all that apply)

Answered – 194; skipped – 170

Opening hours of the pharmacy not suitable for the person		11%	21
More convenient		38%	73
Access (for example disability/transport)		18%	34
The person cannot use the delivery service		4%	8
For a child/dependant		29%	56
The person is too unwell		21%	41
The person does not have access to digital or online services		11%	22
All of the above		3%	6
Other (please specify below)		12%	24

Other:

More convenient for me	11	I am a carer	2
They deliver	2	Housebound/shielding	2
Person is clinically vulnerable	1	I am a care home worker	1
When their delivery fails	1	To support local business	1

11) How would you usually travel to the pharmacy? (Please select one answer)

Answered – 361; skipped – 3

Car		36%	129
Taxi		0%	1
Public transport		1%	5
Walk		52%	188
Bicycle		2%	9
Scooter		0%	0
Wheelchair/mobility scooter		1%	3
I don't, someone goes for me		0%	1
I don't, I use an online pharmacy or delivery service		2%	9
I don't, I utilise a delivery service		2%	7
Other (please specify below)		2%	9

Other:




I use the delivery service	3	Varies	2
The pharmacy delivers, or I get the bus	1	Could walk if collected from doctors	1

Skateboard	1	Motorcycle	1
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If you have answered that you don't travel to a pharmacy, please go to question 16.

12) If you travel, where do you travel from? (Please select all that apply)

Answered – 341; skipped – 23




Home		98%	335
Work		11%	39
Other (please specify below)		3%	10

Other:

From GP practice	2	Both	2
From work	2	Client's address	1
On the way home from work	1	Voluntary activities	1



13) On average, how long would it take you to travel to a pharmacy? (Please select one answer)

Answered – 344; skipped – 20

0 to 15 minutes		88%	303
16 to 30 minutes		10%	35
Over 30 minutes		1%	5
Varies		0%	1

14) Do you have any difficulties when travelling to a pharmacy? (Please select one answer)







Answered – 344; skipped – 20

Yes		6%	19
No		94%	325
I don't, someone goes on my behalf		0%	0

If you have answered No or I don't, please go to question 16.

15) What difficulties do you have when travelling to a pharmacy? (Please select all that apply)

Answered – 19; skipped – 345

Location of pharmacy		16%	3
Parking difficulties		26%	5
Public transport availability		16%	3
It's too far away		11%	2
Access issues		5%	1
Other (please specify below)		53%	10





Other:

Dependent on car	1	Previously shielding	1
Doesn't open early enough	1	Buses are unreliable	1
Anxiety	1	Road works	1
Weather can affect scooter	1	Uphill, mobility issues	1

Electric wheelchair, not great on pavements			1
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16) What is the most convenient day for you to visit/contact a pharmacy? (Please select one answer)

Answered – 357; skipped – 7

Monday to Friday		27%	96
Saturday		6%	21
Sunday		0%	1
Varies		30%	106
I don't mind		37%	133







17) Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

Answered – 354; skipped – 10

Yes		93%	328
No		7%	26



18) When do you prefer to visit/contact a pharmacy? (Please select one answer)

Answered – 357; skipped – 7

Morning (8 am–12 pm)		22%	78
Lunchtime (12 pm–2 pm)		4%	16
Afternoon (2 pm–6 pm)		12%	44
Early evening (6 pm–8 pm)		5%	17
Late evening (after 8 pm)		0%	1
Varies		32%	116
I don't mind/no preference		24%	85







19) Is your preferred pharmacy open at the most convenient time for you/at your preferred time? (Please select one answer)

Answered – 356; skipped – 8

Yes		89%	316
No		11%	40

20) How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

Answered – 357; skipped – 7

Daily		0%	1
Weekly		3%	10
Fortnightly		5%	18
Monthly		23%	82
Yearly		1%	4
Varies – when I need it		51%	181
Rarely		15%	52

Never		3%	9
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21) Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select one answer for each service – even if you do not use the service).

Service	Yes (%)	Yes	No (%)	No	Answered
Advice from your pharmacist	99%	351	1%	3	354
COVID-19 lateral flow device distribution service	86%	293	14%	47	340
COVID-19 vaccination services	77%	260	23%	76	336
Flu vaccination services	89%	303	11%	39	342
Buying over-the-counter medicines	100%	352	0%	0	352
Dispensing medicines	99%	352	1%	2	354
Dispensing appliances	68%	222	32%	104	326
Repeat dispensing services	95%	327	5%	18	345
Home delivery and prescription collection services	75%	252	25%	85	337
Medication review	39%	123	61%	192	315
New medicine service	28%	86	72%	218	304
Discharge from hospital medicines service	21%	62	79%	240	302
Emergency supply of prescription medicines	54%	167	46%	144	311
Disposal of unwanted medicines	82%	275	18%	62	337
Appliance Use Review	16%	46	84%	249	295
Community Pharmacist Consultation Service (urgent care referral)	19%	56	81%	242	298
Hepatitis testing service	4%	13	96%	281	294
Stoma Appliance Customisation service	8%	24	92%	272	296
Needle exchange	24%	71	76%	219	290
Stopping smoking/nicotine replacement therapy	59%	183	41%	126	309
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	42%	125	58%	176	301
Immediate access to specialist drugs, e.g. palliative care medicines	20%	58	80%	239	297
Supervised consumption of methadone and buprenorphine	34%	103	66%	196	299

Other:

Advice service	1	Aids/adaptations	1
Not sure what pharmacy offers	1	Travel clinic	1

22) Which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select one answer for each service).

Service	Yes (%)	Yes	No (%)	No	No Opinion (%)	No Opinion	Answered
Advice from your pharmacist	96%	336	1%	3	3%	10	349
COVID-19 lateral flow device distribution service	87%	299	2%	8	11%	38	345
COVID-19 vaccination services	84%	286	5%	17	11%	37	340
Flu vaccination services	90%	308	2%	7	8%	27	342
Buying over-the-counter medicines	97%	334	0%	1	3%	10	345
Dispensing medicines	99%	340	0%	0	1%	5	345
Dispensing appliances	70%	229	2%	7	27%	89	325
Repeat dispensing services	96%	330	0%	1	4%	13	344
Home delivery and prescription collection	86%	291	2%	6	12%	41	338
Medication review	70%	234	9%	29	21%	70	333
New medicine service	60%	195	5%	17	34%	111	323
Discharge from hospital medicines service	72%	240	4%	14	23%	78	332
Emergency supply of prescription medicines	93%	314	1%	3	6%	19	336
Disposal of unwanted medicines	91%	302	2%	5	8%	26	333
Appliance Use Review	45%	144	5%	15	50%	161	320
Community Pharmacist Consultation Service (urgent care referral)	70%	227	4%	12	27%	87	326
Hepatitis testing service	46%	146	4%	13	50%	159	318
Stoma Appliance Customisation service	44%	141	5%	16	51%	161	318
Needle exchange	52%	165	5%	15	44%	139	319
Stopping smoking/nicotine replacement therapy	59%	191	4%	14	37%	118	323
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	65%	208	4%	12	31%	101	321
Immediate access to specialist drugs, e.g. palliative care medicines	80%	261	2%	7	18%	60	328
Supervised consumption of methadone and buprenorphine	46%	147	7%	21	47%	151	319

Other, please specify:

Urine infection	1	Blood test	1
Defibrillator	1	Advice service	1
Daily dose monitoring	1	Might not use all these but seem useful	1
All these services are best placed in a pharmacy	1	Having an extensive stock range is key	1



23) Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact? (Please select one answer)

Answered – 355; skipped – 9

Yes		66%	235
No		10%	35
I don't know		24%	85

24) If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs? (Please select one answer)

Answered – 236; skipped – 128






Yes		46%	108
No		3%	7
I don't know		51%	121

Any other comments you would like to make about the consultation room?

It is very small	17	Never used	3
Unsure if wheelchair accessible	3	Not very private	1
Very messy, used for storage	1		










25) Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

Answered – 355; skipped – 9

Yes		35%	123
No – it normally takes one day		13%	47
No – it normally takes two or three days		23%	82
No – it normally takes more than three days		10%	36
I don't know		19%	67

26) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

Answered – 329; skipped – 35




Paper request form to my GP practice		10%	33
Paper request form through my pharmacy		3%	11
By email to my GP practice		11%	37
Online request to my GP practice		62%	204
My pharmacy orders on my behalf		5%	17
Electronic Repeat Dispensing (eRD)		6%	21
NHS app		9%	28
Varies		3%	11
Other (please specify below)		5%	16

Other:

Collect from surgery pharmacy	5	GP sends after visit	5
Application	4	By phone	3
Order online	2		

27) Have you ever used [Electronic Repeat Dispensing \(eRD\)](#) (Electronic repeat dispensing (eRD) is a process that allows you to obtain repeated medication/appliances without the need for your GP to hand-sign authorised repeat prescriptions each time. This allows your GP to authorise and issue a batch of repeat prescriptions until you need to be reviewed. The prescriptions are then available for dispensing at the specified intervals at your nominated pharmacy). (Please select one answer)

Answered – 352; skipped – 12

Yes – do you have any comments about it? Please comment below		25%	88
No		32%	113
I don't know/I have never heard of it		43%	151

Please specify any comments about eRD:

Good service	31	Never heard of it	13
Never used but would like to	7	Unreliable	3
Not available in my pharmacy	3	Not suitable for elderly	1
I find it very confusing to use	1	My GP no longer offers the service	1
eRD forces you to use the same pharmacy each time, I travel a lot	1		





28) Do you have any other comments you would like to make about your pharmacy?

Answered – 172; skipped – 192

Essential service and very good	99	No comment	15
Short-staffed	9	Long waiting times	6
Staff unprofessional/rude	6	Should be open weekend	5
Blood tests	4	Brilliant during pandemic	2
Would like to still pick up prescriptions when leaving GP	1	Lots of staff turnover	1
Consultation room is not private	1	Pharmacy is too small	1
Limited availability of flu vaccine	1	Incorrect dosage given	1
Unreliable with repeat prescriptions	1	Don't want more services being put on pharmacists	1
With they still had a post office	1	Quarterly option on eRD	1
Should be able to get more than one month's supply prescription	1	Not easily accessible by public transport	1
Often don't have all the medicines prepared	1	Would like a weight management service	1

A bit about you**29) Gender/sex (Please select one answer)**

Answered – 349; skipped – 15




Female		65%	227
Male		31%	107
Prefer not to say		3%	10
Other, please specify below		1%	5

Other:

Non-binary	2	Transgender	1
------------	---	-------------	---




30) If female, are you currently pregnant? (Please select one answer)

Answered – 243; skipped – 121

Yes		1%	3
No		94%	228
Prefer not to say		5%	12







31) Is your present gender the one you were assigned at birth? (Please select one answer)

Answered – 342; skipped – 22

Yes		96%	328
No		1%	2
Prefer not to say		4%	12







32) What is your age? (Please select one answer)

Answered – 350; skipped – 14

Under 18		0%	1
18–24		0%	1
25–34		3%	12
35–44		14%	50
45–54		17%	61
55–64		23%	79
65+		39%	138
Prefer not to say		2%	8








33) Do you have any of the following conditions? (Please select all that apply)

Answered – 345; skipped – 19

A physical disability		7%	24
A sensory disability		1%	5
A mental health condition		6%	21
Learning difficulties		0%	1
Any other long-term condition		38%	131
None of the above		37%	129
Prefer not to say		10%	34

34) What is your ethnic group? (Please select one answer)

Answered – 346; skipped – 18





White English/Welsh/Scottish/ Northern Irish/British		86%	299
White Irish		1%	5
White Gypsy or Irish Traveller		0%	0
White other		5%	18
Black or Black British Caribbean		0%	1
Black or Black British African		0%	0
Black or Black British other		0%	0
Mixed White & Black Caribbean		0%	0
Mixed White & Black African		0%	1
Mixed White & Asian		0%	0
Mixed other		0%	0
Asian Indian		1%	3
Asian Pakistani		0%	0
Asian Bangladeshi		1%	2
Chinese		0%	1
Asian other		1%	2
Arab		0%	0
Prefer not to say		4%	13
Other ethnic group, please specify below		0%	1

Other, please specify:

Italian	1	European	1
Egyptian	1	Scot/English	1
White European	1	Indian Chinese Malaysian	1

35) Which of the following best describes your religion or belief? (Please select one answer)

Answered – 346; skipped – 18







Buddhist		1%	3
Christian		51%	176
Hindu		1%	3
Jewish		1%	3
Muslim		1%	3
Sikh		0%	0
No religion		31%	106
Prefer not to say		13%	46
Other (please specify below)		2%	6

Other, please specify:

Pagan	3	Taoist	1
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36) Which of the following best describes your sexual orientation? (Please select one answer)

Answered – 345; skipped – 19

Bisexual		2%	8
Gay man		3%	9
Gay woman/lesbian		1%	5
Heterosexual/straight		83%	287
Prefer not to say		10%	34
Other (please specify below)		1%	2

Other:

Non-binary	1	Non-active	1
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GDPR and the Data Protection Act 2018

Under new data protection regulations (GDPR), Bedford Borough Council needs to inform you of the reasons why we are capturing your data and what we will do with your data. Any personal data collected and/or processed under this policy/procedure will be dealt with in accordance with Data Protection Legislation and the Council's Data Protection Policy. Data is held securely and accessed by, and disclosed to, only individuals where relevant to this policy/procedure. To find out more information on this, and to view the council's current Privacy Notices, please visit www.bedford.gov.uk/gdprivacy.

Comments received will be published, but personal information will not be.

Thank you for completing this questionnaire

For more information about Bedford Borough Pharmaceutical Needs Assessment, please visit <https://www.bedford.gov.uk/PNAconsultation2021>

Appendix D: Pharmacy contractor questionnaire

Total responses received:¹ 7

1) Premises and contact details

Answered – 6; skipped – 1

Provided contractor code (ODS Code) – 6




Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 6

Provided trading name – 5

Provided address of contractor pharmacy – 6

2) Does the pharmacy dispense appliances?

Answered – 6; skipped – 1

None		17%	1
Yes – All types		33%	2
Yes, excluding stoma appliances, or		0%	0
Yes, excluding incontinence appliances, or		0%	0
Yes, excluding stoma and incontinence appliances, or		0%	0
Yes, just dressings, or		50%	3
Other		0%	0

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

Answered – 7; skipped – 0



Yes (please specify below what is the service requirement and why)		29%	2
No		71%	5

Please state the service requirement and why:

Minor ailments scheme – to work alongside increased CPCS	1
EHC, stop smoking, poorer demographics, greater needs, HMO, rented rooms etc	1

4) Non-commissioned services: Does the pharmacy provide any of the following?

Answered – 7; skipped – 0

Collection of prescriptions from GP practices			
Yes		86%	6
No		14%	1

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Delivery of dispensed medicines – Selected patient groups			
Yes		67%	4
No		33%	2
Delivery of dispensed medicines – Selected areas			
Yes		50%	3
No		50%	3
Delivery of dispensed medicines – Free of charge on request			
Yes		71%	5
No		29%	2
Delivery of dispensed medicines – With charge			
Yes		0%	0
No		100%	3

Please list your criteria for selected patient groups or areas:

Elderly, disabled, housebound	2	Any patients	1
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5) Are there any services you would like to provide that are not currently commissioned in your area?

Answered – 7; skipped – 0

Yes		29%	2
No		71%	5

Comments:

Minor ailments	1	Free EHC	1
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6) Details of the person completing this form:

Answered – 6; skipped – 1

Provided contact name of person completing questionnaire on behalf of the contractor – 6

Provided contact telephone number – 6

Appendix E: Dispensing practice questionnaire

Total responses received:¹ 3

1) Is the practice participating in the current Dispensary Services Quality Scheme (DSQS)?

Answered – 3; skipped – 0

Yes		100%	3
No		0%	0


2) Do you provide the following service outside the dispensing service: DRUMs?

Answered – 3; skipped – 0

Yes		100%	3
No		0%	0

3) Do you provide the following service outside the dispensing service: Compliance aids?

Answered – 3; skipped – 0

Yes (please list below)		67%	2
No		33%	1

Comments:

Dosette boxes	2
---------------	---

4) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Selected patient groups?

Answered – 3; skipped – 0

Yes (please list below)		0%	0
No		100%	3

Comments:

But with current PCN we are looking into this with another dispensing practice	1
--	---

5) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Selected areas?

Answered – 2; skipped – 1

Any eligible patient within our practice inner boundary		50%	1
Any eligible patient within a smaller area than our practice boundary		50%	1
Any eligible patient wherever they live		0%	0

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

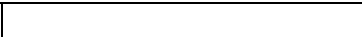

6) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Free of charge on request?

Answered – 3; skipped – 0

Yes		0%	0
No		100%	3

7) Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – With charge?

Answered – 3; skipped – 0

Yes		0%	0
No		100%	3


8) Do you provide any other service outside the dispensing service?

Answered – 1; skipped – 2

We have an in-house clinical pharmacist reviewing patient's medications, doing CDM etc.	1
---	---

9) Are there any services you would like to provide that are not currently commissioned in your area?

Answered – 2; skipped – 1


Yes (please list below)		50%	1
No		50%	1

Comments:

As above, delivery of medications to patients	1
---	---



10) Is your practice planning to provide DRUMs?

Answered – 3; skipped – 0

Yes		0%	0
No		0%	0
N/A (already providing)		100%	3

11) Is your practice planning to provide compliance aids?

Answered – 2; skipped – 1


Yes (please list below)		50%	1
No		50%	1

Comments:

Already do so	1	Dosette boxes	1
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12) Is your practice planning to offer delivery of dispensed medicines?

Answered – 3; skipped – 0



Yes (please provide date/ timescales if know)		67%	2
No		0%	0
N/A (already providing)		33%	1

Comments:

Looking at the possibility of delivery	1
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13) Is your practice planning to provide any other services?

Answered – 2; skipped – 1

Yes (please specify below)		50%	1
No other additional services		50%	1

Comments:

As above	1
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14) If your practice could be commissioned to provide similar services to those currently available under the additional services sections of the community pharmacy contract, would you be prepared to do so?

Answered – 2; skipped – 1

Yes (please specify the type of service below)		50%	1
No		50%	1

Comments:

Develop the skills of the clinical pharmacist further	1
---	---

Appendix F: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<p>Stage 1: Project planning and governance</p> <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
<p>Stage 2: Research and analysis</p> <ul style="list-style-type: none"> Collation of data from NHSE&I, PH, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments EIA (Equality Impact Assessment) Electronic, distribution and collation Analysis of questionnaire responses Steering Group meeting two Draft update for HWB 													

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<p>Stage 3: PNA development</p> <ul style="list-style-type: none"> • Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs • Develop Consultation Plan • Draft PNA • Engagement for consultation • Steering Group meeting three • Draft update for HWB 													
<p>Stage 4: Consultation and final draft production</p> <ul style="list-style-type: none"> • Coordination and management of consultation • Analysis of consultation responses • Production of consultation findings report • Draft final PNA for approval • Steering Group meeting four • Minutes to meetings • Edit and finalise final PNA 2022 • Draft update for HWB 													

Appendix G: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Role	PNA briefing letter sent	Steering Group representation	Questionnaire (pharmacy contractor/public/dispensing)	Draft PNA link sent
LPC Chief Officer, Bedfordshire	Y	Y	All	Y
LMC Chair, Milton Keynes	-	-	Dispensing	Y
LMC Bedfordshire & Hertfordshire	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	-	-	Contractor	Y
Any dispensing GP Practices	-	-	Dispensing	Y
Healthwatch Bedford	Y	Y	All	Y
Bedford Hospital	-	-	-	Y
NHSE&I	Y	Y	All	Y
Milton Keynes HWB	-	-	-	Y
Central Bedfordshire HWB	-	-	-	Y
Cambridgeshire a & Peterborough HWB	-	-	-	Y
Northamptonshire HWB	-	-	-	Y
Hosted on Bedford Borough Council Website	-	-	Public	Y
Targeted eshot to database	-	-	Public	-
Social Media channels	-	-	Public	Y
BBC Internal staff for advocacy	-	-	Public	Y

Role	PNA briefing letter sent	Steering Group representation	Questionnaire (pharmacy contractor/public/dispensing)	Draft PNA link sent
Paper Copies of Questionnaires & Easy Read available on request	-	-	Public	-
PNA Posters distributed to all 32x Pharmacies in the borough.	-	-	Public	-
Healthwatch: Social Media - Facebook/Twitter/Insta, Website and distributed to 50x Community and Faith leaders and Professionals and Third Sector Heads.	-	-	Public	-

Other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/dispensing)	Draft PNA link sent
GP Practices	-	-	-	Y
CCG – Local Pharmaceutical Lead	Y	Y	All	Y
CCG - NHS Bedfordshire, Luton and Milton Keynes	-	Y	Public	Y
Central Bedfordshire LMC	-	-	-	Y
Milton Keynes LMC	-	-	-	Y
Northamptonshire LMC	-	-	-	Y
Cambridgeshire & Peterborough LMC	-	-	-	Y
Central Bedfordshire LPC	-	-	-	Y
Milton Keynes LPC	-	-	-	Y
Northamptonshire LPC	-	-	-	Y
Cambridgeshire & Peterborough LPC	-	-	-	Y
Public Health Head of Service, MK	Y	Y	All	Y
Primary Care and Performance Public Health Practitioner, PH, MK	Y	Y	All	Y
Public Health Business & Project Support, PH, MK	Y	Y	All	Y
Public Health Data Team, PH, Bedford Borough	Y	Y	All	Y
Public Health Analyst, PH, Bedford Borough	Y	Y	All	Y

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/dispensing)	Draft PNA link sent
Associate Director for PH, Bedford Borough	-	-	Public	Y
Public Health Officer (Population Health Analyst), Bedford Borough	-	-	Public	Y
Marketing Manager, Bedford Borough	-	-	Public	Y
Legal Team, CB	-	-	Public	Y

Appendix H: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013⁴², Bedford Borough HWB held a 60-day consultation on the draft PNA from 1 June to 31 July 2022.

The draft PNA was hosted on the Bedford Borough Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Bedford Borough. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Bedford Borough as identified by Bedford Borough Council and Bedford Borough Healthwatch. Responses to the consultation were possible via an online survey or email.

There were in total **32 responses**, all of them from the internet survey; responses received:

- 21 (66%) from the public
- 6 (19%) from a pharmacist
- 1 (5%) from a carer
- 3 (9%) from a GP
- 1 (3%) from a business

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 16 August 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. For the additional comments, please see Appendix K.

