

Pharmaceutical Needs Assessment



October 2022



Contents

List of tables and figures	5
Acronyms.....	8
Executive summary	10
Purpose and structure of the Pharmaceutical Needs Assessment.....	10
Summary of key points.....	10
Conclusions and recommendations.....	11
1 Context of the PNA	13
1.1 Aim and purpose	13
1.2 Scope of the PNA.....	13
1.3 Main community pharmaceutical services defined for the purpose of the PNA	14
2 Process of undertaking the PNA	15
2.1 Stakeholder engagement	15
2.2 Steering group	15
2.3 Pharmacy contractor survey.....	16
2.4 Public survey.....	16
2.5 Formal consultation	18
2.6 Final report	19
3 This is Luton – People and place	20
3.1 Population overview	20
3.2 Population projections	22
3.3 Ethnicity and diversity	23
3.4 Deprivation and poverty	26
3.5 Housing.....	26
3.6 Education and employment.....	28
3.7 Transport and car ownership.....	31
Summary	33
4 This is Luton – Health and social care	34
Overarching population wellbeing indicators.....	34
4.1 Life expectancy	34
4.2 Healthy life expectancy	38
4.3 Mortality.....	38
Lifestyle and wellbeing	44
4.4 Smoking	44
4.5 Excess weight and physical activity	46
4.6 Oral health	49



4.7 Substance misuse (drug and alcohol)	50
4.8 Sexual health and contraception.....	53
Long term conditions	56
4.9 Cardiovascular disease (CVD).....	57
4.10 Diabetes.....	58
4.11 Respiratory disease	59
4.12 Cancer.....	60
Infectious disease prevention	61
4.13 Tuberculosis (TB).....	61
4.14 Influenza	62
4.15 Covid-19	64
4.16 Pneumonia	65
4.17 Hepatitis B and C.....	66
Mental health.....	67
Summary	70
5 Current provision of pharmaceutical services in Luton	73
Service providers.....	73
5.1 Community pharmacies.....	73
5.2 Other providers of pharmacy services	75
Essential services	76
5.3 Dispensing.....	77
5.4 Dispensing of repeat prescriptions.....	78
5.5 Disposal of unwanted medicines.....	78
5.6 Promotion of healthy lifestyles (public health).....	78
5.7 Signposting	79
5.8 Support for self-care	79
5.9 Discharge medicines service	79
5.10 Clinical governance.....	80
5.11 Reporting.....	80
Advanced services.....	80
5.12 New medicine service interventions.....	81
5.13 Appliance use reviews.....	81
5.14 Stoma appliance customisations	81
5.15 Community pharmacist consultation service	81
5.16 Hypertension case finding service	82
5.17 Hepatitis C antibody testing service.....	82
5.18 Seasonal influenza vaccination	82



5.19	Smoking cessation service (SCS).....	83
	Enhanced and Additional Services.....	84
5.20	Covid-19 vaccination services.....	85
5.21	Locally commissioned public health services.....	85
5.22	Pharmacy services commissioned by BLMK CCG.....	86
	Accessibility of pharmaceutical services in Luton	87
5.23	Opening hours of community pharmacies.....	87
5.24	Travel time to Luton pharmacies	90
5.25	Access to people with disabilities.....	92
5.26	Languages	93
	Summary	93
6	Conclusion and recommendations.....	95
6.1	Necessary services in Luton.....	95
6.2	Services for improvements and better access.....	95
	Gaps in provision and recommendations	95
6.3	Provision of necessary services	96
6.4	Improvements and better access	96
6.5	Conclusions	98
	Acknowledgements	99
	Appendices	100
	Appendix 1: Luton community pharmacies and their opening times.....	100
	Appendix 2: Luton community pharmacies – locally commissioned health services	107
	Appendix 3: Additional Maps.....	108
	Appendix 4: Vision for Luton 2020-2040 Summary.....	115
	Appendix 5: Pharmacy Contractor Survey Results	116
	Appendix 6: Public Survey Results.....	118
	Appendix 7: Consultation Report for Luton Pharmaceutical Needs Assessment 2022	128
	Appendix 8: Census 2021 Supplementary information.....	143

List of tables and figures

Table 1: Luton population by age, 2020	21
Table 2: Luton population by ethnicity, 2001 to 2019	24
Table 3: Main languages spoken in Luton, 2019 school census	24
Table 4: Full-time and part-time employment in Luton, 2019.....	29
Table 5: Mode of travel to work and the distance for residents in Luton.....	32
Table 6: Number and percentage of deaths by leading cause in Luton, 2019 and 2020.....	41
Table 7: Common mental health disorders in Luton.....	68
Table 8: Number of prescription items dispensed by community pharmacists per annum and monthly in Luton and England.....	83
Table 9: Seasonal Flu Vaccination in Luton Pharmacies from Sep 2021 to Feb 2022.....	83
Table 10: Advanced Services activity for community pharmacies in Luton.....	84
Figure 1: Public survey results- Do current pharmacy services in Luton meet your needs?.....	18
Figure 2: Luton and England population by age, 2020 estimates	21
Figure 3: Population density in Luton by ward, 2019.....	22
Figure 4: Population projections for Luton 2018 to 2033	23
Figure 5: First language of pupils in Luton’s schools 2017 to 2021	25
Figure 6: Index of Multiple Deprivation 2019, Luton.....	26
Figure 7: Household tenure in Luton	27
Figure 8: Homelessness per thousand, 2020 to 2021	28
Figure 9: Percentage of employees by occupation in Luton and UK, 2021	29
Figure 10: Percentage of working age population with a degree level qualification, 2014 to 2019.....	30
Figure 11: Average attainment 8 score in Luton, England and Birmingham 2014/15 to 2019/20	30
Figure 12: Mode shift targets for travel to work.....	33
Figure 13: Life expectancy at birth for males in Luton, England, East of England, and Coventry 2001-03 to 2018-20	35
Figure 14: Life expectancy at birth for females in Luton, England, East of England, and Coventry.....	35
Figure 15: Life expectancy at birth in Luton and deprivation 2018-20	36
Figure 16: Male life expectancy at birth by Luton ward compared to the National average, 2015-19	37
Figure 17: Female life expectancy at birth by Luton ward compared to the National average, 2015-19.....	37
Figure 18: Healthy life expectancy in males and females at birth in Luton, England, East of England, Coventry 2009-11 to 2017-19	38
Figure 19: Rate of infant (under 1 year) mortality in Luton, England, East of England, and Birmingham 2001- 03 to 2018-20.....	39
Figure 20: Rate of childhood (ages 1-17) mortality in Luton, England, East of England, and Birmingham 2001- 03 to 2018-20.....	40
Figure 21: Under-75 All-cause mortality for all persons in Luton, England, East of England, and Coventry 2002-04 to 2018-20.....	41
Figure 22: Attribution of deaths to risk factors, broken down by broad causes of death in Luton, both sexes, all ages, 2019.....	42



Figure 23: Excess winter deaths index (aged 85 and over) in Luton, England, East of England and Coventry from August 2001-July 2002 to August 2019-July 2020..... 43

Figure 24: Smoking status at time of delivery in Luton, England, East of England, and Birmingham 2010-11 to 2020-21... 45

Figure 25: Smoking Prevalence in adults (18+) by socioeconomic group in Luton, England and Coventry 2019 46

Figure 26: Obesity in year 6 children, Luton, England, East of England, and statistical neighbours 2006-07 to 2019-20 47

Figure 27: Percentage of adults (aged 18+) classified as overweight or obese in Luton, England, East of England and Coventry 2015-16 to 2019-20 48

Figure 28: Percentage of physically active adults in Luton, England, East of England and Coventry 2015-16 to 2019-20..... 49

Figure 29: Percentage of 5-year-olds with experience of visually obvious dental decay in Luton, England, East of England and Birmingham 2007-08 to 2018-19 50

Figure 30: Hospital admissions due to substance misuse (ages 15-24 years) in Luton, England, East of England, and Birmingham 2008/09-10/11 to 2017/18-20/21 51

Figure 31: Successful completion of drug treatment by opiate users in Luton, England, East of England and CIPFA neighbours 2010 to 2020 52

Figure 32: Admission episodes for alcohol-related conditions (Narrow: Old Method) in Luton, England, East of England and Coventry 2008-09 to 2018-19..... 53

Figure 33: Conceptions in women aged under 18 per 1,000 females aged 15-17 in Luton, England, East of England, and statistical neighbours 1998 to 2019 54

Figure 34: Total prescribed LARC excluding injections rate per 1,000 for Luton, England, East of England and CIPFA nearest neighbours 2014-2020 55

Figure 35: Rate of new STI diagnoses (exc. chlamydia aged <25) in Luton, England, East of England and Coventry 2012 to 2020..... 56

Figure 36: Under-75 mortality from cardiovascular diseases considered preventable for all persons in Luton, England, East of England, and Coventry 2001 to 2020..... 57

Figure 37: Diabetes prevalence in Luton, England, East of England and CIPFA neighbours 2009-10 to 2020-21.... 58

Figure 38: Under-75 mortality from respiratory disease considered preventable for all persons in Luton, England, East of England, and Coventry 2001 to 2020..... 59

Figure 39: Cancer screening coverage for breast cancers in Luton, England, East of England and Coventry from 2010 to 2021 60

Figure 40: Cancer screening coverage for cervical cancers in Luton, England, East of England and Coventry from 2010 to 2021 61

Figure 41: Cancer screening coverage for bowel cancers in Luton, England, East of England and Coventry from 2010 to 2021 61

Figure 42: TB incidence in Luton, England, East of England and Coventry 2000-02 to 2018-20 62

Figure 43: Population Flu vaccination coverage (%) aged 65+ for Luton, England, East of England and CIPFA neighbours 2010/11 to 2020/21..... 63

Figure 44: Vaccination uptake (ages 12+) 1st, 2nd and booster doses by vaccination date for Luton and England 64

Figure 45: Population vaccination coverage PPV 65+ in Luton, England and East of England 2010-11 to 2020- 21.... 66

Figure 46: Persons in drug misuse treatment who inject drugs – percentage of eligible persons who have received a hepatitis C test 67



Figure 47: Inpatient admission rate for mental health disorders (aged 0-17 years) in Luton, England, East of England, and Birmingham 2010-11 to 2020-21	69
Figure 48: Social Isolation: Percentage of adult social care users aged 65 and over who have as much social contact as they would like in Luton, England, East of England and Coventry 2010-11 to 2019-20	70
Figure 49: Locations of community pharmacies in and around Luton with a 3km radius	74
Figure 50: Health Service locations in and around Luton	76
Figure 51: Map of pharmacies open on a Saturday	88
Figure 52: Map of pharmacies open on a Sunday	89
Figure 53: Public survey response to question on suitability of pharmacy timings	89
Figure 54: Walk time in minutes to Luton pharmacies	90
Figure 55: Map of pharmacies in Luton with population density	91
Figure 56: Driving range by distance for pharmacies in Luton	92
Figure 57: Accessibility features of pharmacies in Luton.....	93



Acronyms

A&E	Accident and Emergency
APMS	Adult Psychiatric Morbidity Survey
APS	Annual Population Survey
ASCOF	Adult Social Care Outcomes Framework
AUR	Appliance Use Review
BHFT	Bedfordshire Hospital Foundation Trust
BLMK	Bedfordshire, Luton & Milton Keynes
BMI	Body Mass Index
BP	Blood Pressure
CCG	Clinical Commissioning Group
CCS	Cambridgeshire Community Service NHS Trust
CDOP	Child Death Overview Panel
CGL	Change Grow Live
CIPFA	Chartered Institute of Public Finance and Accountancy
COPD	Chronic Obstructive Pulmonary Disease
CPCF	Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CSSNBT	Children's Services Statistical Neighbour Benchmarking Tool
CVD	Cardiovascular Disease
DAC	Dispensing Appliance Contractors
DHSC	Department of Health and Social Care
DMS	Discharge Medicines Service
DSR	Directly Standardised Rate
EHC	Emergency Hormonal Contraception
ELFT	East London NHS Foundation Trust
EOLC	End of Life Care
ePACT2	Electronic Prescribing Analysis and Cost Tool
ETS	Enhanced Tuberculosis Surveillance
EU	European Union
EWD	Excess Winter Deaths
EWDI	Excess Winter Deaths Index
GBD	Global Burden of Disease
GDP	Gross Domestic Product
GP	General Practitioner
HCV	Hepatitis C Virus
HES	Hospital Episode Statistics
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HLP	Healthy Living Pharmacies
HWB	Health and Wellbeing Board
HWBS	Health and Wellbeing Strategy
IBS	Irritable Bowel Syndrome
ICS	Integrated Care Systems
IMD	Indices of Multiple Deprivation
INR	International Normalised Ratio
IUD	Intrauterine Device
IUS	Intra-Uterine System

JSNA	Joint Strategic Needs Assessment
KPH	Kilometres per hour
L&D	Luton & Dunstable
LARC	Long-Acting Reversible Contraceptive
LCBI	Luton Council's Business Intelligence
LLI	Life-Limiting Illnesses
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Service
LTC	Long-Term Condition
LTP	Long Term Plan
MHCLG	Ministry of Housing, Communities and Local Government
MUR	Medicines Use Review
MVPA	Moderate to Vigorous Physical Activity
NCMP	National Child Measurement Programme
NDTMS	National Drug Treatment Monitoring System
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE&I	NHS England and NHS Improvement
NICE	The National Institute for Health and Care Excellence
NMS	New Medicine Service
NOMIS	National Online Manpower Information System
NRT	Nicotine Replacement Therapy
NTD	Neglected Tropical Diseases
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ODS	Organisation Data Service
OHID	Office for Health Improvement and Disparities
OMSC	Ottawa Model for Smoking Cessation
ONS	Office for National Statistics
PCV	Pneumococcal Conjugate Vaccine
PGD	Patient Group Direction
PHE	Public Health England
PHOF	Public Health Outcome Framework
PNA	Pharmaceutical Needs Assessment
PPV	Pneumococcal Polysaccharide Vaccine
PSNC	Pharmaceutical Services Negotiating Committee
QOF	Quality and Outcomes Framework
QR code	Quick Response code
SAC	Stoma Appliance Customisation
SATOD	Smoking Status at Time of Delivery
SCS	Smoking Cessation Service
SEND	Special Educational Needs and Disabilities
SHAPE	Strategic Health Asset Planning and Evaluation
SIDS	Sudden Infant Death Syndrome
SRHAD	Sexual & Reproductive Health Activity Dataset
STI	Sexually Transmitted Infections
TB	Tuberculosis
UKHSA	UK Health Security Agency
WHO	World Health Organization
Y6	Year 6 (10 to 11 years-old)



Executive summary

Purpose and structure of the Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) is a statutory health needs assessment which specifically considers the extent to which existing pharmacy services help to meet the health needs of the population, identifies any gaps in current and future provision and highlights any ways in which services could be improved.

Information for this assessment has been gathered from a number of sources. Two surveys were undertaken, one for the Luton public and the other for pharmacy contractors to establish pharmacy service provision and Luton residents' understanding of this provision. Other demographic, health and pharmaceutical service provision was sourced from local intelligence and public health sources as well as data from NHS England. A formal public consultation of the final draft document was also carried out for 60 days.

This document describes the context, purpose, and scope of the PNA (section 1) and the process of undertaking the assessment (section 2). It describes the population of Luton (section 3) and the health of the people of Luton, highlighting the areas of importance to pharmaceutical services (section 4). It then provides details of the provision of pharmaceutical services in Luton (section 5) and includes summaries at the end of each section.

Section 6 explores any identified gaps in provision based on the health needs of the population and outlines recommendations for consideration by the Health and Wellbeing board.

This assessment maps pharmaceutical services against local health needs and provides Luton HWB and NHS England with a framework for the strategic development and commissioning of services.

The PNA has been produced by the Luton Borough Council Public Health Intelligence team with governance and support from the PNA Steering Group for Luton Health and Wellbeing Board.


Summary of key points

People

Luton is an ethnically diverse and densely populated town with pockets of overcrowding and a younger than average population. Population projections suggest that the population will rise in the future with an increase in older age groups. Luton is also comparatively deprived, with some wards in the most deprived areas in the country, and high levels of child poverty. These population characteristics, especially those related to deprivation and related inequalities, contribute to the health and social care needs within the town. An ageing population also presents a challenge for certain long term health conditions which continue to require good access to pharmacy services.

Health

Life expectancy at birth and mortality rates in Luton for both males and females are lower in comparison to England and the East of England region but better in comparison to areas with a similar population. In comparison, our healthy life expectancy presents more of a challenge, especially for males, who have a significantly lower healthy life expectancy than the national and regional averages, and this has recently worsened. These overarching health indicators are influenced by lifestyle habits and certain risk factors. Tobacco smoke accounted for the highest rate of deaths per 100,000 population, followed by high blood pressure, high fasting plasma glucose (blood sugar), and dietary risks. The COVID-19 pandemic has disproportionately impacted Luton particularly in the most deprived areas, and vaccine uptake has been lower than expected. Tuberculosis (TB) remains a concern in Luton although this has improved in recent years.



Making positive lifestyle changes such as to diet, exercise, sexual behaviours, substance misuse and reducing tobacco use would have positive effects on the overall life expectancy and health for people in Luton. Pharmacies continue to hold a prominent role in public health efforts to improve healthy lifestyles, including vaccination, in Luton.

Pharmaceutical provision

In Luton, there are 44 community pharmacies and 1 GP practice with a dispensing branch. Luton has a similar number (20.6) of pharmacies per 100,000 population as England (20.9). Luton has an adequate provision of pharmacies based on the number per 100,000 and the average number of prescriptions dispensed.

There is good geographical spread of pharmacies around all communities of Luton including those experiencing greatest deprivation, with adequate provision of the essential, advanced and enhanced services. Most locations in Luton are within a 20-minute walking time or 2km drive of a pharmacy except the Southeast region which is around the airport and sparsely populated.

There is adequate timing coverage by community pharmacies in Luton. 7 pharmacies operate 100 hours or more a week, 36 are open on Saturdays and 11 on Sundays. Pharmacy provision in neighbouring areas just over the border also help to meet the needs of Luton residents. Majority of Luton pharmacies provide delivery services to customers.

Feedback on pharmaceutical provision:


Pharmacy users' views were sought through a survey open to the public. Out of 130 respondents:

- 96 per cent have a regular or preferred pharmacy
- 51 per cent walk to their pharmacy while 43 per cent travel by car or motorbike and only 6 per cent get there by cycling. Majority (92 per cent) will get to their regular pharmacy in less than 20 minutes.
- 84 per cent reported that pharmacies in Luton are open at suitable times and 87 per cent suggested that current pharmacy provision in Luton is adequate to meet their needs.
- There was generally good awareness of Essential Services provided from community pharmacies with dispensing and self-care services. Awareness of lifestyle related services such as advice on smoking, alcohol consumption, sexual health services, substance misuse and signposting to relevant services was much lower.

Conclusions and recommendations

After considering Luton's demography, health needs and pharmaceutical provision, the conclusions are that:

- The current need for necessary (essential) pharmaceutical services is met by the existing providers on the pharmaceutical list in Luton.
- There is adequate coverage of advanced, enhanced and locally commissioned services across Luton's communities.
- Future improvements and better access to pharmaceutical services could be met by expanding the services of the current pharmaceutical service providers in Luton.
- There are currently ongoing housing developments in Luton which may result in population growth in some areas. The ONS 2021 Census will also release new population data later this year. It might become necessary to re-examine the need for pharmaceutical services if new data becomes available within the 3-year lifespan of this PNA.

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- Although the pharmacies in Luton are adequate for the provision of necessary services and improvements to the health of the population, their services may be further enhanced by:
 - Emphasising to the public the services that are currently available from community pharmacies and how to access them.
 - Encouraging and enabling more existing pharmacies to provide advanced, enhanced and locally commissioned services.
 - Considering the provision of more locally commissioned public health services by community pharmacies to meet specific health needs in Luton.

1 Context of the PNA

1.1 Aim and purpose

The Health and Social Care Act 2012¹ established the Health and Wellbeing Boards (HWB), requiring each HWB to assess the need for pharmaceutical services in its area and to publish a statement of its assessment termed a Pharmaceutical needs assessment (PNA). National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013² (the 2013 Regulations), which came into force on the 1 April 2013, requires a first assessment to have been completed in 2015 and subsequent revised assessments within 3 years of previous publications after identifying significant changes which could affect the need for pharmaceutical services within its area. Within this time frame, a HWB may also publish a supplementary statement explaining changes to the availability of pharmaceutical services if it is satisfied that making a revised assessment would be a disproportionate response or is required for other purposes (set out in regulation 6). Luton's last PNA was published in October 2019.

A recent regulation, the National Health Service (Coronavirus) (Charges and Further Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020³ amends the 2013 Regulations and requires the PNA to be published by April 2022. However due to further constraints raised by the Covid-19 pandemic, HWBs are currently required to produce their PNA's by 1st of October 2022.

The purpose of this PNA is to assess the provision of pharmaceutical services across Luton, ascertain whether the system is appropriate to meet the needs of the population and identify any potential gaps in the current service delivery. The PNA will be used by NHS England, the Local government and the Clinical Commissioning Groups to inform applications to join the pharmaceutical list and commissioning decisions (CCGs will be replaced by Integrated Care Systems -ICS by mid- 2022).

1.2 Scope of the PNA

The scope of this PNA is limited to that of community pharmaceutical provision as specified in the 2013 Regulations and excludes pharmaceutical provision within the hospital setting. As specified by regulation 4 and schedule 1, a PNA must contain:

1. A statement of the pharmaceutical services provided that are necessary to meet needs in the area
2. A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision)
3. A statement of the other services that are provided, which are not needed, but have secured improvements or better access to pharmaceutical services in the area
4. A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area
5. A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affects the need for pharmaceutical services
6. An explanation of how the assessment has been carried out (including how the consultation was carried out), and
7. A map of the various providers of pharmaceutical services

¹ [Health and Social Care Act 2012](#)

² [National Health Service \(Pharmaceutical Services and Local Pharmaceutical Services\) Regulations 2013 \(the 2013 Regulations\)](#).

³ [National Health Service \(Coronavirus\) \(Charges and Further Amendments Relating to the Provision of Primary Care Services during a Pandemic etc.\) Regulations 2020](#).

1.3 Main community pharmaceutical services defined for the purpose of the PNA

For the purpose of the PNA, the four main categories of pharmaceutical services can be summarised as:

- 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, repeat prescriptions, signposting, clinical governance, promotion of healthy lifestyles and support for self-care.
- 2. Advanced services:** These are services community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as set out in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013⁴.
- 3. Enhanced services:** These are services commissioned directly by NHS England and NHS Improvement. These could include for example anti-coagulation monitoring and the provision of advice and support to residents and staff in care homes in connection with drugs and appliances.
- 4. Locally commissioned services:** These are services community pharmacy contractors could potentially be commissioned to provide by other commissioning organisations, for example, local authority public health teams. Examples of this include the needle disposal service and stop smoking service.

The following service providers are included in a pharmaceutical list:

- 1. Pharmacy contractors:** Healthcare professionals working for themselves or as employees who practice in pharmacy, the field of health sciences focusing on safe and effective medicines use.
- 2. Dispensing appliance contractors (DAC):** DACs are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages, etc. DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Regulations 2013 and must also provide a range of essential services such as dispensing of appliances, advice on appliances, signposting, clinical governance, and home delivery of appliances. Pharmacy contractors, dispensing doctors and local pharmaceutical service (LPS) providers may also supply appliances, but DACs are unable to supply medicines.
- 3. Dispensing doctors:** Medical practitioners authorised to provide drugs and appliances in designated rural areas known as 'controlled localities'. The patients they dispense to must meet certain criteria as stipulated within the regulations. GP practices may have premises within a town and still be able to dispense because some of their patients live in a controlled locality and meet the other requirements of the regulations.
- 4. Local Pharmaceutical Services (LPS) contractors:** Provide certain community pharmaceutical services tailored to specific local requirements in some HWB areas. An LPS contract is held with NHS England and provides a level of flexibility where necessary.

⁴ [Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013.](#)

2 Process of undertaking the PNA

The Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards⁵ published by the Department of Health and Social Care, the 2013 Regulations and the Luton PNA 2019 provided guidance and a basis for the process of updating the Luton PNA. The Luton PNA 2022 is due to be published on the 1st of October 2022.

The preparation of the PNA should take account of the Joint Strategic Needs Assessment (JSNA) and other relevant strategies produced by the HWB (such as the Luton Health and Wellbeing Strategy, HWBS, Luton 2040 plan and Luton Local Transport Plan), but as the PNA specifically informs commissioning decisions, it cannot be included as a part of the JSNA although it can be attached to it as an annex. Information from the JSNA and other public health sources have therefore been used to explore the characteristics of the population in Luton Council as well as local health needs that may be addressed through pharmaceutical services. Luton Council's JSNA and other documents can be found on the Luton Information Observatory⁶ available on the council's website.

2.1 Stakeholder engagement

As the PNA refresh is a statutory process with a fixed publication date, there is a need for governance and support of a structured nature. This was achieved through the constitution of a Steering Group. The HWB is also required to engage key stakeholders throughout the PNA process. Two surveys were carried out before the first draft was completed, one for Luton pharmacy contractors and another for the Luton public. A formal stakeholder consultation of the final draft was also held for 60 days.