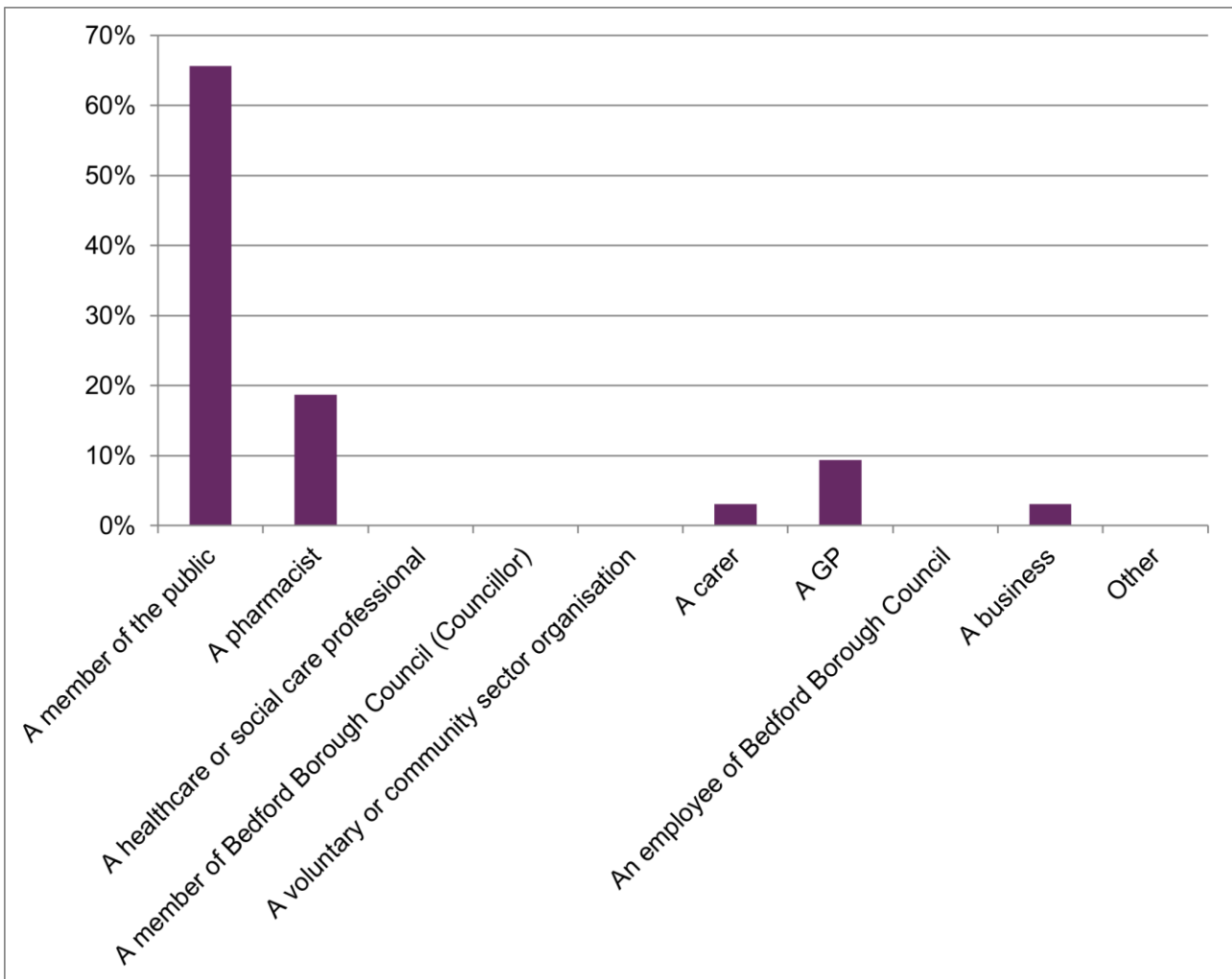
Below is a summary of responses to specific questions, asked during the consultation.⁴³

⁴² Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

⁴³ Please note that some percentage figures will add up to more or less than 100%. These figures have been rounded up to the nearest whole percent.

Consultation questions and responses:

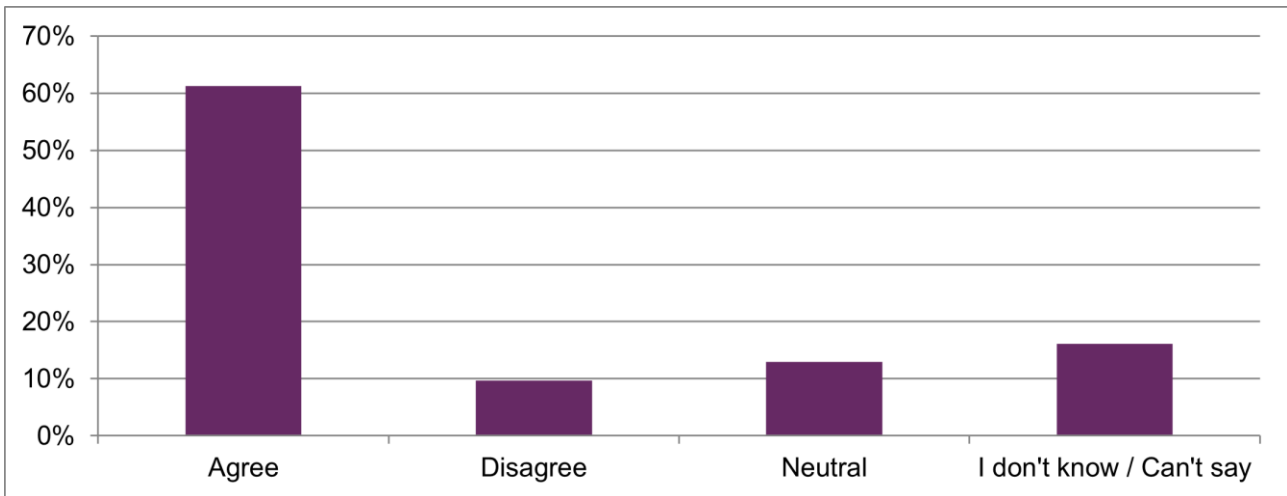
Q1 - Which of the following best describes how you are responding to the consultation? (Please select one option)



Answer choices	Percentage	Responses
A member of the public	66%	21
A pharmacist	19%	6
A healthcare or social care professional	0%	0
A member of Bedford Borough Council (Councillor)	0%	0
A voluntary or community sector organisation	0%	0
A carer	3%	1
A GP	9%	3
An employee of Bedford Borough Council	0%	0
A business	3%	1
Other	0%	0

Answered – 32; skipped – 0

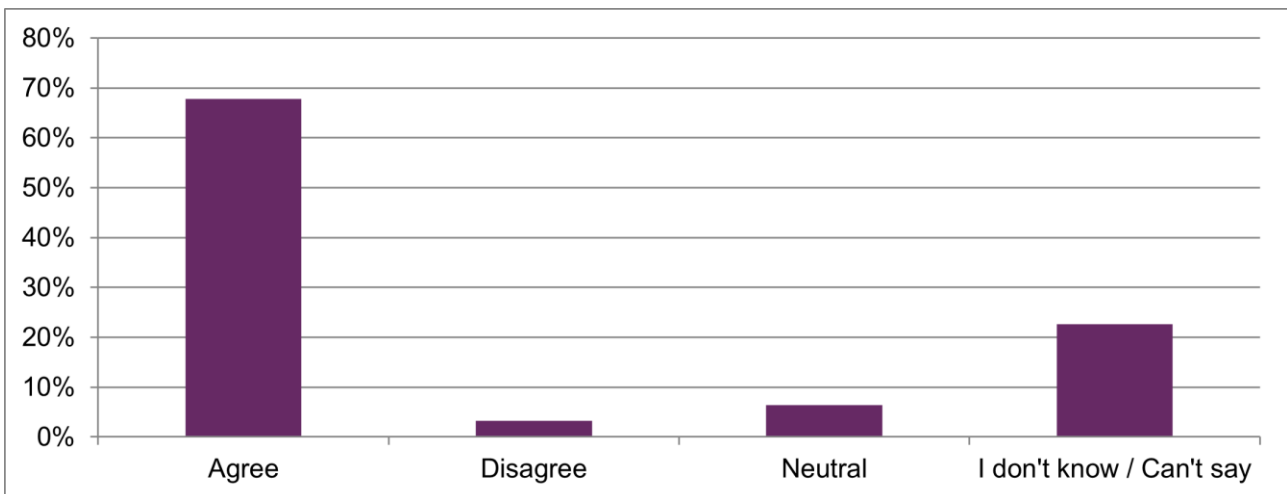
Q2- The Bedford Borough Draft PNA currently does not identify any gaps in the provision (supply) of pharmaceutical services in Bedford Borough.



Answer choices	Percentage	Responses
Agree	61%	19
Disagree	10%	3
Neutral	13%	4
I don't know / can't say	16%	5

Answered – 31; skipped – 1

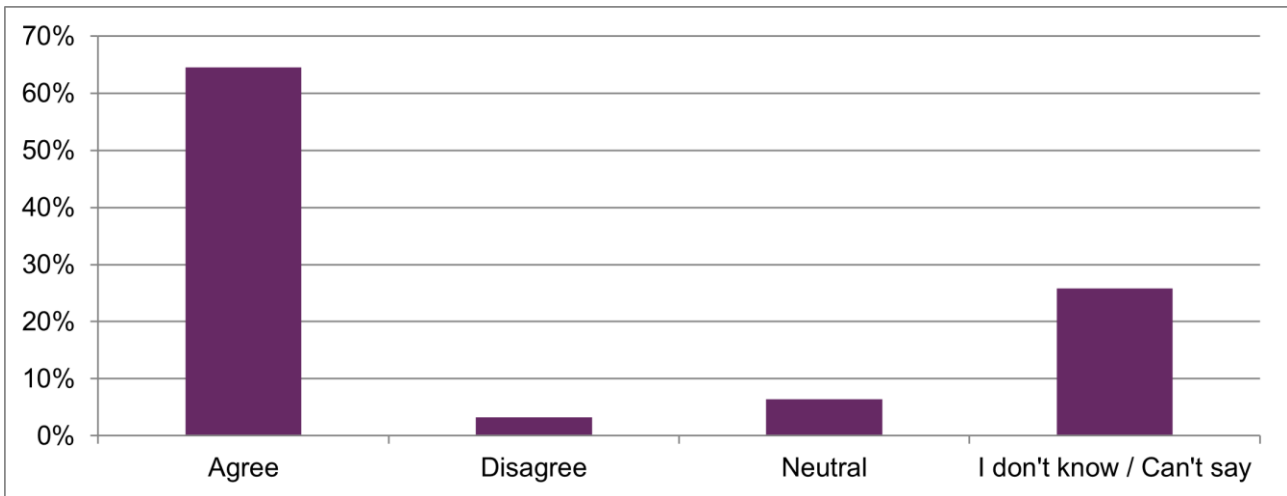
Q3- The Draft PNA reflects the current provision (supply) of pharmaceutical services within Bedford Borough



Answer choices	Percentage	Responses
Agree	68%	21
Disagree	3%	1
Neutral	6%	2
I don't know / can't say	23%	7

Answered – 31; skipped – 1

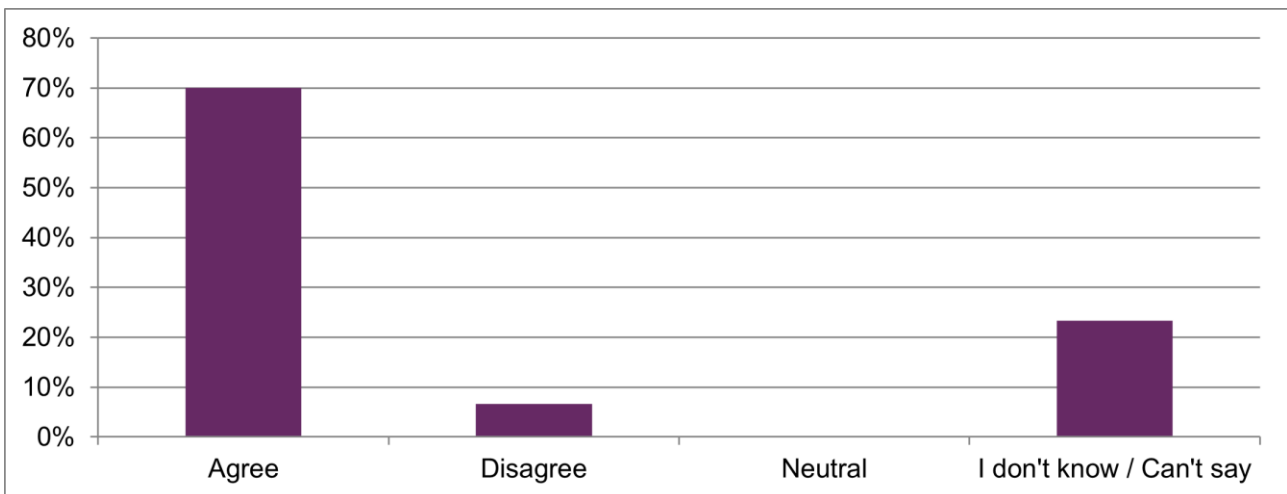
Q4- The Draft PNA reflects the current pharmaceutical needs of the Bedford Borough population/people



Answer choices	Percentage	Responses
Agree	65%	20
Disagree	3%	1
Neutral	6%	2
I don't know / can't say	26%	8

Answered – 31; skipped – 1

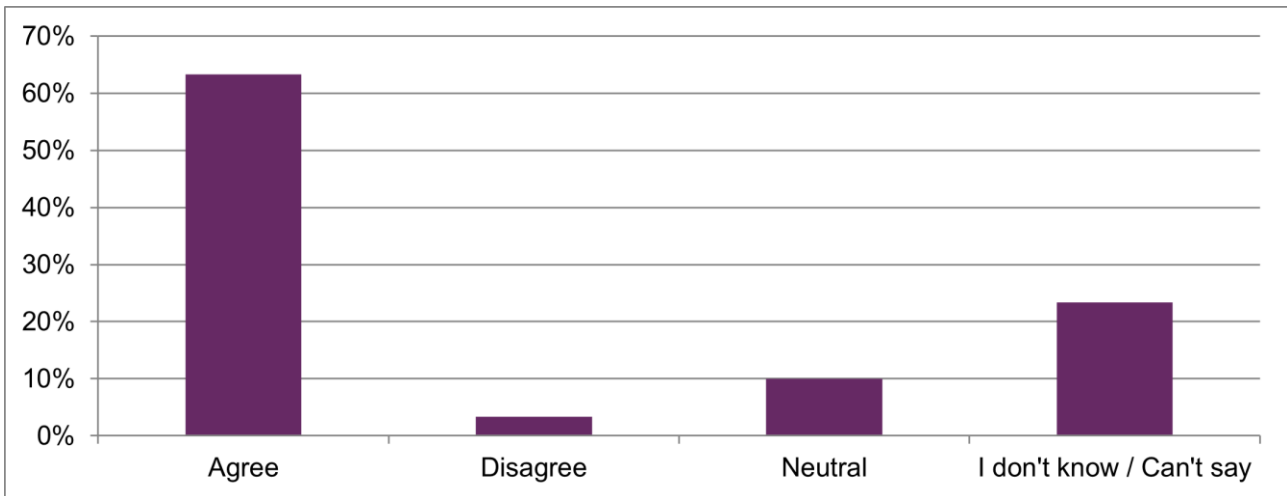
Q5- The Draft PNA reflects the future (over the next three years) pharmaceutical needs of the Bedford Borough population/people



Answer choices	Percentage	Responses
Agree	70%	21
Disagree	7%	2
Neutral	0%	0
I don't know / can't say	23%	7

Answered – 30; skipped – 2

Q6 - Based on the recommendations within the Draft PNA for Bedford Borough do you:



Answer choices	Percentage	Responses
Agree	63%	19
Disagree	3%	1
Neutral	10%	3
I don't know / can't say	23%	7

Answered – 30; skipped – 2

All free text comments are included in the full consultation report available under request.

Appendix I: Alphabetical list of pharmaceutical service providers in Bedford Borough

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced	CCG	LA			
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange
121 Pharmacy	FCC16	DSP	Unit 1, Caxton Park, Caxton Road, Elms Farm, Bedford	MK41 0TY	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Avicenna Pharmacy	FEG14	Community	88 London Road, Bedford	MK42 0NT	08:30-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-
Bedford Pharmacy	FLV26	Community	9 Greenhill Street, Bedford	MK40 1LX	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	-
Berkeley Pharmacy	FNR24	Community	30 Gostwick Road, Bedford	MK42 9XD	09:00-13:00, 14:00-17:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-
Boots	FNX34	Community	33-37 Harpur Centre, Bedford	MK40 1TN	08:30-17:30	08:30-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	Y	Y	Y
Boots	FQ564	Community	Unit D, Interchange Retail Park, Race Meadows Way, Kempston, Bedford	MK42 7AZ	09:00-19:00	09:00-17:00	11:00-17:00	-	Y	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	-
Britannia Pharmacy	FEC88	Community	The Saxon Centre, 242 Bedford Road, Kempston, Bedford	MK42 8PP	08:30-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y
Bromham Pharmacy	FN234	Community	Avoca House, Molivers Lane, Bromham	MK43 8JT	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	Y	-	-	Y	-	-	-	-	-
De Parys Group	E81037	Dispensing GP Practice	23 De Parys Avenue, Bedford. (4 Branches: Bromham Surgery, Avoca House, Molivers Lane, Bromham, MK43 8JT; Goldington, 2 Goldington Road, Bedford MK40 3NG; Church Lane, 147a Church Lane, Bedford MK41 0PW; Pembley, 32 Pembley Avenue, Bedford MK40 2LA)	MK40 2TX	08:30-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fairleys Pharmacy	FTY20	Community	103 Church Lane, Goldington, Bedford	MK41 0PW	09:00-13:00, 14:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-
Goldharts Chemist	FCG26	Community	41-43 St Peters Street, Bedford	MK40 2PN	08:30-18:30	09:00-12:30	Closed	-	-	-	-	-	Y	-	-	-	-	-	Y	Y	Y	Y	-
Great Barford Surgery	E81031	Dispensing GP Practice	26 Silver Street, Great Barford	MK44 3HX	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange
Harrold Medical Practice	E81007	Dispensing GP Practice	Peach's Close, Harrold	MK43 7DX	08:30-18:30	09:00-12:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Herbert and Herbert	FDL06	Community	88 High Street, Clapham, Bedford	MK41 6BW	09:00-18:00	09:00-13:00, 14:00-17:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	-	Y	-		
Janssen's Pharmacy	FVM05	Community	28 Amphill Road, Bedford	MK42 9HG	09:00-18:00	09:00-13:00, 14:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	
Kays Chemists	FP598	Community	108 Bromham Road, Bedford	MK40 2QH	09:00-17:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	
Kidmans Surgica Chemist	FJ835	Community	141-143 Castle Road, Bedford	MK40 3RS	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	
King Street Surgery	E81038	Dispensing GP Practice	273 Bedford Road, Kempston. (1 Branch: 1 Cater Street, Kempston, MK42 8DR)	MK42 8QD	08:30-18:15 (Wed 08:30-12:30, 14:00-18:15)	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Linden Road Surgery	E81060	Dispensing GP Practice	13 Linden Road, Bedford. (1 Branch: Bromham Surgery, Avoca House, Molivers Lane, Bromham, MK43 8JT)	MK40 2DQ	Linden Road 08:00-18:30 (Tue 08:00-19:30) Bromham 08:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Lindleys Pharmacy	FH585	Community	15 Ford End Road, Bedford	MK40 4JE	09:00-21:00	09:00-21:00	09:00-13:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	
Lloyds Pharmacy	FRP52	Community	Fairfield Park, 90 Clapham Road, Bedford	MK41 7PJ	07:00-23:00	07:00-22:00	10:00-16:00	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Lloyds Pharmacy	FG608	Community	107 Brickhill Drive, Bedford	MK41 7QF	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	Y	-	-	-
Lloyds Pharmacy	FTN38	Community	Sainsbury's Store, 252-274 Bedford Road, Kempston	MK42 8AY	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-
Lloyds Pharmacy	FW482	Community	98 Bedford Road, Kempston	MK42 8BG	09:00-18:00	Closed	Closed	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FMP44	Community	245 Bedford Road, Kempston, Bedford	MK42 8BP	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Meiklejohn Pharmacy	FKK94	Community	141 Harrowden Road, Bedford	MK42 0RU	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	-
OM Pharmacy	FE991	Community	1 The Broadway, Bedford	MK40 2TJ	09:00-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	Y	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	End of life care medicines	Stop smoking	Sexual health	Supervised consumption	Needle exchange
Priory Medical Practice	E81049	Dispensing GP Practice	48 The Glebe, Clapham, Bedford	MK41 6GA	08:00-13:00, 14:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sharnbrook Surgery	E81024	Dispensing GP Practice	Templars Way, Sharnbrook, Bedford	MK44 1PZ	10:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Shortstown Pharmacy	FK604	Community	Unit 2(B) Block F, 15 Beauvais Square, New Cardington, Shortstown, Bedford	MK42 0GE	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	-
Smarta Healthcare	FXJ96	DSP	5 Stephenson Court, Priory Business Park, Bedford	MK44 3WJ	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-
Superdrug Pharmacy	FQK65	Community	11,13 & 15 All Hallows, Bedford	MK40 1LN	08:30-14:00, 14:30-17:30	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	Y	Y
Tesco Pharmacy	FF441	Community	Riverfield Drive, Bedford	MK41 0SE	08:00-20:00	08:00-20:00	10:00-16:00	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-
Tesco Pharmacy	FML15	Community	Cardington Road, Bedford	MK42 0BG	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	Y	-
The Village Pharmacy	FXE23	Community	Meiklejohn Centre Unit 3, Kingswood Way, Great Denham, Bedford	MK40 4GH	09:00-17:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	-	Y	Y	Y	-
Well Pharmacy	FGL66	Community	86 Queens Drive, Putnoe, Bedford	MK41 9BS	08:30-18:00	09:00-13:00	Closed	-	Y	Y	-	-	-	-	Y	Y	-	-	Y	Y	-	Y	-
Wellbeing Pharmacy	FVV87	Community	61 High Street, Sharnbrook, Bedford	MK44 1PB	09:00-18:00	Closed	Closed	-	Y	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	-
Wilstead Pharmacy	FWD83	Community	1 Cross Roads, Church Road, Wilstead, Bedford	MK45 3HJ	09:00-18:00	Closed	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-
Wootton Pharmacy	FM534	Community	Unit 2, Folkes Road, Wootton, Bedford	MK43 9TE	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	Y	-

Appendix J: Bedford Borough demographics and health needs

1 Demographics

1.1 Overview

The latest 2020 estimate for Bedford Borough population is 174,700. Bedford North is the most populated locality, with around 75,600 residents, and Bedford South the least populated, with 57,200 residents: see Table J1.

Between 2022 and 2032, the overall population is projected to grow by 10,500 (5.9%), with the largest growth expected in those aged 80 years and over. Compared with England, the overall population growth is lower (4%) for England.¹

Table J1: Locality population estimates, 2020

Area	All ages
Bedford North	75,578
Bedford Rural	51,870
Bedford South	47,239

Source: ONS 2020 mid-year estimates, 2021

1.2 Age structure

Table J2 shows the population by age band and locality against England. The proportion under 18 was between 22 and 25%, slightly more than the England proportion of 21%. Those that were 18–64 years old were over half of the population, 55–61%, which is comparable to England's proportion (60%). Those aged 65 years and over were 14–21% of the population, also similar to England (19%).

Table J2: Population by broad age band by locality, 2020

Area	<18	<18 (%)	18–64	18–64 (%)	65+	65+ (%)	All ages
Bedford North	16,974	22%	44,580	59%	14,024	19%	75,578
Bedford Rural	12,494	24%	28,689	55%	10,687	21%	51,870
Bedford South	11,705	25%	28,823	61%	6,711	14%	47,239
England	12,093,288	21%	33,992,831	60%	10,464,019	19%	56,550,138

Source: ONS 2020 mid-year estimates, 2021

1.3 Ethnicity

Table J3 shows the ethnic composition by locality of Bedford Borough. Bedford North and Bedford South were very different to Bedford Rural – the White group was 72–78% for Bedford North and South, whereas Bedford Rural was 93% compared with 85% for England. These figures were collected as part of the 2011 census.

¹ ONS 2018-based subnational population projections, 2020

Table J3: Population by broad ethnic group by locality, 2011

Area	Asian/Asian British	Black/African/Caribbean/Black British	Mixed/multiple ethnic group	Other ethnic group	White
Bedford North	13.1%	4.6%	3.6%	1.0%	77.8%
Bedford Rural	2.7%	1.5%	2.1%	0.4%	93.3%
Bedford South	17.4%	5.4%	4.5%	0.9%	71.8%
England	7.8%	3.5%	2.3%	1.1%	85.3%

Source: ONS Census, 2011

1.4 Religion

Table J4 shows self-reported religion by locality. Across the three localities, over half of respondents answered Christian, with 55–65% (England: 59%), ‘no religion’ was roughly a quarter, with 23–25% (England: 25%) and all other religions were 3–15% (England: 9%). These figures were collected as part of the 2011 census.

Table J4: Self-reported religion by locality, 2011

Area	Christian	All other religions	No religion	Religion not stated
Bedford North	58.0%	12.5%	23.0%	6.5%
Bedford Rural	65.5%	2.9%	25.0%	6.6%
Bedford South	55.1%	14.9%	23.3%	6.7%
England	59.4%	8.7%	24.7%	7.2%

Source: ONS Census, 2011

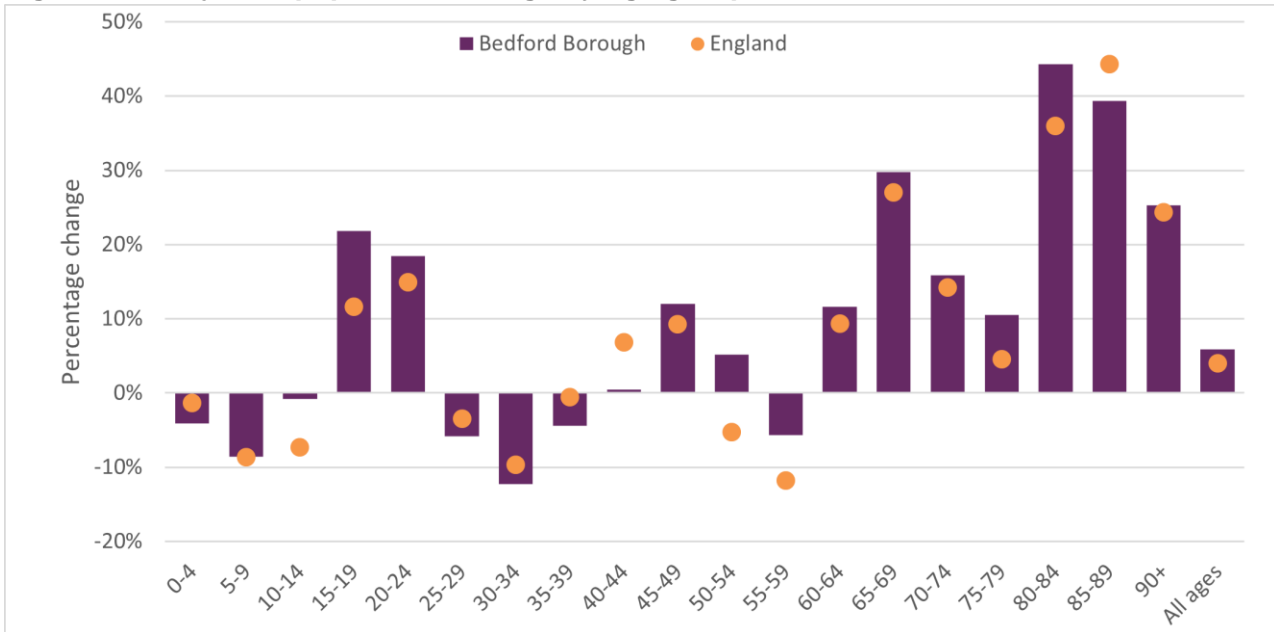
1.5 Predicted population growth

Figure J1 shows the projected percentage change in populations by age band from 2022 to 2032. The largest increase is projected among those aged 80 years and over, similar to that of England. Populations aged 0–14 and 25–44 are expected to fall and an overall population growth of 5.9% is expected.

Figure J2 looks at outward and inward movement of populations by age band. The most movement by volume is occurring among ages 15 to 39, with 15–19-year-olds accounting for the largest net outflow for a single age band (1,178 persons) and the 20–24 group has the largest net inflow (377 persons).

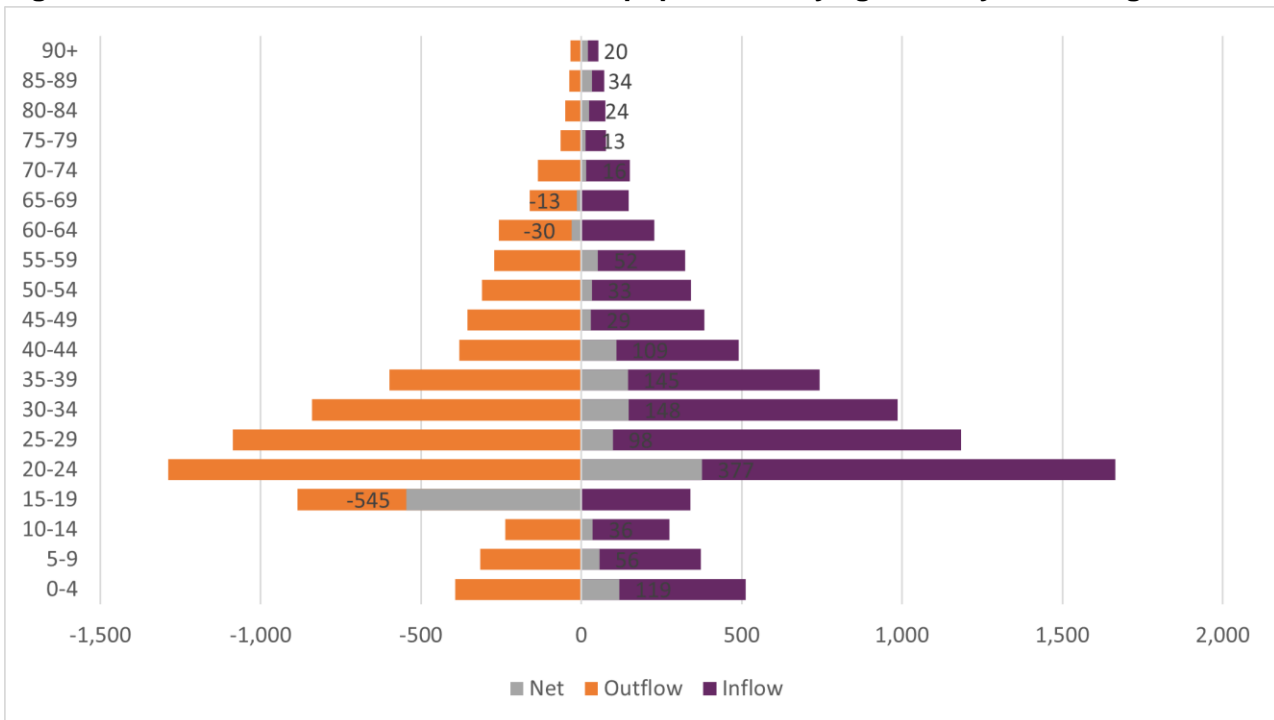
Table J5 shows that Bedford Borough will see 6,044 new households. This is an 8% increase and similar to the national projected growth (7%).

Figure J1: Projected population change by age group, 2022-32



Source: ONS 2018-based subnational population projections, 2020

Figure J2: Outward and inward movement of populations by age band, year ending June 2020



Source: ONS Internal migration, 2021

Table J5: Household projections in Bedford Borough, 2022-32

Area	2022	2032	Change (%)	New households
Bedford North	33,037	35,791	8%	2,753
Bedford Rural	20,236	21,923	8%	1,687
Bedford South	19,244	20,848	8%	1,604
Bedford Borough	72,518	78,562	8%	6,044
England	23,868,499	25,451,358	7%	1,582,859

Source: ONS 2018-based household projections, 2020

1.6 GP-registered population

The GP-registered population is shown in Table J6. It is 194,461 for Bedford Borough and is between 53,000 to 85,000 per locality.

Table J6: Population by GP-registered patients, 2021

Area	All patients
Bedford North	84,721
Bedford Rural	56,627
Bedford South	53,113

Source: NHS Digital, January 2021: Patients Registered at a GP Practice, 2021

1.7 Vulnerable populations

1.7.1 Children and adults in care and adult safeguarding

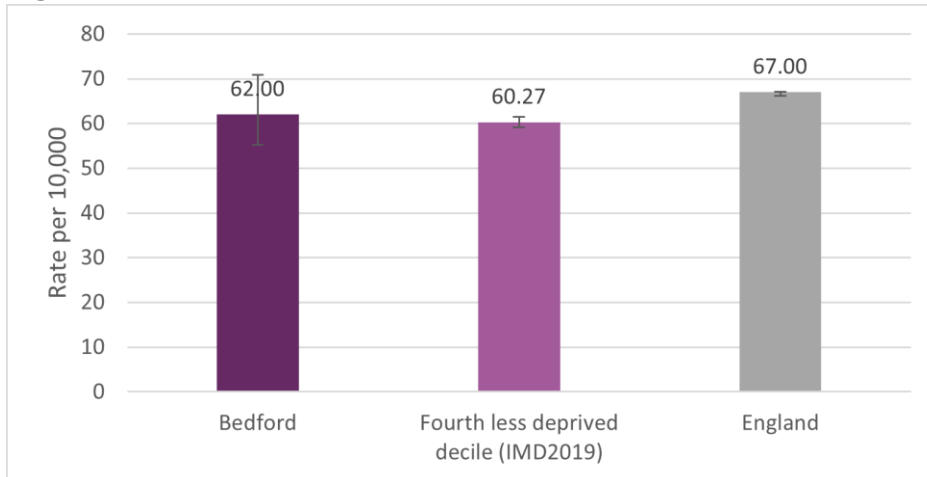
Table J7 shows looked after children by locality. The rates vary from 2.1 per 1,000 (Bedford North) to 3.9 per 1,000 (Bedford Rural).

Table J7: Looked-after children by locality, 2021

Area	Count	Rate per 1,000 under 18 years
Bedford North	36	2.1
Bedford Rural	49	3.9
Bedford South	36	3.1

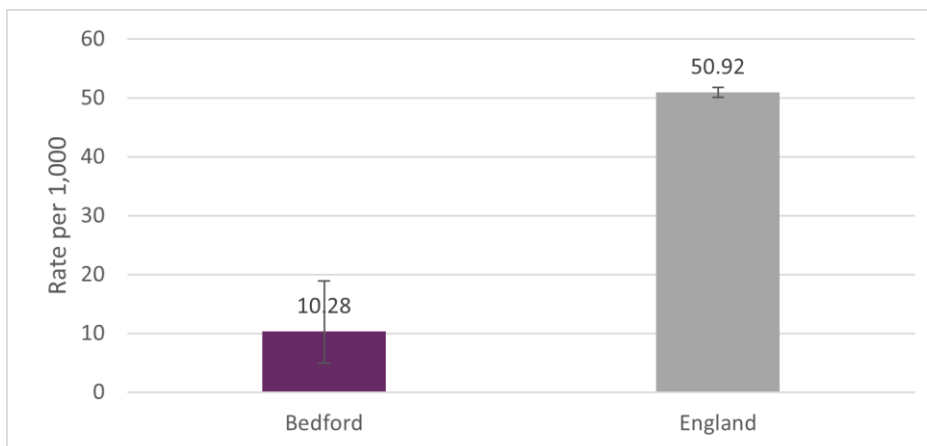
Source: BBC, 1 April 2021 snapshot of looked after children by LSOA

Figure J3 is of Bedford Borough's children in care (62 per 10,000) against their deprivation decile (60 per 10,000) and England (67 per 10,000) and it shows that Bedford is statistically similar to the other two areas. Overall, the England rates are slowly increasing (not shown).

Figure J3: Children in care, 2020

Source: Office for Health Improvement and Disparities (OHID) Fingertips, 2021

However, Figure J4 shows that Bedford Borough (10 per 1,000) was statistically lower than England (51 per 1,000) for individuals with learning disabilities involved in Section 42 safeguarding enquiries. Overall, the England rates are slowly decreasing (not shown).

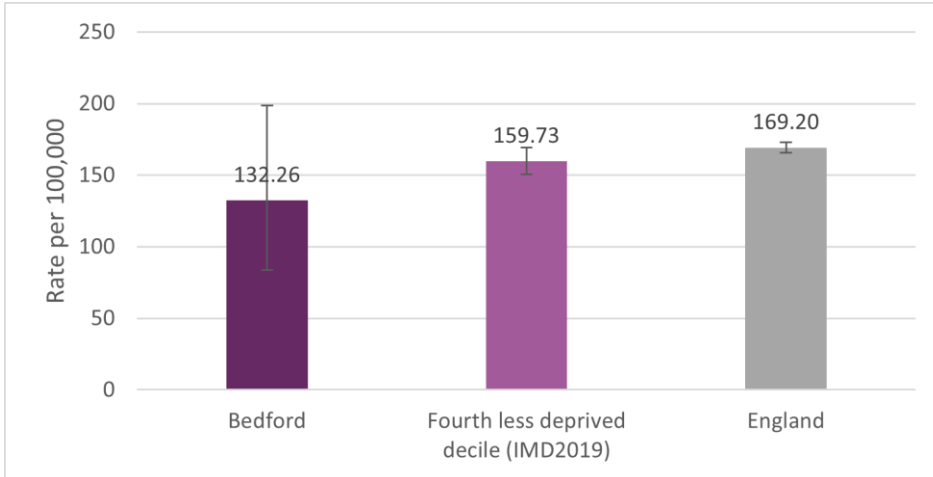
Figure J4: Individuals with learning disabilities involved in Section 42 safeguarding enquiries, 2018-19

Source: OHID Fingertips, 2021

1.7.2 Prison populations

Figure J5 shows that Bedford Borough (132 per 100,000) was lower, but statistically similar, to its deprivation decile (160 per 100,000) and England (169 per 100,000) for first-time entrants to the youth justice system. All three rates are decreasing with time, with Bedford Borough falling from 909 first-time entrants per 100,000 in 2010 (not shown).

Figure J5: First-time entrants to the youth justice system, 2020

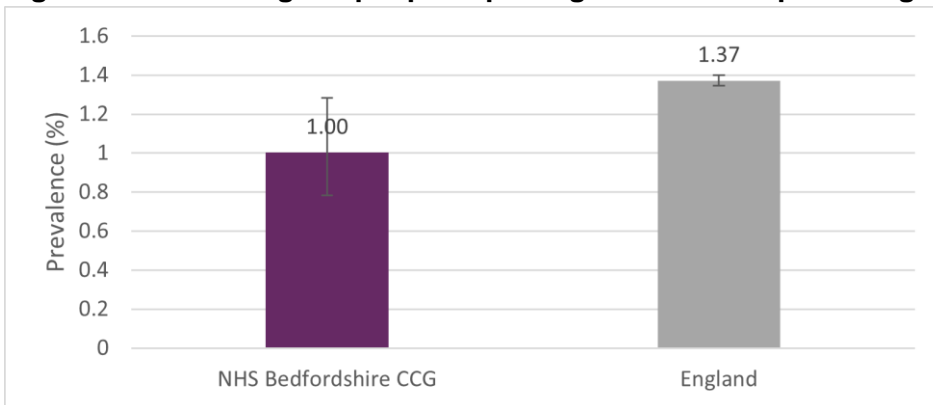


Source: OHID Fingertips, 2021

1.7.3 People with sensory, physical and learning challenges

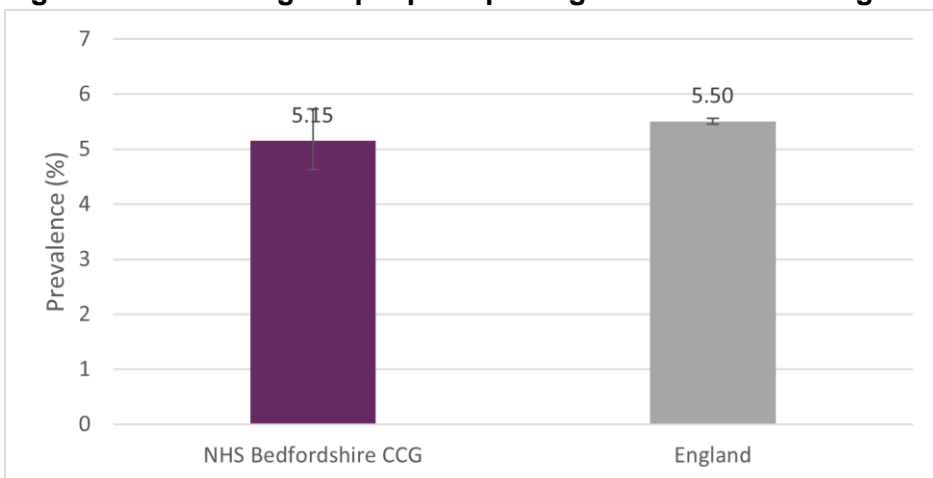
Figures J6 to J8 show the prevalence of people with sensory challenges and learning disabilities. All measures have a prevalence statistically similar to England.

Figure J6: Percentage of people reporting blindness or partial sight, 2021



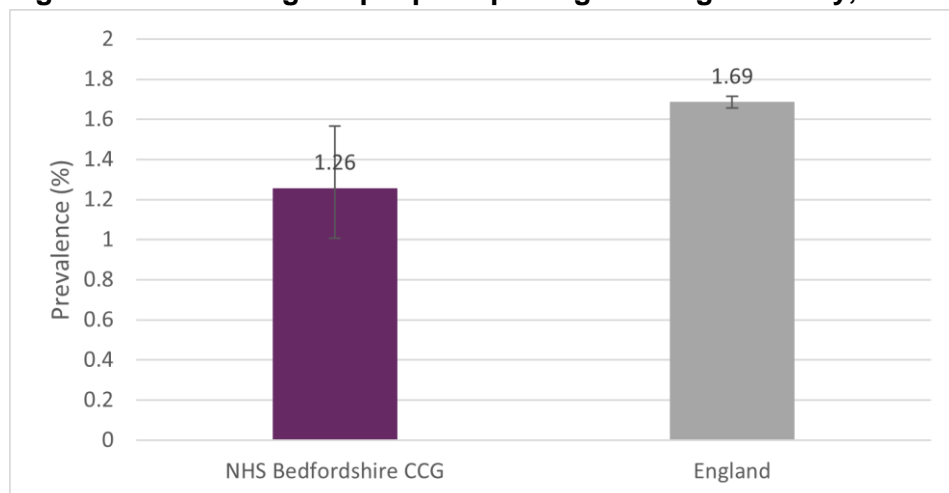
Source: OHID Fingertips, 2021

Figure J7: Percentage of people reporting deafness or hearing loss, 2021



Source: OHID Fingertips, 2021

Figure J8: Percentage of people reporting learning disability, 2021

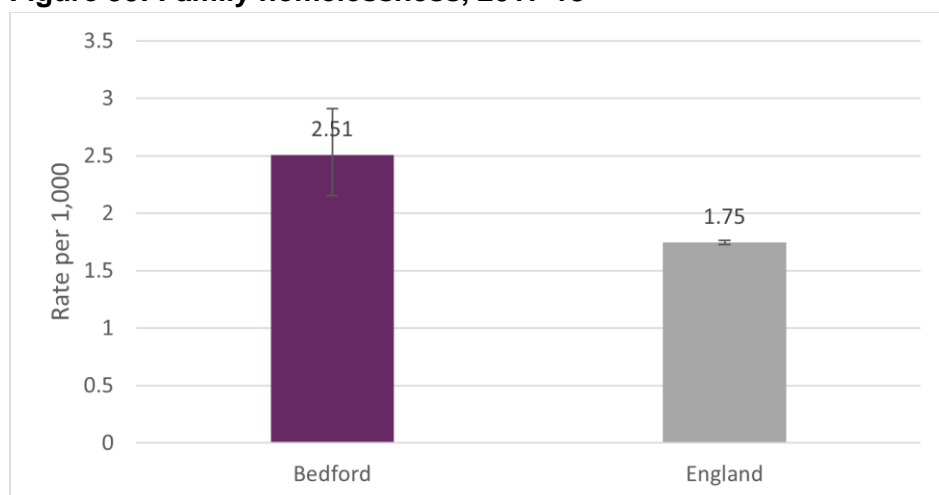


Source: OHID Fingertips, 2021

1.7.4 Homeless populations

Bedford Borough had a statistically higher rate of family homelessness (2.5 per 1,000 households) compared with England (1.7 per 1,000 households), see Figure J9.

Figure J9: Family homelessness, 2017-18



Source: OHID Fingertips, 2021

1.7.5 Gypsy and Traveller population

Table J8 shows that the Gypsy/Traveller population rates varied across Bedford Borough localities, from 0.5 (Bedford North) to 1.1 (Bedford Rural) per 1,000 population. The England rate was 1.0.

Table J8: Gypsy/Traveller/Irish Traveller population by locality, 2011

Area	Gypsy/Traveller/Irish Traveller	Rate per 1,000 population
Bedford North	36	0.5
Bedford Rural	46	1.1
Bedford South	33	0.8
England	54,895	1.0

Source: ONS Census, 2011

1.7.6 Housebound populations

Of the population aged 65 and over, 29% needed help with at least one self-care activity in Bedford Borough (England: 28%). This is shown in Table J9.

Table J9: Total population aged 65 and over who need help with at least one self-care activity, 2020

Area	Total population aged 65 and over who need help with at least one self-care activity	Total population aged 65 and over	Rate
Bedford	8,991	31,400	29%
England	2,989,663	10,505,500	28%

Source: Projecting Older People Population Information System (POPPI), 2020

1.7.7 Residential and nursing home populations

Of the total population of Bedford Borough and England who were aged 65 and over, 3% live in a care home with or without nursing, as shown in Table J10.

Table J10: Total population aged 65 and over living in a care home with or without nursing, 2020

Area	Total population aged 65 and over living in a care home with or without nursing	Total population aged 65 and over	Rate
Bedford	1,050	31,400	3%
England	328,750	10,505,500	3%

Source: POPPI, 2020

2 Wider determinants of health

2.1 Index of Multiple Deprivation (IMD) 2019

The average IMD score for Bedford Borough is 18.93 and the area is ranked 97 out of 152 local authorities across the whole of England.

Table J11 shows the IMD 2019 quintile breakdown by locality. The split of the three localities' deprivation statuses were quite different from each other. Bedford Rural was the least deprived and Bedford South was the most, but Bedford North population had extremes of most and least deprived.

Table J11: IMD 2019 quintile breakdown by locality

Area	1 (most deprived)	2	3	4	5 (least deprived)
Bedford North	25%	19%	13%	17%	27%
Bedford Rural	0%	7%	29%	36%	29%
Bedford South	33%	33%	26%	7%	0%

Source: ONS IMD, 2019

2.2 Employment

Table J12 shows the proportion of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work. Bedford South has the highest proportion, at 6.2%. This is also higher than the England rate of 4.6%.

Table J12: Unemployment claimants by locality, November 2021

Area	Claimant count	Percentage of 16–64 population
Bedford North	2,720	5.9%
Bedford Rural	785	2.6%
Bedford South	1,860	6.2%
England	1,617,805	4.6%

Source: DWP, 2021

2.3 Housing

Table J13 shows the percentage of socially rented households by locality compared with England. Bedford South had the highest (23%) and Bedford Rural the lowest (10%). England had 18%.