2.2 Steering group

Key stakeholders and partners were invited to join the Steering group. The purpose of the Steering group was to advise and develop structures and processes to support the preparation of a robust PNA and to ensure that the views of Luton's main stakeholders are considered throughout the process of writing the document. The group met five times via Microsoft Teams to support the PNA update process. Membership of the steering group included representatives from the following groups:

- Bedfordshire Local Pharmaceutical Committee
- Bedfordshire, Luton and Milton Keynes (BLMK) Clinical Commissioning Group
- NHS England and NHS Improvement
- Luton Healthwatch
- Luton Borough Public Health Intelligence Team
- Luton Borough Business Intelligence Team
- Luton Borough Communications and Marketing Team

Governance

The Steering Group was chaired by a consultant in Public Health, Dr Sue Milner, and reported to the HWB of Luton Council via its chairperson (see Acknowledgements for full list of steering group members).

⁵ [The Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards](#)

⁶ [Luton Information Observatory](#)

2.3 Pharmacy contractor survey

A survey of the pharmacy contractors in Luton was undertaken via the Luton Council consultation portal. It was agreed by the steering group members to keep the questionnaire as short as possible, therefore, the short version of the PNA Pharmacy Questionnaire published by the PSNC⁷ was adopted. The questionnaire was posted on the council consultation portal and emails sent to the pharmacies with details of the survey including the survey link. All 44 pharmacies in Luton and 1 dispensing practice were invited to complete the questionnaire. The questionnaire was made available from 25 January to 28 February 2022. All pharmacies were followed up with several reminder emails from Bedfordshire LPC and the Public Health Intelligence team.

15 of the 44 pharmacies in Luton responded to the survey and the results have been analysed and recorded. In light of the low response rate, it should be noted that the results may not be fully representative of all Luton pharmacy contractors. Pharmacy contractors have a second chance to air their views at the final public consultation.

Survey results

Pharmacies were asked about some of the services they provide and where they saw a need for future provision in the community. Due to the ethnic diversity within Luton, a question on languages spoken within the pharmacy was also included. The results of the survey have been incorporated into the assessment and key points summarised below (see Appendix 5 for full survey questions and results).

All the pharmacies that responded in Luton reported languages other than English spoken by the staff. Languages specified were Hindi, Gujarati, Urdu, Kiswahili, Bengali, Punjabi, Polish, Greek, Telugu, Albanian and Spanish. This reflects Luton's ethnic diversity. All the pharmacies that responded provide delivery of medicines as a service on request and supply some types of appliances (such as dressings, stoma or incontinence appliances) although to different levels. When asked if they saw a particular need for a new locally commissioned service in the area, 47 per cent indicated yes. Services most mentioned included blood glucose checks for diabetes, travel vaccinations, minor ailments service, blood pressure monitoring, smoking cessation, substance abuse services, vaccinations and anticoagulant monitoring clinics (for blood clotting disorders). 87 per cent of pharmacy contractors also indicated a desire to provide additional services within their area. The service most requested to be provided by the pharmacies was the Minor Ailments Service (6 out of 15 responders). This service is not currently commissioned in Luton.

2.4 Public survey

A survey for the public was made accessible via the Luton Council consultation portal online. To limit the environmental impact of the consultation, following guidance recommendations and in adapting to Covid-19 restrictions, participants were encouraged to fill in the online version. However, in order to accommodate respondents who may not have access to the internet, the option for paper copies and other accessible formats was made available if requested. Posters with information on the public survey including a link and a QR code were emailed to the pharmacies for display in their premises. A total of 133 responses were received from the public and the results have been analysed. A summary of the results has been included below (see Appendix 6 for full results). Respondents were asked about the pharmacy services that they used or were aware of, and their opinion of the current provision of services. The results of the survey have been incorporated into the assessment. Considering the small number of respondents (n=130 for most questions), it should be noted that the results may not be fully representative of the opinions of all Luton residents.

⁷ [Pharmaceutical Services Negotiating Committee - PSNC](#)

Promotional activities

The Luton Council Communications and Marketing team undertook several promotional activities to drive public participation in the survey. A press release was issued to the local and regional media at the start of the survey to inform the public. Numerous messages were posted on Luton Council's social media platforms (Facebook and Twitter) and boosted adverts placed twice to increase public engagement. The social media advert was also shared with the CCG to be uploaded to GP screens. Text and social media graphics were shared with key stakeholders and partners for release/sharing with community groups (Healthwatch, CCG, L&D Hospital, ELFT and Social Justice Unit). In addition to these, the survey was promoted on E-Luton, the Council's digital newsletter which is distributed to over 33,000 subscribers every month, as well as Luton Council intranet and e-brief.

Survey results

A total of 133 responses were received from people who lived and/or worked in Luton. Of these, 3 had not visited a pharmacy in the last 12 months and so only completed the optional questions on demographics. Out of **130** respondents, 96 per cent had a preferred pharmacy they use regularly (**n=120**). The reasons for this ranged from proximity of the premises, quality of staff and availability of parking to the fact that the pharmacy had not mismanaged their prescriptions as others had.

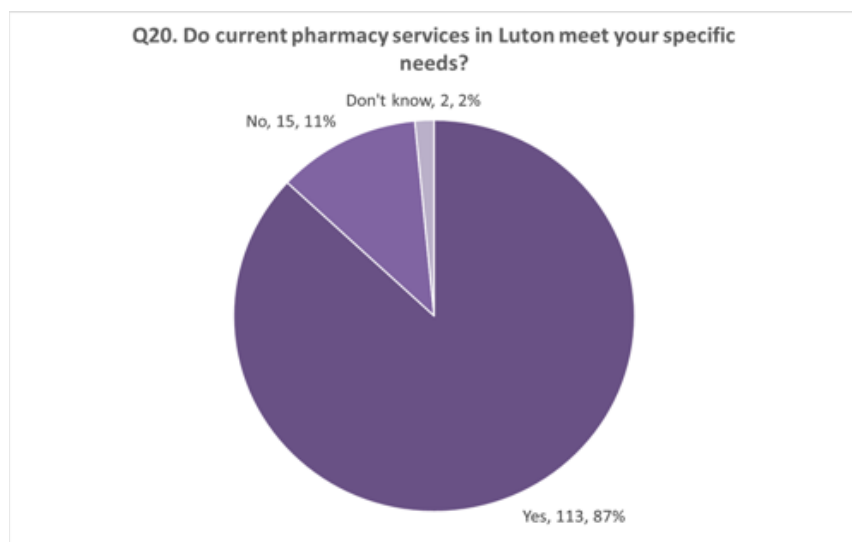
Majority of respondents (95 per cent) go to the pharmacy mainly for collecting prescribed medicines. Only half reported seeing the pharmacist for medical advice for minor health conditions. The Community pharmacy consultation service (CPCS) is currently in place through dialling 111 to reduce the burden on other primary care and emergency services and community awareness of this service may need to be promoted. Friendliness, knowledge of the pharmacy staff and good customer service were selected as the most common reasons for patronising a particular pharmacy (78 per cent, 73 per cent and 68 per cent). All pharmacies (except distance selling premises and those which have been exempted) are now required to have a private consultation room within the premises. Majority of respondents are aware of this (73 per cent) but not all, and this knowledge should be promoted as an awareness of this could possibly encourage more customers to use the pharmacist consultation service.

In terms of accessibility of pharmacies, the majority of people who responded (**n=120**) stated that it takes them less than 20 minutes to reach their pharmacy (92 per cent) and 79 per cent would reach in under 10 minutes. No-one reported taking over 30 minutes to get to the pharmacy. Majority of respondents (84 per cent) also stated that pharmacies in Luton are open at times suitable to them. This shows that accessibility to pharmacies with regard to opening times is adequate for Luton (for full pharmacy opening times, see Appendix 1). For people with disabilities, only 15 per cent of respondents reported their pharmacy as having an automatic door, 3 per cent a disabled toilet, 16 per cent wheelchair ramp access, 10 per cent a bell at the front door and 8 per cent a hearing loop. The Equality Act 2010⁸ requires service providers to make changes to improve services for disabled customers. Almost a quarter of respondents (24 per cent) described themselves as having a disability and pharmacies could do more to improve access for people with disabilities.

Overall, most people reported that pharmacy services in Luton met their needs (Figure 1).

⁸ [The Equality Act 2010](#).

Figure 1: Public survey results- Do current pharmacy services in Luton meet your needs?



Source: Luton PNA 2022 Public Survey, Luton Public Health Intelligence

2.5 Stakeholder consultation

As part of the PNA development process, the HWB is required to consult a specified list of organisations, local stakeholders and the general public for a minimum of 60 days through a formal consultation process. The consultation for the Luton PNA 2022 draft report ran from 27 June to 29 August 2022 during which the views of the general public and other interested stakeholders were received. Following review by the PNA Steering Group, the final Draft PNA report, separate Executive summary and a short survey questionnaire were published online via the Council's consultation portal for 9 weeks. Key stakeholders, partner organisations and Luton's pharmacy contractors were advised of the launch of the consultation and specifically invited by email and by the LPC to respond to the survey while the general public was also made aware of the consultation process through a number of promotional activities. The option to complete a paper copy of the consultation survey was made available, however, all responses were received online.


A total of 146 people started the survey, however, only 75 respondents (just over half) read some or all of the draft and therefore completed the survey. Out of the 75 valid responses, 70 were from members of the public (93 per cent), 4 were from pharmacists and only one identified as representing a business. However, the organisation name was not disclosed. More females than males responded to the survey and there was an over-representation of the White British ethnicity in comparison to other ethnic groups.

Out of 75 respondents, 85 per cent said the purpose of the PNA was clear to them, 8 per cent said the purpose was not clear while 7 per cent were not sure. Nearly half of the respondents agreed with the overall conclusions of the PNA document (49 per cent). 12 per cent disagreed while 28 per cent neither agreed nor disagreed and 11 per cent of respondents were unsure. All 4 pharmacists and one business organisation representative agreed with the conclusions.

A report and full results of the formal PNA consultation are available in Appendix 7. All comments were reviewed and have been incorporated in the report where appropriate.

What we learned from the consultation

While a majority of respondents felt the PNA had adequately captured the provision of and need for pharmaceutical services in Luton, a few themes emerged from the comments received. Shortage of skilled pharmacy staff, inadequate pharmacy opening times, effects of an ageing population and population



growth on pharmacy services as well as pharmaceutical product supply shortages emerged as the top concerns voiced by the respondents. While some of these opinions are already addressed within the PNA report, others such as product and staffing shortages remain long-standing challenges and do not fall within the remit of this PNA.

All feedback from the consultation remains important and has been considered in the final PNA report, however, it should be noted that the consultation response is from a very small portion of the total Luton population and should not be considered fully representative of the views of the whole community.

It remains the view of the HWB that the total number of pharmacies in Luton is adequate for the population and there is a pharmacy within reasonable commute time in each locality, including those considered densely populated. Improvements may be made to the services on offer by increasing the availability of preventive health services in all pharmacies throughout the community and encouraging patients to visit their pharmacist for minor illnesses and health advice in the first instance.

With future assessments, consideration may be given to producing a less technical, easy read version for the general public in addition to the formal document, and employing additional methods to increase the public engagement and capture as many segments of Luton's diverse population as possible with regard to age, gender, ethnicity and religion and other demographic characteristics.

2.6 Final report

A first draft of the document was shared with the Steering group for review ahead of the third meeting for review. The cut-off date for data to be incorporated into the report was determined for May 2022, following which the final draft document was again reviewed with the Steering group. The final draft PNA was again reviewed with the Steering group after the 60 day consultation process and final amendments made. Following this process, information has been drawn from various sources of open access data made available by NHS England, Office for Health Improvement and Disparities - OHID (formerly Public Health England - PHE), Department of Health and Social Care (DHSC) and the Pharmaceutical Services Negotiating Committee (PSNC). Luton's JSNA has been the main source of the local people and place information as well as the relevant health and social care needs. Luton, being a small urban region, has mainly been described using its electoral wards.

Comparators for local authority areas are the Chartered Institute of Public Finance and Accountancy (CIPFA) nearest neighbour and Children's Services Statistical Neighbour Benchmarking Tool (CSSNBT) statistical neighbour methodologies as well as national and regional (East of England) comparisons. The Luton PNA 2019 has also served as a basis for the current update.

All information in the PNA is correct as of May 2022. Some additional information have been updated as of September 2022 following the PNA consultation (see Appendix 1). However, it must be noted that information on pharmaceutical services changes frequently and may have changed by the time of final publication. The PNA report has made all effort to include the most updated information possible in the document.

3 This is Luton – People and place

This section describes the current population of Luton by number, density (how many people per specified area), projected growth over 15 years and movement in and out of the borough. It further explores the people of Luton by age, gender, ethnicity, levels of education, employment and deprivation. Luton as a place is described using methods of transport and availability of housing including developments which are ongoing or planned for the next three years.

3.1 Population overview

Luton is a densely populated town in Bedfordshire with an estimated total population of 213,500⁹ and an area of 4,336 hectares. The population estimate translates into a population density of 49 persons per hectare; this figure is greater than some London Boroughs.

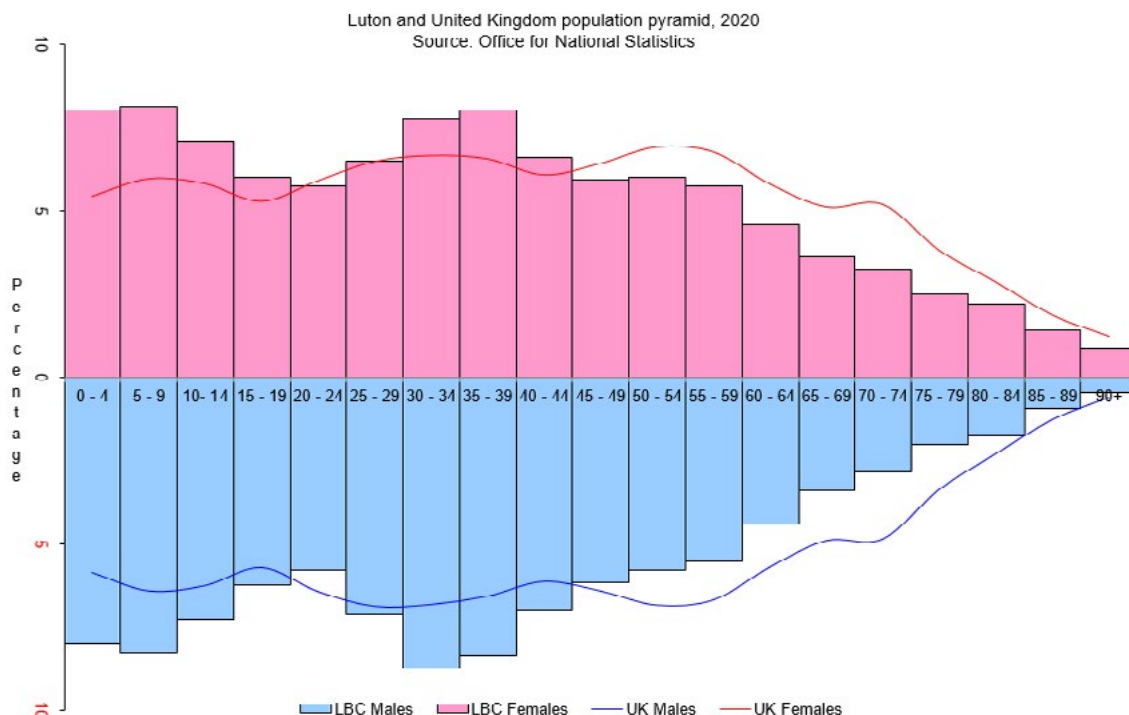
After a period of sustained growth, the population of Luton fell between 2016 and 2019, driven by a fall in the birth rate and an increase in migration out of Luton to other parts of the country, particularly the neighbouring areas. However, the population in Luton rose slightly between 2019 and 2020 driven by a fall in migration out of the town. There is a degree of uncertainty in the latest figures because of the Covid-19 pandemic, in particular the difficulty in measuring international migration during this period. The 2021 Census results that are scheduled to be released in 2022 will give a greater clarity on current population size and movements.

Luton has a younger than average population with the under 16 age group accounting for 25 per cent of the population compared with 19 per cent nationally. The 16 to 64 age group accounts for 63 per cent of Luton's population, a similar proportion to the national figure (62 per cent). The 65 and over age group represents 13 per cent of the Luton population compared with 19 per cent nationally.

The population pyramid (Figure 2) and Table 1 below show that Luton's population has a higher proportion of younger people and a lower proportion of older people than nationally.

⁹ 2018 mid-year population estimates, Office for National Statistics. Available from: <https://www.ons.gov.uk/>

Figure 2: Luton and England population by age, 2020 estimates



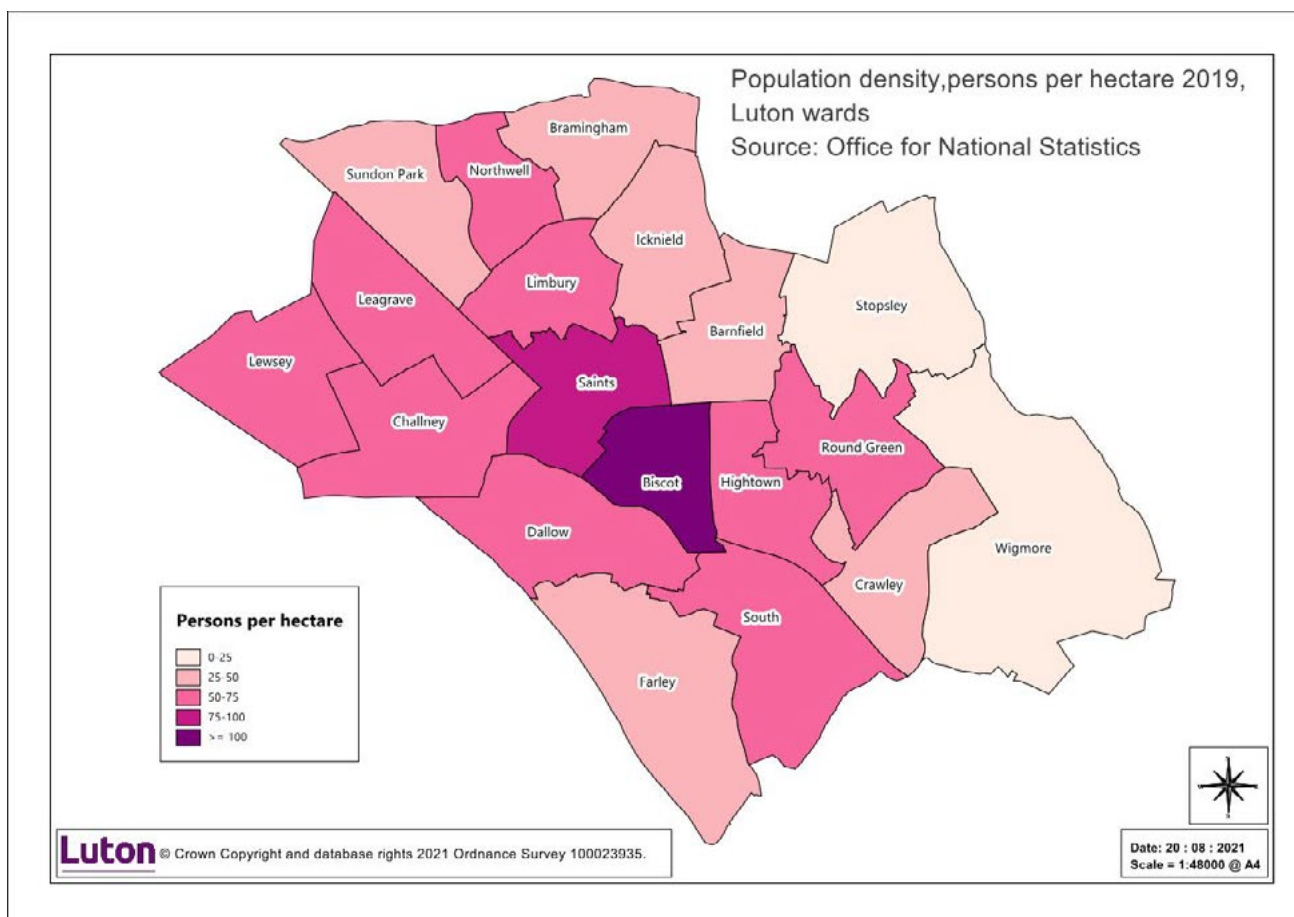
Source: Office for National Statistics

Table 1: Luton population by age, 2020

All ages	Male	Female	Total	Luton Population (percent)	UK Population (percent)
0 – 4	8,700	8,400	17,000	8.0	5.6
5 – 9	9,000	8,500	17,500	8.2	6.2
10 – 14	7,900	7,400	15,300	7.2	6.0
15 – 19	6,800	6,300	13,100	6.1	5.5
20 – 24	6,300	6,000	12,300	5.8	6.2
25 – 29	7,700	6,800	14,500	6.8	6.7
30 – 34	9,500	8,100	17,600	8.2	6.7
35 – 39	9,100	8,400	17,500	8.2	6.6
40 – 44	7,600	6,900	14,500	6.8	6.1
45 – 49	6,700	6,200	12,900	6.0	6.4
50 – 54	6,300	6,300	12,600	5.9	6.9
55 – 59	6,000	6,000	12,000	5.6	6.7
60 – 64	4,800	4,800	9,600	4.5	5.7
65 – 69	3,700	3,800	7,500	3.5	5.0
70 – 74	3,100	3,400	6,500	3.0	5.0
75 – 79	2,200	2,600	4,800	2.2	3.6
80 – 84	1,900	2,300	4,200	2.0	2.6
85 – 89	1,000	1,500	2,500	1.2	1.6
90 and over	500	900	1,400	0.7	0.9
Total	108,900	104,600	213,500		

Source: 2020 mid-year population estimate, Office for National Statistics

Figure 3: Population density in Luton by ward, 2019



Source: Office for National Statistics

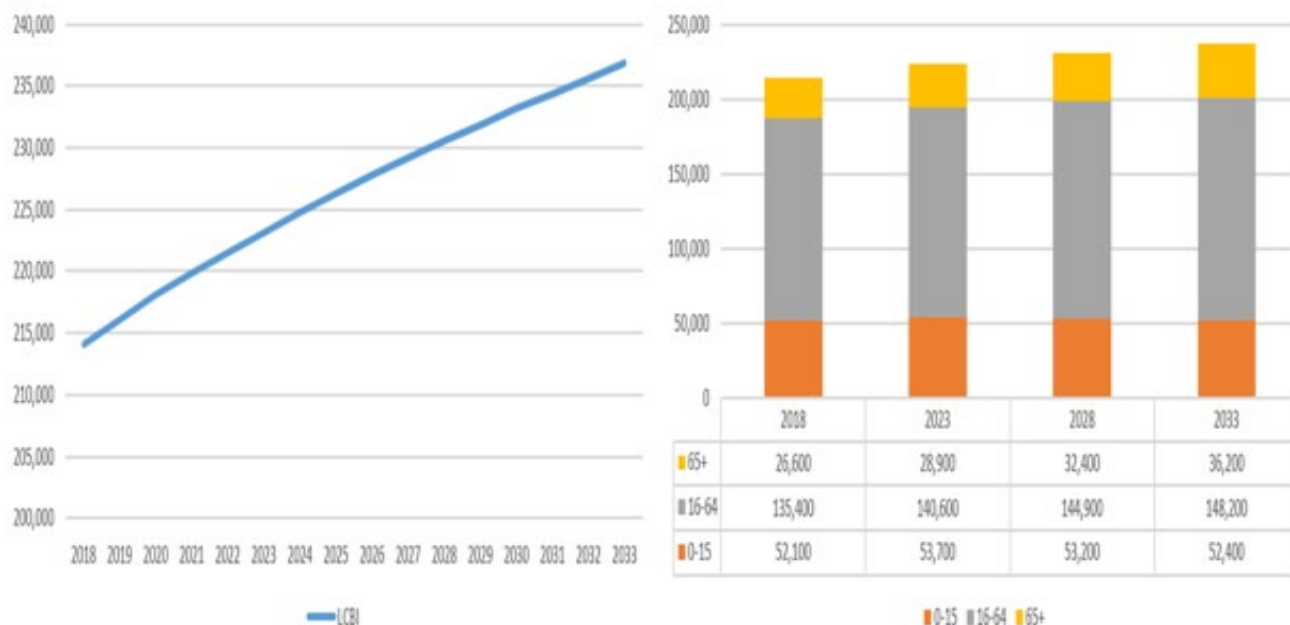
Figure 3 shows the population density of Luton by electoral wards. The most densely populated areas of Luton are around the centre of the town. Biscot is the most densely populated ward, followed by Saints. Stopsley and Wigmore are the least densely populated wards in Luton.

3.2 Population projections

In recent years, trend-based population projections for Luton have shown strong population growth because of a high birth rate and high levels of international migration. The latest population projections by Luton Council’s Business Intelligence team using a 10-year trend were produced in 2019 (LCBI line in Figure 3). These projections show a predicted 10 per cent growth of the population of Luton over the next 15 years (2019-2033). However, the local birth rate has slowed as has international migration which is reflected in the ONS’ latest sub-national population projections which use a five-year trend and project a 5 per cent decrease in the population of Luton over the next 15 years. These projections both use pre covid-19 trends and show that there is a degree of uncertainty regarding the trajectory of Luton’s population. The pandemic has further added to the uncertainty and the demographic change will need to be monitored.