Table J13: Percentage of socially rented households by locality, 2011

Area	Socially rented households
Bedford North	16%
Bedford Rural	10%
Bedford South	23%
England	18%

Source: ONS Census, 2011

The proportion of overcrowded households by locality is shown in Table J14. Bedford Rural had the lowest (2%), Bedford South the highest (6%), compared with England (5%).

Table J14: Percentage of overcrowded households by locality, 2011

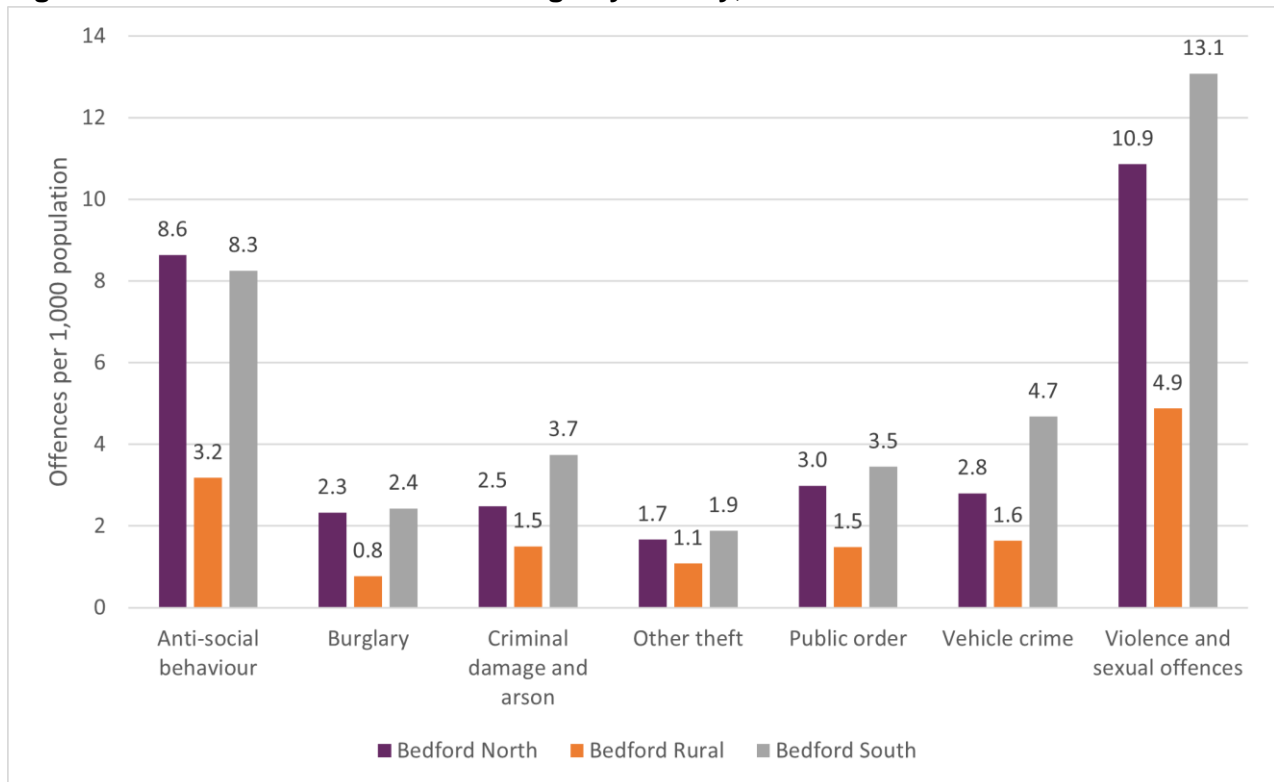
Area	Overcrowded households
Bedford North	5%
Bedford Rural	2%
Bedford South	6%
England	5%

Source: ONS Census, 2011

2.4 Crime

Figure J10 shows offences by locality. Generally, Bedford South had the most offences, while Bedford Rural the least. Violence and sexual offences and antisocial behaviour were the most common offences.

Figure J10: Offences in Bedford Borough by locality, Nov 2020-Oct 2021

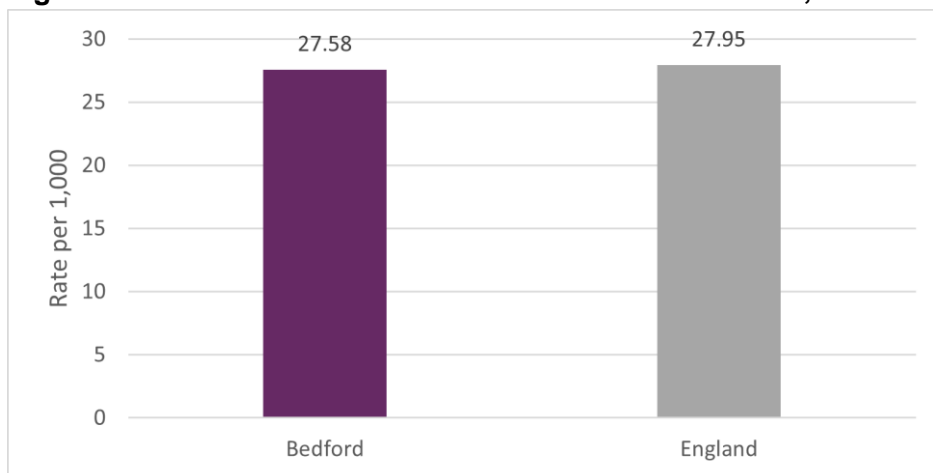


Source: Bedfordshire Police, street-level crime data, 2021

2.5 Domestic violence

Bedford Borough’s and England’s domestic abuse-related incidents and crimes are shown in Figure J11. The two rates were similar and both rates are increasing with time (not shown).

Figure J11: Domestic abuse-related incidents and crimes, 2019-20*



Source: OHID Fingertips, 2021

*LAs are allocated the rate of the police force area within which they sit.

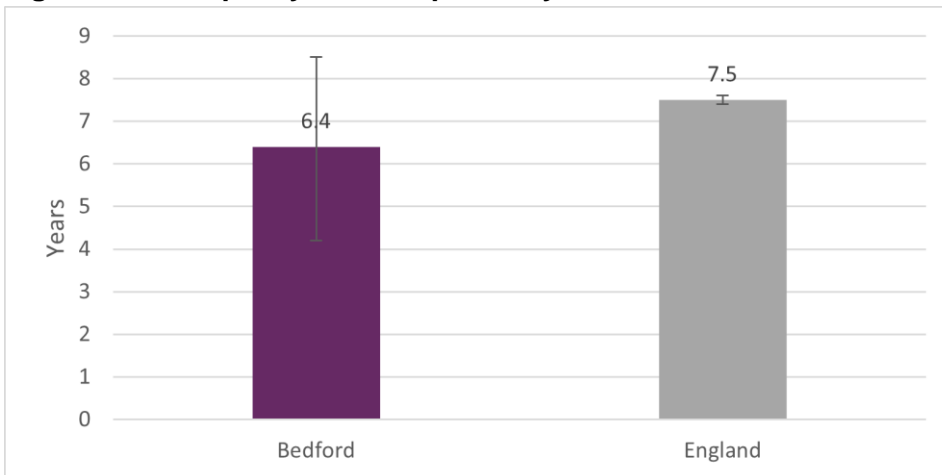
3 High level health and wellbeing indicators

3.1 Life expectancy

Figures J12 and J13 show the inequality in life expectancy in females and males in Bedford Borough and England respectively. Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. These graphs represent the range in years of life expectancy across the social gradient from most to least deprived across all deprivation deciles.

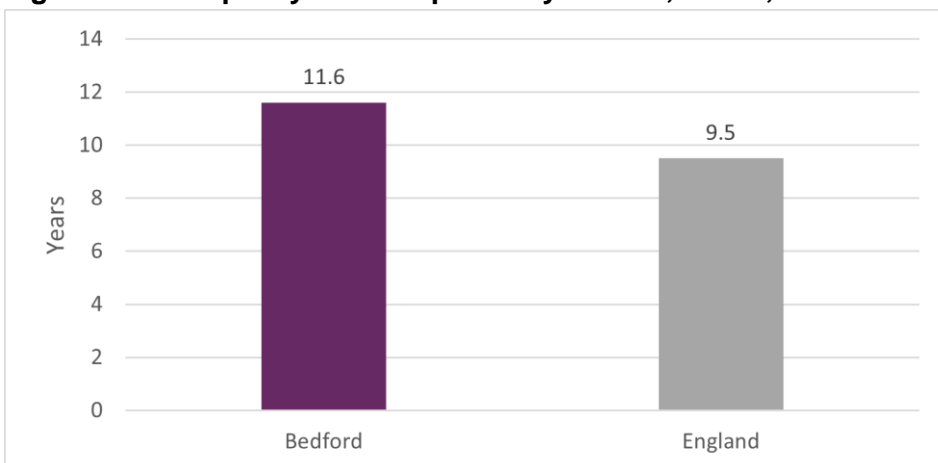
Figure J12 shows that Bedford Borough’s years of inequality in life expectancy at birth for females (over 6 years) was statistically similar to England (over 7 years). England’s years of inequality has been slowly increasing with time (not shown). Likewise for males, Figure J13 shows Bedford Borough’s years of inequality in life expectancy at birth (nearly 12 years) was statistically similar compared to England (nearly 10 years). England’s years of inequality has been steady with time (not shown).

Figure J12: Inequality in life expectancy at birth, females, 2016-18



Source: OHID Fingertips, 2021

Figure J13: Inequality in life expectancy at birth, males, 2016-18

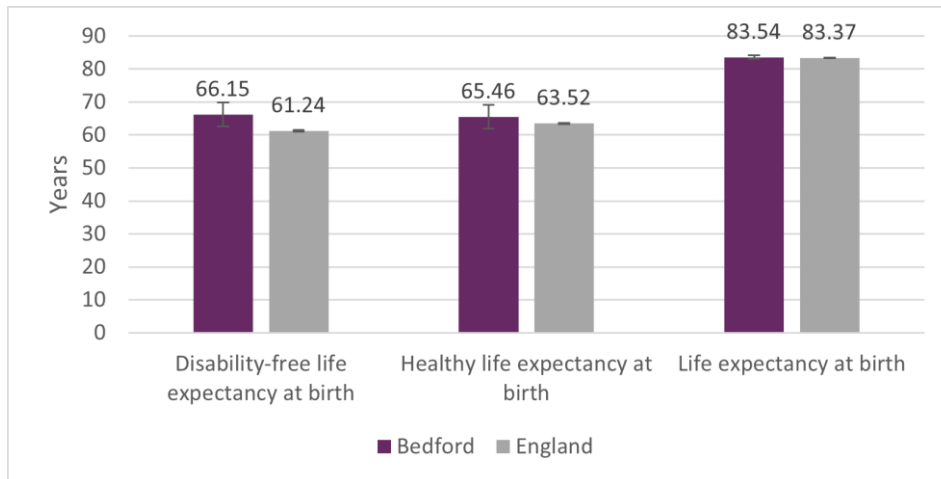


Source: OHID Fingertips, 2021

3.2 Healthy life expectancy and disability-free life years

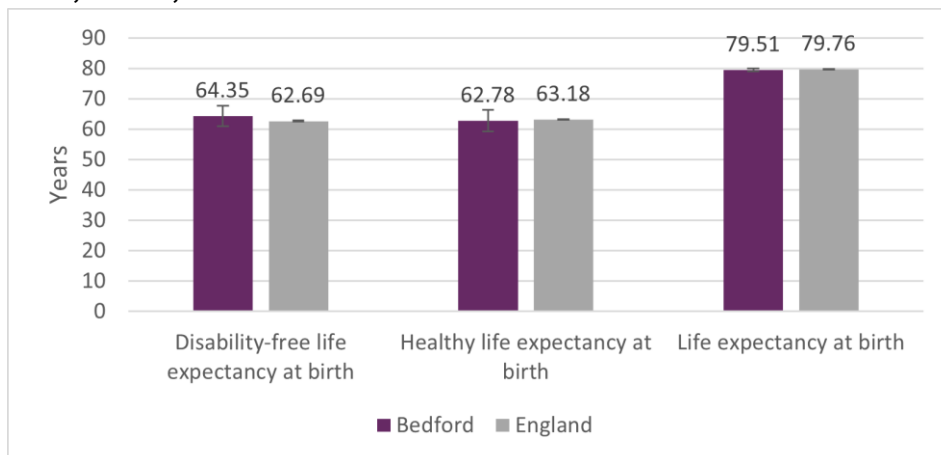
Life expectancy, healthy life expectancy and disability-free life expectancy at birth for females and males across Bedford Borough and England are shown in Figures J14 and J15, respectively. For females, disability-free life expectancy at birth in Bedford Borough was statistically better than in England. However, for healthy life expectancy and life expectancy at birth the two values were similar. For males, all three indicators were statistically similar to England.

Figure J14: Life expectancy, healthy life expectancy and disability-free life expectancy at birth, females, 2017-19



Source: OHID Fingertips, 2021

Figure J15: Life expectancy, healthy life expectancy and disability-free life expectancy at birth, males, 2017-19



Source: OHID Fingertips, 2021

3.3 Wellbeing indicators

Table J15 shows the mean score for wellbeing indicators as measured by the Annual Population Survey (APS). Figures appear similar to the England means for life satisfaction and happiness. Bedford Borough shows a noticeably lower average for ‘worthwhile’ but also for ‘anxiety’.

Table J15: Mean wellbeing scores by metric, 2021

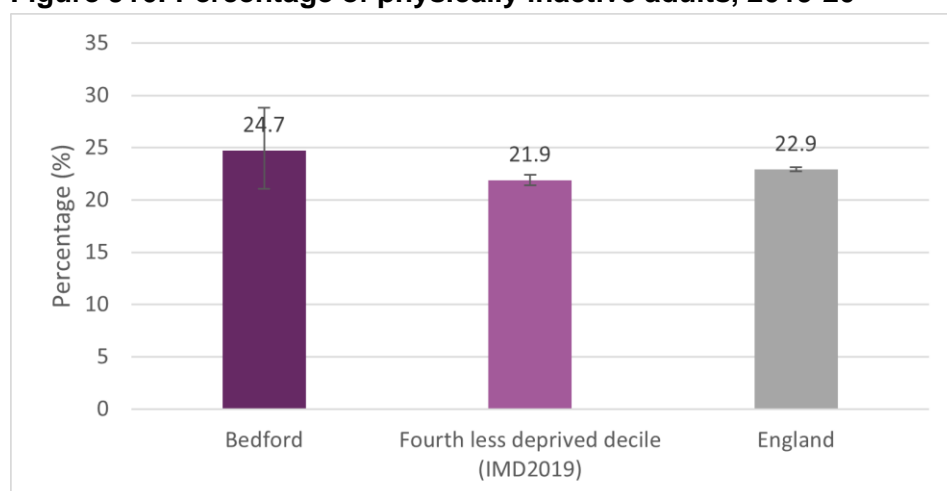
Area	Life satisfaction	Worthwhile	Happy	Anxiety
Bedford	7.48	7.46	7.35	2.85
England	7.38	7.71	7.31	3.31

Source: Annual Population Survey, 2021

4 Lifestyle

4.1 Physical activity and diet

The physically inactive adults indicator is shown in Figure J16, with Bedford Borough (25%) being statistically similar to the deprivation decile peers (22%) and England (23%). England's rate of physically inactive adults has been steady with time (not shown).

Figure J16: Percentage of physically inactive adults, 2019-20

Source: OHID Fingertips, 2021

4.2 Obesity

Tables J16 and J17 show the excess weight (overweight and obese) children by locality. Excess weight in Reception (4–5-year-olds) was approaching a quarter (23–25%) and Year 6 (10–11-year-olds) was over a third (33–37%). Bedford South had the highest of these two measures.

Table J16: Excess weight (overweight and obese) children in Reception, 2019-20

Area	Total measured	Excess weight	Excess weight %
Bedford North	330	77	23.3%
Bedford Rural	259	58	22.4%
Bedford South	348	87	25.0%

Source: National Child Measurement Programme, LSOA level data, 2021

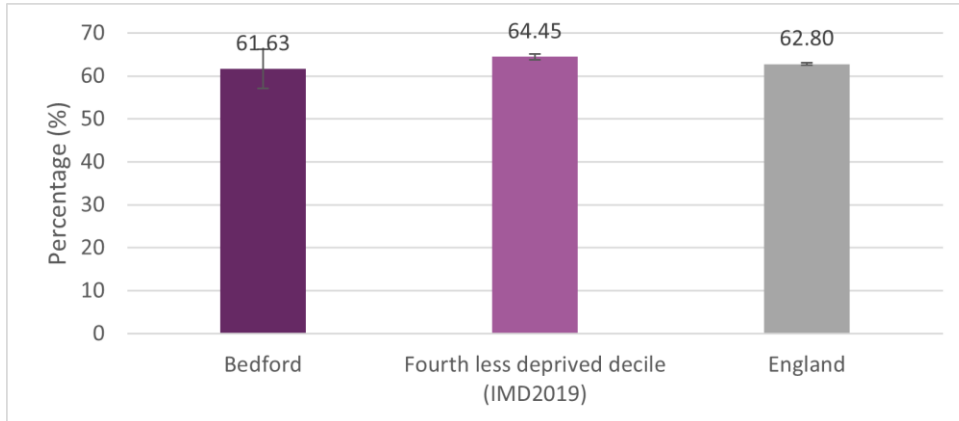
Table J17: Excess weight (overweight and obese) children in Year 6, 2019-20

Area	Total measured	Excess weight	Excess weight %
Bedford North	852	304	35.7%
Bedford Rural	497	164	33.0%
Bedford South	623	233	37.4%

Source: National Child Measurement Programme, LSOA level data, 2021

The percentage of adults classified as overweight or obese for Bedford Borough, deprivation decile peers and England is shown in Figure J17. Bedford Borough (62%) was statistically similar to the deprivation decile peers (64%) and England (63%). England’s rate of adult excess weight has been steady with time (not shown).

Figure J17: Percentage of adults (aged 18+) classified as overweight or obese, 2019-20

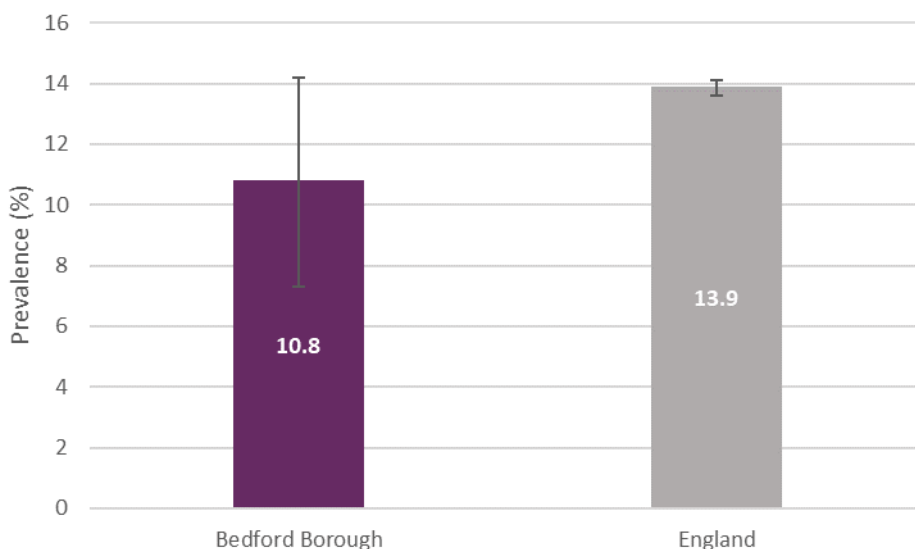


Source: OHID Fingertips, 2021

4.3 Smoking

Figure J18 shows the proportion of the adult population that are smokers. The prevalence of smoking in those aged 18 years and over (APS) in Bedford Borough is 10.8 (LCL 7.3, UCL 14.2), which is statistically similar to England (13.9). Recent trends show a slow decline from 2011 to 2019.

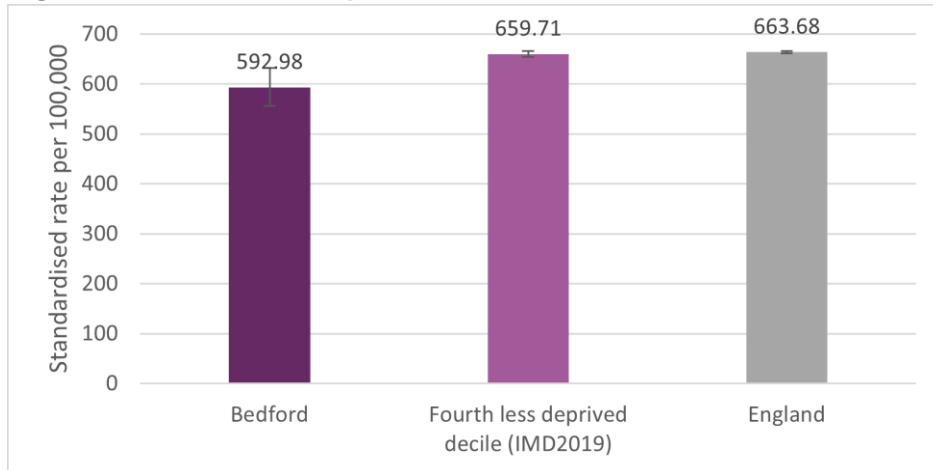
Figure J18: Smoking prevalence in adults aged 15+, 2020-21



Source: OHID Fingertips, 2021

4.4 Drug and alcohol misuse

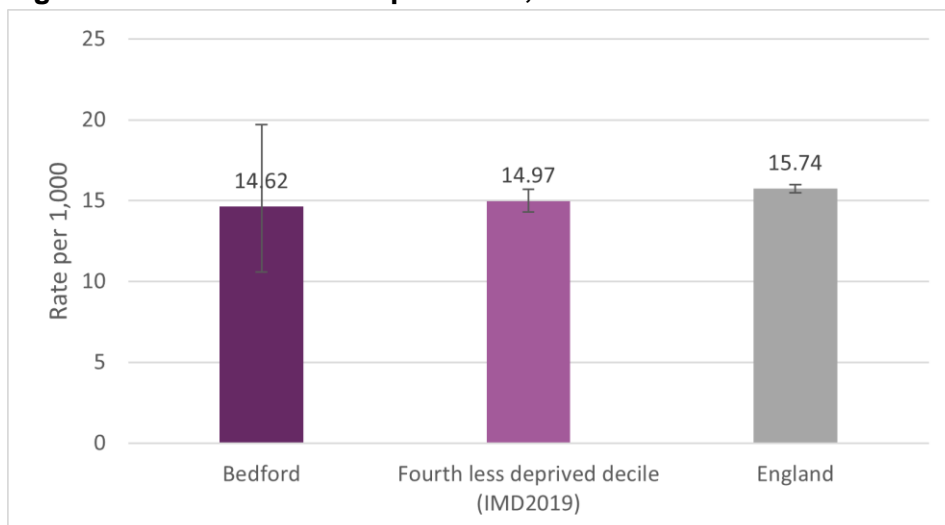
Figure J19 shows the admission episodes for alcohol-related conditions for Bedford Borough, deprivation decile peers and England. The rate for Bedford Borough (593 per 100,000) was statistically lower compared with England (664 per 100,000).

Figure J19: Admission episodes for alcohol-related conditions, 2018-19

Source: OHID Fingertips, 2021

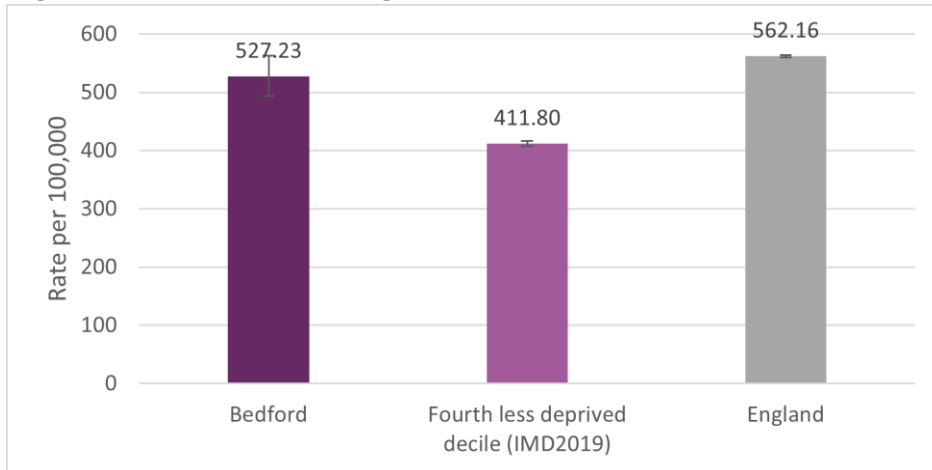
4.5 Sexual health and teenage pregnancy

The under-18 conception rates for Bedford Borough, deprivation decile peers and England are shown in Figure J20. The rate for Bedford Borough (14.62 per 1,000) was lower, but statistically similar, to the deprivation decile peers (14.97 per 1,000) and England (15.74 per 1,000). The rate is decreasing with time (not shown).

Figure J20: Under-18 conception rate, 2019

Source: OHID Fingertips, 2021

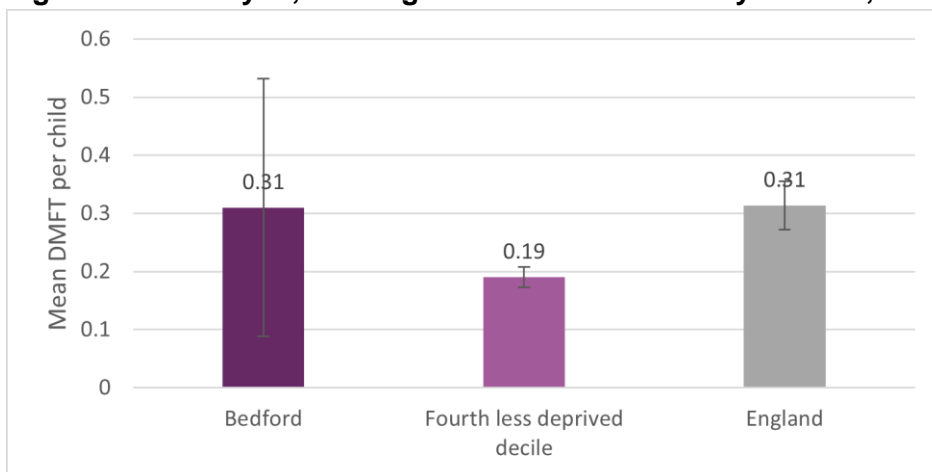
Figure J21 shows the rates for all new Sexually Transmitted Infection (STI) diagnoses for Bedford Borough, deprivation decile peers and England. Bedford Borough (530 per 100,000) was statistically lower compared with the deprivation decile peers (410 per 100,000).

Figure J21: All new STI diagnosis rate, 2020

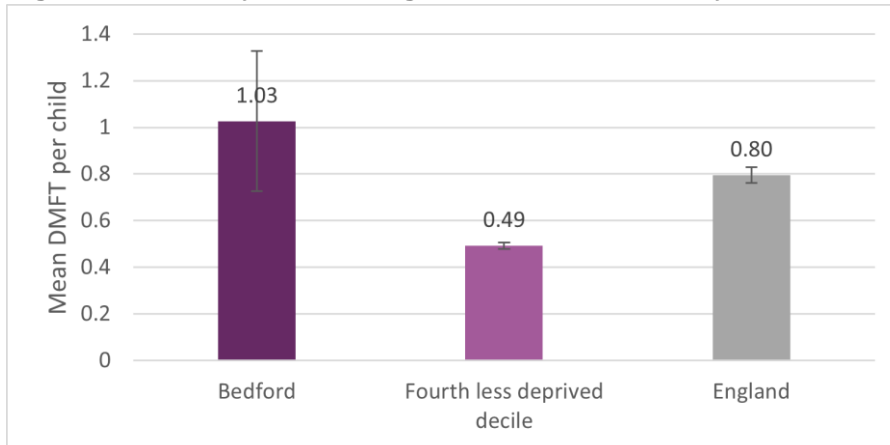
Source: OHID Fingertips, 2021

4.6 Oral health

The graphs showing the mean number of Decayed, Missing or Filled teeth (DMFT) in three-year-olds and five-year-olds are shown in Figures J22 and J23 respectively. Although Bedford Borough (0.31) was statistically similar for three-year-olds compared with the deprivation decile peers (0.19), for five-year-olds, Bedford Borough (1.03) was statistically lower than the deprivation decile peers (0.49).

Figure J22: Decayed, missing or filled teeth in three-year-olds, 2019-20

Source: OHID Fingertips, 2021

Figure J23: Decayed, missing or filled teeth in five-year-olds, 2018-19

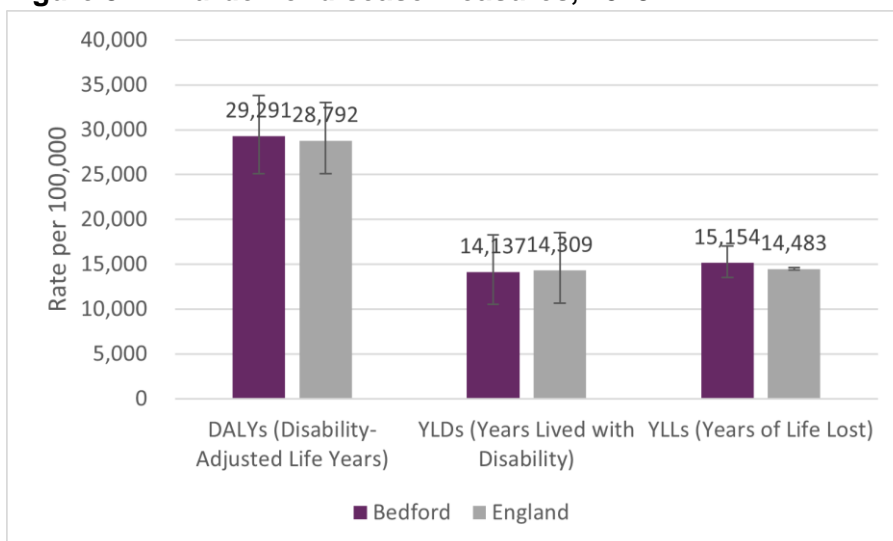
Source: OHID Fingertips, 2021

5 Burden of disease

5.1 Preventable and avoidable burden of disease

Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. The overall burden of disease is assessed using the disability-adjusted life year (DALY), a time-based measure that combines Years of Life Lost due to premature mortality (YLLs) and years of life lost due to time lived in states of less than full health, or Years Lived with Disability (YLDs). One DALY represents the loss of the equivalent of one year of full health. Using DALYs, the burden of diseases that cause premature death but little disability (such as drowning or measles) can be compared with that of diseases that do not cause death but do cause disability (such as cataracts causing blindness).²

For DALYs, YLDs and YLLs, Bedford Borough was statistically similar to England: see Figure J24.

Figure J24: Burden of disease measures, 2019

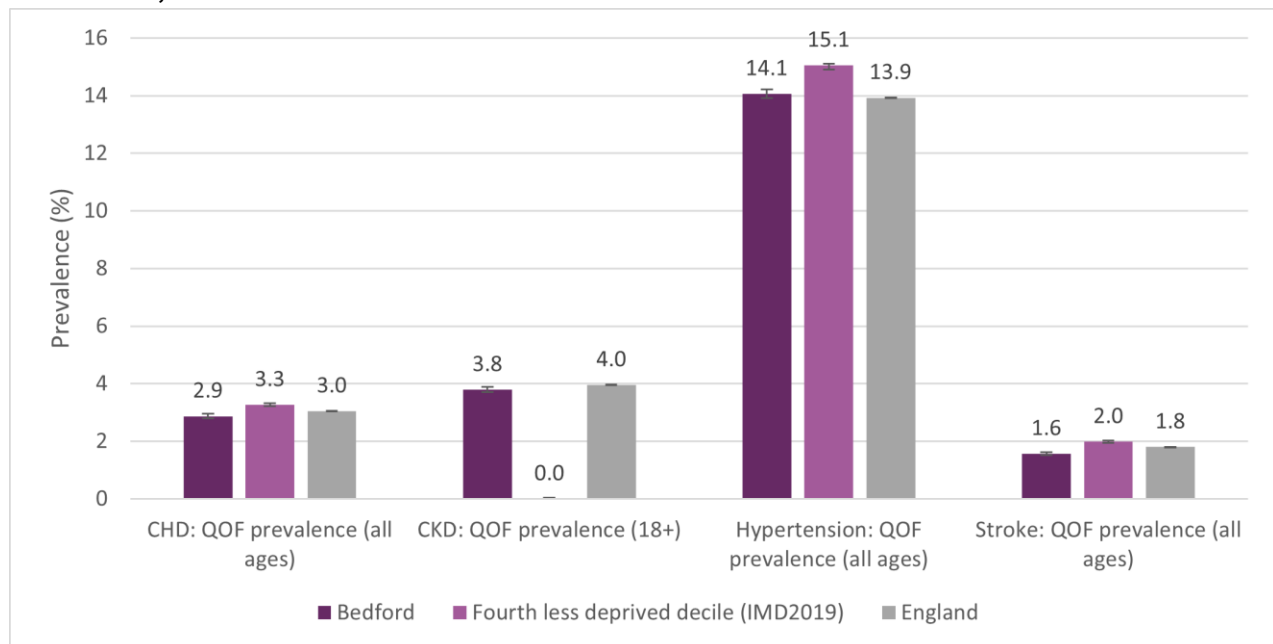
Source: Institute for Health Metrics and Evaluation, GDB Results Tool, 2021

² World Health Organization, The Global Health Observatory. Disability-adjusted life years (DALYs). [Accessed 17 January 2022.] www.who.int/data/gho/indicator-metadata-registry/imr-details/158

5.2 Cardiovascular diseases – Coronary Heart Disease (CHD), stroke, hypertension, Chronic Kidney Disease (CKD)

Bedford Borough is statistically lower for CHD, hypertension and stroke than the deprivation decile (CKD does not have a deprivation decile value), see Figure J25. This could mean that there is a truly lower prevalence or that more of the population is undiagnosed with the condition.

Figure J25: Quality and Outcomes Framework (QOF) prevalence of CHD, CKD, hypertension and stroke, 2020-21

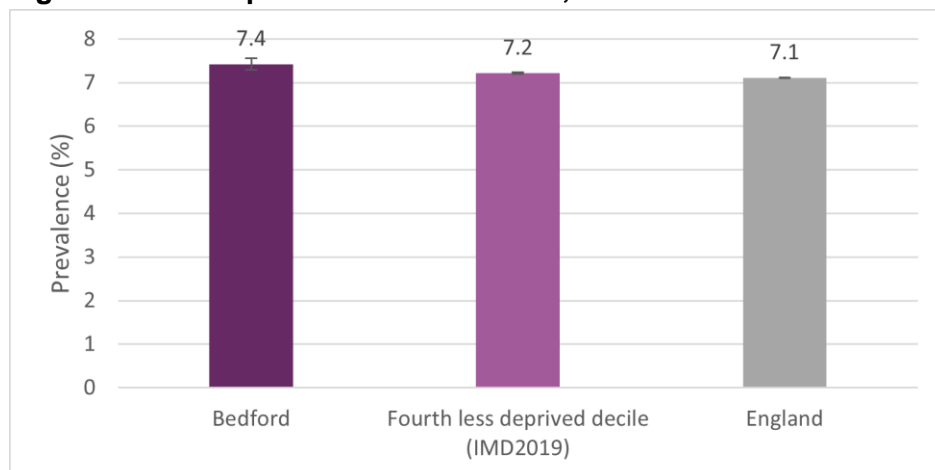


Source: OHID Fingertips, 2021

5.3 Diabetes and hyperglycaemia

Figure J26 shows that the prevalence of adult diabetes in Bedford Borough is above 7% and rising (not shown). Bedford Borough (7.4%) is statistically higher than the deprivation decile peers (7.2%) and England (7.1%). This could mean that there is a truly higher prevalence or that a greater proportion of those with the condition are diagnosed.

Figure J26: QOF prevalence of diabetes, 2020-21

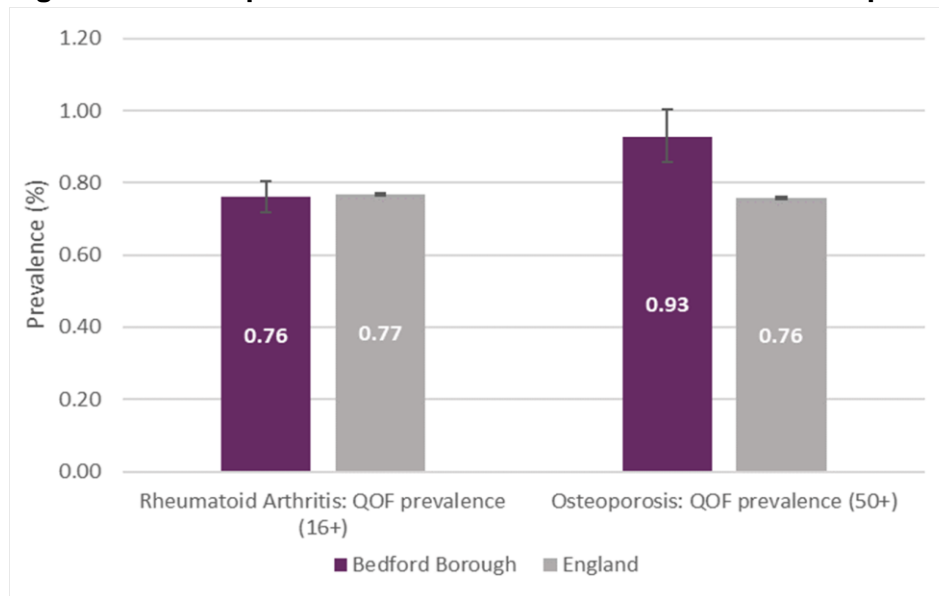


Source: OHID Fingertips, 2021

5.4 Musculoskeletal

Prevalence of rheumatoid arthritis and osteoporosis are shown in Figure J27. Rheumatoid arthritis in those aged 16 or more in Bedford Borough (0.76%) is statistically similar to England's rate (0.77%). However, for osteoporosis, Bedford Borough's rate (0.93%) is statistically higher than that of England (0.76%) – the rates are increasing with time (not shown). The changes in QOF during the COVID-19 pandemic mean that the osteoporosis data may be inaccurate for the 2020-21 reporting year.

Figure J27: QOF prevalence of rheumatoid arthritis and osteoporosis, 2020-21

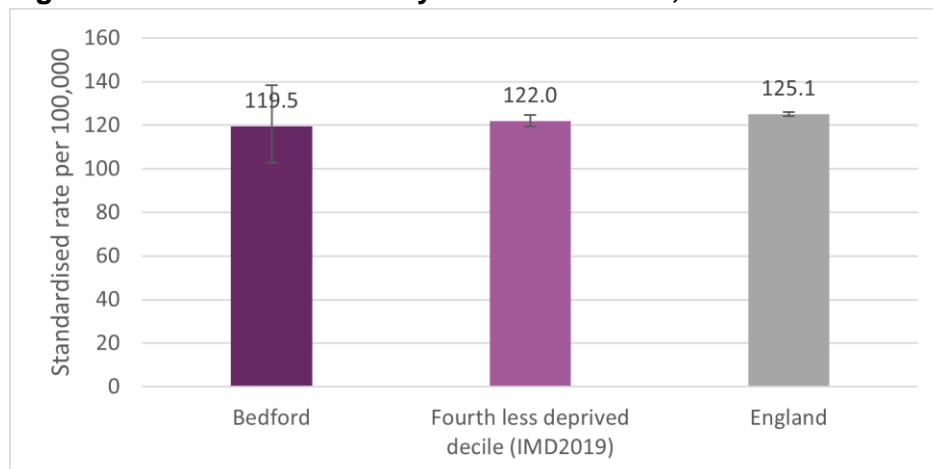


Source: OHID Fingertips, 2021

5.5 Cancers

The Bedford Borough figure (120 per 100,000) for under-75 mortality rates from cancer was statistically similar to the deprivation decile peers (122 per 100,000), see Figure J28. All three rates are decreasing with time (not shown).

Figure J28: Under-75 mortality rate from cancer, 2020

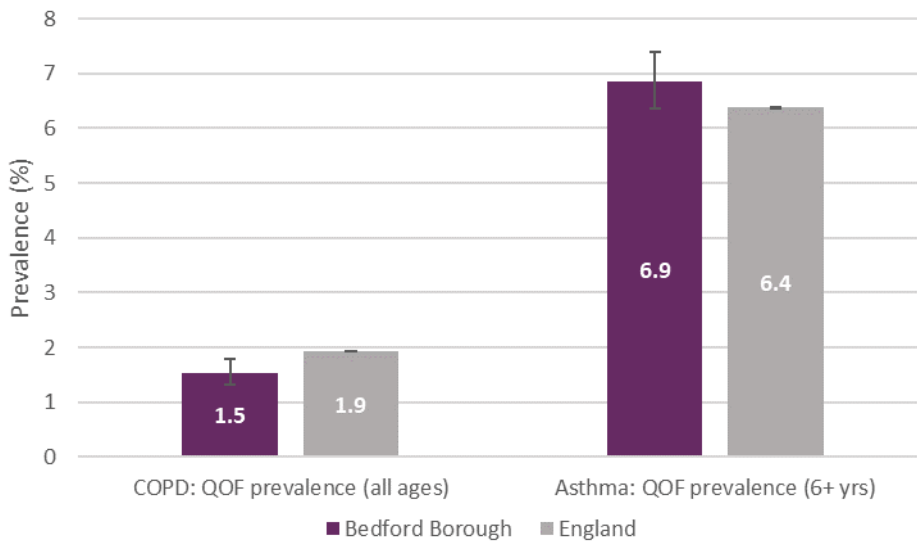


Source: OHID Fingertips, 2021

5.6 Respiratory diseases – asthma and Chronic Obstructive Pulmonary Disease (COPD)

Figure J29 shows the common respiratory diseases. The COPD rate for Bedford Borough (1.5%) was statistically lower than England (1.9%) and is increasing with time (not shown). However, with asthma, Bedford Borough’s rate is 6.9%, statistically higher than England (6.4%); following years of the rates being steady, it has increased from 2017-18 (not shown).

Figure J29: QOF prevalence of COPD and asthma, 2020-21

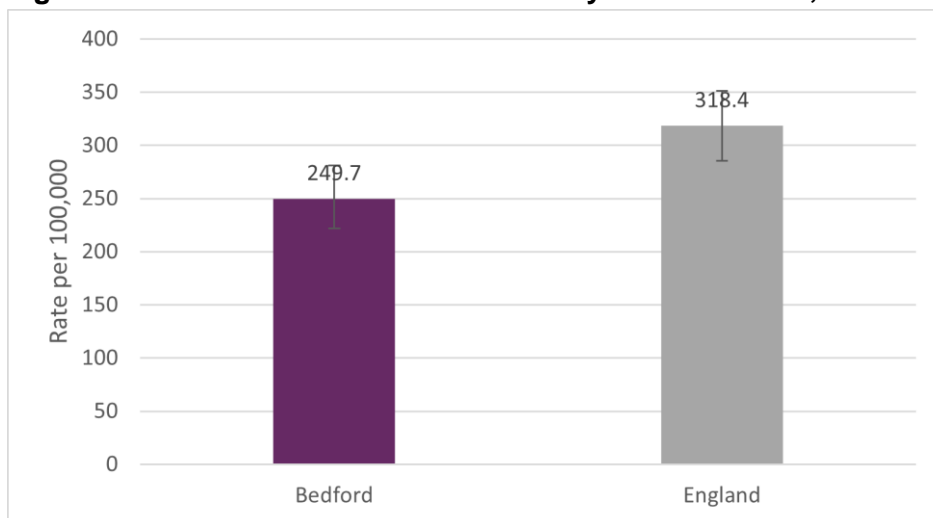


Source: OHID Fingertips, 2021

5.7 Digestive diseases – inflammatory bowel disease, colitis

Figure J30 shows the estimated rate of inflammatory bowel disease for Bedford Borough. The rate for Bedford Borough (250 per 100,000) is statistically lower than for England (318 per 100,000).

Figure J30: Estimated rate of inflammatory bowel disease, 2019

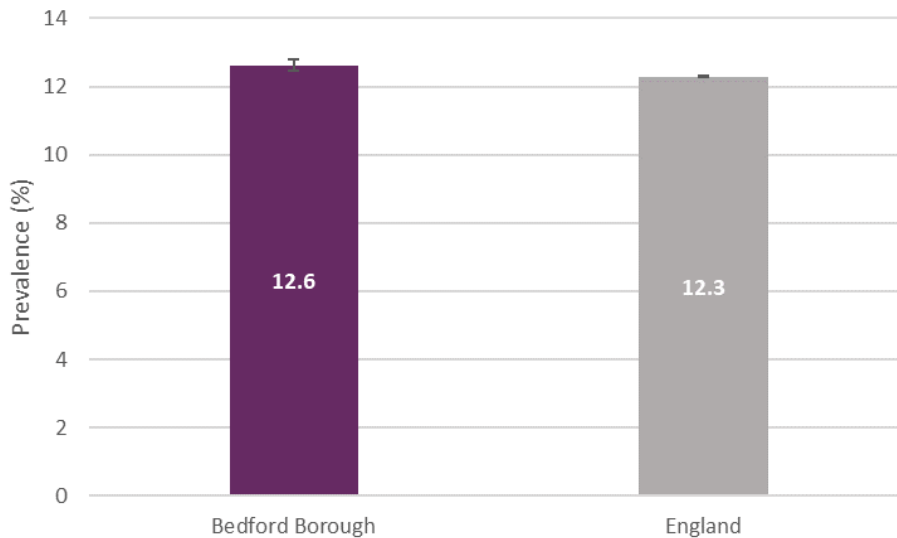


Source: Institute for Health Metrics and Evaluation, GDB Results Tool, 2021

5.8 Mental health

Prevalence of depression is shown in Figure J31. The Bedford Borough rate (12.6%) is statistically similar to that of England (12.3%).