Figure 4 shows Luton Council’s population projections with age breakdown with a projected rise of 10 per cent over the next decade if pre-Covid trends of migration and births are projected into the future. The older population will have the fastest rate of growth. Information from the 2021 census, when available, will shed more light on Luton’s population once the data is released.

Figure 4: Population projections for Luton 2018 to 2033



Source: Luton Council, Business Intelligence using Office for National Statistics data

3.3 Ethnicity and diversity

Luton borough is ethnically diverse, with approximately 55 per cent of the population being of ethnicity other than white ¹⁰. In recent years the diversity of the population has increased. There has been a significant shift in the population, primarily driven by those arriving from newly EU acceded A8 countries of Eastern Europe especially the Polish and Romanians. A recent study by Mayhew Harper Associates ¹¹ showed concentrations of new communities of Congolese, Somali, Ghanaians, Nigerians, Turks and Zimbabweans in Luton. Foreign students coming to the University of Bedfordshire has further increased diversity. There is an increasing acceptance that Luton is a ‘super-diverse’ community.

In 2019 the estimated white population was 102,700 in comparison to 132,600 in 2001. Even with EU migration in this group, the fall in the numbers of white British has driven this change. The Asian/Asian British population increased from 33,700 in 2001 to 73,900 in 2019. This is now more than a third of the population in Luton. Table 2 below shows that Luton’s population has become more diverse since the 2001 Census. It should be noted that this data is taken from the 2011 census information and may require some updating when new census information becomes available.

¹⁰ 2011 Census, Office for National Statistics.

¹¹ Mayhew Harper Associates, 2010. The Growth and Changing Complexion of Luton’s Population.

Table 2: Luton population by ethnicity, 2001 to 2019

Ethnicity	2001	2011	2019
White	132,600	111,100	102,700
Mixed	4,700	8,300	11,100
Asian/Asian British	33,700	61,000	73,900
Black	11,700	19,900	21,900
Other	1,700	3,000	3,600
Total	184,400	203,200	213,100
Ethnicity (per cent)	2001	2011	2019
White	71.9	54.7	48.2
Mixed	2.6	4.1	5.2
Asian/Asian British	18.3	30.0	34.7
Black	6.3	9.8	10.3
Other	0.9	1.5	1.7

Source: Office for National Statistics and Luton Council, Business Intelligence

The 2011 Census recorded 153,463 (79 per cent) of people in Luton's main language to be English, with many other languages widely spoken such as Urdu (8,567 speakers), Polish (8,006 speakers) and Bengali (6,337 speakers). Since the 2011 Census, many Romanian speakers have settled in Luton.

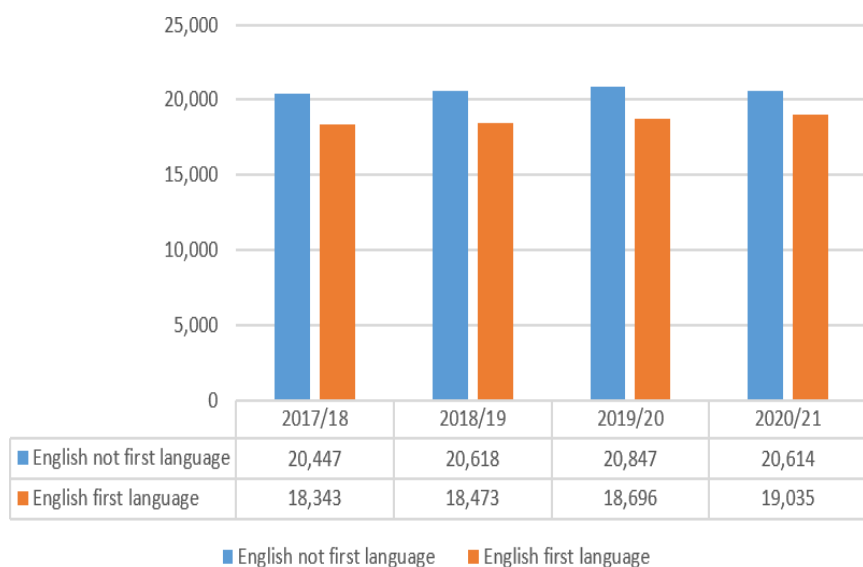
The school census in 2019 recorded more than 150 languages and dialects being spoken in Luton with English being the first language of 47 per cent of school children. The school census data shows the growing diversity in Luton with 15.5 per cent of school children's first language being Urdu, 8.8 per cent speaking Bengali and 4.8 per cent speaking Polish. Table 3 and figure 5 describe the languages spoken by school children in Luton.

Table 3: Main languages spoken in Luton, 2019 school census

Language	Speakers	Percentage
English	18,300	47.0
Urdu	6,019	15.5
Bengali	3,442	8.8
Polish	1,851	4.8
Panjabi	919	2.4
Romanian	810	2.1
Pahari	691	1.8
Arabic	409	1.1

Source: School Census, Luton Council

Figure 5: First language of pupils in Luton's schools 2017 to 2021



Source: Department for Education

More than half of the pupils in Luton's schools have a language other than English as their first language. This proportion has remained at a similar level over the last five years

3.4 Deprivation and poverty

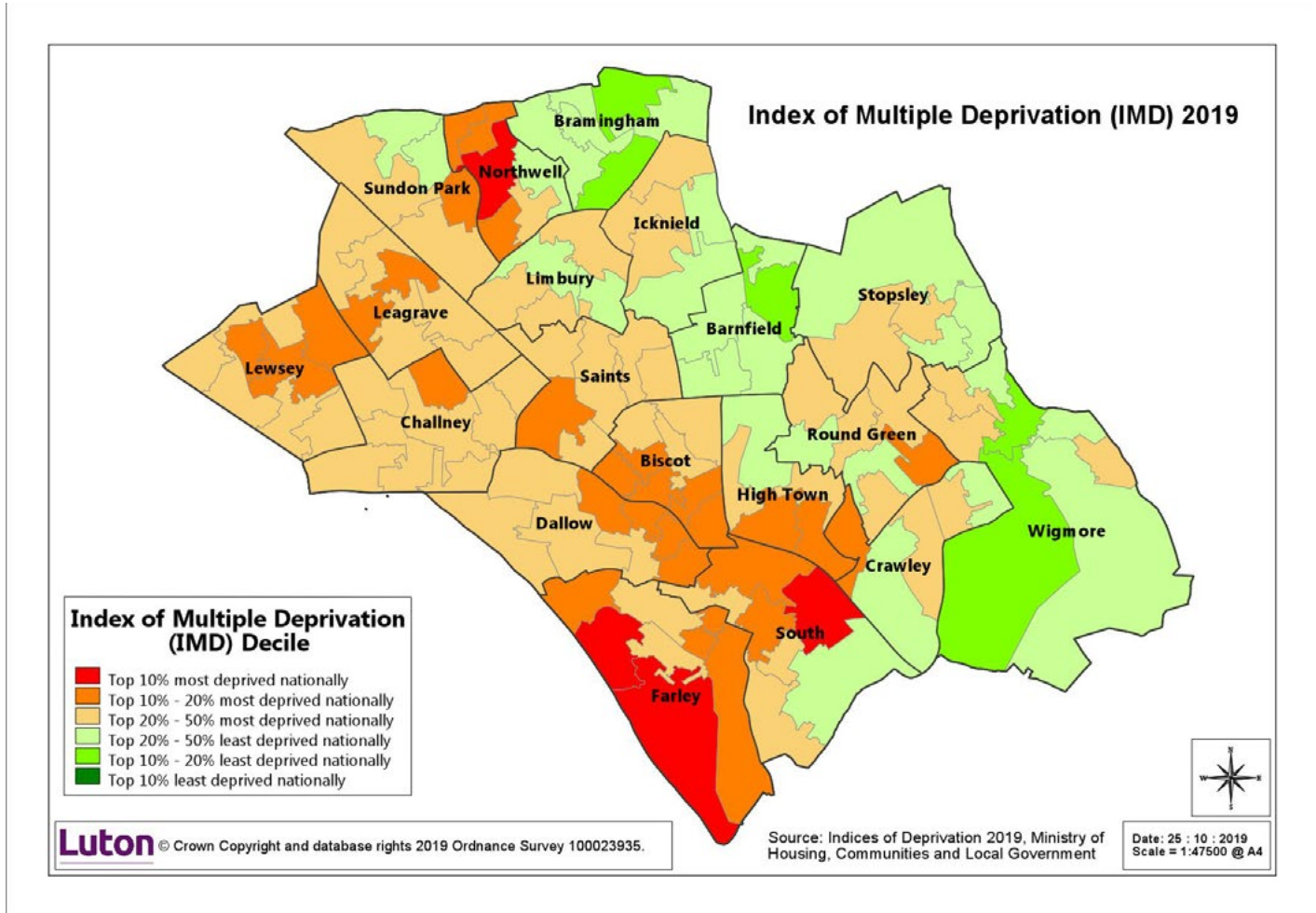
Poverty is a subjective term which can be defined and measured in different ways. The Indices of Multiple Deprivation (IMD) produced by the Ministry of Housing, Communities and Local Government (MHCLG) provides a useful measure to compare deprivation among different areas of England. Luton is currently ranked the 70th most deprived out of 317 local authorities. In 2015 Luton was ranked the 59th most deprived area from 326 local authorities, therefore, Luton is relatively less deprived now than in 2015. The proportion of areas in Luton in the top 10 per cent most deprived parts of the country has fallen, with Luton having four output areas in the top ten per cent most deprived (previously there were nine areas). These areas are in Northwell, South and two in Farley.

Luton has some of the highest rates of child poverty in the country with data from the Centre for Research in Social Policy indicating that more than half of children in Biscot and Dallow wards live in poverty. Poverty impacts upon life chances and the health of the population. The impact of this is clear to see, with children from our most deprived families on average 15 months behind those from more affluent families in their vocabulary skills by the age of five. Men living in our most deprived areas can expect to live on average nine years less than those from more affluent parts of Luton. For women, the life expectancy gap is five years.

The vision for the Luton 2020-2040¹² is built around ensuring that everyone in our town has the opportunity to thrive and no-one should live in poverty. Prior to the pandemic there were encouraging signs of residents already benefitting with improved earnings and a drop in the town's deprivation ranking. With the success of Luton Airport, the local economy has experienced strong economic growth and increased earnings. Figure 6 shows the IMD (2019) deciles for Luton.

¹² [A town-wide vision for Luton 2020-2040 - A place to thrive.](#)

Figure 6: Index of Multiple Deprivation 2019, Luton



Source: Indices of Multiple Deprivation, Ministry of Housing, Communities and Local Government

The Covid-19 pandemic has disproportionately impacted Luton, and in particular, the most deprived areas. The impact of both Covid and Brexit on supply chains is likely to increase food and energy costs putting extra pressure on household budgets. However, Luton council remains committed to the vision of reducing deprivation.

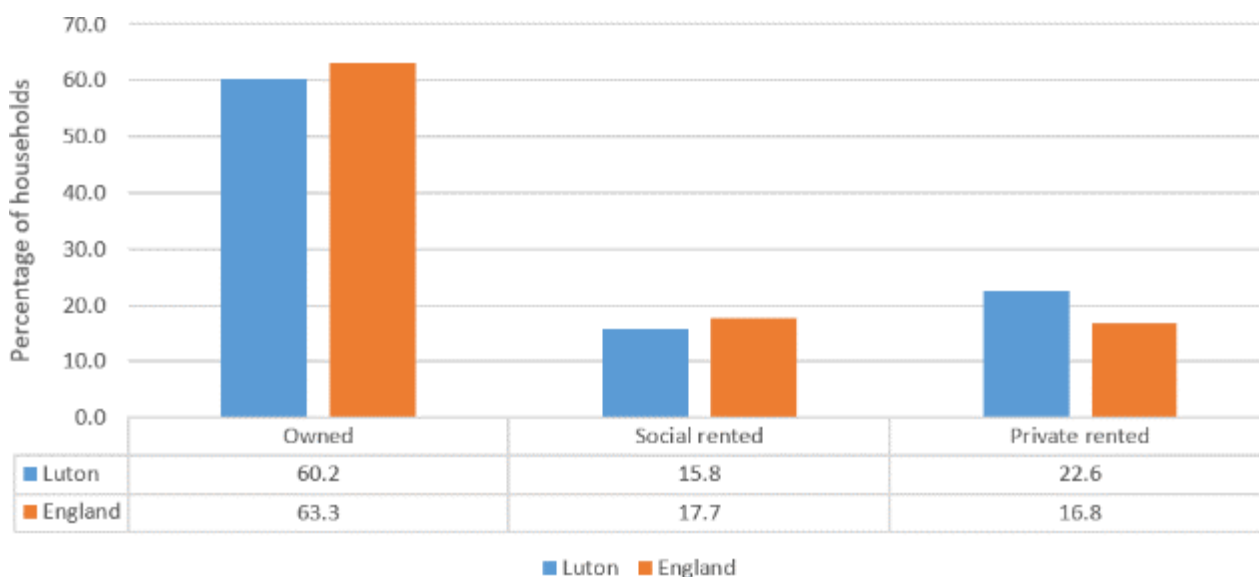
3.5 Housing

As at the 2011 Census, 22.6 per cent of tenures in Luton were privately rented. This is higher than national figure of 16.8 per cent. Local intelligence suggests that the proportion of private renters has increased in Luton with residents facing issues with increasing rents, short term unstable contracts and the increase of unstable poorly paid work. The ratio of median and lower quartile income earnings to house prices has also increased in Luton and housing has become less affordable in Luton over the last decade.

Despite the pandemic recession, average house prices in Luton have been rising over the last year. Land Registry figures show that the average house price in Luton is £250,026 which has increased by nearly 10 per cent in the last year.

Figure 7 shows housing tenures in Luton based on 2011 census data.

Figure 7: Household tenure in Luton



Source: 2011 Census, Office for National Statistics

The long-term impact of any changes in work culture remains to be seen but an increase in home-working may lead to house price pressure in Luton if the area becomes more desirable with a greater potential for agile working away from London. The property market is likely to continue to put pressure on those on lower incomes.

3.5.1 Overcrowding and homelessness

According to the 2011 Census, 10.6 per cent of households in Luton are overcrowded. The Housing Act (1985)¹³ definition of over-crowding is wherever there are so many people in a house that any two or more of those persons, being ten or more years old, and of opposite sexes, not being persons living together as husband and wife, must sleep in the same room.

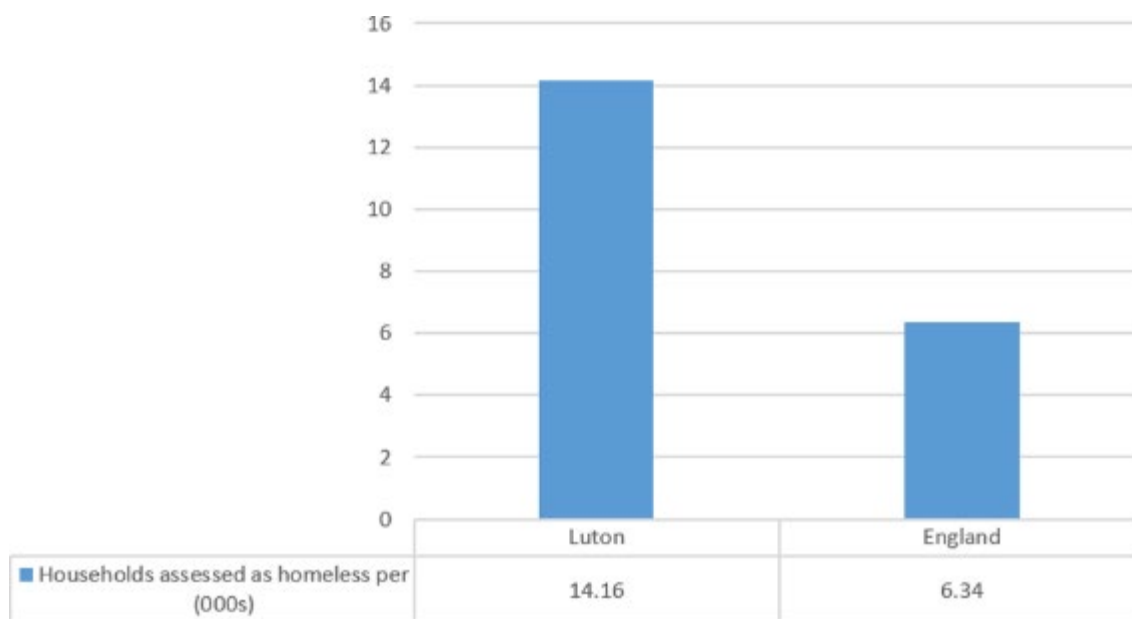
There is a higher proportion of over-crowding in Luton South Parliamentary constituency with 12.6 per cent of households, which is a ranking of 34th out of 573 Parliamentary constituencies. In Luton North 8.4 per cent of households are overcrowded, a ranking of 62nd.

Luton has a homeless rate of 14.16 per thousand of population which is higher than the national figure of 6.34 and one of the highest rates in the country. The Luton 2040 vision recognises the need for provision of quality affordable housing for Luton’s residents to alleviate this.

Figure 8 below shows levels of homelessness in Luton per 1000’s in 2020-21.

¹³[The Housing Act \(1985\).](#)

Figure 8: Homelessness per thousand, 2020 to 2021



Source: Ministry of Housing, Communities & Local Government

Luton Council’s Local Plan¹⁴ (2011 – 2031) adopted in November 2017 recognises the need for 17,800 net additional dwellings to support the population growth of Luton Borough over the period. Out of these, 40.5 per cent (8,500) need to be affordable housing and the council is implementing this plan by aiming to deliver 4,000 new homes, including 500 affordable ones for residents by 2025 (Luton 2040). Luton’s capacity is capped in terms of the amount of housing it can meet within its administrative boundary, therefore, the Council is currently working with other local authorities in the area to seek the delivery of Luton’s unmet housing needs in these areas outside the borough through their local plans under the Duty to Cooperate.

3.6 Education and employment

In recent years Luton’s economy has shown strong growth with a successful airport, new jobs and growing earnings for the town’s residents. Rental costs and house prices have risen. However, there are issues with growth in low paid, unstable jobs, increasing levels of in-work poverty with many jobs being paid below the living wage. The latest employment data from the Office for National Statistics recorded 92,000 employees in Luton in 2019 with 68.1 per cent in full time employment and 31.9 per cent part time.

Table 4 shows the information for full-time and part-time employees in Luton in 2019. There has been a decrease in residents in full-time employment as compared with 2015 and a rise in part-time employees.

¹⁴ Local Plan 2011 – 2031, Luton Council, November 2017.

Table 4: Full-time and part-time employment in Luton, 2019

Date	Employees	Full time Employees	Full time Employees (per cent)	Part time Employees	Part time Employees (per cent)
2015	88,000	61,000	70.1	26,000	29.9
2016	94,000	63,000	67.0	31,000	33.0
2017	95,000	65,000	68.4	30,000	31.6
2018	92,000	62,000	67.4	30,000	32.6
2019	92,000	62,000	68.1	29,000	31.9

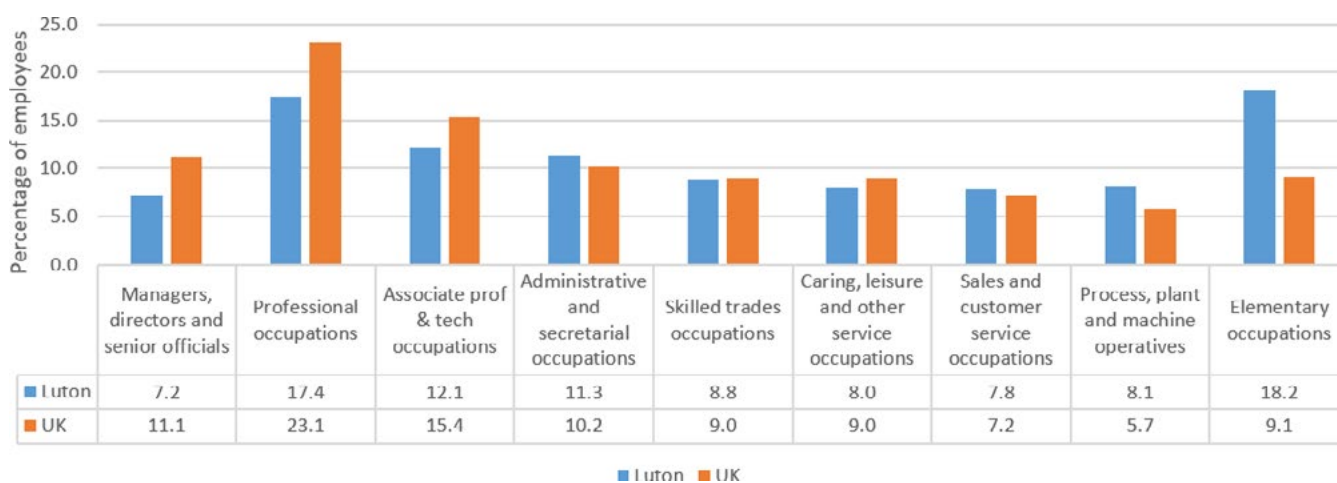
Source: Office for National Statistics

Components may not sum to totals due to rounding.

Luton has a lower proportion of employees in managerial and professional occupations than nationally and a higher proportion in elementary occupations. This means that there will be a higher proportion of people in Luton on lower incomes. The increasing casualization of the labour market has led to a two-tier economy in which a growing number of people are employed in poorly paid work with no stability and minimal employment protections. These factors are making it more difficult for family stability and settled communities. This is reflected in high population churn in Luton.

Figure 9 compares the proportion of employees by occupation in Luton against the UK.

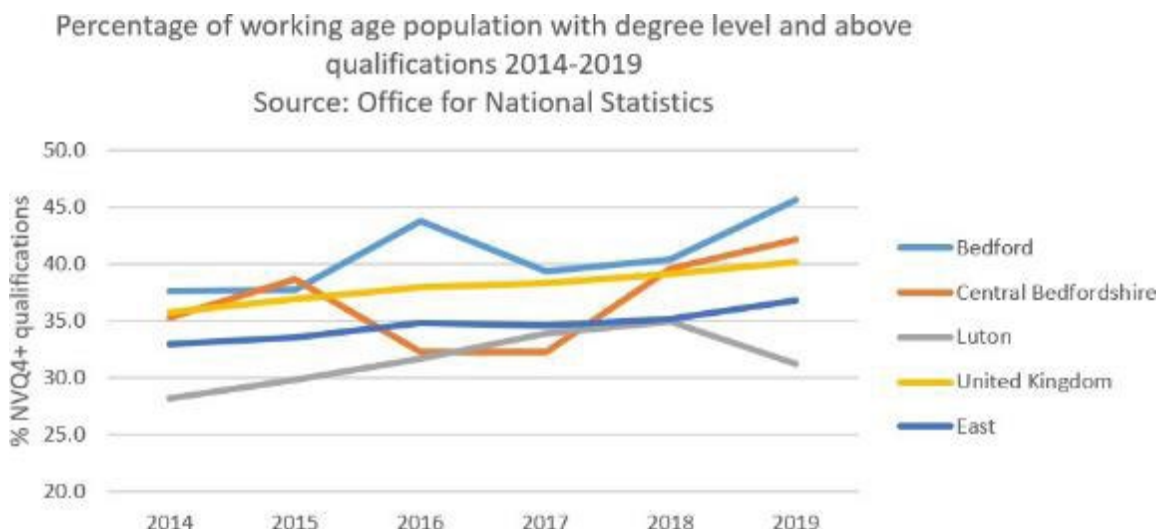
Figure 9: Percentage of employees by occupation in Luton and UK, 2021



Source: Annual Population Survey, Office for National Statistics

The chart below shows the proportion of the working age population with a degree level qualification. The proportion has been increasing in Luton but is still below neighbouring areas and the national figure. The proportion of the working age population without any qualifications has been falling, but it is still above the rates in neighbouring local areas and the national figure. The lower levels of people with qualifications in Luton helps to explain the differential between workplace and resident-based earning levels and skills shortages in the town. This is a contributor to poverty in Luton.

Figure 10: Percentage of working age population with a degree level qualification, 2014 to 2019

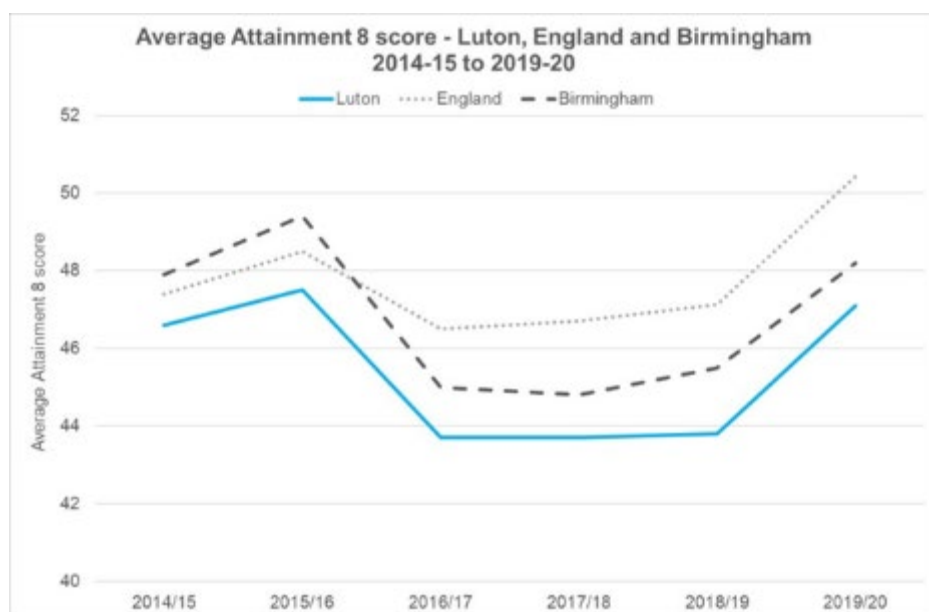


Source: Office for National Statistics

Attainment 8 measures the achievement of pupils across 8 qualifications. This indicator examines the average Attainment 8 scores of pupils at the end of key stage 4 in all mainstream secondary schools, academies and free schools, by local authority of pupil’s residence. Luton has an average Attainment 8 score of 47.1. This compares to a national average of 50.4, and Luton ranks 4th out the 5 closest CSSNBT statistical neighbour authorities.