Figure J31: QOF prevalence of depression, 2020-21

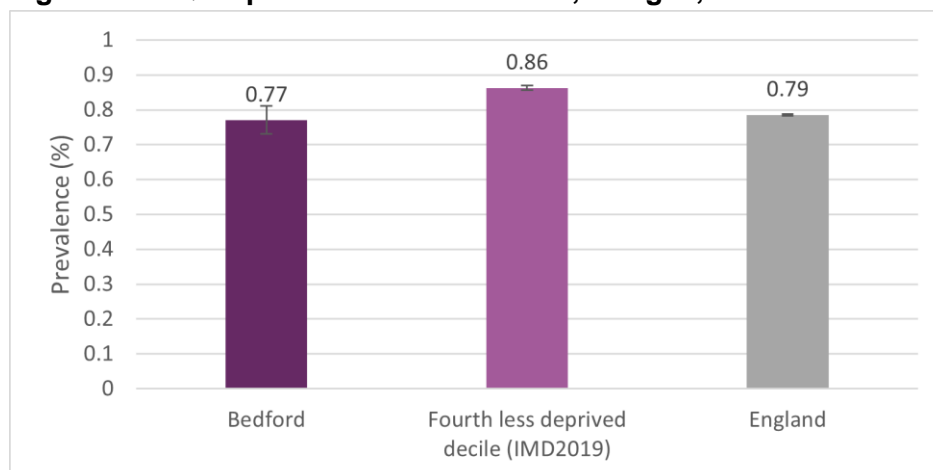


Source: OHID Fingertips, 2021

5.9 Dementia

Figure J32 shows the prevalence of dementia. Bedford Borough's rate (0.77%) was statistically lower than its deprivation decile peers (0.86%).

Figure J32: QOF prevalence of dementia, all ages, 2019-20

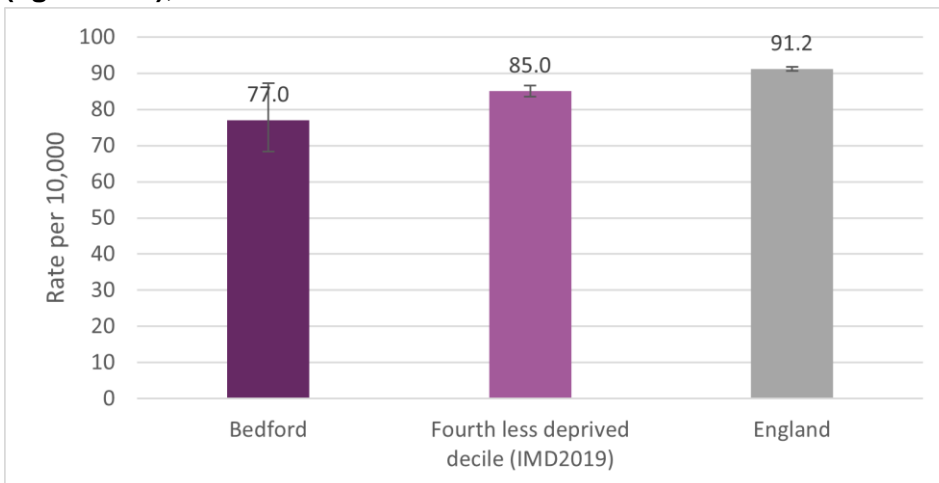


Source: OHID Fingertips, 2021

5.10 Accidental injuries

Bedford Borough's rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14) was 77 per 10,000, statistically similar to its deprivation decile peers (85 per 10,000): see Figure J33. The deprivation decile peers' rate is decreasing with time (not shown).

Figure J33: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0–14), 2019-20

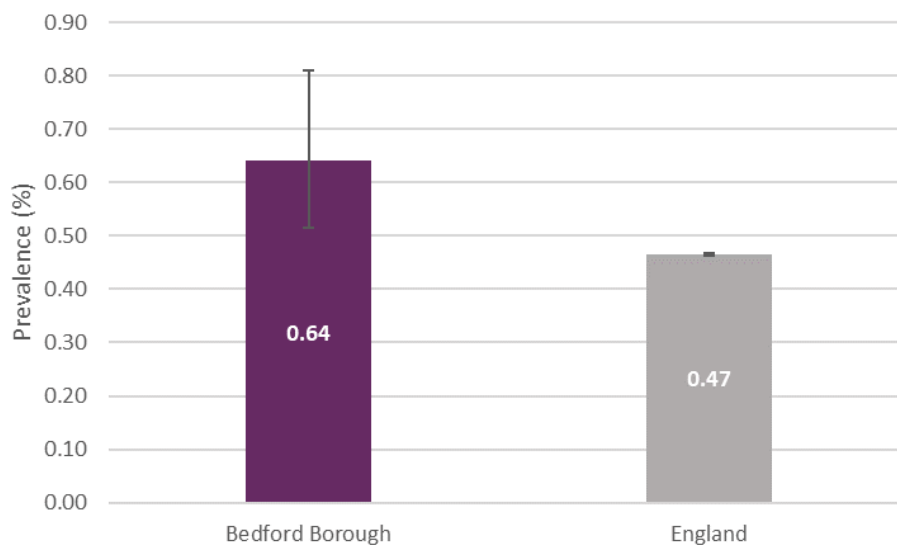


Source: OHID Fingertips, 2021

5.11 Palliative care

Figure J34 shows that the Bedford Borough rate of palliative/supportive care is 0.64%, statistically higher than England’s (0.47%). They are both increasing (not shown).

Figure J34: QOF prevalence of palliative/supportive care, 2020-21

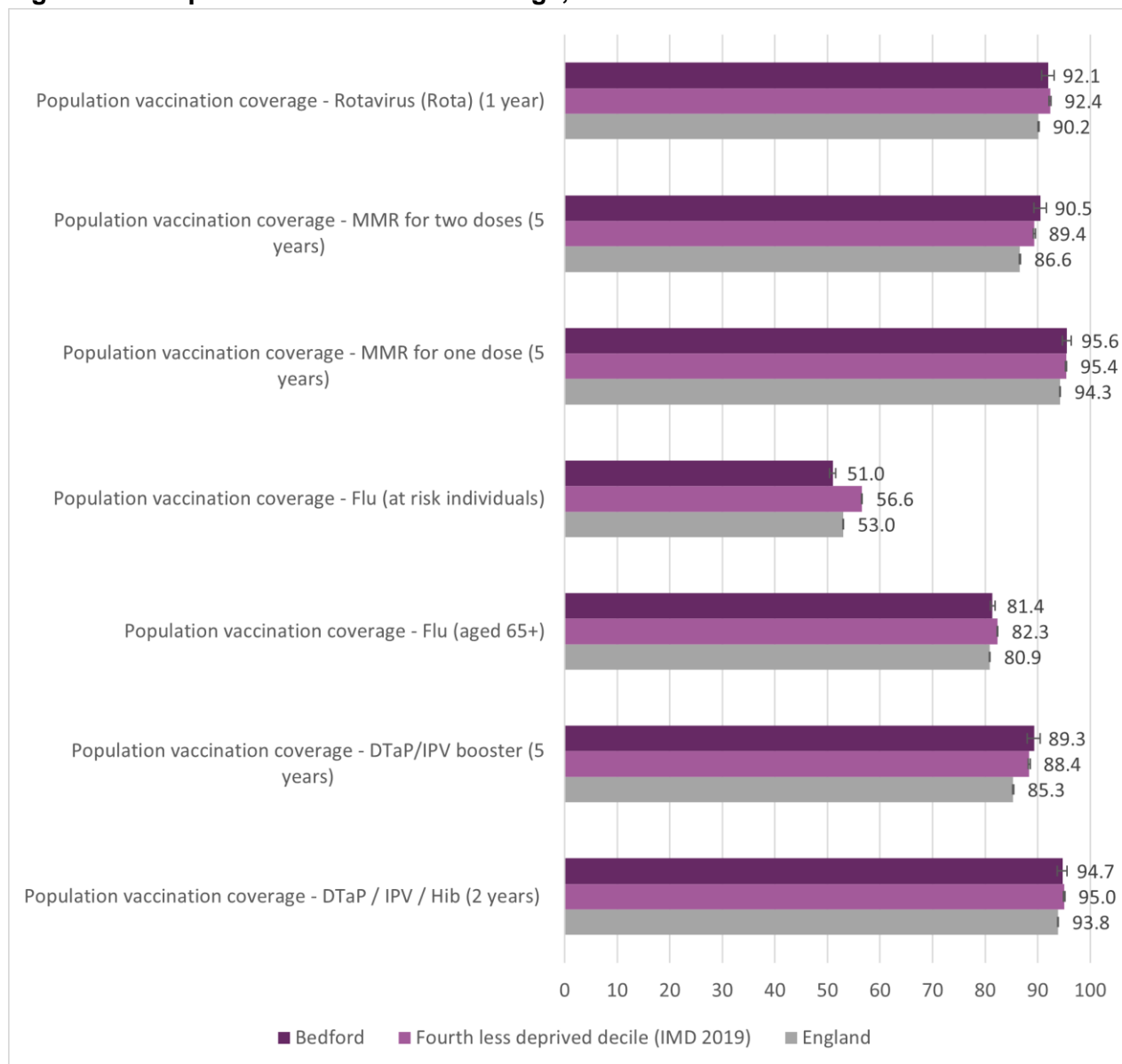


Source: OHID Fingertips, 2021

5.12 Infectious diseases

Seven vaccination indicators by Bedford Borough, its deprivation decile peers and England are presented in Figure J35. In five of these, Bedford Borough’s rate is statistically similar to the deprivation decile. However, flu vaccination for at-risk individuals and flu vaccination for those aged 65 or over are statistically lower than in the deprivation decile. In 2020-21 a marked increase in the coverage for flu vaccinations occurred, which was likely to be a consequence of the COVID-19 pandemic. Also, DTaP/IPV/Hib (diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and haemophilus B conjugate vaccine) for 2-year-olds has generally decreased with time (both not shown).

Figure J35: Population vaccination coverage, 2020-21



Source: OHID Fingertips, 2021

5.13 COVID-19 Impact

The COVID-19 positive case rate by locality ranges between 60 per 1,000 (Bedford Rural) to 88 per 1,000 (Bedford South), see Table J18.

Table J18: COVID-19 positive case rate per 1,000, 2020-21

Area	Rate per 1,000
Bedford North	79.0
Bedford Rural	60.3
Bedford South	88.0

Source: UKHSA, COVID-19 Situational Awareness Explorer, 2021

Appendix K: Other NHS and relevant services and providers in Bedford Borough

1 Local authority-commissioned services provided by community pharmacies in Bedford Borough

Bedford Borough Council (BBC) commissions four services from community pharmacies.

These services may also be provided from other providers, e.g. GP practices or community health services. A full list of services and community pharmacy providers can be found in Appendix A.

1.1 Sexual health services

Sexual health services includes the provision of Emergency Hormonal Contraception (EHC), chlamydia screening and treatment in pharmacies.

Sexual and reproductive health is an important and wide-ranging area of public health. Most of the adult population of England is sexually active and having the correct sexual health interventions and services can have a positive effect on both individuals' and population health and wellbeing. Sexual ill health is not equally distributed among the population and the government has set out its ambitions for improving sexual health in its publication, 'A Framework for Sexual Health Improvement in England' (www.gov.uk/government/publications/a-framework-for-sexual-health-improvement-in-england)

Reproductive health: Women living in areas with restricted access to contraceptive services are at an increased risk of an unplanned pregnancy (including amongst those aged under 18), Sexually Transmitted Infections (STIs) and pregnancies resulting in abortion. All women of reproductive age should have universal access to services offering the full range of contraceptive options and reproductive health advice.

Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18.

Sexual health: The impact of STIs remains greatest in young heterosexuals aged 15 to 24, black ethnic minorities and men who have sex with men. Human Immunodeficiency Virus (HIV) disproportionately affects minority groups such as gay and bisexual men, black African communities and other ethnic minority groups. Despite testing and treatment services being universally accessible and free, combating late diagnosis remains a challenge.

Pharmacies will work as part of a wider network of sexual and reproductive health providers, to provide a comprehensive service to the populations of Bedford Borough, Central Bedfordshire and Milton Keynes.

The service specification sets out expectations of the local authority for:

- Delivery of EHC, in line with local Patient Group Direction (PGD) arrangements
- Screening young people aged 15–24 as part of the National Chlamydia Screening Programme (dual testing for gonorrhoea)

- Treating positive clients and attending partners for chlamydia, in line with local PGD arrangements
- Providing advice and onward referral in relation to longer-term needs related to sexual and reproductive health and wellbeing

The service specification refers to the following types of EHC and chlamydia treatment:

- Levonorgestrel 1500 microgram tablets
- Ulipristal Acetate 30 mg tablets
- Recommended treatment for chlamydia as outlined in the PGDs

The under-18 conception rate for Bedford Borough (15 per 1,000) was lower than but statistically similar to England (16 per 1,000).

STI diagnosis for Bedford Borough (530 per 100,000) was statistically lower than the deprivation decile peers (410 per 100,000), but higher than England (560 per 100,000)

In Bedford Borough, ten pharmacies (33%) are commissioned to provide the sexual health service.

1.2 Stop smoking

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose on average 13 to 14 years of their lives, and more than 86,000 people in the UK die from smoking each year.

The stop smoking service is a well-established treatment service and has been delivered across Bedford Borough, Central Bedfordshire and Milton Keynes since 1999. Stop smoking treatment service provision is a national initiative and is delivered in line with a range of National Institute for Health and Care Excellence (NICE) guidance. Interventions are delivered at three levels:

- Level 1 – Brief interventions
- Level 2 – Intermediate interventions
- Level 3 – Specialist interventions

Level 2 intermediate stop smoking interventions are at present mainly delivered within GP practices and pharmacies across Bedford Borough, Central Bedfordshire and Milton Keynes. Due to the access and reach via their patient list and footfall, both have been identified as key providers of stop smoking treatment programmes.

Data from 2021 shows the proportion of the adult population that are smokers. Bedford Borough (16.3%) was statistically higher than the England rate (15.9%).

There are 12 pharmacies (40%) in Bedford Borough providing this service.

1.3 Harm reduction services

1.3.1 Supervised consumption

Community pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervising the consumption of methadone/Physeptone, buprenorphine, Espranor or Suboxone.

In Bedford Borough the pharmacist supervises the consumption of the controlled drugs methadone and buprenorphine – which are used as substitute prescribed medication for opiate users. Supervised consumption ensures that service-users take their medication daily and do not stockpile or divert/sell.

There are 21 pharmacies (66%) in Bedford Borough providing this service.

1.3.2 Needle exchange

The pharmacy needle exchange service is a confidential needle exchange that provides clean needles for injecting drug-users and a place to safely dispose of used equipment. Needle syringe programmes supply needles, syringes and other equipment used to prepare and take illicit drugs. They reduce the transmission of blood-borne viruses including hepatitis B and C, and other infections caused by sharing injecting equipment. They aim to reduce the harm caused by injecting drugs by providing information and advice and acting as a gateway to other services, including drug treatment centres.

There are three pharmacies (10%) in Bedford Borough providing this service.

2 Clinical Commissioning Group (CCG)-commissioned services

Bedford Borough is part of Bedfordshire, Luton and Milton Keynes (BLMK) CCG, who currently commissions one service:

Note: CCGs are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems. It is anticipated that they will take on the delegated responsibility for pharmaceutical services from 2023 from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services.

2.1 End-of-life medicines service

Good End-of-Life Care (EoLC) ensures all residents have a dignified, controlled, and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified, and services provided to meet these needs.

National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours settings, supporting home death scenarios.

BLMK CCG commissions the end-of-life medicines service from selected community pharmacies across the CCG area. This service aims to ensure that patients receiving palliative care in the community have access to specialised drugs when these are required in an emergency.

The service is available within the normal opening hours of the pharmacy contractor – details of the pharmacies and contact details are provided in Appendix A. Out-of-hours centres hold their own supplies to meet the demand outside normal pharmacy opening hours.

The pharmacies are required within the service specification to hold minimum quantities of a prescriptive list of medicines and to provide additional medicines management support to healthcare professionals and carers accessing the service.

During the COVID-19 pandemic the medicines available were increased.

Within the Bedford Borough area, seven (23%) pharmacies provide this service.

3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found with responses in Appendix D, respondents were asked to indicate whether they are willing to provide or would not be willing to provide other services that not commissioned. Of the seven pharmacy contractors that responded, two said that there was a need for further Locally Commissioned Services.

4 Collection and delivery services

Collection and delivery services are non-commissioned services.

All pharmacies who responded offer collection of prescriptions from GP practices. From the pharmacy contractor questionnaire, only 71% of community pharmacies who responded (five respondents) provided free home delivery services on request and 100% of those who responded (three respondents) provided delivery with a charge on request.

Free delivery is required to be offered without restriction by all Distance-Selling (internet) Pharmacies (DSPs) to patients who request it throughout England. There are two DSPs based in Bedford and there 372 throughout England.

Free delivery of appliances is also offered by Dispensing Appliance Contractors (DACs).

4.1 Domiciliary services

In Bedford Borough, 29% of the population aged 65 and over needed help with at least one self-care activity. It is unclear if this translates into a need for prescription delivery services and whether current provision fulfils this need.

5 Language services

All community pharmacies in Bedford Borough can access interpreting and translation services, which are commissioned by NHSE&I. The service involves interpreting, transcription and translation of spoken and non-spoken languages. These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, to enhance communication with services.

The providers are DA Languages for spoken languages and Language Empire for non-spoken languages. Summary of availability for bookable appointments is in Table K1:

Table K1: Availability for bookable appointments for language assistance

Appointment	Spoken	Non-spoken
Face to face	Between 08:00 and 18:00 Monday to Friday of each week and on bank holidays and weekends	Between 08:00 and 18:00 Monday to Friday of each week and on bank holidays and weekends
Telephone and video interpretation	24 hours a day, 365 days a year	24 hours a day, 365 days a year

6 Services for less-abled people

Under the Equality Act 2010,¹ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. From the community pharmacy public questionnaire, 46% indicated are aware there is a consultation room which is accessible to wheelchair users, or other accessibility needs.

7 GP practices providing extended hours

There are a number of GP practices in Bedford Borough that provide extended hours and also offered BEDOC (Bedford On Call). Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. There are three 100-hour pharmacies, with the latest opening time of 11 pm on weekdays and 10 pm on Saturdays.

8 Other providers

The following are providers of pharmacy services in Bedford Borough but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

8.1 NHS Hospitals

Pharmaceutical service provision is provided to patients by the hospital:

- Bedford Hospital, Kempston Road, Bedford MK42 9DJ

8.2 Urgent care centre

Residents of Bedford Borough have no access to a minor injuries unit, but there is an urgent care centre:

- Herts Urgent Care (HUC IUC) runs at Cauldwell Medical Centre, South Wing Kempston Road, Bedford MK42 9DJ

8.3 Walk-in centres

Residents of Bedford Borough have access to a walk-in centre:

- Putnoe Medical Centre, 93 Queens Drive, Bedford MK41 9JE

9 Other

The following are services provided by NHS pharmaceutical providers in Bedford Borough, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA.

Privately provided **services** – Most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

¹ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

The following are examples of services that may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately-run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- PGD service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge.

Appendix L: Other possible disease-specific services

The below examples would support the highest risk factors for causing death and disease for the Bedford Borough population.

- Weight management

The percentage of adults (aged 18+) classified as overweight or obese in Bedford Borough (62%) is statistically similar to England (63%). To support the reduction of these rates there are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. cardiovascular disease or diabetes.

- Cardiovascular

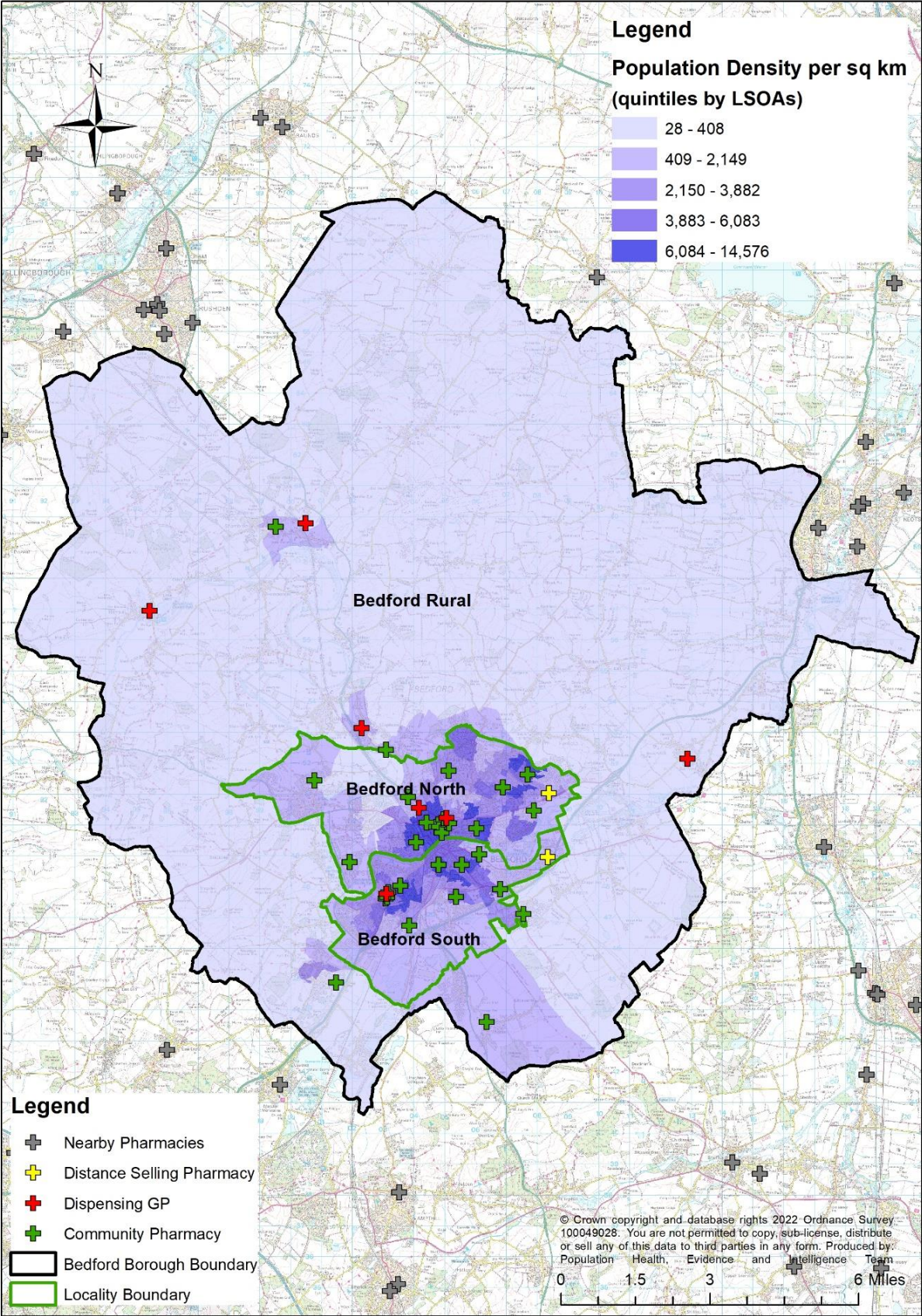
In addition to the hypertension case-finding Advanced Service the following is possible.

AF screening service (multiple LPC areas). This service provides patients at high risk of Atrial Fibrillation (AF) with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a stop smoking service or weight loss support service.