Figure 11 shows Luton’s average Attainment 8 score since 2014/15 compared to that of England and Birmingham. The chart shows Luton’s average score following the same patterns as both England and Birmingham, albeit at a consistently lower level.

Figure 11: Average attainment 8 score in Luton, England and Birmingham 2014/15 to 2019/20



Source: Department for Education, taken from PHE Fingertips tool, Child and Maternal Health Profile (accessed November 2021)

3.7 Transport and car ownership

Luton is located approximately 30 miles north of Central London and has excellent transport links. Central London is 30 minutes away by train and Luton is also on the M1 motorway with the M25 only 10 minutes away. This provides road access to Milton Keynes, Northampton and via the M6 Birmingham. Luton has its own international airport, the fifth largest in the UK, that provides a range of scheduled and charter flights to numerous locations.

Transport impacts on health and well-being in several ways. This includes accessibility to services including those tackling important health issues, and the effect of air quality on people's health. Experience following the Covid-19 pandemic, along with the evidence from recent extreme weather events has shown that the community can compensate for such events by changing how they travel. A local consultation by the council carried out in 2020 included questions about how local people travelled pre-Covid, during the first lockdown, and as restrictions were eased in summer 2020. The results indicated there was a significant increase in walking and cycling and that a significant proportion of people continue to work from home after lockdown. The Government's transport strategy focuses on encouraging more healthy lifestyles including more walking and cycling as well as an increased focus on the role of public transport.

Data from the 2011 Census (ONS¹⁵) indicates that 55 per cent of workers from Luton work within the region. 63.4 per cent of people travel to work by driving or as a passenger in a car or van. 12.6 per cent travel on foot, 7.3 per cent by bus, mini-bus or coach and 6.1 per cent travel via train. Only 7 per cent reported working from home, however this number is likely to have increased post-Covid. Regarding car ownership, data from 2011 ONS Census showed that there were 27.4 per cent of households with no access to a car or van, 44.3 per cent had one car or van and 31.2 per cent had two or more cars or vans available for their use.

Table 5 below shows the mode of transport and distance travelled to work by Luton residents (Luton Local Transport Plan 2020-2040 ¹⁶)

¹⁵ Methods of travelling to work and distance travelled. ONS Census 2011.

¹⁶ Luton Local Transport Plan 4 2020-2040.

Table 5: Mode of travel to work and the distance for residents in Luton

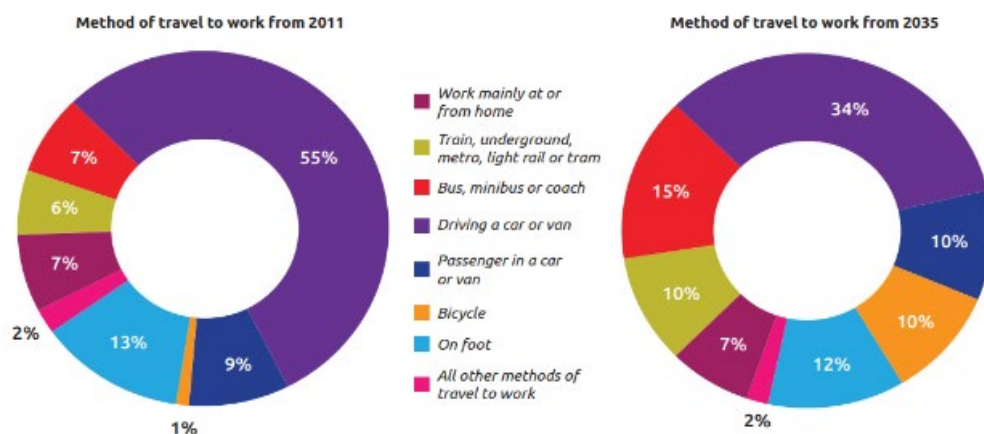
Distance travelled to work	Train, underground, metro, light rail or tram	Bus, minibus or coach	Driving a car or van	Passenger in a car or van	Bicycle	On foot	Other	Work mainly at or from home	Method of travel to work
< 2km	177	930	6,910	1,149	302	8,079	402		17,949
2km - 5km	321	2,529	12,798	1,957	553	1,901	601		20,660
5km - 10km	252	1,194	6,446	866	155	309	209		9,431
10km - 20km	408	586	6,927	1,390	29	162	170		9,672
20km - 30km	248	328	4,649	697	26	103	86		6,137
30km - 40km	202	93	1,937	235	7	47	32		2,553
40km - 60km	3,136	244	2,467	184	10	108	81		6,230
> 60km	144	139	1,209	160	15	148	36		1,851
Work mainly at or from home								6,239	6,239
Other	537	503	5,970	873	59	460	465		8,867
Total	5,425	6,546	49,313	7,511	1,156	11,317	2,082	6,239	89,589

Source: ONS Census 2011. Taken from Transport Strategy and Local Transport Policies - Luton Local Transport Plan 2020-2040

With a resident population of about 213,500 people living in 79,300 households and covering an area of 43.35 square kilometres, Luton is one of the most densely populated urban areas in the UK, with a population density of 4,939 people/square kilometre which is similar to that of many London Boroughs. There is pressure to deliver more housing in Luton, however, majority of development in Luton will be focused just outside Luton to the North of Houghton Regis and Luton.

The Luton Local Plan 2011-31 identifies a commitment to protect and enhance the town’s natural features and provide multi-functional open space and leisure opportunities and to provide a better-connected town which is less dependent on the car to promote healthy communities with good access to jobs and services. Based on Luton’s Vision 2040 priorities of reducing net carbon emissions towards the goal of being a carbon neutral town by 2040, there is a local plan to increase walking, cycling and public transport use. Luton’s Local Transport plan 2020-2040 articulates the ambition to achieve a tenfold increase in cycling, and double walking by 2040, thereby resulting in a 40 per cent reduction in car travel to work. Figure 12 below shows the existing modes of travel to work based on the 2011 Census along with the direction in which the council would like these modes to shift that could be achieved by 2040.

Figure 12: Mode shift targets for travel to work



Source: Transport Strategy and Local Transport Policies - Luton Local Transport Plan 2020-2040

However, it is acknowledged that these targets may need to be reviewed, both to reflect changes in travel to work patterns and the post Covid-19 situation as it stabilises.

Summary

- Luton is a super-diverse and densely populated town in Bedfordshire with a younger than average population and a projected growth of 10 per cent over the next decade.
- Luton is currently ranked the 70th most deprived out of 317 local authorities. In 2015 Luton was ranked the 59th most deprived area from 326 local authorities, therefore, Luton is relatively less deprived now than in 2015.
- Local intelligence suggests that the proportion of private renters has increased in Luton with residents facing issues with increasing rents and unstable poorly paid work. A large percentage of part-time employees amongst Luton residents results in a higher proportion of people on lower incomes.
- A significant proportion of households in Luton are overcrowded and it has one of the highest homelessness rates in the country highlighting a need for good quality and affordable housing.
- Currently a large percentage of Luton residents travel to work by driving or as a passenger in a car or van. There is a need to improve air quality, reduce carbon emissions and improve health by increasing levels of physical activity.
- The Council recognises Luton’s specific challenges and has already put plans in place to alleviate these issues via the Inclusive Economy Strategy and the Population Wellbeing Strategy. The Vision for Luton 2020-2040 is built around ensuring that everyone in our town has the opportunity to thrive and no-one should live in poverty. It also recognises the need for provision of quality affordable housing for Luton’s residents. Based on the Council’s goal of being a carbon neutral town by 2040 and improving health with physical activity, there is a local plan to increase levels of walking, cycling and public transport use.
- In the light of planned and ongoing housing development, there might be a future need for further assessment of the pharmaceutical needs in communities where population increases due to higher availability of dwellings. Release of the 2021 census data will also provide a more current picture of Luton’s demographics and may contribute to this.
- Pharmacies in Luton should endeavour to accommodate the increasing diversity of Luton residents by considering providing access to languages other than English.

A summary of the Vision for Luton 2020-2040 is available in Appendix 4.

4 This is Luton – Health and social care

This section describes the health and wellbeing of the people of Luton using public health markers and information available from Local Health Profiles compiled by the Office for Health Improvement & Disparities, OHID (formerly Public Health England¹⁷). Luton is compared with England (national averages and rates), East of England* (regional averages and rates), CIPFA** nearest neighbours for adults (16 communities) and CSSNBT*** statistical neighbours for children (5 communities). The nearest neighbour methodology allows us to compare Luton to areas that are similar in terms of population structure as our population is different in terms of the age, gender and socio-economic profile to the England and the East of England. Where data for a 'nearest neighbour average' is not available, the analysis makes comparisons against the statistically closest neighbour to Luton, which is Coventry for CIPFA and Birmingham for CSSNBT.

The information in this section largely reflects that found in our JSNA¹⁸.

Overarching population wellbeing indicators

4.1 Life expectancy

Life expectancy is the number of years a person would normally expect to live, and this information helps us understand the overall health of a population by explaining whether people are dying sooner than expected or at a faster rate. It is often related to the behavioural or lifestyle habits of a population and is also a reflection of local conditions including the social groups and environments in which people live and work. The Luton 2040 Vision aims for all Luton's people to not only live longer, but also live well in good health.

4.1.1 Life expectancy at birth

Life expectancy at birth is a measure of how long, on average, a new-born baby can expect to live if current death rates do not change. It is described in years. Current data shows that life expectancy at birth in Luton for both males and females is lower in comparison to England and the Region but is good in comparison to areas with similar population. However, life expectancy decreases for those who reside in more deprived areas of Luton, therefore reducing inequalities remains important for us.

Life expectancy at birth in Luton is currently 78.1 years for males, which is lower than the National average of 79.4 and the regional average of 80.2. For females in Luton, life expectancy at birth is currently 82.4 years which is lower than the national average of 83.1 and the regional average of 83.8. There has been no significant change in both male and female life expectancy in Luton over the latest 3-year period although it has steadily improved over time.

Figure 13 below compares life expectancy at birth for males in Luton over time against those for England, the East of England region, and the statistically closest CIPFA nearest neighbour of Coventry.

*East of England (this includes Luton, Thurrock, Southend on Sea, Peterborough, Bedford, Essex, Norfolk, Central Bedfordshire, Suffolk, Hertfordshire and Cambridgeshire)

** [CIPFA nearest neighbour model](#)

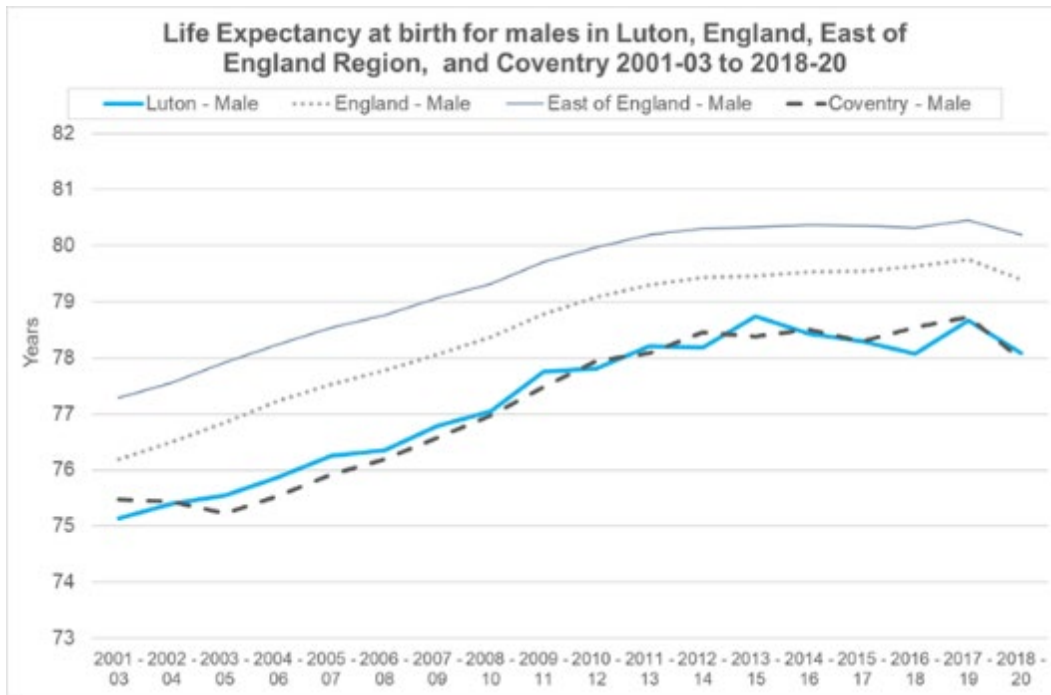
*** [CSSNBT statistical neighbours \(in Local Authority Interactive Tool\)](#)

¹⁷ [Public Health Profiles](#)

¹⁸ [Luton JSNA 2022](#)

Note: PHE URLs are likely to be updated to UKHSA from 1 April 2022.

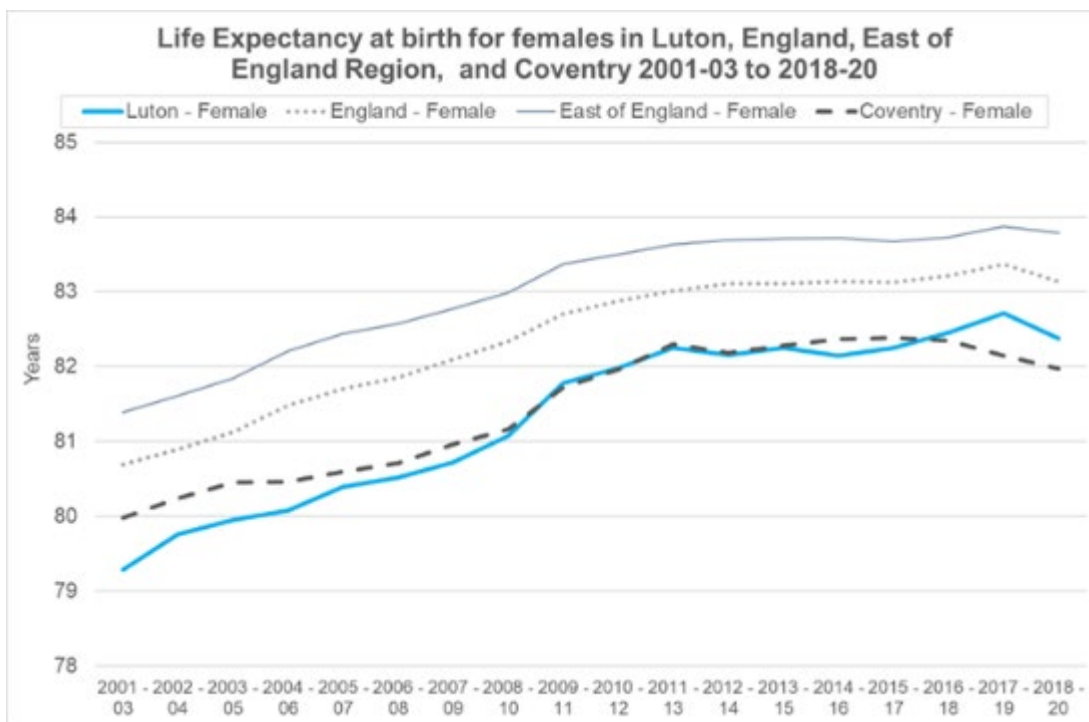
Figure 13: Life expectancy at birth for males in Luton, England, East of England, and Coventry 2001-03 to 2018-20



Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Local Authority Profile (accessed November 2021)

Although male life expectancy in Luton has been consistently below that of England and the Region, it has increased overall since 2001-03. It fell from 78.7 in 2013-15 to 78.1 in 2016-18, and although it increased in 2017-19, it has now fallen back to 2016-18 levels. However, male life expectancy in Luton has followed a similar pattern to Coventry.

Figure 14: Life expectancy at birth for females in Luton, England, East of England, and Coventry 2001-03 to 2018-20



Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Local Authority Profile (accessed November 2021)

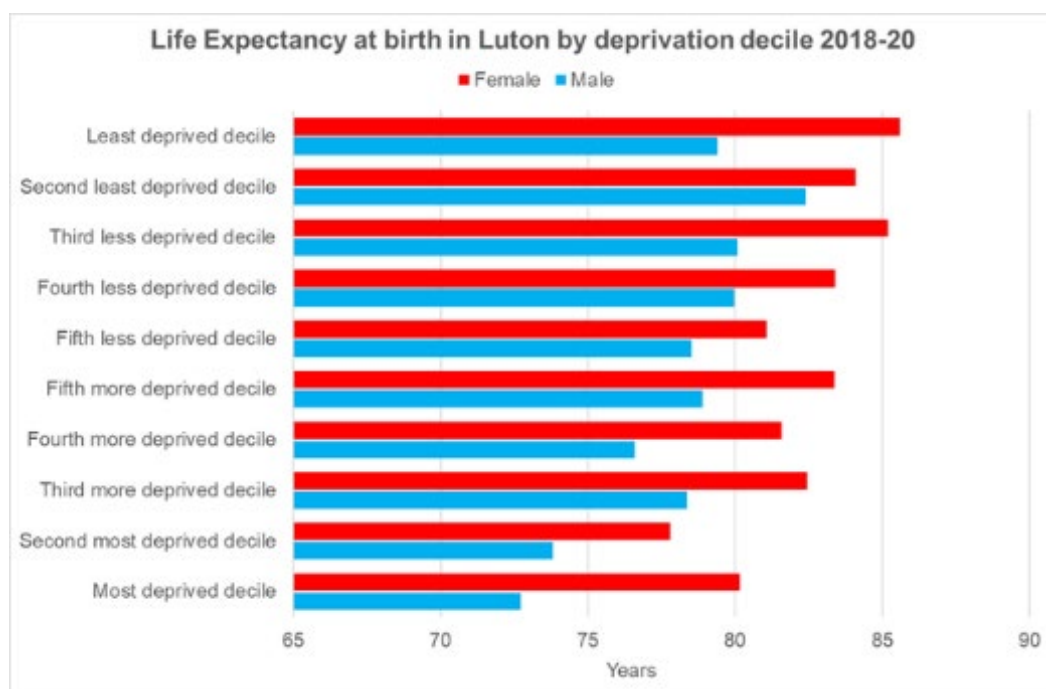
Figure 14 shows life expectancy at birth for females in Luton over time against those for England, the East of England region, and the CIPFA nearest neighbour of Coventry. Female life expectancy in Luton has followed the same pattern as the male, and although it has gradually increased since 2001-03, it has been consistently below that of England and the East of England. It has, however, been slightly higher than in Coventry since 2017-19.

4.1.2 Life expectancy and deprivation

In the most deprived (most poor) areas of Luton, life expectancy is 80.2 for females and 72.7 for males, compared to 85.6 and 79.4 in the least deprived (least poor) parts of the Borough. In other words, people who live in the less deprived areas of Luton tend to live longer than those who live in the more deprived areas. The government has acknowledged the need to ‘level up health’ and the importance of health to economic prosperity and vice versa and one of the Council’s strategic aims is ‘Tackling Health Inequalities’. These figures demonstrate the importance of addressing inequalities for health improvement.

Figure 15 shows life expectancy at birth in Luton by deprivation decile (tenths) measured over a 3-year period. This represents how life expectancy changes depending on the level of deprivation and shows here how it decreases for those who reside in the more deprived areas of Luton.

Figure 15: Life expectancy at birth in Luton and deprivation 2018-20

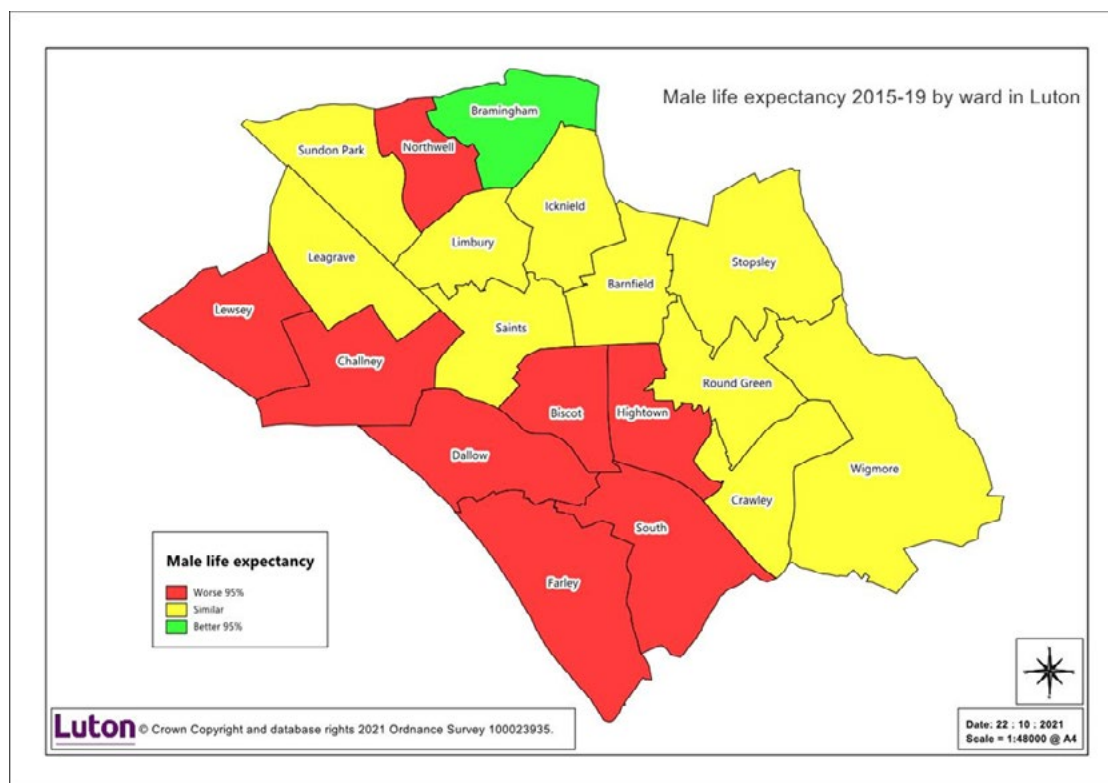


Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Local Authority Profile (accessed November 2021)

4.1.3 Life expectancy by ward

Figure 16 shows a map of male life expectancy at birth by Luton wards compared to the National average. There are 8 wards in Luton with a significantly lower life expectancy than the national figure. These are Challney, Dallow, High Town, Lewsey, Biscot, Northwell, South and Farley. These are also the wards that fall within the higher deprivation deciles once again highlighting the connection between deprivation and life expectancy. Only the Bramingham ward has a significantly higher life expectancy for males.

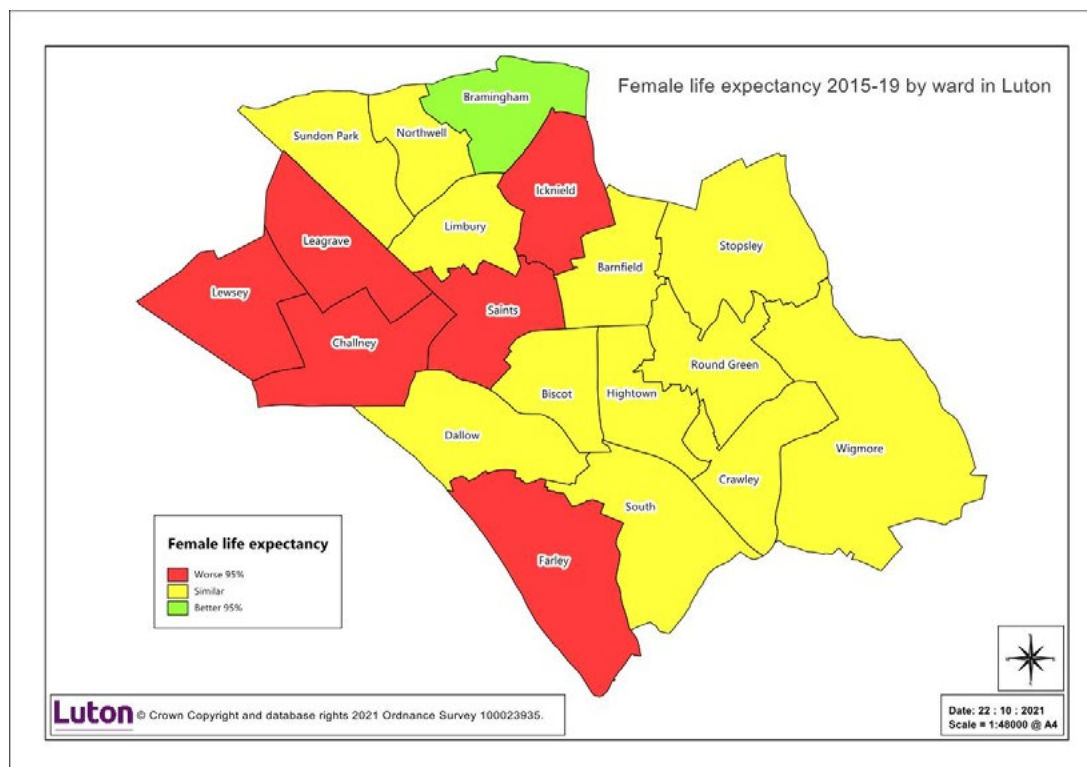
Figure 16: Male life expectancy at birth by Luton ward compared to the National average, 2015-19



Source: Public Health England analysis of ONS death registration data and mid-year population estimates.