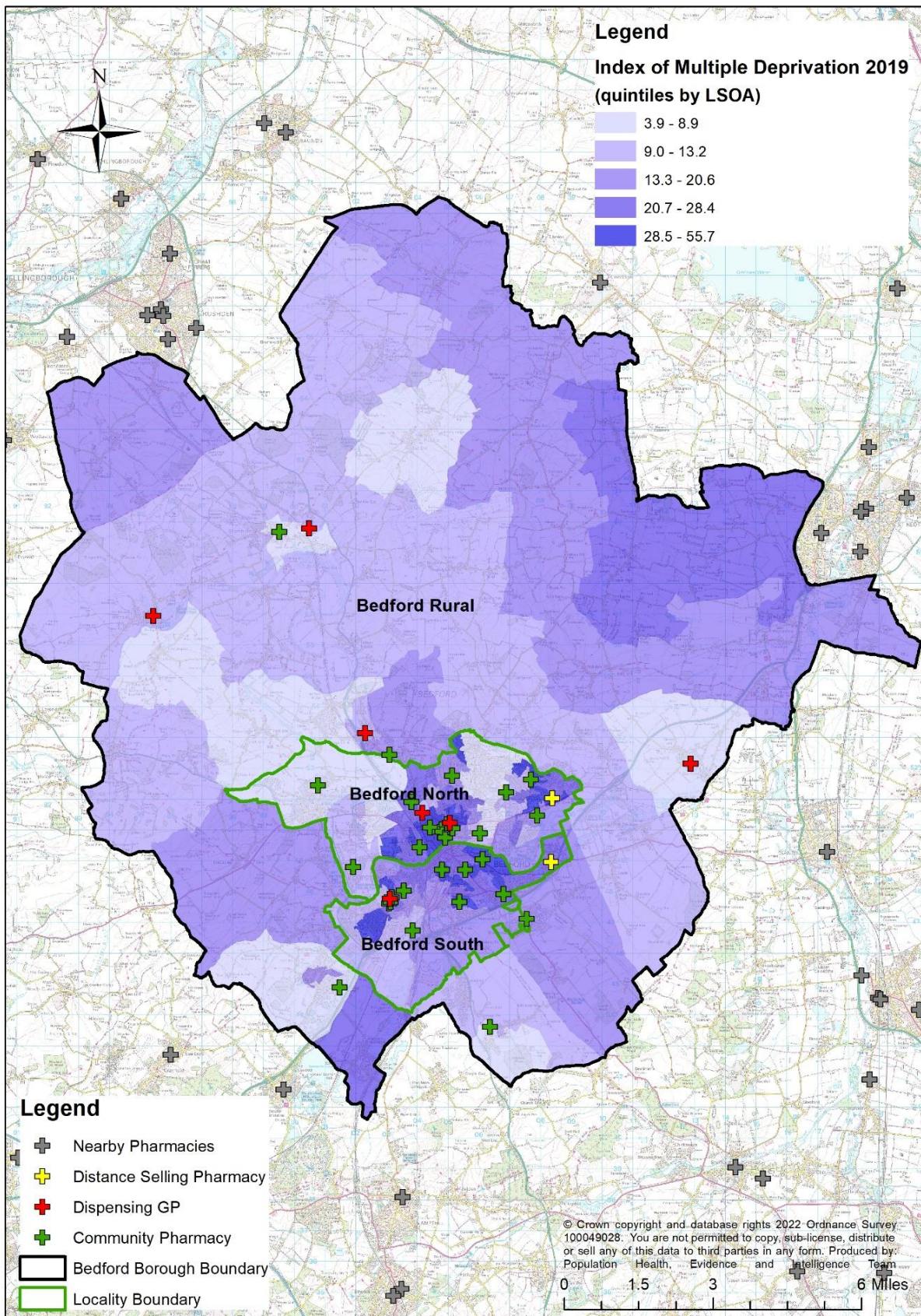
- Respiratory
 - Six pharmacies in North East Essex are piloting a Chronic Obstructive Pulmonary Disease (COPD) project aimed at reducing demand on GPs and hospitals during the busy winter period. Funded through winter pressures money, the service proactively checks that patients with COPD are aware of what to do if they start an exacerbation (whether this is a formal written plan or not) and also checks that they have a rescue pack at home if this is part of the plan. If they haven't, there is a Patient Group Direction element to supply this. The service is different from other rescue pack schemes in that rescue packs are discussed and supplied to patients when they are well, rather than when they have started to exacerbate.
 - Asthma Inhaler Technique (Greater Manchester). The purpose of the Improving Inhaler Technique through community pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

- Cancer
 - Lung Cancer Initiative (East Sussex). To support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients, which the pharmacist can use. Local defined outcomes: (1) A reduction in the numbers of late emergency presentations for patients with lung cancer in the Crawley area; (2) An increase in GP referral activity for lung cancer up to and beyond levels seen prior to COVID; (3) An increase in the number of patients who stop smoking; (4) Prevention of early deaths and patients dying undiagnosed of cancer.

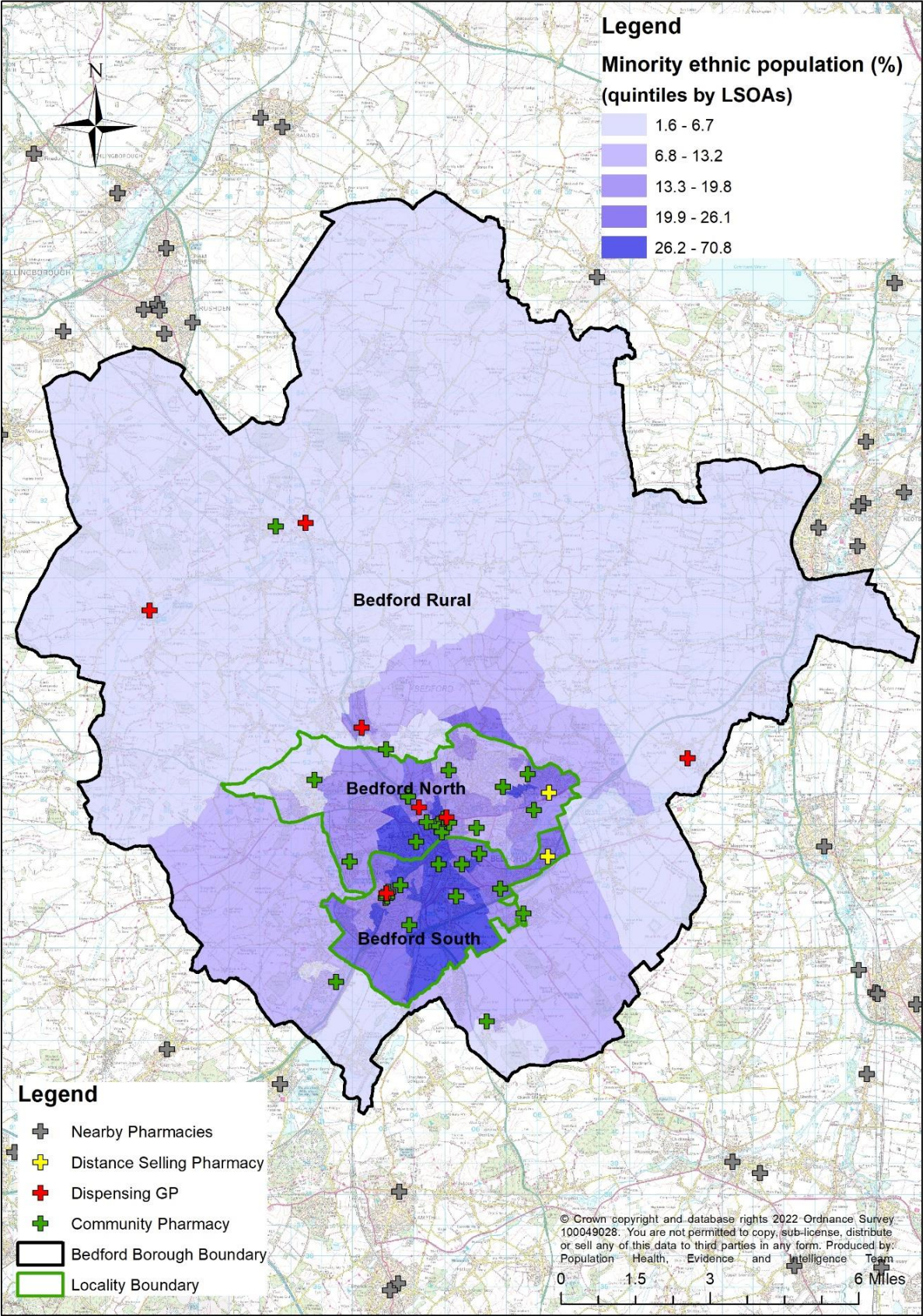
Map A: Pharmacies and population density by Lower Layer Super Output Areas (LSOA)



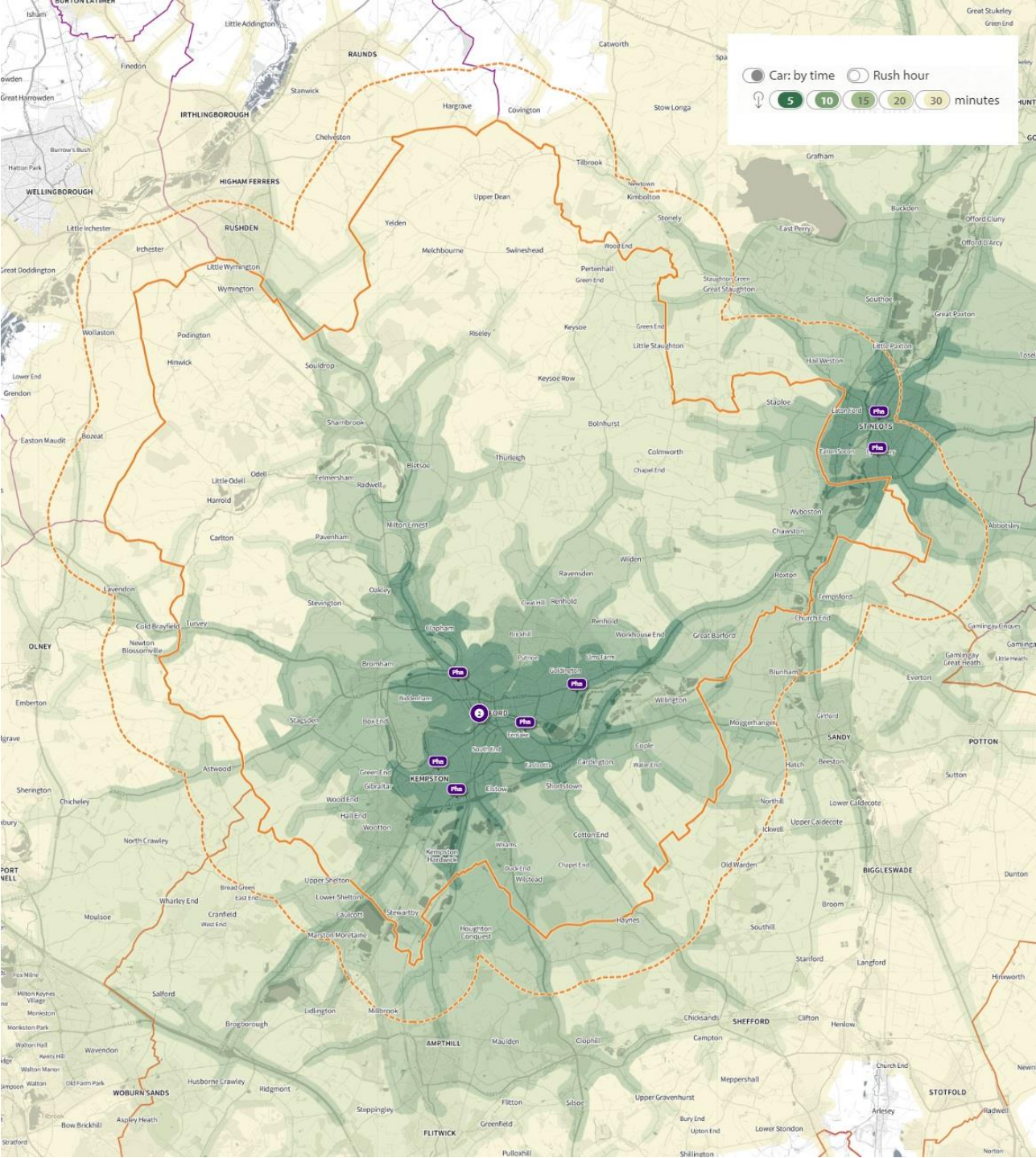
Map B: Pharmacies and Index of Multiple Deprivation 2019 Score by LSOA



Map C: Pharmacies and minority ethnic population percentage by LSOA



Map D: Off-peak car travel on Sundays



Map E: Off-peak driving times to nearest pharmacy

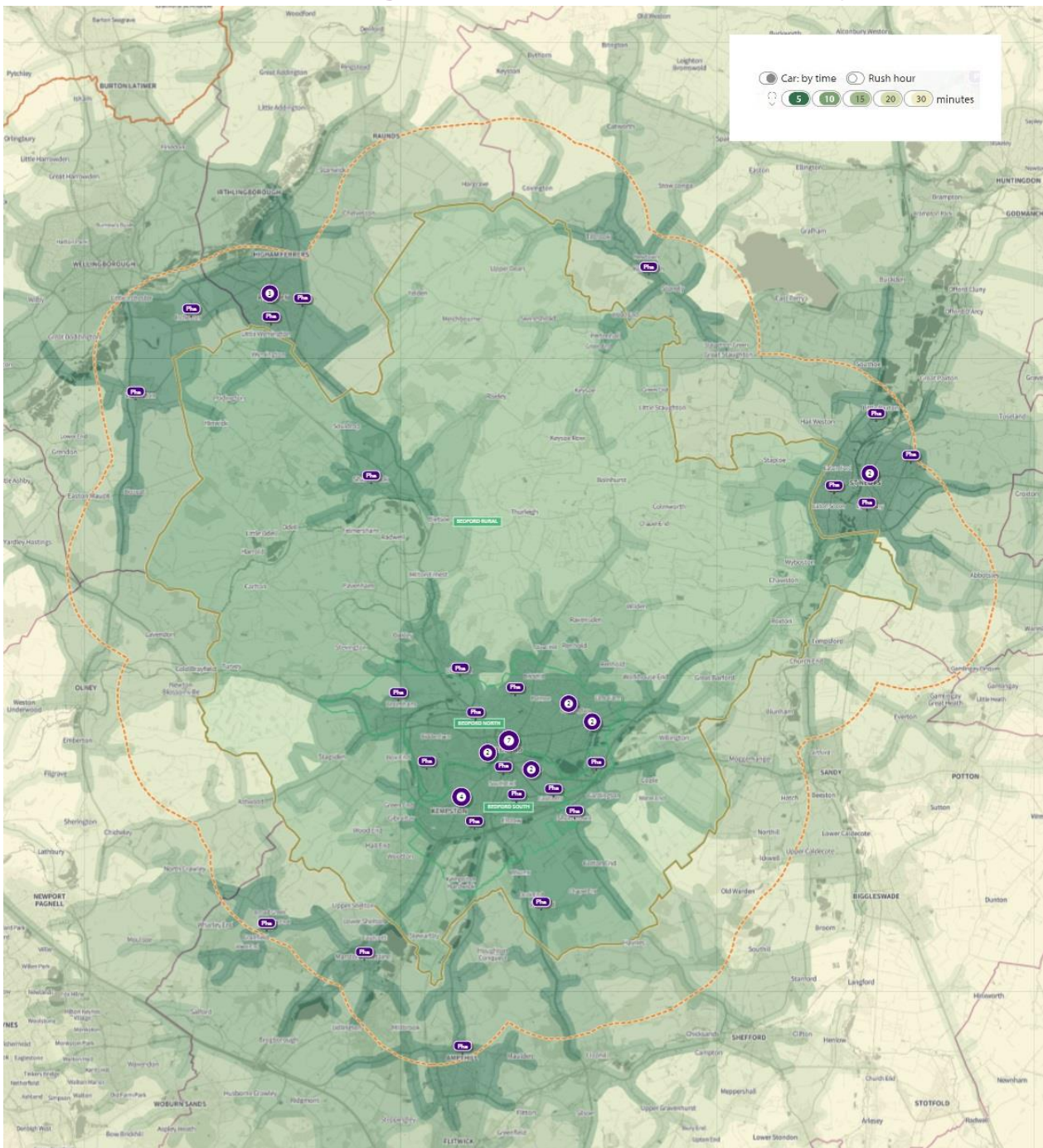


Table for Map E: Population within travel time and distance, car – off-peak

Time (minutes)	Population	Coverage	Distance (km)	Population	Coverage
5	145,759	83.4%	1	117,085	67.0%
10	170,295	97.5%	2	142,639	81.7%
15	171,727	98.3%	3	147,993	84.7%
20	174,687	100.0%	6	166,159	95.1%
30	174,687	100.0%	8	171,803	98.3%
Total	174,687			174,687	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times and distance, 2022

Map F: Peak driving times to nearest pharmacy

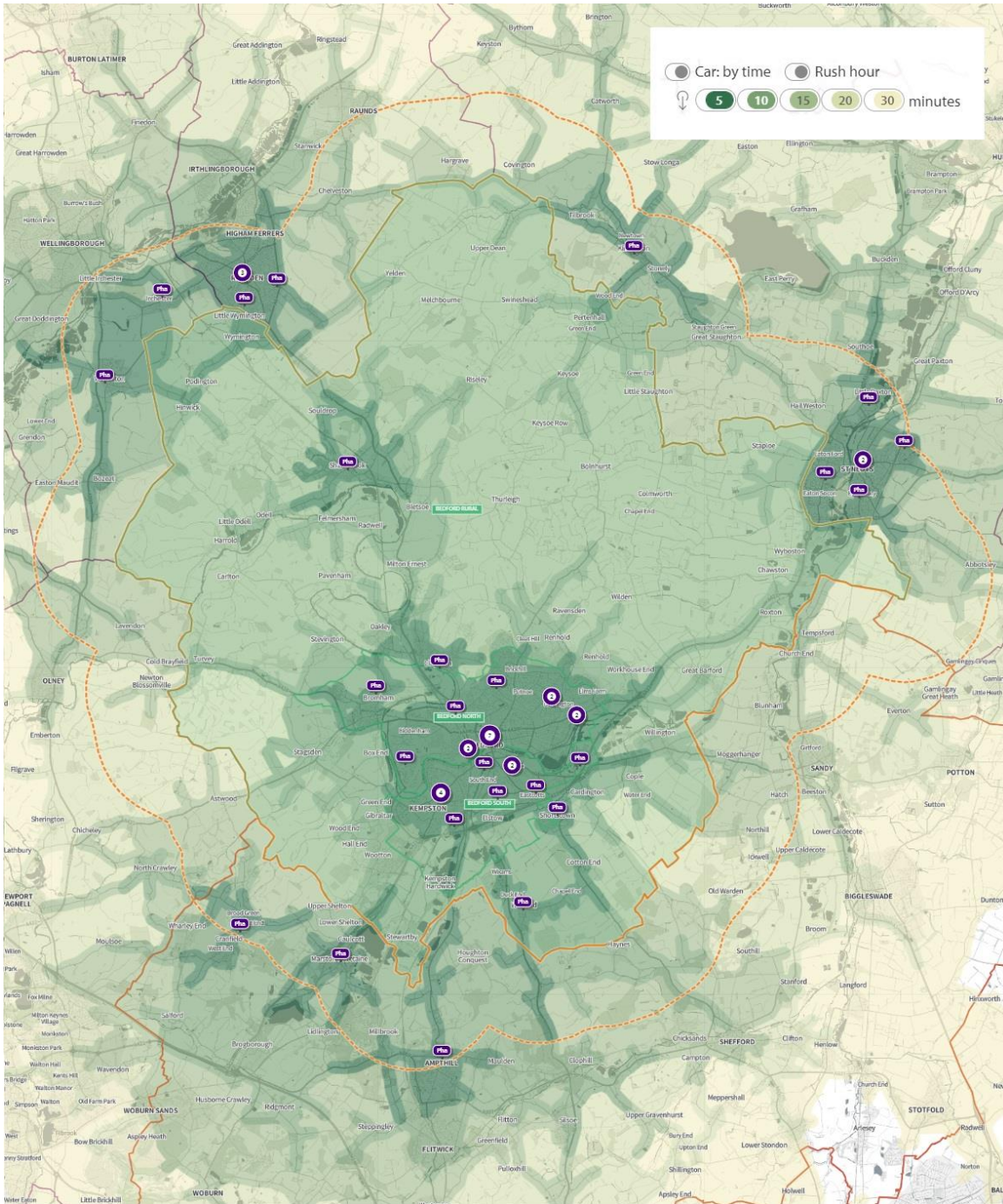


Table for Map F: Population within travel time, car – rush hour

Time (minutes)	Population	Coverage
5	140,934	80.7%
10	166,418	95.3%
15	171,727	98.3%
20	171,727	98.3%
30	174,687	100.0%
Total	174,687	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

Map G: Morning public transport times to the nearest pharmacy

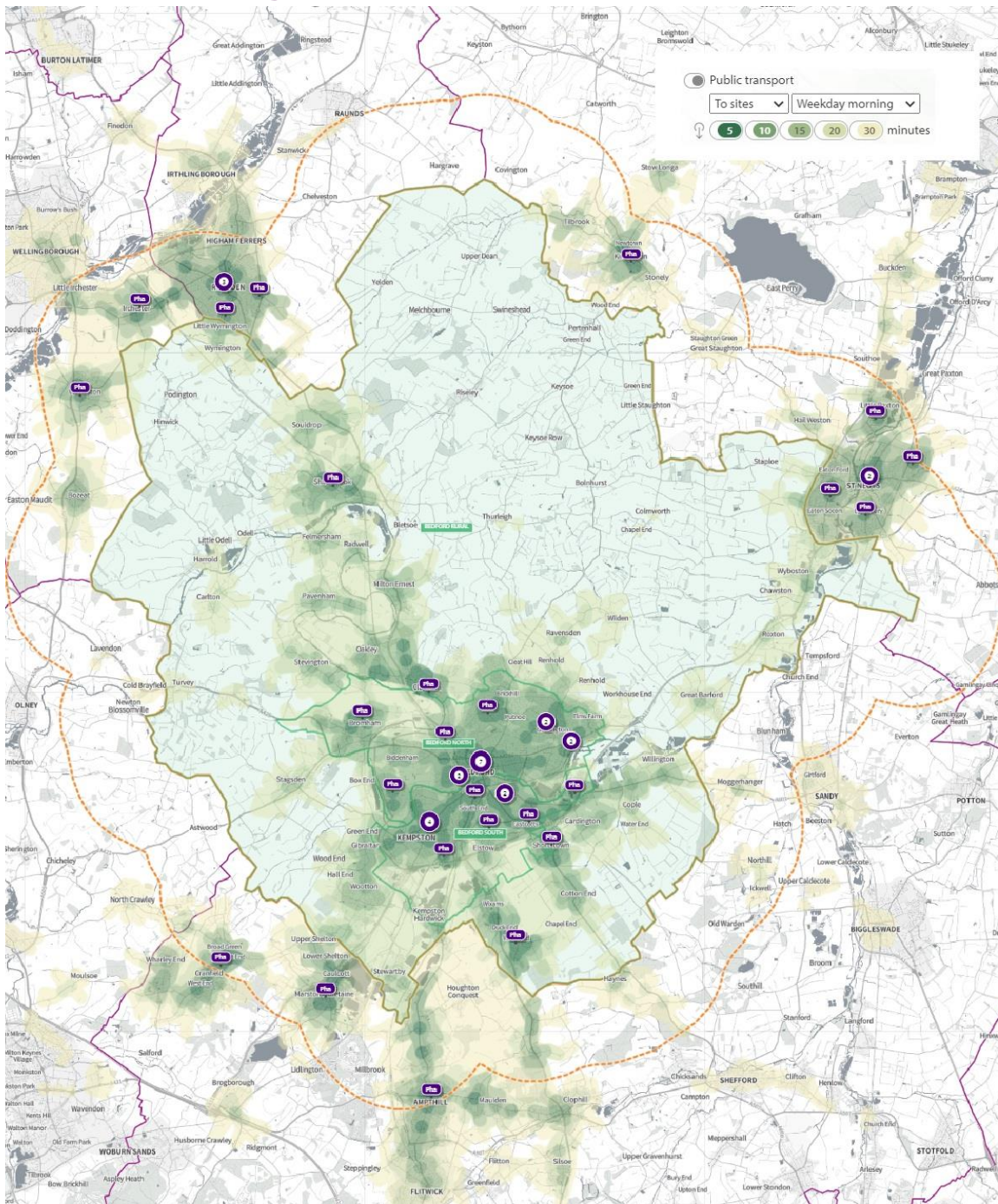


Table for Map G: Population within travel time, public transport – weekday morning