For females (figure 17), there are 6 wards with a significantly lower life expectancy than the national figure. These are Leagrave, Lewsey, Saints, Icknield, Farley, and Challney. Again, Bramingham is the only ward with a significantly higher life expectancy than nationally for females.

Figure 17: Female life expectancy at birth by Luton ward compared to the National average, 2015-19



Source: Public Health England analysis of ONS death registration data and mid-year population estimates.

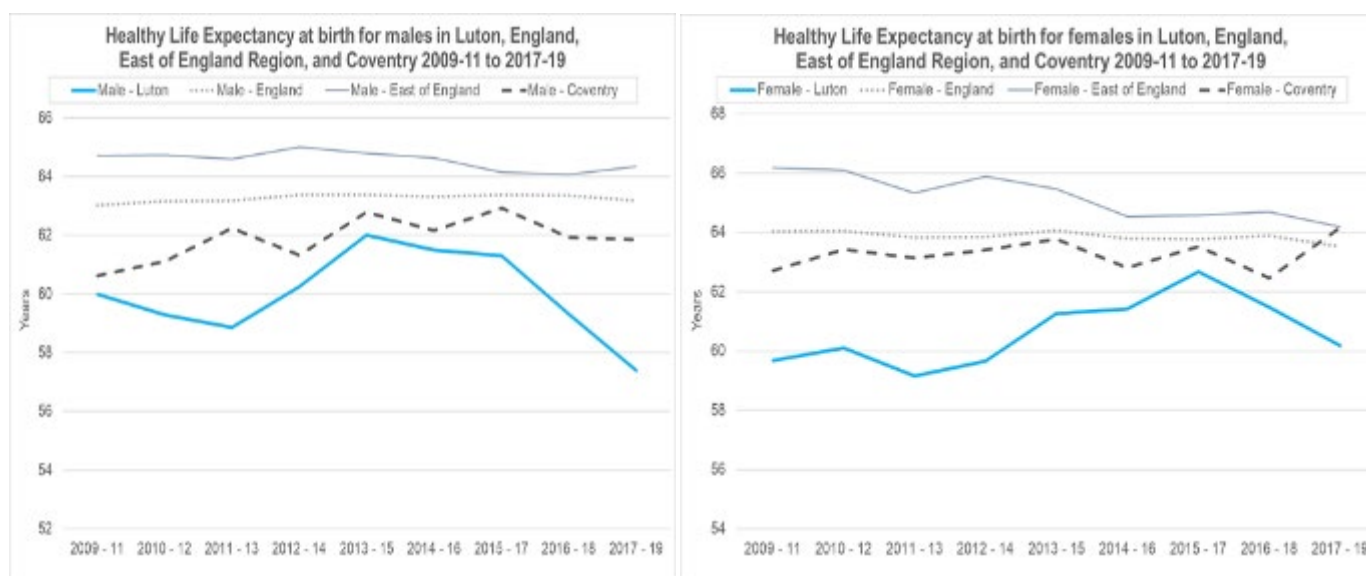
4.2 Healthy life expectancy

Healthy life expectancy shows the number of years a person can expect to live in good health. Healthy life expectancy at birth in Luton is currently 57.4 years for males, which is significantly lower than the national average of 63.2 and the regional average of 64.2. This has worsened over the latest 3-year period and continues to fall, presenting a particular challenge for us in Luton.

For females in Luton, healthy life expectancy at birth has been stable over the latest 3-year period and is currently 60.2 years. It is, however, still significantly lower than the national average of 63.5 and regional average of 64.4.

Figure 18 shows the healthy life expectancy in males and females at birth in Luton, England, East of England, and Luton's closest CIPFA nearest neighbour, Coventry from 2009-11 to 2017-19.

Figure 18: Healthy life expectancy in males and females at birth in Luton, England, East of England, and Coventry 2009-11 to 2017-19



Source: Office for National Statistics (ONS), taken from OHID Fingertips tool (accessed October 2021)

Healthy life expectancy for males is currently at its lowest since 2009-11, following a sharp decrease from 61.3 years in 2015-17. Female healthy life expectancy in Luton has also experienced a fall from 62.7 years in 2015-17 to its current level of 60.2. In comparison, healthy life expectancy for England has remained fairly stable over the same period, whilst that for Coventry is higher in 2017-19 than it was in 2009-11.

4.3 Mortality

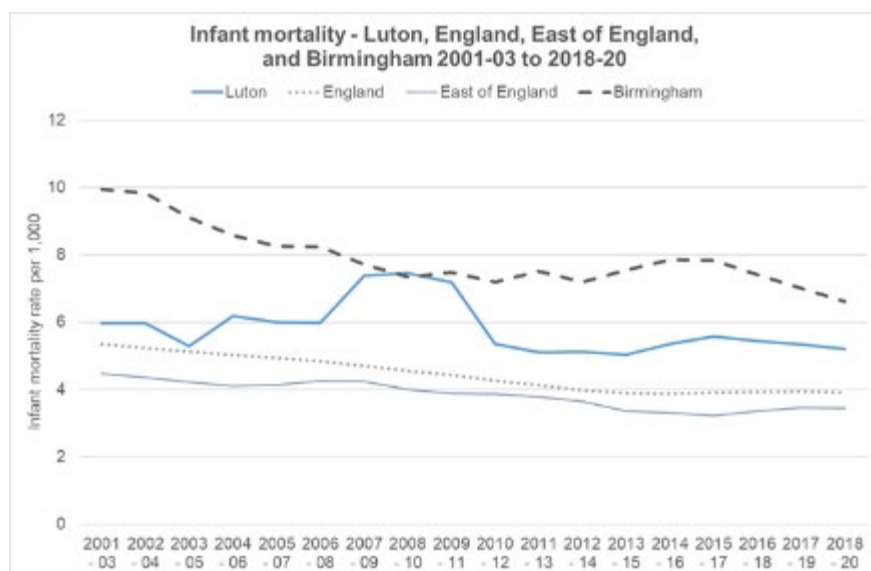
Mortality (death) data provide a valuable measure for assessing community health. The mortality rate (measured in deaths per 100,000) tells us how much death there is in the population. Premature mortality, including infant and child mortality, is an indicator of the overall health of a population as it shows how many people die before they would usually be expected to. Mortality data usually plays a very important part in formulating health policies to improve our quality of life. They provide a snapshot of current health problems, suggest persistent patterns of risk in specific communities, and show trends in specific causes of death over time. Many causes of death are preventable or treatable and, therefore, deserve the attention of public health prevention efforts.

4.3.1 Infant mortality (under 1 year)

Infant mortality refers to the death of a baby before his or her first birthday (excluding stillbirths) which is premature death. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and new-born. Nationally, Sudden Infant Death Syndrome (SIDS) is the most common single cause of death in infants under one year and describes a sudden and unexpected death of a child that is initially unexplained.

Infant mortality rate in Luton is 5.2 per 1,000 live births compared to a national rate of 3.9 and regional rate of 3.4. This is worse than the national and regional rates but better than the nearest neighbour rate (Birmingham). Figure 19 below shows the infant mortality rate per 1,000 live births over time for Luton, England, East of England, and the nearest neighbour of Birmingham. A sharp increase in the infant mortality rate in Luton is evident for 2007-09, but then this fell significantly in 2010-12, since which it has remained consistently below the rate of Birmingham.

Figure 19: Rate of infant (under 1 year) mortality in Luton, England, East of England, and Birmingham 2001-03 to 2018-20



Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed March 2022)

In Luton, certain risk factors have been identified for infant deaths by the Child Death Overview Panel (CDOP). Unsafe sleeping was identified as a factor in majority of the cases of SIDS in Luton with most infants not sleeping in their own cots on their backs (Luton Council, 2018¹⁹). A genetic risk was also identified notably in children born into families affected by life-limiting illnesses (LLI) and disabilities due to hereditary diseases often as a result of consanguinity (marrying within the extended family). Infant mortality is a current focus of the Luton Council Public Health team.

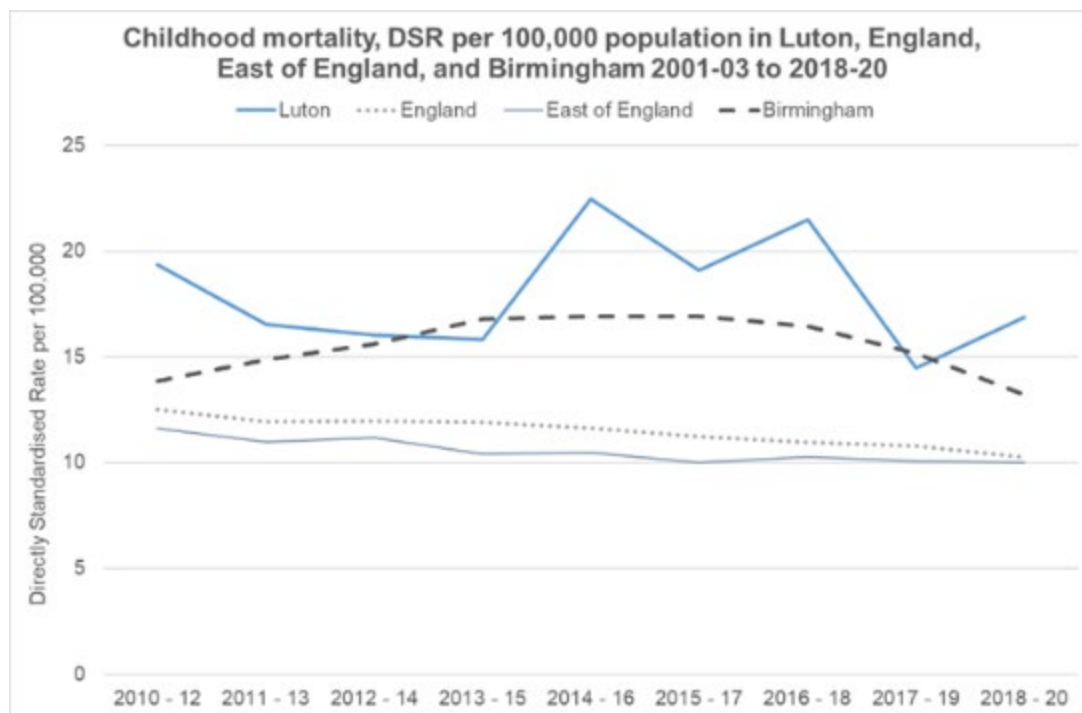
4.3.2 Childhood mortality (1 to 17 years)

Death in childhood represents not only a tragedy for the child's family but also a loss to wider society in terms of lost years of productive life. After the age of one year, the commonest cause of death in young people is injuries. Many of these injury related deaths are potentially avoidable. The need to provide adequate support to those children and families with life-limiting or life-threatening conditions is also recognised. Our data shows that childhood mortality in Luton is higher than both the national and regional averages.

¹⁹ [Luton Council, 2018. Maternity Early Years - Infant Deaths.](#)

The childhood mortality rate in Luton is currently 16.9 per 100,000 population, significantly higher than the national rate of 10.3, the regional rate of 10 and its nearest neighbour rate of 13.2. Figure 20 shows the directly standardised rate of death due to all causes in persons aged 1-17 years over time for Luton, England, the East of England, and Birmingham. The rate for Luton spiked significantly in 2014-16 and 2016-18 and has again risen above that of Birmingham for the most recent years 2018-20. This increase should be monitored to determine the causes and what further actions may be taken to address the inequality.

Figure 20: Rate of childhood (ages 1-17) mortality in Luton, England, East of England, and Birmingham 2001-03 to 2018-20



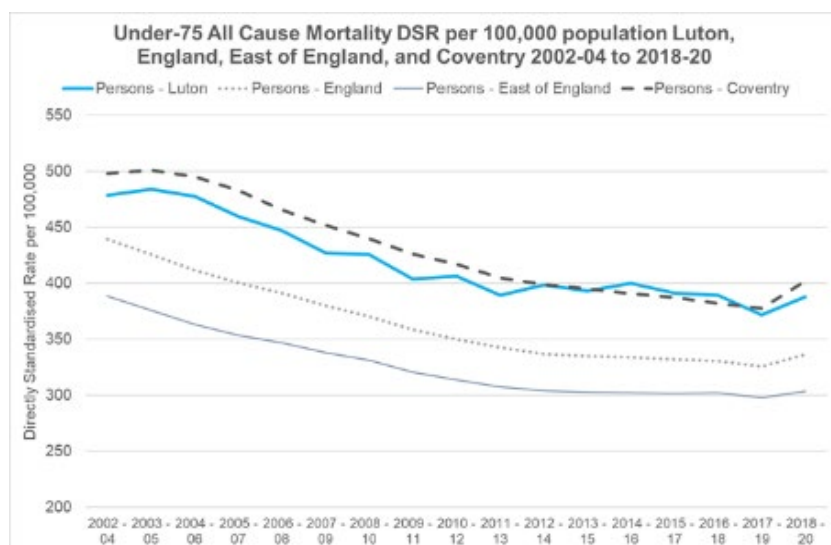
Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed March 2022)

4.3.3 All-cause mortality

All-cause mortality is the death rate from all causes of death for a population in any given period. It is derived as a standardised rate per 100,000 of population. The all-cause mortality rate for males aged under-75 in Luton is currently 481.1. This is significantly higher than the national average of 411.7 and the regional average of 371.6. The all-cause mortality rate for females aged under-75 in Luton is currently 297.2 and this is also significantly higher than the national average of 264.8 and the regional average of 239.1. Neither rate has changed significantly over the latest 3-year period although they have slowly fallen over the last decade in keeping with the other regions.

Figure 21 shows the directly standardised rate of all-cause mortality for all persons aged under-75 in Luton over time against those for England, the East of England region, and Coventry.

Figure 21: Under-75 All-cause mortality for all persons in Luton, England, East of England, and Coventry 2002-04 to 2018-20



Source: Office for National Statistics (ONS), taken from OHID Fingertips tool, Local Authority Profile (accessed November 2021)

The current under-75 all-cause mortality rate for all under-75s in Luton is 388.0. This is significantly higher than the national rate of 336.5. However, when compared to its CIPFA nearest neighbours, Luton ranks 3rd. All-cause mortality in Luton has mostly remained slightly below that experienced by the CIPFA nearest neighbour of Coventry.

Table 6 below shows the number and percentage of deaths by leading cause in Luton for 2019 and 2020. In total there were 1,789 deaths from all causes for all ages in 2020 compared to 1,399 in 2019.

Table 6: Number and percentage of deaths by leading cause in Luton, 2019 and 2020

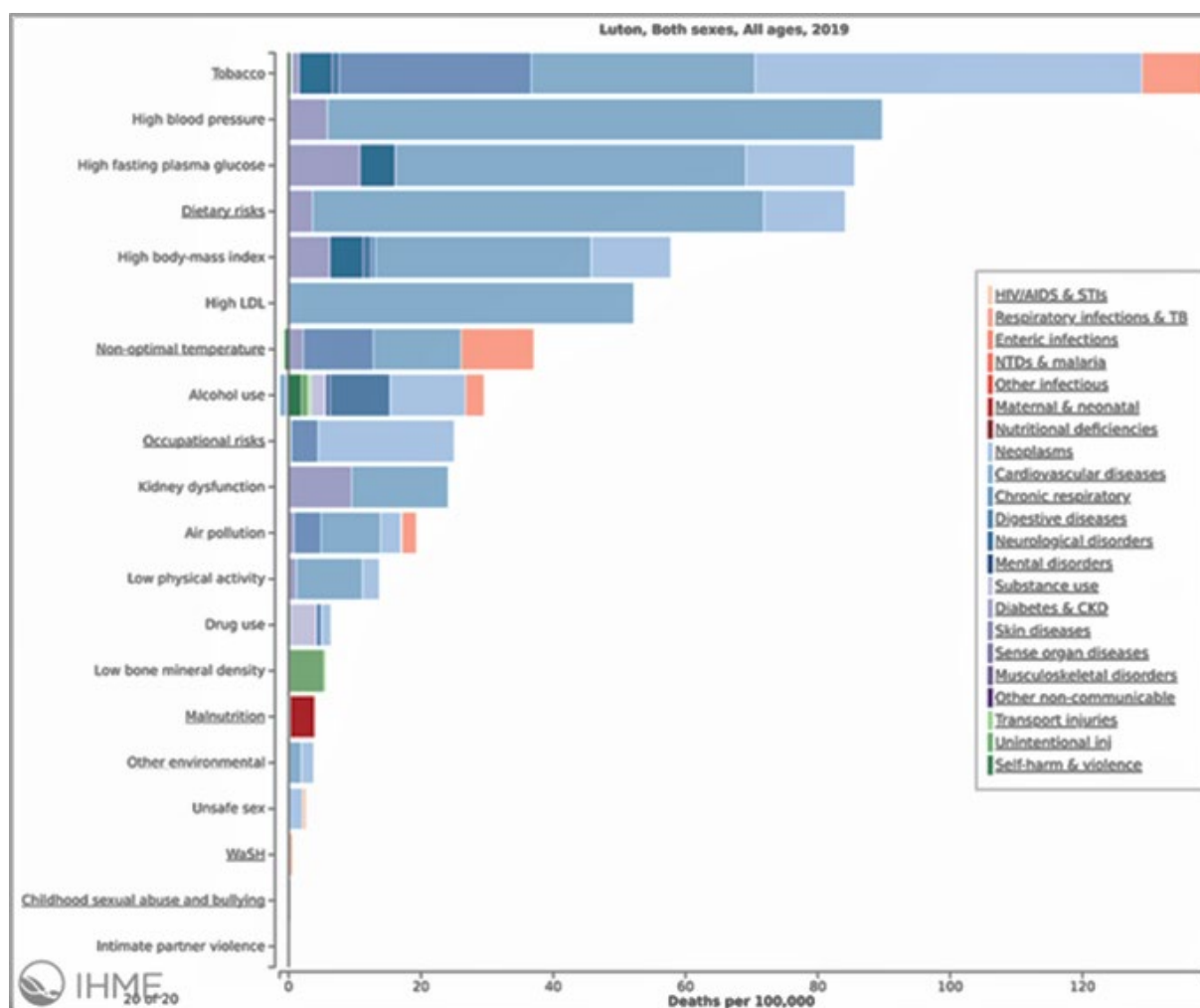
Leading Cause of Death	2019		2020	
	Number	Percent	Number	Percent
Cancer (malignant neoplasms)	372	26.6	346	19.3
COVID-19	0	0.0	287	16.0
Dementia and Alzheimer disease	136	9.7	176	9.8
Ischaemic heart diseases	150	10.7	168	9.4
Cerebrovascular diseases	81	5.8	88	4.9
Chronic lower respiratory diseases	92	6.6	76	4.2
Influenza and pneumonia	67	4.8	56	3.1
Accidents	28	2.0	53	3.0
Symptoms, signs and ill-defined conditions	29	2.1	43	2.4
Diabetes	25	1.8	42	2.3
Hypertensive diseases	31	2.2	37	2.1
Cirrhosis and other diseases of liver	25	1.8	33	1.8
Parkinson's disease	22	1.6	23	1.3
Diseases of the urinary system	34	2.4	20	1.1
Heart failure and complications and ill-defined heart disease	19	1.4	19	1.1
Cardiac arrhythmias	19	1.4	17	1.0
Non-rheumatic valve disorders and endocarditis	14	1.0	17	1.0
Pulmonary heart disease and diseases of pulmonary circulation	6	0.4	17	1.0

Source: Deaths by Leading Cause, Mortality Statistics, NOMIS, extracted March 2022, those less than 1per cent excluded

Cancer accounted for the highest percentage of deaths in Luton in both 2020 and 2019 while COVID-19 accounted for a significant percentage (16 per cent) of deaths in 2020.

The trends and causes of death in the population are influenced by a broad range of factors. Using the Global Burden of Disease (GBD) model, certain risk factors for disease can be ranked based on the proportion of deaths they are associated with. The GBD divides risk factors into three main groups: behavioural, metabolic and environmental. Behavioural risks include smoking, alcohol, and unsafe sex; Metabolic risk factors include high body mass index (BMI) and high cholesterol, and environmental risks include air pollution, unclean water and other risks due to the working or living environment. Figure 22 below shows the attribution (association) of deaths to certain risk factors in Luton.

Figure 22: Attribution of deaths to risk factors, broken down by broad causes of death in Luton, both sexes, all ages, 2019



Source: Institute for Health Metrics and Evaluation (IHME), Global Burden of Disease (GDB) Visualisation Hub

Among those risk factors included in the GBD analysis, tobacco (including second-hand smoke) accounted for the highest rate of deaths per 100,000 population, followed by high blood pressure, high fasting plasma glucose (hyperglycaemia), and dietary risks. Tobacco was associated with deaths from four major causes, neoplasms (cancers), cardiovascular diseases (heart disease and stroke), chronic respiratory diseases, and respiratory infections. Making positive changes to diet, exercise and reducing tobacco use would have positive effects on the overall life expectancy for people in Luton by preventing cardiovascular diseases, cancers, chronic respiratory diseases, and infections.

Pharmacies as a part of the primary care team are well positioned to be a part of the public health prevention and treatment efforts against these lifestyle choices which can adversely affect the health of the population. Some services are currently commissioned to reduce smoking, substance misuse and the effects of unsafe sex and pharmacies are also encouraged to signpost patients to the relevant organisations which can help with other lifestyle habits (see pharmaceutical provision chapter).

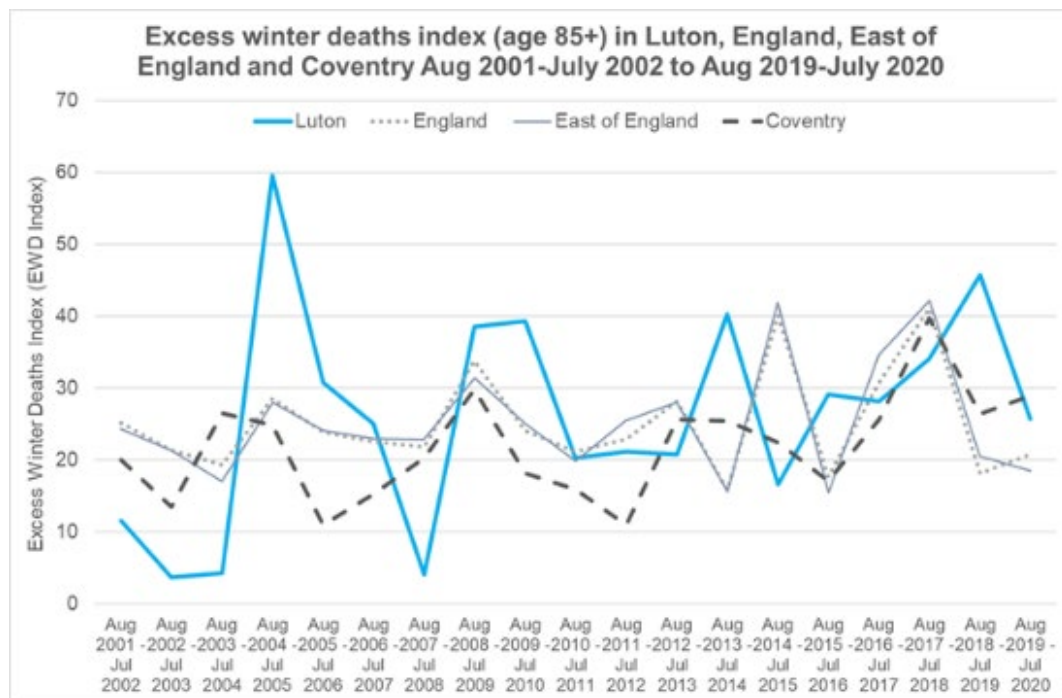
4.3.4 Excess winter deaths (aged 85+)

The number of excess winter deaths (EWD) depends on the temperature and the level of disease in the population as well as other factors, such as how well-equipped people are to cope with the drop in temperature. EWD Index for age 85+ is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in all those aged 85 and over in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths in those aged 85 and over.

Respiratory and circulatory diseases usually account for the highest EWD in England and the elderly age group (age 80 and above) are the most affected. In 2020-21 period, however, the main cause of EWD was Covid-19, with the total deaths being 6.1 times higher than winter 2019 to 2020 and the excess winter mortality index (EWMI) being the highest since the series began in 1991 to 1992²⁰.

Luton's EWD for those aged 85 and over was 25.7 for the period August 2019 to July 2020. This is slightly higher than the national average of 20.8 and the regional average of 18.5. Figure 23 shows excess winter deaths (EWD) for those aged 85 and over in Luton, England, the East of England, and Luton's closest CIPFA statistical neighbour of Coventry for the period August 2001-July 2002 to August 2019-July 2020.