Time (minutes)	Population	Coverage
5	74,383	42.6%
10	134,124	76.8%
15	160,050	91.6%
20	161,430	92.4%
30	167,405	95.8%
Total	174,687	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

Map H: Afternoon public transport times to the nearest pharmacy

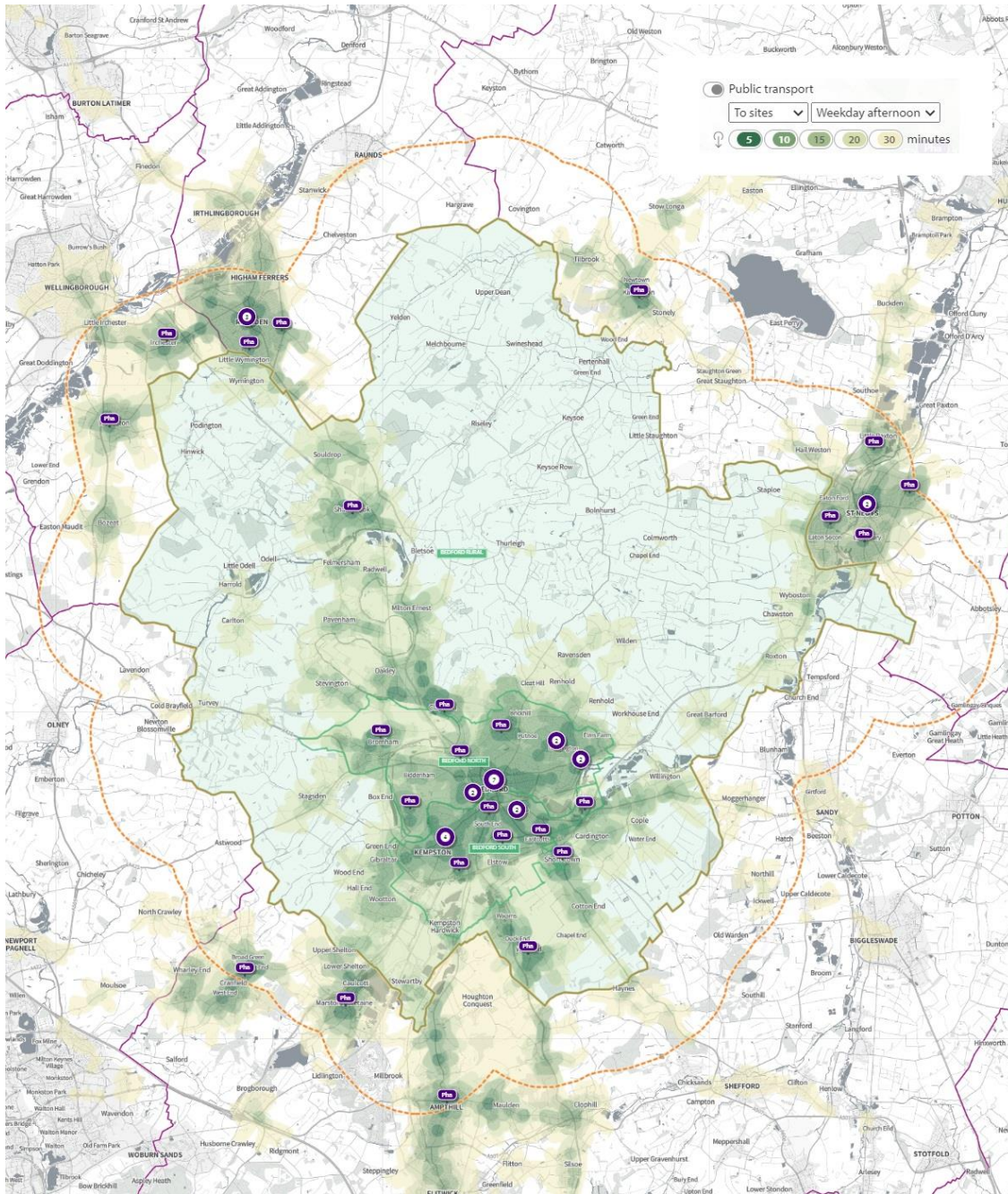


Table for Map H: Population within travel time, public transport – weekday afternoon

Time (minutes)	Population	Coverage
5	74,383	42.6%
10	134,124	76.8%
15	160,050	91.6%
20	161,430	92.4%
30	167,405	95.8%
Total	174,687	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

Map I: Evening public transport times to the nearest pharmacy

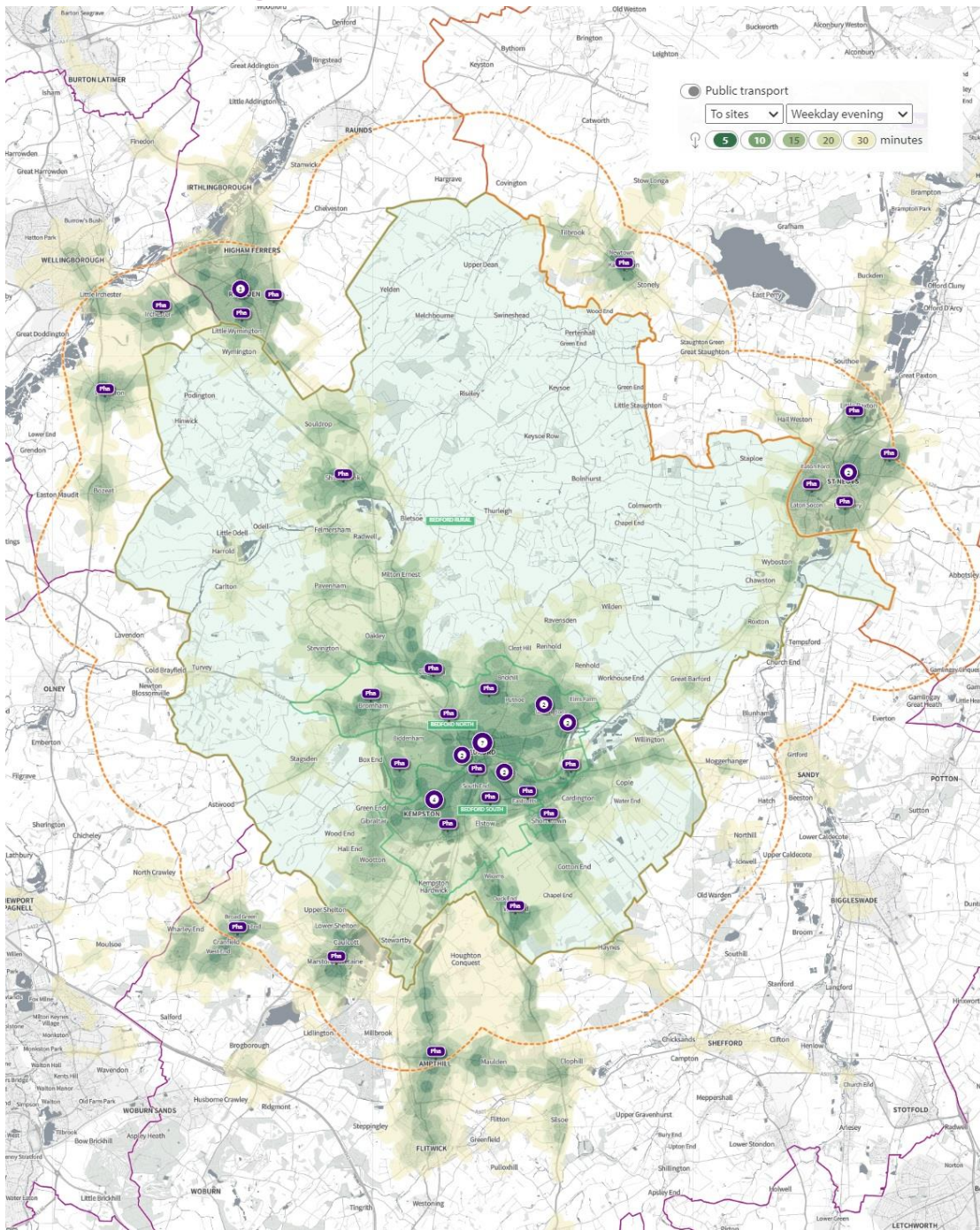


Table for Map I: Population within travel time, public transport – weekday evening

Time (minutes)	Population	Coverage
5	74,383	42.6%
10	134,124	76.8%
15	160,050	91.6%
20	161,430	92.4%
30	167,405	95.8%
Total	174,687	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times, 2022

Map J: Evening public transport times to the nearest pharmacy

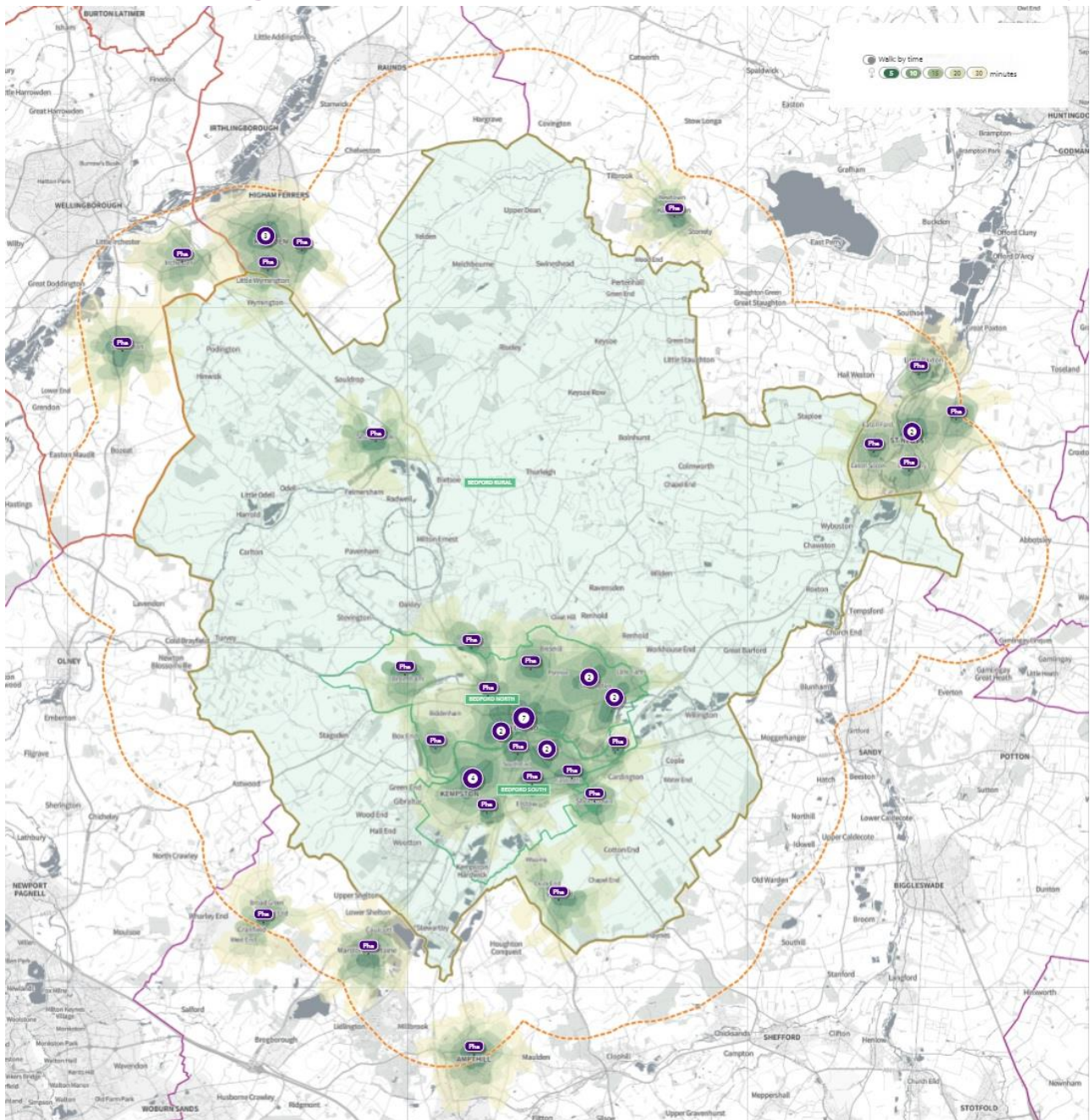
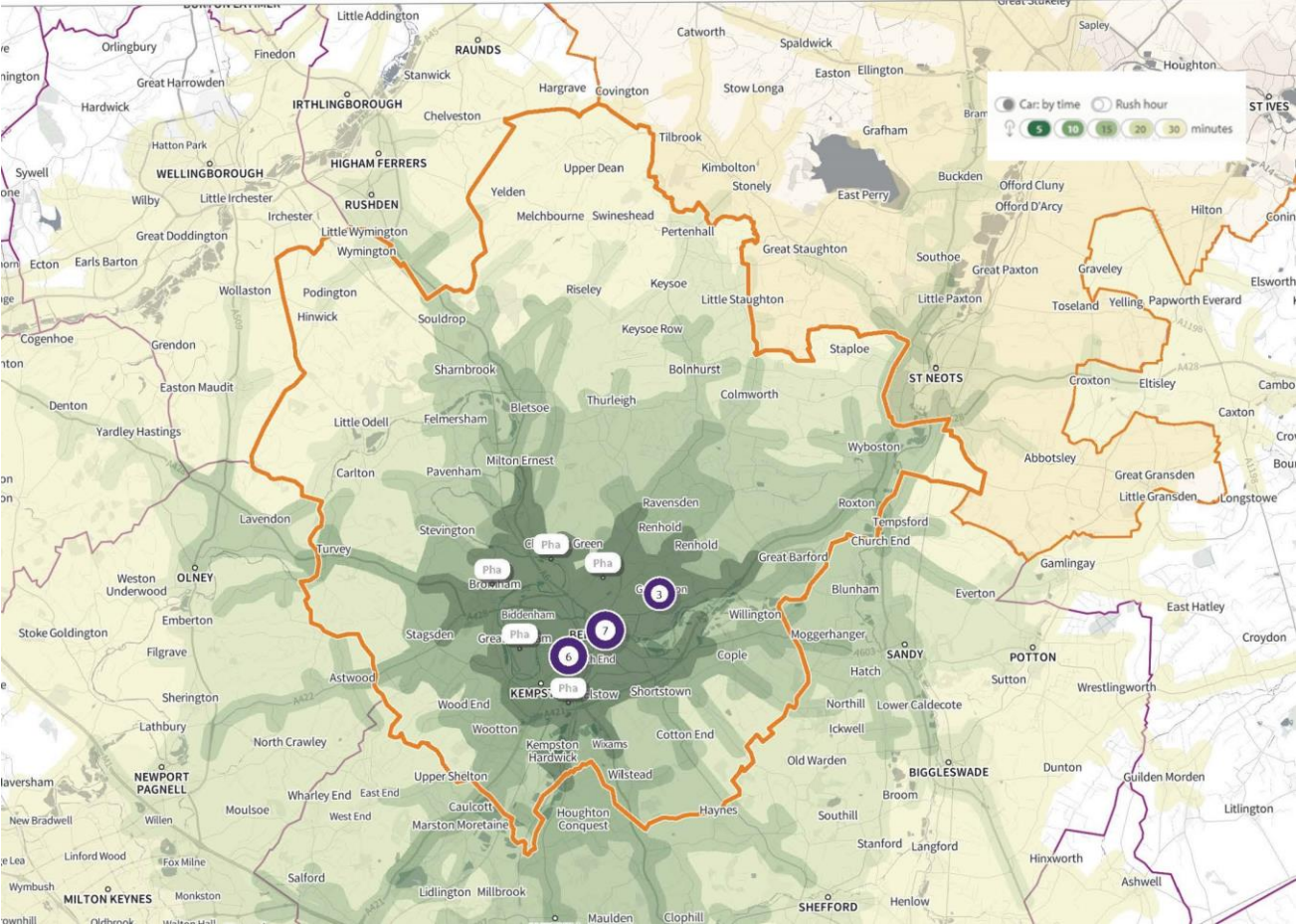


Table for Map J: Population within travel time and distance, walking

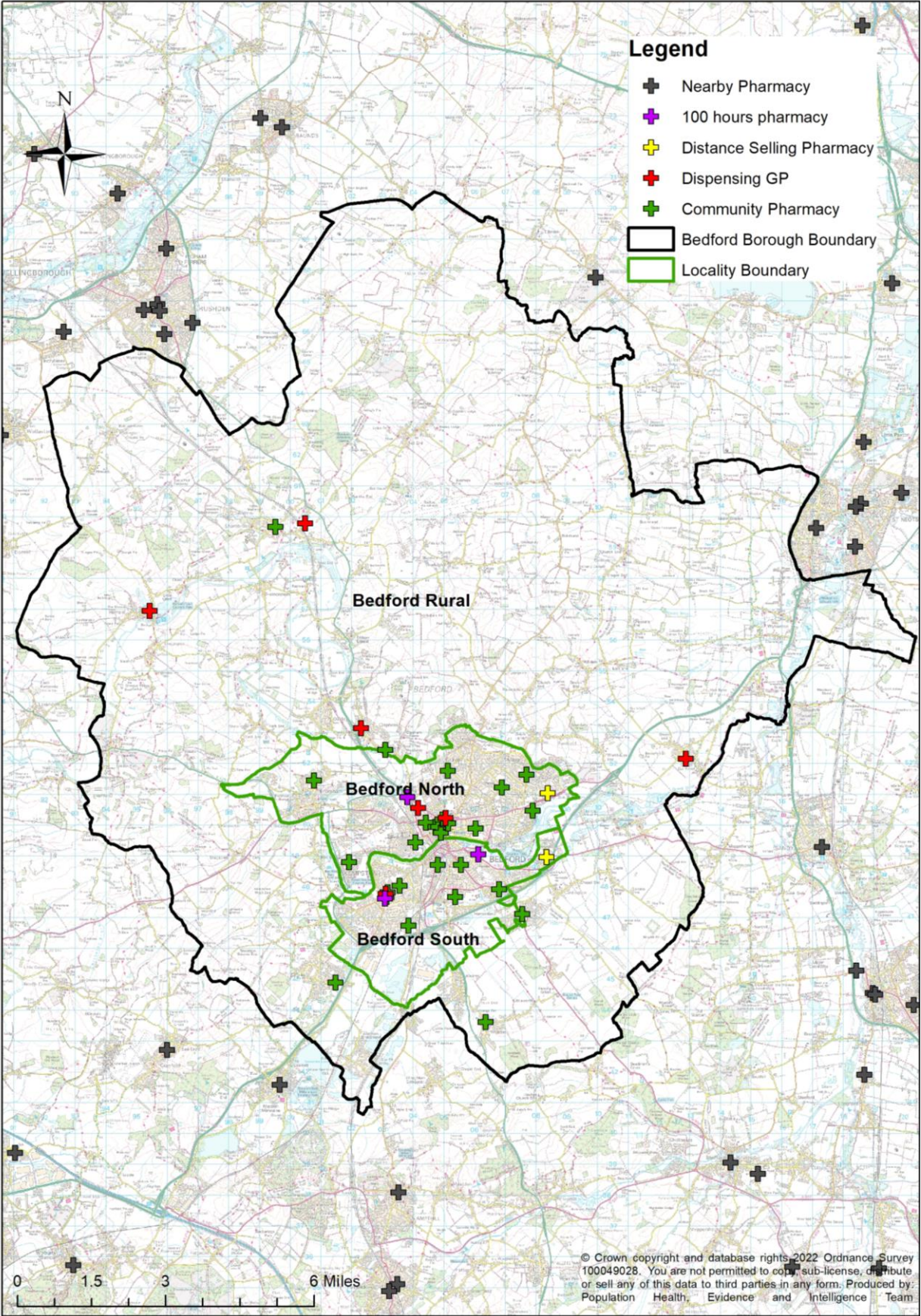
Time (minutes)	Population	Coverage	Distance (km)	Population	Coverage
5	58,654	33.6%	0.2	36,591	20.9%
10	107,880	61.8%	0.5	76,366	43.7%
15	130,044	74.4%	1	128,856	73.8%
20	137,532	78.7%	1.5	137,532	78.7%
30	144,212	82.6%	2	145,570	83.3%
Total	174,687			174,687	

Source: ONS 2020 mid-year estimates, 2021; SHAPE Place Atlas travel times and distance, 2022

Map K: Off-peak car travel on Saturday



Map L: Pharmaceutical contractors in Bedford Borough



Abbreviations

A – Advanced Services
AF – Atrial Fibrillation
APS – Annual Population Survey
AUR – Appliance Use Review
BAME – Black, Asian and Minority Ethnic
BBC – Bedford Borough Council
BLMK – Bedfordshire, Luton and Milton Keynes
BSA – Business Services Authority
CCG – Clinical Commissioning Group
CHD – Coronary Heart Disease
CKD – Chronic Kidney Disease
COPD – Chronic Obstructive Pulmonary Disease
CPCF – Community Pharmacy Contractual Framework
CPCS – Community Pharmacist Consultation Service
DAC – Dispensing Appliance Contractor
DALY – Disability-Adjusted Life Year
DHSC – Department of Health and Social Care
DMFT – Decayed, Missing or Filled Teeth
DMIRS – Digital Minor Illness Referral Service
DMS – Discharge Medicines Service
DRUMS – Dispensing Review of Use of Medicines
DSP – Distance-Selling Pharmacy
DWP – Department for Work and Pensions
EHC – Emergency Hormonal Contraception
EnS – Enhanced Services
EoLC – End of Life Care
eRD – Electronic Repeat Dispensing
ES – Essential Services
GP – General Practitioner
HIV – Human Immunodeficiency Virus
HLP – Healthy Living Pharmacy

HMO – House of Multiple Occupation
HWB – Health and Wellbeing Board
ICB – Integrated Care Board
ICS – Integrated Care Systems
IMD – Index of Multiple Deprivation
JHWS – Joint Health and Wellbeing Strategy
JSNA – Joint Strategic Needs Assessment
LCS – Locally Commissioned Services
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Layer Super Output Areas
LTP – Long Term Plan
MSOA – Middle Layer Super Output Area
MUR – Medicines Use Review
NDPP – NHS Diabetes Prevention Programme
NHS – National Health Service
NHSE&I – NHS England and NHS Improvement
NICE – National Institute for Health and Care Excellence
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
PCN – Primary Care Network
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PNA – Pharmaceutical Needs Assessment
POPPI – Projecting Older People Population Information System
PQS – Pharmacy Quality Scheme
PSNC – Pharmaceutical Services Negotiating Committee
QOF – Quality Outcomes Framework
SAC – Stoma Appliance Customisation
STI – Sexually Transmitted Infection

YLD – Years Lived with Disability

YLL – Years of Life Lost