Figure 23: Excess winter deaths index (aged 85 and over) in Luton, England, East of England and Coventry from August 2001-July 2002 to August 2019-July 2020



Source: Office for National Statistics: Annual Births and Mortality Extracts, taken from OHID Fingertips tool, PHOF (accessed December 2021)

Each of the areas shown in the chart experience sharp peaks and troughs over the period, although, not always at the same time.

²⁰ [ONS Excess Winter Mortality in England and Wales, 2020-21.](#)



Luton's EWD index for those aged 85 and over peaked at 59.6 in August 2004-July 2005, with the latest score of 25.7 being a reduction on the previous year's score of 45.7. However, this is still higher than for the 3-year period of Aug 2014 - Jul 2015 to Aug 2016 - Jul 2017.

4.3.5 Covid-19 related mortality

Covid-19 was the leading cause of death in England, and second leading cause of death accounting for 16 per cent of deaths in Luton in 2020. However, as of April 2022, cases of Covid-19 and related deaths have reduced drastically and continue to do so, largely due to increased immunity. It is expected that in the near future, Covid-19 may become an endemic disease which will require continuous monitoring as with other readily transmissible infectious diseases.

Lifestyle and wellbeing

4.4 Smoking

Tobacco use remains one of our most significant public health challenges and the single biggest cause of inequalities in death rates between the richest and poorest in our communities (A tobacco control plan for England ²¹). The main objectives of the tobacco control plan by the end of 2022 are to:

- reduce the number of 15-year-olds who regularly smoke from 8% to 3% or less
- reduce smoking among adults in England from 15.5% to 12% or less
- reduce the inequality gap in smoking prevalence, between those in routine and manual occupations and the general population
- reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less

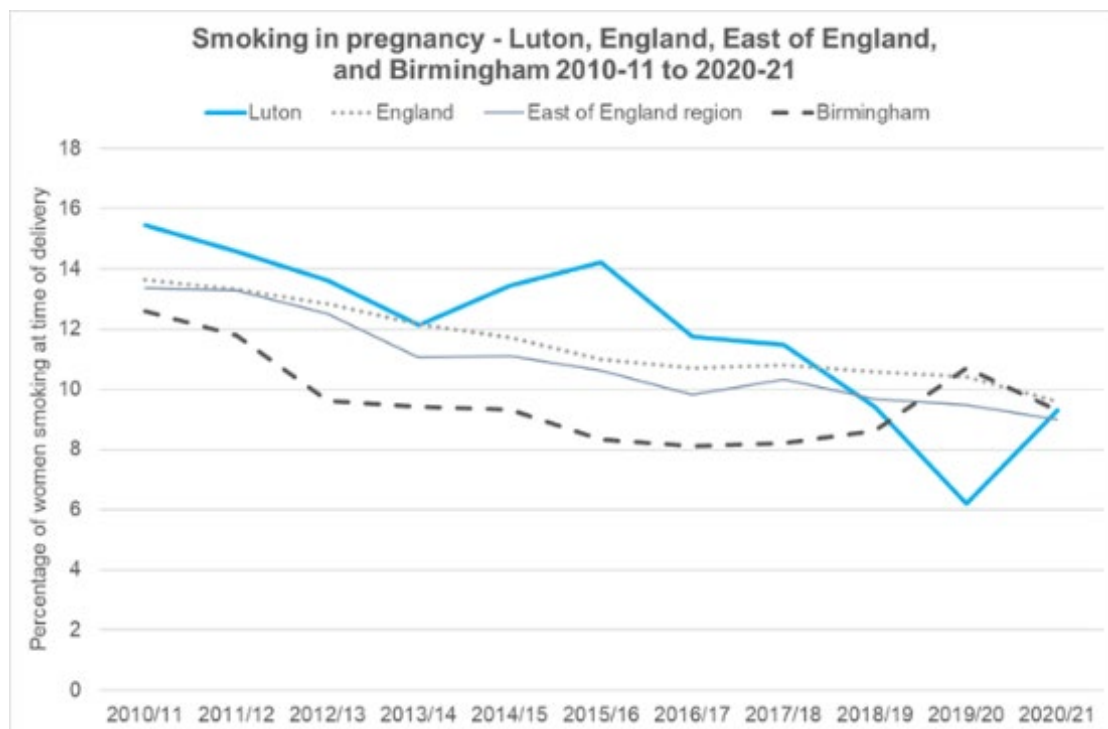
Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD), heart disease and is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking related conditions accounted for the highest number of deaths overall in Luton in 2019 and considering this is a modifiable risk factor, the prevalence of smoking in the population may be reduced with effective tobacco control measures.

4.4.1 Smoking in pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birthweight and sudden unexpected death in infancy. 9.3 per cent of mothers in Luton are known to be smokers at the time of delivery as compared to a national average of 9.6 per cent and regional average of 9 per cent (2020-21). Luton ranks 2nd best amongst the statistical neighbours on this measure. The level of smoking in mothers in Luton fell significantly in 2019-20 to 6.2 per cent, but has now risen back to 9.3 per cent. It is worth investigating the reasons for the recent rise and further efforts to reduce smoking in mothers in keeping with the NHS Long Term Plan would be beneficial. Figure 24 shows the Smoking status at time of delivery (SATOD) in mothers in Luton, England, East of England, and Birmingham in 2010-11 to 2020-21.

²¹ [Department of Health, 2017. Towards a Smoke free Generation: A Tobacco Control Plan for England \(updated 2020\).](#)

Figure 24: Smoking status at time of delivery in Luton, England, East of England, and Birmingham 2010-11 to 2020-21



Source: Calculated by OHID from the NHS Digital return on Smoking Status at Time of delivery (SATOD), OHID Fingertips tool, Child and Maternal Health Profile (accessed November 2021)

A new NHS pilot to test a referral pathway from NHS maternity services to community pharmacy for expectant mothers and their household members has recently begun in Nottingham University Hospitals NHS Trust and will run from 31 March 2022 to 31 March 2023. This is in continuation of the NHS plan to reduce smoking in motherhood and aims to ensure individuals referred by NHS maternity trusts to community pharmacies receive a consistent and effective service in line with NICE Guidelines (NHS BSA²²)

4.4.2 Smoking in adults

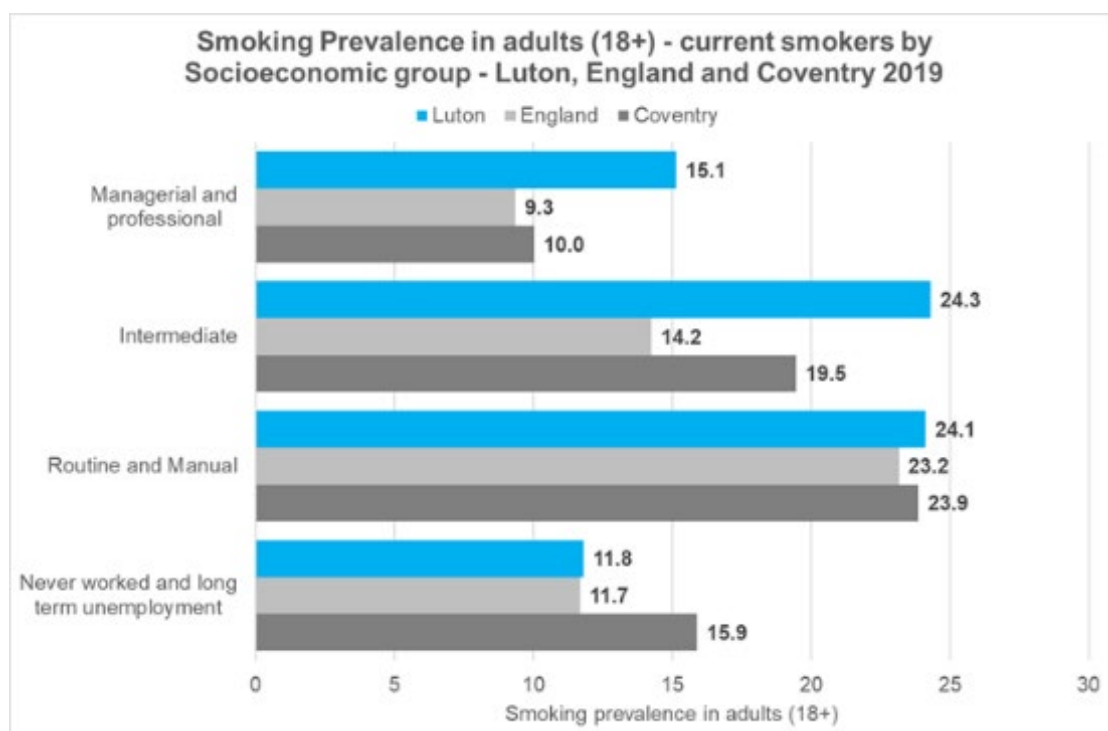
Luton has a higher rate of smoking amongst adults in comparison to England and the region, and ranks 12th out of the 16 CIPFA neighbours. Smoking prevalence among Luton adults in 2019* was 16.8 per cent while the England average was 13.9 per cent, and the regional average 13.7 per cent. Figure 25 shows current smoking prevalence amongst adults by socioeconomic group in Luton, England and Coventry. Luton’s highest proportion of smokers are in the ‘Intermediate’ and ‘Routine and manual’ socioeconomic groups and there is a higher proportion of smokers in the ‘managerial and professional’ and ‘intermediate’ groups compared to the other regions. The lowest proportion of smokers is found within the unemployed group. This distribution should be noted as it could have implications for the policies and interventions which the Council may wish to pursue in addressing the issue of increasing levels of smoking amongst adults in Luton.

Several pharmacies in Luton are signed up for smoking cessation services in Luton (see Appendix 2) as part of the locally commissioned public health services.

²² [NHS Smoking Cessation Service Pilot – Transfer of Care to Community Pharmacy from Maternity Services.](#)

*The 2020 smoking prevalence data is available but figures are based on telephone only interviews as compared with mixed methods used in previous surveys. They are therefore considered to be lower than would have been expected if data collection had stayed the same.

Figure 25: Smoking Prevalence in adults (18+) by socioeconomic group in Luton, England and Coventry 2019



Source: Annual Population Survey (APS), taken from OHID Fingertips tool, Local Authority Profile (accessed November 2021)

4.5 Excess weight and physical activity

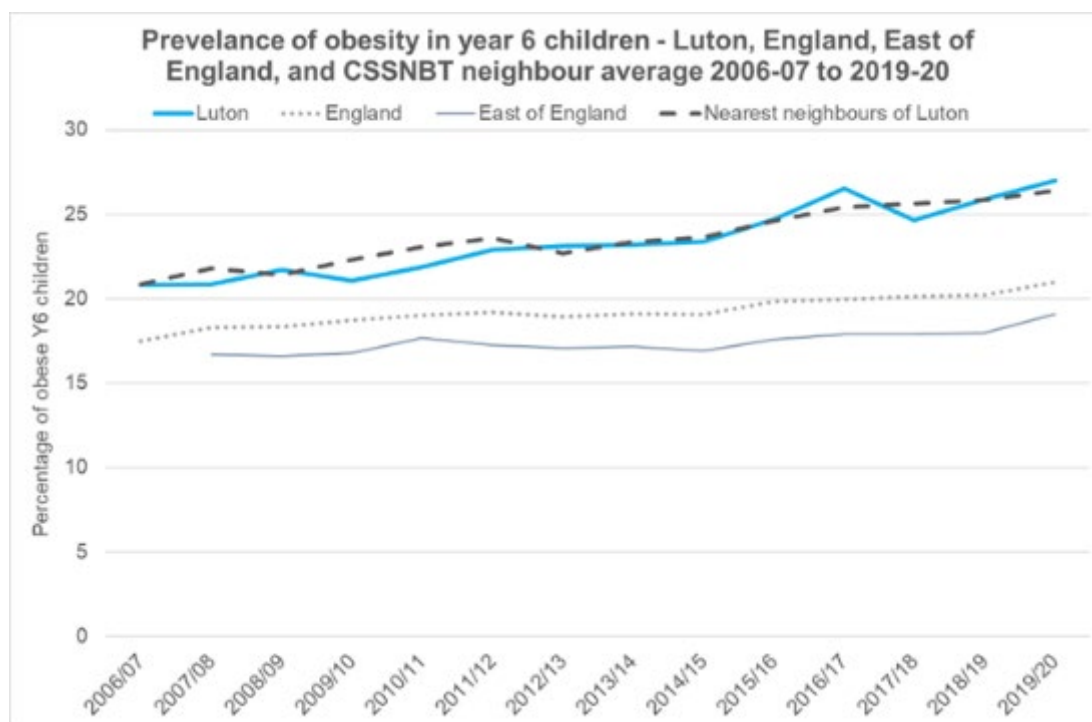
Body Mass Index, BMI (measured in kg/m^2) is a measure of whether you're a healthy weight for your height and is usually considered an indication of weight status of an individual. The term obese describes a person who's very overweight, with a lot of body fat. It's a common problem in the UK that's estimated to affect around one in every four adults and around one in every five children aged 10 to 11. For most adults, a BMI of 18.5 to 24.9 means you're a healthy weight, 25 to 29.9 means you're overweight, 30 to 39.9 means you're obese 40 or above means you're severely obese (nhs.uk). It is important to take steps to tackle obesity because, as well as causing obvious physical changes it can lead to certain serious and potentially life-threatening conditions including Type 2 diabetes, coronary heart disease, stroke, some types of cancer, fatty liver and worsening of conditions such as asthma.

4.5.1 Childhood obesity

Studies tracking childhood obesity into adulthood have found that obese children are more likely to become overweight or obese adults, therefore, prevention is important. Childhood obesity can lead to psychological problems such as social isolation, low self-esteem, depression, teasing and bullying in addition to the effects on physical health. In 2019-20, 27 per cent of year 6 children were classified as obese in Luton, compared to a national average of 21 per cent and regional average of 19.1 per cent. Luton is however comparable to its nearest neighbours ranking 3rd best out of 5 communities.

Figure 26 shows the percentage of year 6 obese children over time for Luton, England, the East of England, and the CSSNBT neighbour average. There was a decrease in the percentage of obese year 6 children in Luton from 2016-17 to 2017-18, but it has risen again in 2019-20.

Figure 26: Obesity in year 6 children, Luton, England, East of England, and statistical neighbours 2006-07 to 2019-20



Source: NHS Digital, National Child Measurement Programme (NCMP) taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed November 2021)

There are also clear differences in wards across Luton. The prevalence of obese year 6 children in Stopsley is more than 10 per cent lower than that in Luton overall. The wards of Bramingham, Barnfield, and Wigmore also have a significantly lower percentage of obese year 6 children than the Luton average of 27 per cent. Further analysis is required to understand the differences across the wards and the possible factors driving them. Worthy of note may be the fact that these wards with lower levels of obesity are among the less deprived areas of Luton.

4.5.2 Adult obesity

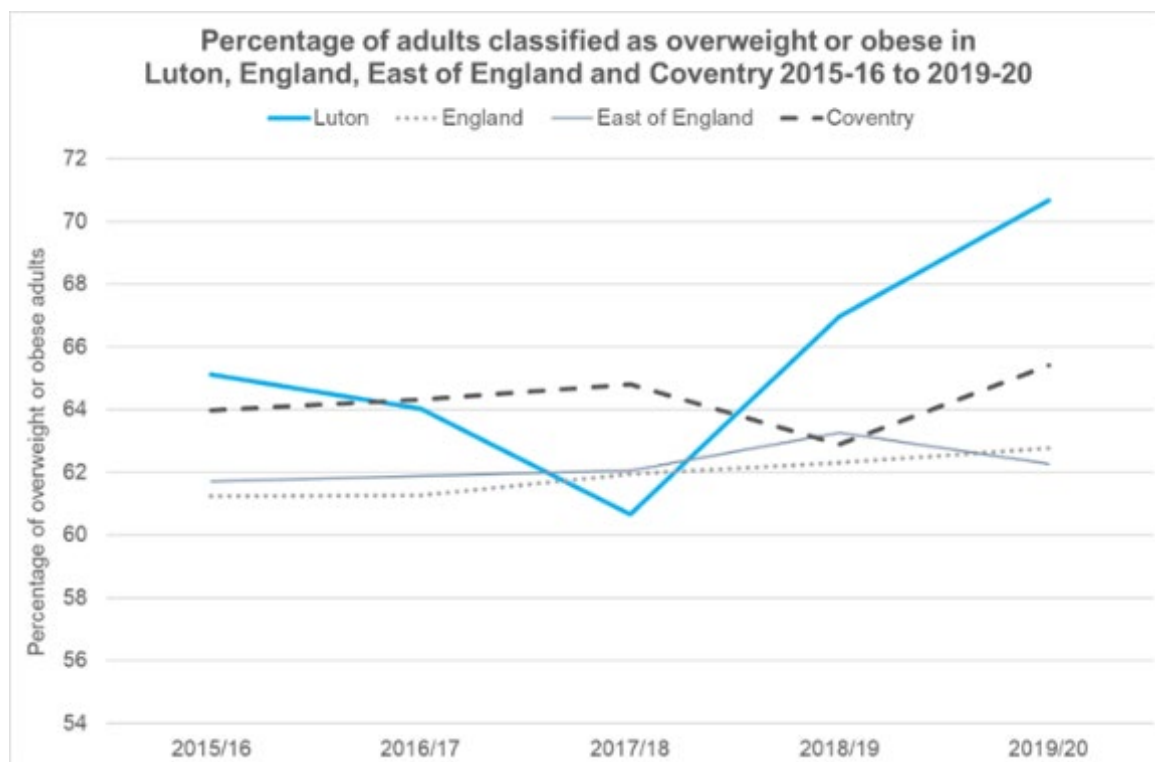
As with children, Luton has a worse rate of adults who are overweight or obese in comparison to England and the region. This trend has also worsened significantly in the last 3 years, which presents a particular challenge in Luton. 70.7 per cent of adults in Luton are currently classified as overweight or obese which is significantly higher than the national figure of 62.8 per cent and regional figure of 62.3 per cent. Luton also ranks 12 among the CIPFA comparators.

Obesity is an increasingly common problem because for many people modern living involves eating excessive amounts of cheap, high-calorie food and spending a lot of time sitting down at desks, on sofas or in cars and is a priority area for Government. The effects of the recent pandemic and stay-at-home orders may also need to be examined further in this regard.

Figure 27 shows the percentage of adults classified as overweight or obese in Luton, England and Coventry for the period 2015-16 to 2019-20. Despite falling from 2015-16 to 2017-18, the percentage of overweight or obese adults in Luton has since increased by over 10 per cent.

Luton Council currently commissions healthy weight services for the community and pharmacies may help to signpost these services to those in need.

Figure 27: Percentage of adults (aged 18+) classified as overweight or obese in Luton, England, East of England and Coventry 2015-16 to 2019-20



Source: Sport England Active Lives Survey, taken from OHID Fingertips tool, Local Authority Profile (accessed November 2021)

4.5.3 Physical activity in adults

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6 per cent of deaths globally. People who have a physically active lifestyle have a 20-35 per cent lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle (OHID²³). Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, colon and breast cancer, and with improved mental health. In older adults, physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

The Chief Medical Officer currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency (Department of Health and Social Care, 2019²⁴).

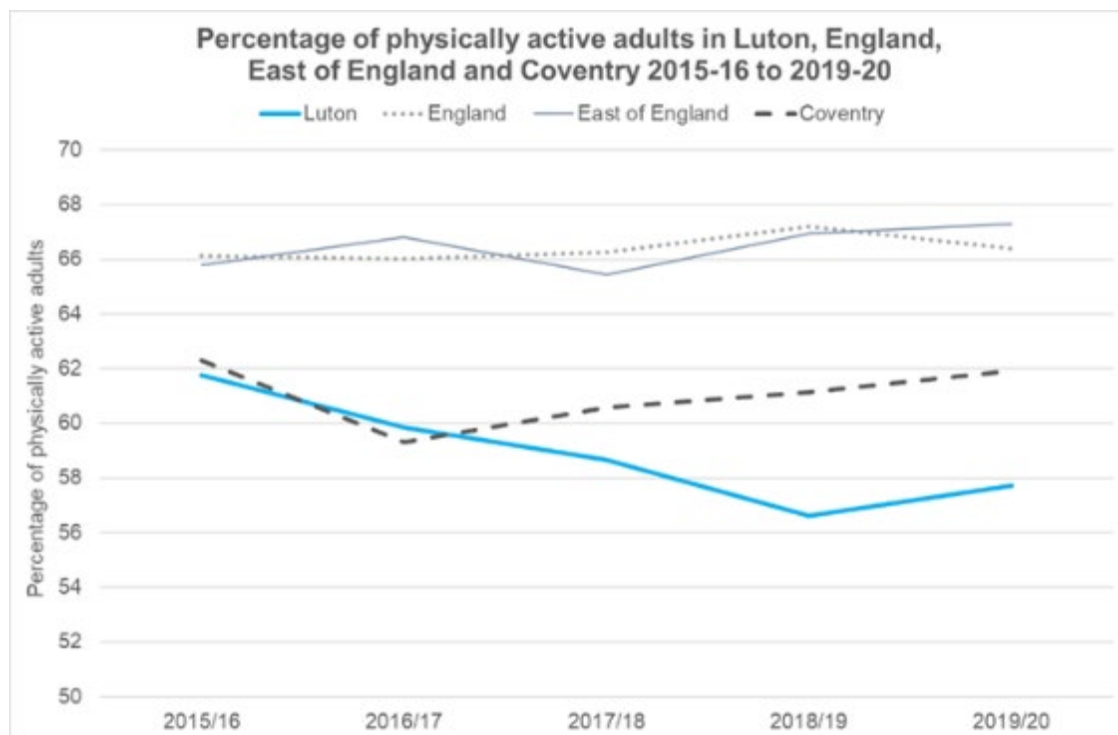
Luton has a lower rate of adults who are physically active in comparison to England and the region but is comparable to our nearest neighbours. 57.7 per cent of adults in Luton are deemed to be physically active which is significantly lower than the national figure of 66.4 per cent and regional figure of 67.3 per cent.

Figure 28 shows the percentage of physically active adults in Luton, England, East of England and Coventry 2015-16 to 2019-20

²³ [Office for Health Improvement and Disparities. National Public Health Profiles. 2022. Physical Activity.](#)

²⁴ [Department of Health and Social Care, 2019. UK Chief Medical Officers' Physical Activity Guidelines.](#)

Figure 28: Percentage of physically active adults in Luton, England, East of England and Coventry 2015-16 to 2019-20



Source: Sport England Active Lives Adult Survey, taken from OHID Fingertips tool, Local Authority Profile (accessed November 2021)

The percentage of physically active adults in Luton steadily decreased from 2015-16 to 2018-19, before experiencing a small increase in 2019-20. This contrasts with levels in Coventry, which have been steadily increasing since 2016-17. Further analysis may be required to understand the decline in levels of physical activity amongst adults in Luton and what can be done to build upon the 2019-20 increase.

Luton 2040 vision includes one of increasing physical activity among the population which is a priority of the government.

4.6 Oral health

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable (OHID, 2022²⁵). Although oral health is improving in England, the oral health survey of 5-year-olds in 2019 showed that just under a quarter have tooth decay while the oral health survey of 3-year-olds in 2020 found that 11% had visible tooth decay, with on average 3 teeth affected.

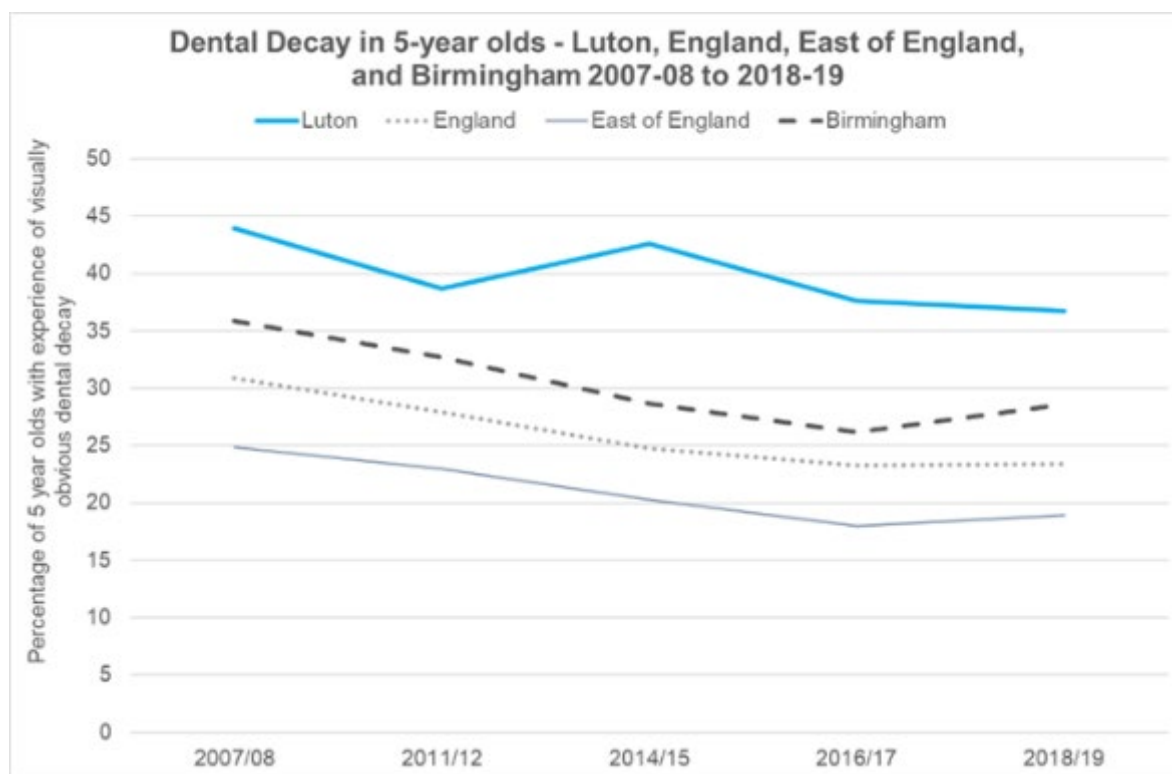
While 77% of 5-year-old children in England are now free of obvious tooth decay, significant regional inequalities remain – with children from the most deprived areas having more than twice the level of decay, than those from the least deprived. Improving the oral health of children is currently a government public health priority.

²⁵ OHID, Guidance Child Oral Health: Applying All Our Health, 2022.

In Luton, 36.8 per cent of 5-year-olds are recorded as having visually obvious dental decay in 2018-19. This is significantly higher than the national average of 23.4 per cent and regional average of 19 per cent. Luton ranks 4th out of its 5 CSSNBT statistical neighbours.

Figure 29 shows that although the percentage of 5-year-olds with experience of visually obvious dental decay in Luton has remained consistently higher than England, the East of England, and Birmingham, it has fallen since 2007-08 when it was 43.9 per cent.

Figure 29: Percentage of 5-year-olds with experience of visually obvious dental decay in Luton, England, East of England and Birmingham 2007-08 to 2018-19



Source: OHID Fingertips tool, Child and Maternal Health Profile (accessed November 2021)

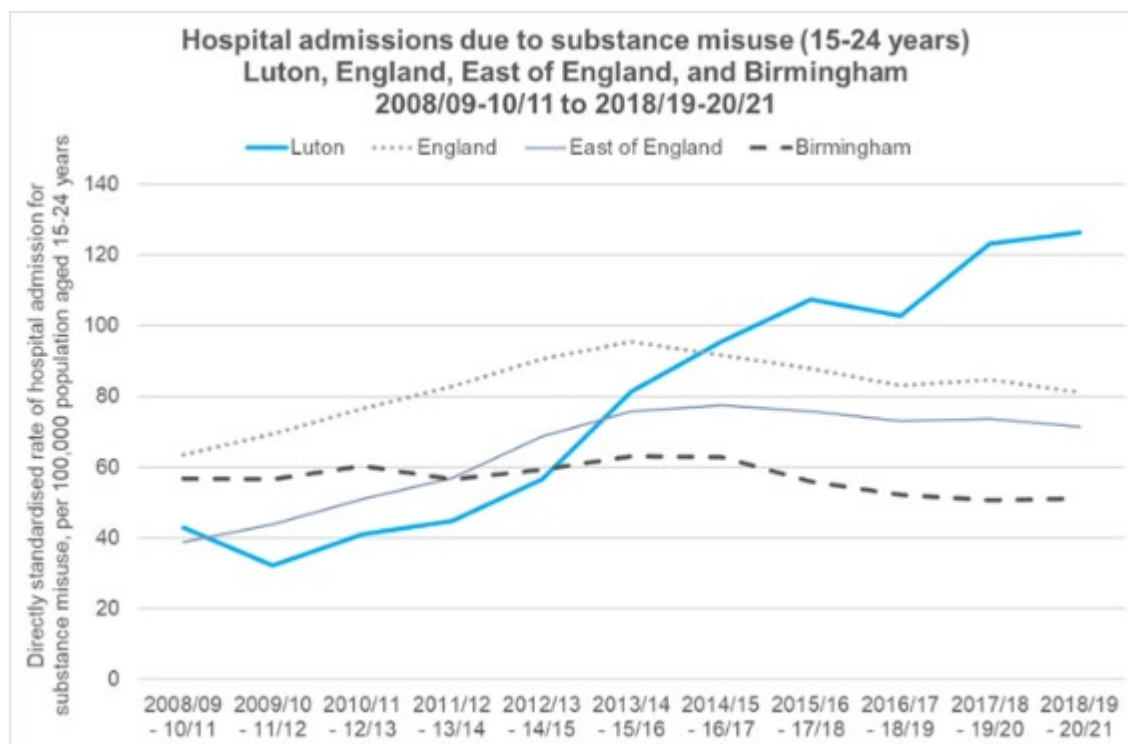
4.7 Substance misuse (drug and alcohol)

4.7.1 Substance misuse - young persons

There is evidence to suggest that young people who use recreational drugs run the risk of damage to mental health including suicide, depression and disruptive behaviour disorders. Regular use of cannabis or other drugs may also lead to dependence. Amongst 10- to 15-year-olds, an increased likelihood of drug use is linked to a range of adverse experiences and behaviour, including truancy, exclusion from school, homelessness, time in care, and serious or frequent offending.

The current directly standardised rate of hospital admission for substance misuse in Luton is 126.3 per 100,000 population aged 15-24 years. This is significantly higher than the rate of 81.2 in England and regional rate of 71.3.

Figure 30: Hospital admissions due to substance misuse (ages 15-24 years) in Luton, England, East of England, and Birmingham 2008/09-10/11 to 2017/18-20/21



Source: Hospital Episode Statistics (HES) 2020. Taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed March 2021)

Figure 30 shows the directly standardised rate of hospital admission for substance misuse per 100,000 population aged 15-24 years in Luton, England, the East of England, and the statistical neighbour of Birmingham, whose current rate is just 51.0. The rate in Luton has almost quadrupled from 32.1 in 2009/10-11/12 to the current rate of 126.3. This is cause for concern and reducing the levels of substance misuse among young people remains a priority of Luton Council.

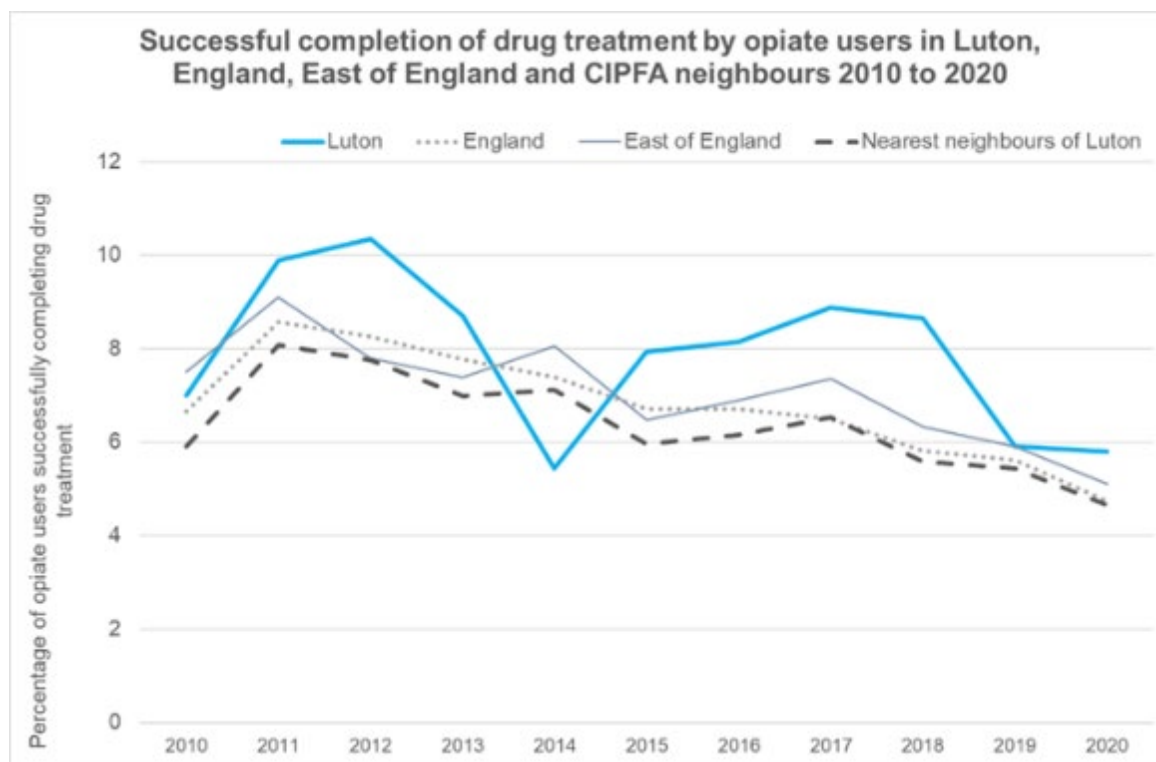
4.7.2 Substance misuse – adults

Treatment for drug dependency is available through the NHS as well as charitable organisations nationally and locally. Successful completion of treatment is defined as the number of opiate users that left drug treatment successfully (i.e., free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment. Opiate users that successfully complete a period of substance misuse treatment demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

Luton’s rate of opiate users that complete drug treatment is comparable to that of England and the region and significantly better than the rate for our nearest neighbours. Luton recorded a rate of 5.8 per cent in 2020 as compared with England with 4.7 per cent and the regional average of 5.1 per cent. Luton ranks 3rd best among its statistical neighbours. This reflects the efforts by the government against drug dependencies.

Figure 31 below shows the percentage of opiate users that successfully completed drug treatment in Luton, England, East of England and the CIPFA nearest neighbour average from 2010 to 2020.

Figure 31: Successful completion of drug treatment by opiate users in Luton, England, East of England and CIPFA neighbours 2010 to 2020



Source: National Drug Treatment Monitoring System (NDTMS), taken from OHID Fingertips tool, PHOF (accessed February 2022)

The current successful completion rate for opiate users in Luton is similar to the comparators although there appears to have been a sharp fall since 2018. This would be in keeping with the other areas and may possibly be a result of the Covid pandemic. However, further analysis is required to understand why this reduction occurred and to prevent further fall in completion rates.

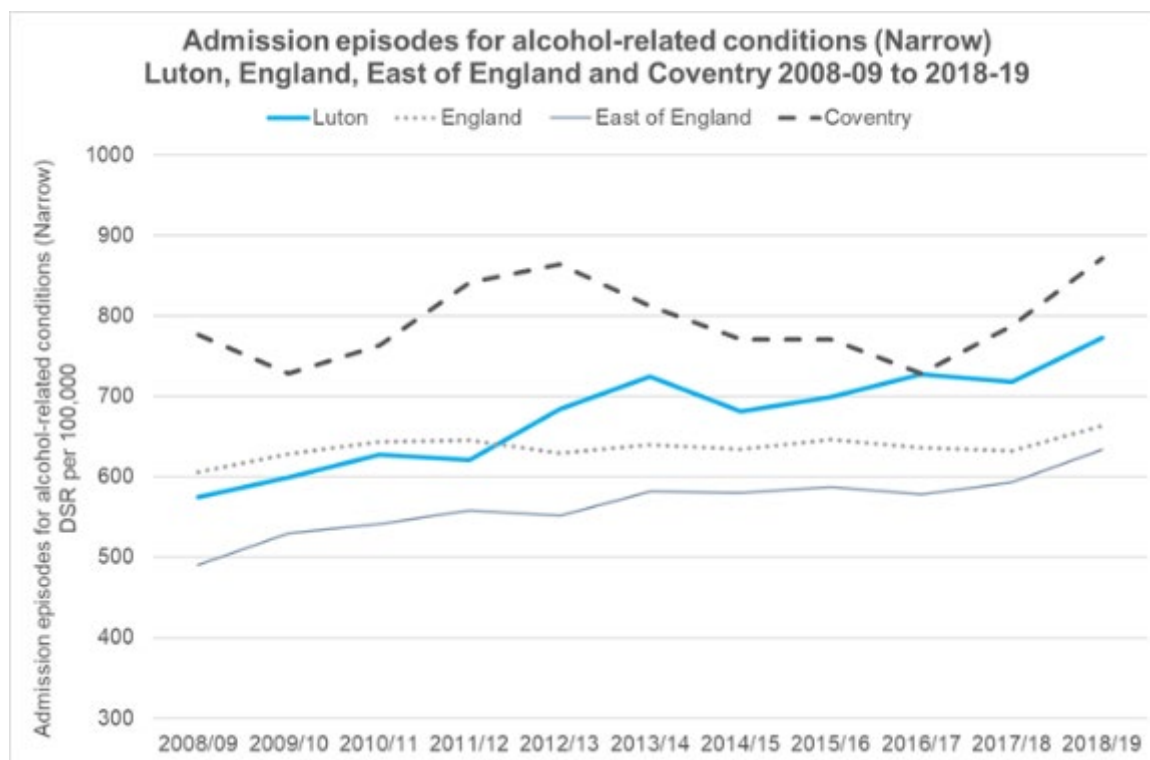
The Council also commissions needle exchange and supervised administration of medicines used in the management of opiate addiction as part of its local public health effort and this service is also available in pharmacies.

4.7.3 Conditions related to alcohol consumption

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year, and society as a whole, £21 billion annually. Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. In 2018-19, there were 772.5 per 100,000 admission episodes for alcohol-related conditions in Luton which is significantly higher than the rate of 663.7 for England and 633.6 for the East of England (direct standardised rate).

Figure 32 shows the Admission episodes for alcohol-related conditions in Luton, England, East of England and Coventry 2008-09 to 2018-19.

Figure 32: Admission episodes for alcohol-related conditions (Narrow: Old Method) in Luton, England, East of England and Coventry 2008-09 to 2018-19



Source: Hospital Episode Statistics (HES), taken from OHID Fingertips tool, Local Authority Profile (accessed November 2021)

The rate of alcohol-related hospital admissions in Luton has steadily increased over time, higher than that of England but remaining lower than Coventry. The higher rates have implications for the long-term health of the local population as well as increasing pressures on services. Alcohol-related admissions can be reduced through local interventions to reduce alcohol misuse and harm.

Pharmacies can support people with alcohol misuse issues by identifying people with issues, signposting them to services and offering brief advice.

4.8 Sexual health and contraception

Sexual health services are a vital part of medical and public health provision. Not only does sexual health play an important part in the physical and mental wellbeing of individuals, but sexual health problems have become a major social issue in recent years. Rising rates of sexually transmitted infections (STI's), especially of chlamydia in young adults, have fuelled public concern, as have high levels of teenage pregnancies and HIV infection. Sexual health services typically include the treatment of sexually transmitted infections and diseases, sexual dysfunction and other sexuality issues, contraception and family planning advice. It is also about educating people to take better care of their sexual health and to be more aware of the possible consequences of high-risk sexual behaviour and attitudes.

The consequences of poor sexual health can be serious. Unintended pregnancies and high levels of abortions and STI's can have a long-lasting and damaging impact on people's lives and there is a clear relationship between sexual ill health, poverty and social exclusion. The public health White Paper "Healthy Lives, Healthy People"²⁶, commits the Government to work towards an integrated model of service delivery to allow easy access to confidential, non-judgmental sexual health services.

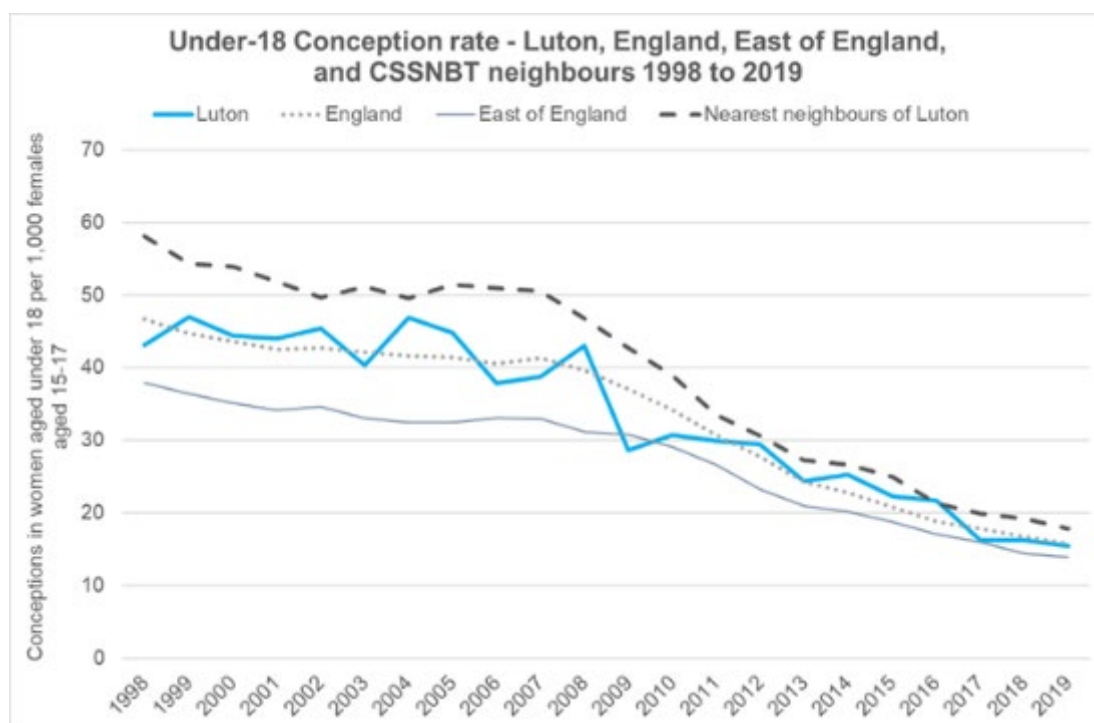
²⁶ DHSC, 2010, *Healthy Lives, Healthy People: Our strategy for public health in England*.

4.8.1 Teenage pregnancy and contraception

Most teenage pregnancies are unplanned and around half end in an abortion. As well as it being an avoidable experience for the young woman, a relatively high abortion rate represents an avoidable cost to the NHS and is an indicator of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method. Teenage pregnancy can also result in poorer outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty. Infant mortality rates for babies born to teenage mothers are around 60 per cent higher than for babies born to older mothers.

The latest (2019) under-18 conception rate (per 1000) in Luton is 15.5, which is similar to the national average of 15.7 and slightly higher than the regional average of 13.9. Across board, the under-18 conception rate has steadily fallen in line with public health efforts.

Figure 33: Conceptions in women aged under 18 per 1,000 females aged 15-17 in Luton, England, East of England, and statistical neighbours 1998 to 2019



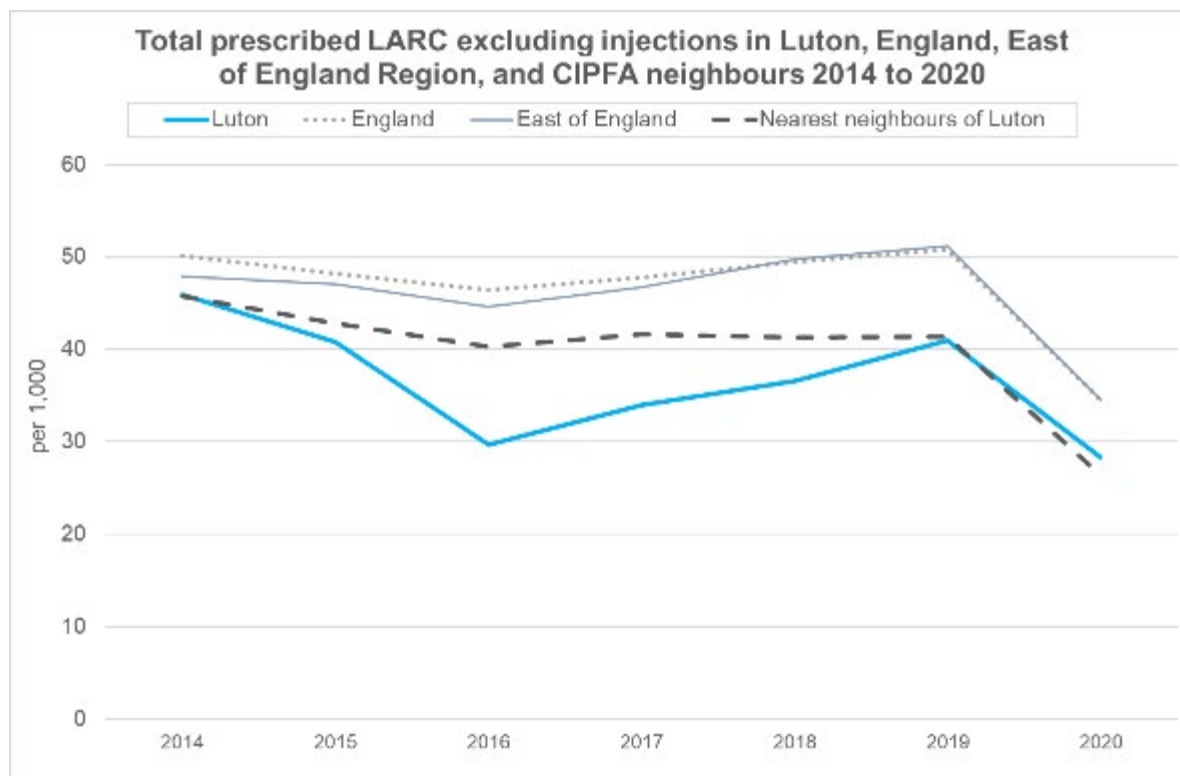
Source: Office for National Statistics (ONS), OHID Fingertips tool, Child and Maternal Health Profile (accessed November 2021)

Contraception is a method of managing pregnancy and local authorities are responsible for commissioning comprehensive sexual health services including contraception services and advice, young people's sexual health and teenage pregnancy services, outreach, sexual health promotion and services in schools, colleges and pharmacies. There are numerous methods of contraception available through the public health services.

The National Institute for Health and Care Excellence (NICE) Clinical Guideline CG30 advises that long-acting reversible contraceptive methods (LARC), such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost-effective than condoms and the pill. An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.

Total prescribed LARC excluding injections crude rate per 1000 in 2020 for Luton is 28.3 as compared with 34.6 for both England and the East of England. Figure 34 shows the trend in prescribed LARC excluding injections rate per 1,000 for Luton, England, East of England and CIPFA neighbours from 2014 – 2020.

Figure 34: Total prescribed LARC excluding injections rate per 1,000 for Luton, England, East of England and CIPFA nearest neighbours 2014-2020



Source: OHID Fingertips tool, based on NHS Digital SRHAD data, NHS BSA ePACT2 prescribing data and ONS mid-year population estimates (accessed May 2022)

The level of LARC uptake has been consistently lower in Luton than England and the region. However, the rates for Luton and our nearest neighbours are currently almost the same although Luton used to be much lower. There has been a sharp drop in LARC prescriptions between 2019 and 2020 and the reasons for this may be related to the shift in primary focus of the health services during the pandemic.

Pharmacies are a part of the sexual health services network and provide emergency hormonal contraception service (the morning after pill) EHC. As of March 2022, 25 pharmacies in Luton are commissioned by Luton Council to offer this service.

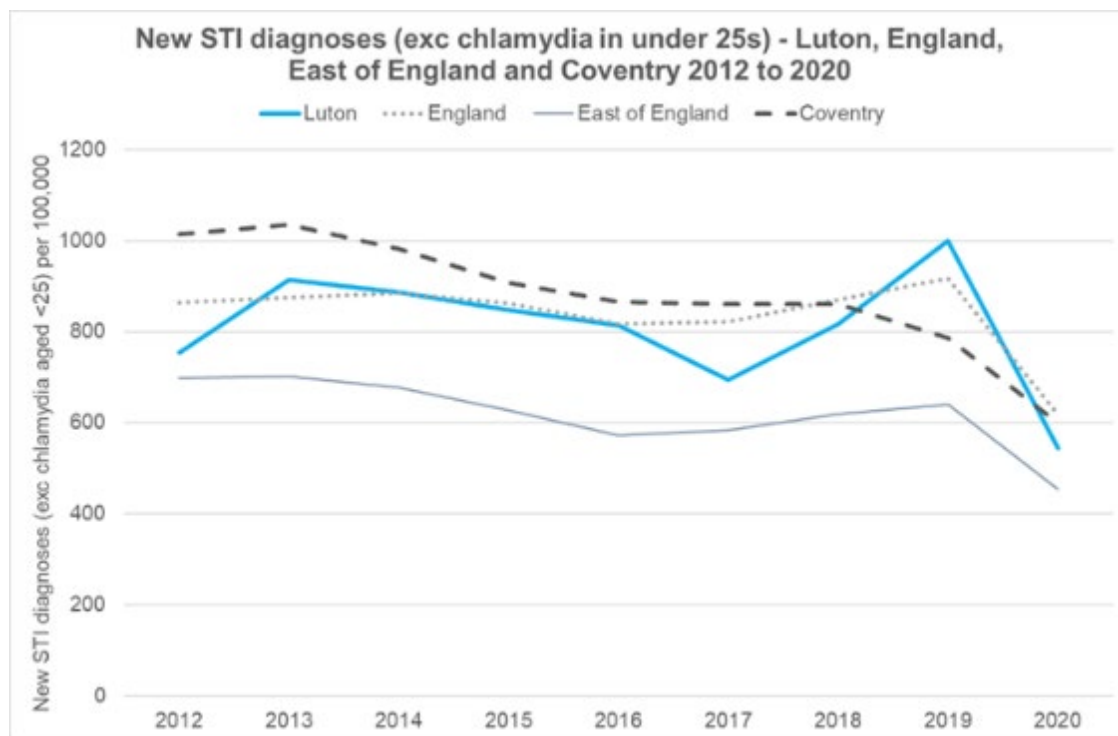
4.8.2 Sexually transmitted infections

New sexually transmitted infections (STI) diagnoses (excluding chlamydia in under 25-year-olds) among people accessing specialist and non-specialist sexual health services in England is the key indicator for sexual health in the population. Luton currently has a rate of 544.1 (per 100,000) of new STI diagnoses in people aged 15 to 64 accessing sexual health services. This is significantly below the national average of 619 but above the regional average of 453.7. In the most recent 3 years, there has been a significant reduction in new STI diagnoses in Luton as with all other regions. The reasons for this fall are worth further exploration and may be yet another consequence of reduced clinical activity during 2020 due to the Covid-19 pandemic.

It should be noted that a high diagnosis rate of STIs could be indicative of a high burden of infection, but more so, an indication of increase in screenings and control activity.

Figure 35 shows the rate of new STI diagnoses (exc. chlamydia aged <25) in Luton, England, East of England and Coventry from 2012 to 2020. As with rates for LARC above, there has been a recent sharp drop in new diagnoses.

Figure 35: Rate of new STI diagnoses (exc. chlamydia aged <25) in Luton, England, East of England and Coventry 2012 to 2020



Source: OHID Fingertips tool, Local Authority Profile (accessed November 2021)

Pharmacies in Luton offer sexual health enhanced services commissioned by the local authority as part of the public health services which includes Emergency hormonal contraception and Sexual health screening services for chlamydia.

Long term conditions

A Long-Term physical health condition, also known as a chronic condition (LTC), is a health problem that requires ongoing management over a period of years or decades and is one that cannot currently be cured but can be controlled with the use of medication and/or other therapies. About 26 million people in England currently have at least one LTC; 10 million have two or more LTCs, 1 million with frailty and 0.5 million at end of life. 15% of young adults aged 11-15 have an LTC. There has been a three-fold increase in cost of health care for those with frailty and people living with a long-term condition are more likely to use health and care services (NHS ²⁷).

Examples of LTC's include diabetes, cardiovascular diseases (e.g., hypertension, stroke and heart disease), chronic respiratory disease (e.g., asthma, COPD), chronic pain, some cancers, irritable bowel syndrome (IBS) and post-COVID-19 syndrome (long COVID).

²⁷ [NHS England. Enhancing the Quality of Life for People Living with Long Term Conditions.](#)

4.9 Cardiovascular disease (CVD)

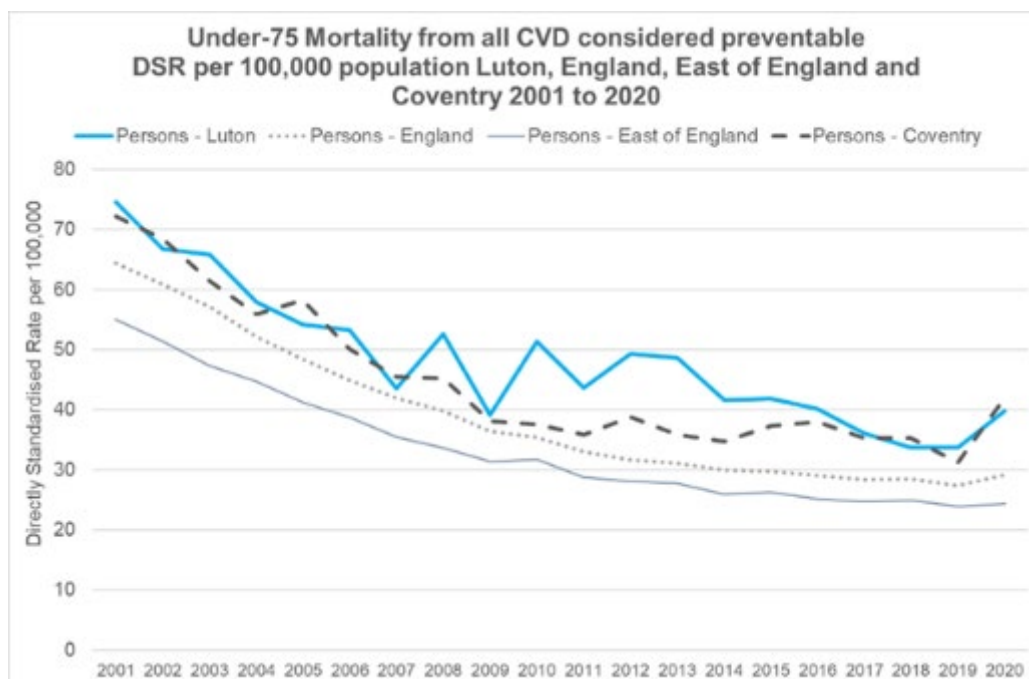
Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. There are several conditions under the umbrella term of CVD including hypertension, coronary heart disease, atrial fibrillation, heart failure and stroke. CVD is one of the main causes of death and disability in under 75s the UK, but it can often largely be prevented with a healthy lifestyle. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.

The mortality rate for all CVD considered preventable (per 100,000 population) for under-75s in Luton is currently 39.9 (54.4 for males and 25.7 for females). This is significantly higher than the national rate of 29.2 (42.7 for males and 16.4 for females) and the regional rate of 24.3 (36.3 for males and 13.0 for females). Our CIPFA nearest neighbour Rank is 5 (4 for males, 11 for females). Male mortality from CVD is higher in all regions than for females, however, Luton rates are notably higher.

Figure 36 shows the directly standardised rate of mortality from all cardiovascular diseases considered preventable for all persons aged under-75 in Luton over time against those for England, the East of England region, and Coventry.

Figure 36: Under-75 mortality from cardiovascular diseases considered preventable for all persons in Luton, England, East of England, and Coventry 2001 to 2020



Source: Office for Health Improvement & Disparities (based on ONS source data) taken from OHID Fingertips tool, PHOF (accessed February 2022)

Although, this mortality rate has decreased over the period in Luton, it has been consistently above that of England and the East of England. Recently the rate has been like that of Coventry, although the increase from 33.7 in 2019 is worth noting.

Pharmacies as a part of the primary healthcare team are well positioned to carry out preventive measures for CVD such as screenings for high blood pressure or atrial fibrillation. A Hypertension case finding service was recently introduced as a new advanced service available from community pharmacies in 2021. This could help in the efforts to reduce the mortality from CVD through early detection.

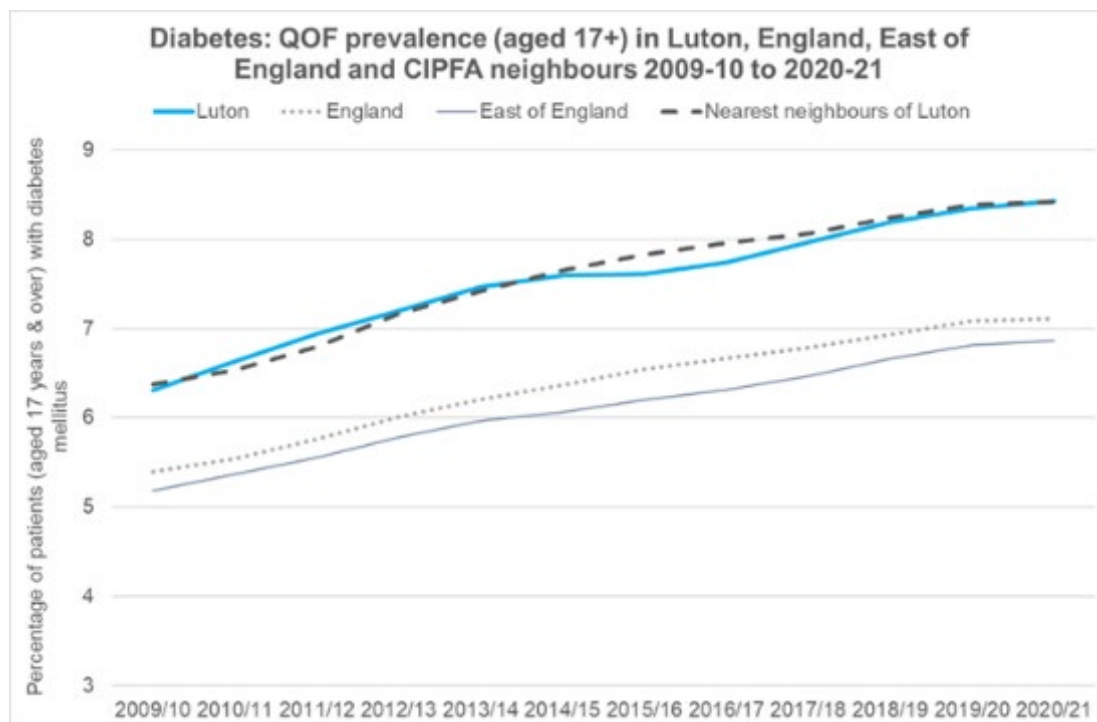
4.10 Diabetes

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes, is undertaken by the GP and members of the primary care team.

Current diabetes prevalence rate for Luton in 2020-21 is 8.4 per cent. Nationally, the rate is 7.1 per cent and regionally, 6.9 per cent, therefore Luton's rates are higher. They have however, been consistently comparable to the nearest neighbour average over time (figure 37).

Nationally, diabetes prevalence appears to have steadily been on the rise over the last ten years and reducing diabetes prevalence is a priority of the government. The NHS Diabetes Prevention Programme (also known as Healthier You) was established in April 2018 by Diabetes UK working together with NHS England and Public Health England ²⁸ (now OHID). The programme helps people to lose weight and get more active over nine months, to reduce their risk of Type 2 diabetes. The NHS health check programme also offers a 5-yearly check-up to everyone aged 40 to 74 with the aim of spotting the early signs of diabetes among other LTC's.

Figure 37: Diabetes prevalence in Luton, England, East of England and CIPFA neighbours 2009-10 to 2020-21



Source: Quality and Outcomes Framework (QOF), NHS Digital, taken from OHID Fingertips tool, Productive Healthy Ageing Profile (accessed March 2022)

²⁸ [Diabetes UK - Tackling the crisis: Transforming diabetes care for a better future England.](#)

Pharmacies, as part of the primary care team, are well positioned to be a part of the effort to reduce the levels of diabetes mellitus in the country. The pharmacy contractor survey conducted as a part of the PNA process showed that diabetes screening and management through blood sugar testing is a service that pharmacists felt would improve the health of the community. This service is not currently commissioned to the pharmacies by the NHS although some contractors may offer this privately.

4.11 Respiratory disease

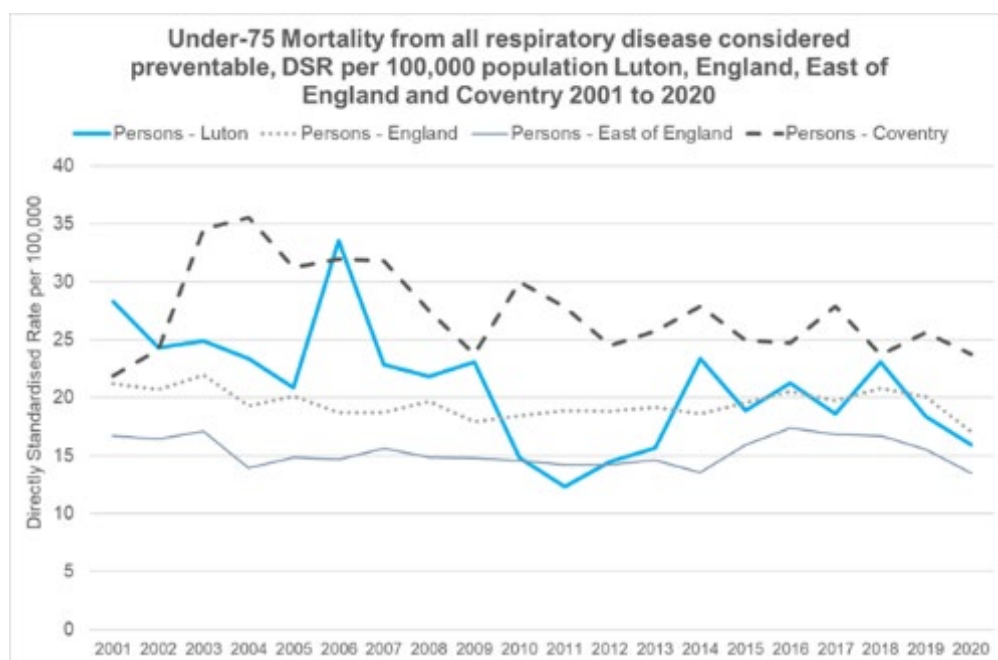
Respiratory disease affects one in five people and is the third biggest cause of death in England (after cancer and cardiovascular disease). It covers a range of diseases including chronic obstructive pulmonary disease (COPD), asthma, lung cancer and infectious diseases like pneumonia and Tuberculosis (TB). Lung cancer, pneumonia and COPD are the biggest causes of death. Diseases of the respiratory system can be especially dangerous for older people during winter - most respiratory admissions double in number during the winter.

The annual economic burden of asthma and COPD on the NHS in the UK is estimated as £3 billion and £1.9 billion respectively. In total, all lung conditions (including lung cancer) directly cost the NHS in the UK £11 billion annually (NHS England ²⁹).

Incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening and leading to worse health outcomes. The most deprived communities have a higher incidence of smoking rates, exposure to higher levels of air pollution, poor housing conditions and exposure to occupational hazards. Smoking is the major cause of COPD and tobacco smoke related conditions accounted for the highest rate of deaths per 100,000 population in Luton in 2019.

The mortality rate for respiratory disease considered preventable for under-75s in Luton is currently 15.9 for all persons. This is comparable to the rates of 17.1 in England and 13.5 in the East of England (figure 38).

Figure 38: Under-75 mortality from respiratory disease considered preventable for all persons in Luton, England, East of England, and Coventry 2001 to 2020



Source: Office for Health Improvement & Disparities (based on ONS source data) taken from OHID Fingertips tool, PHOF (accessed February 2022)

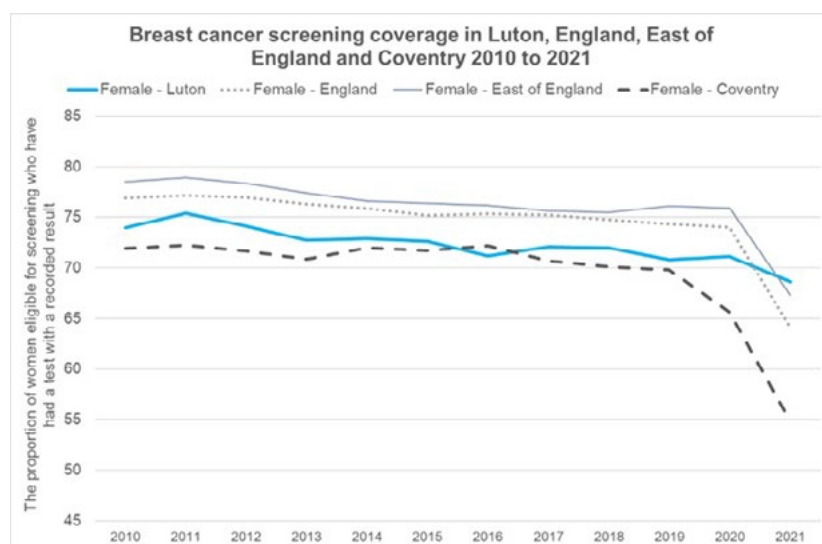
²⁹ [NHS England – Our ambition for respiratory disease.](#)

4.12 Cancer

Cancer is a condition where abnormal cells grow and reproduce uncontrollably in the body, often invading or destroying surrounding healthy tissue. Cancer is a clinical priority. The principal active management of cancers occurs in the secondary care setting. However, primary health care services (including pharmacies) often have a key role in the referral and subsequent support of these patients and in ensuring that care is appropriately co-ordinated.

In 2019, the NHS recorded 6,179 people living with cancer in Luton (about 3 per cent of the population). It should be noted that cancer prevalence is a product of both cancer incidence and survival, and should be interpreted with these factors in mind. Screening is a way of finding out if people have a higher chance of having a health problem, so that early treatment can be offered, or information given to help make informed decisions. Currently, cancer screening services are available for breast, bowel, and cervical cancer. Figures 39, 40 and 41 show the screening coverage for breast, bowel, and cervical cancer.

Figure 39: Cancer screening coverage for breast cancers in Luton, England, East of England and Coventry from 2010 to 2021



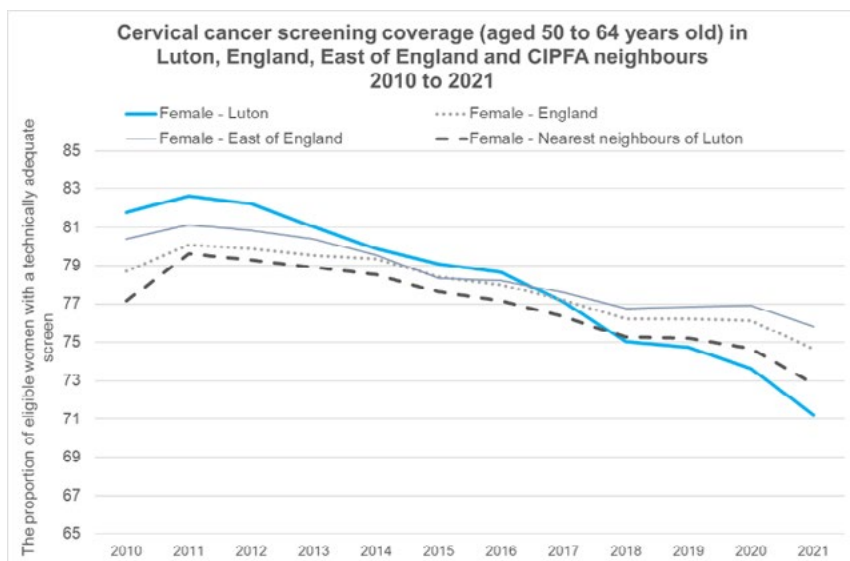
Source: NHS Digital, taken from OHID Fingertips tool, PHOF (accessed February 2022)

Breast cancer screening is estimated to save 1,400 lives in England each year. Improvements in coverage would mean more breast cancers are detected at earlier, more treatable stages. 68.6 per cent of eligible women in Luton received breast cancer screening in 2021. Luton is significantly better for screening for breast cancer across the board, however, this has recently worsened and will need to be monitored and understood to maintain this positive position.

Cervical screening supports detection of cell abnormalities that may become cancer and is estimated to save 4,500 lives in England each year. 71.2 per cent of eligible women in Luton received cervical cancer screening in 2021. Screening for cervical cancer is worse in comparison to the region and England, but similar to our nearest neighbours. This trend has also recently worsened and presents a challenge within Luton.

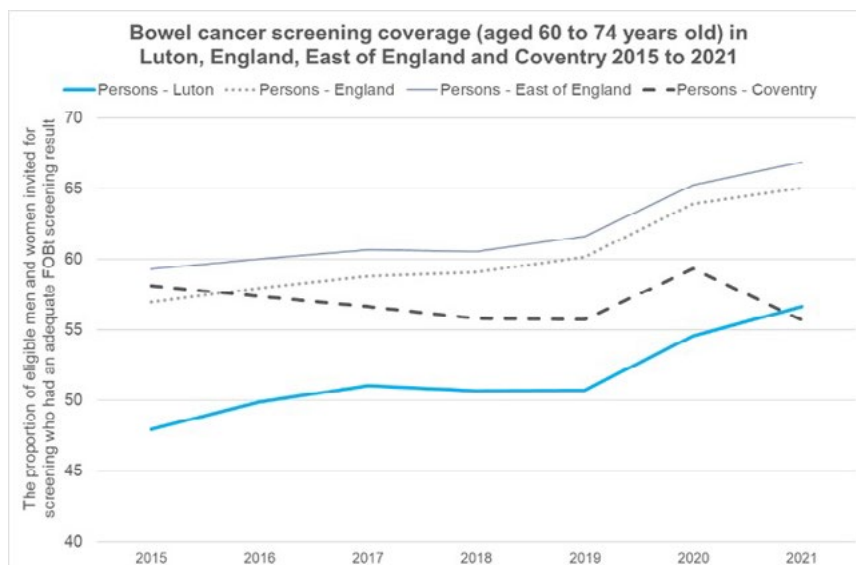
Bowel cancer screening supports early detection of cancer and polyps which are not cancers but may develop into cancers overtime. About one in 20 people in the UK will develop bowel cancer during their lifetime. Improvements in coverage would mean more bowel cancers are detected at earlier, more treatable stages, and more polyps are detected and removed - reducing the risk of bowel cancer developing. 56.6 per cent of eligible (those who had an adequate faecal occult blood test screening result in the previous 30 months) men and women aged 60 to 74 in Luton received bowel cancer screening in 2021. Screening for bowel cancer is also worse in comparison to the region and England, but again comparable to our neighbours, and has recently increased.

Figure 40: Cancer screening coverage for cervical cancers in Luton, England, East of England and Coventry from 2010 to 2021



Source: NHS Digital, taken from OHID Fingertips tool, PHOF (accessed February 2022)

Figure 41: Cancer screening coverage for bowel cancers in Luton, England, East of England and Coventry from 2010 to 2021



Source: NHS Digital, taken from OHID Fingertips tool, PHOF (accessed February 2022)

Pharmacies can help by signposting and encouraging the customers to access the relevant services as well as patient education. In some cases of terminal illness, End of life medicines are available from the community pharmacy.

Infectious disease prevention

4.13 Tuberculosis (TB)

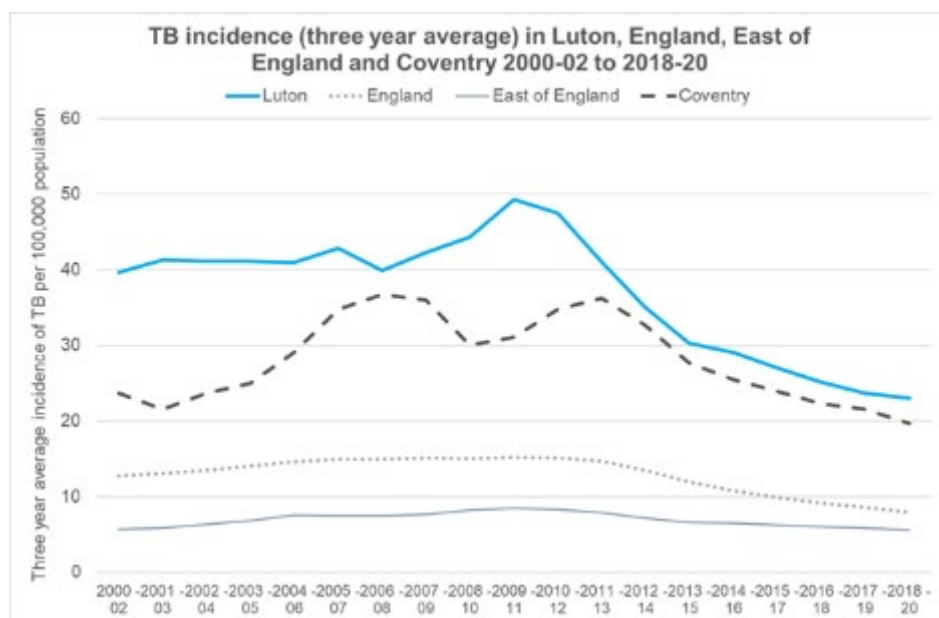
TB is a preventable and contagious bacterial infection disproportionately affects vulnerable and disadvantaged populations. It is a serious condition that can be fatal if left untreated, but deaths are rare if treatment is completed.

Reducing TB incidence is a key ambition of the Collaborative Tuberculosis Strategy for England 2015-2020³⁰. During the 5 years of the 2015 to 2020 strategy, TB incidence in England declined by 29% – from 11.9 per 100,000 in 2014 (pre-strategy) to 8.4 per 100,000 in 2019.

TB has been a cause for concern in Luton as the levels have consistently been significantly higher than national and regional levels. TB incidence in Luton (three-year average) from 2018-20 is recorded as 23.1 per 100,000 population as compared to 8.0 for England and 5.7 for the East of England (figure 42). Although the incidence has fallen over time, it has consistently remained above that of its comparators and ranks 15 among the 16 CIPFA neighbours (almost the highest levels of TB).

The government strategy for reducing TB includes a significant role for local government in ensuring that the wider social determinants of TB are addressed, and that people affected by TB are supported to take their treatment. Other measures include vaccination of high-risk groups, tackling drug resistant TB, identifying and treating those with inactive TB who are at high risk of progressing to active disease and contact tracing for prevention. New medication against drug resistant TB has recently become available and pharmacies can play a big role in managing medication for patients diagnosed with TB.

Figure 42: TB incidence in Luton, England, East of England and Coventry 2000-02 to 2018-20



Source: UK Health Security Agency (UKHSA) Enhanced Tuberculosis Surveillance system (ETS) taken from OHID Fingertips tool, PHOF (accessed December 2021)

4.14 Influenza

Influenza, commonly known as “the flu”, is an infectious disease caused by influenza viruses A, B or C. Influenza A and B viruses circulate in humans and cause seasonal epidemics while influenza C causes a mild infection, primarily in children. For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week. Symptoms often include fever, runny nose, sore throat, muscle pain, headache, coughing, and fatigue. Influenza may, however, sometimes progress to pneumonia or other serious complications especially in those who are at increased risk such as older people, the very young, pregnant women, those with underlying disease such as chronic respiratory or cardiac disease and those who are immunosuppressed.

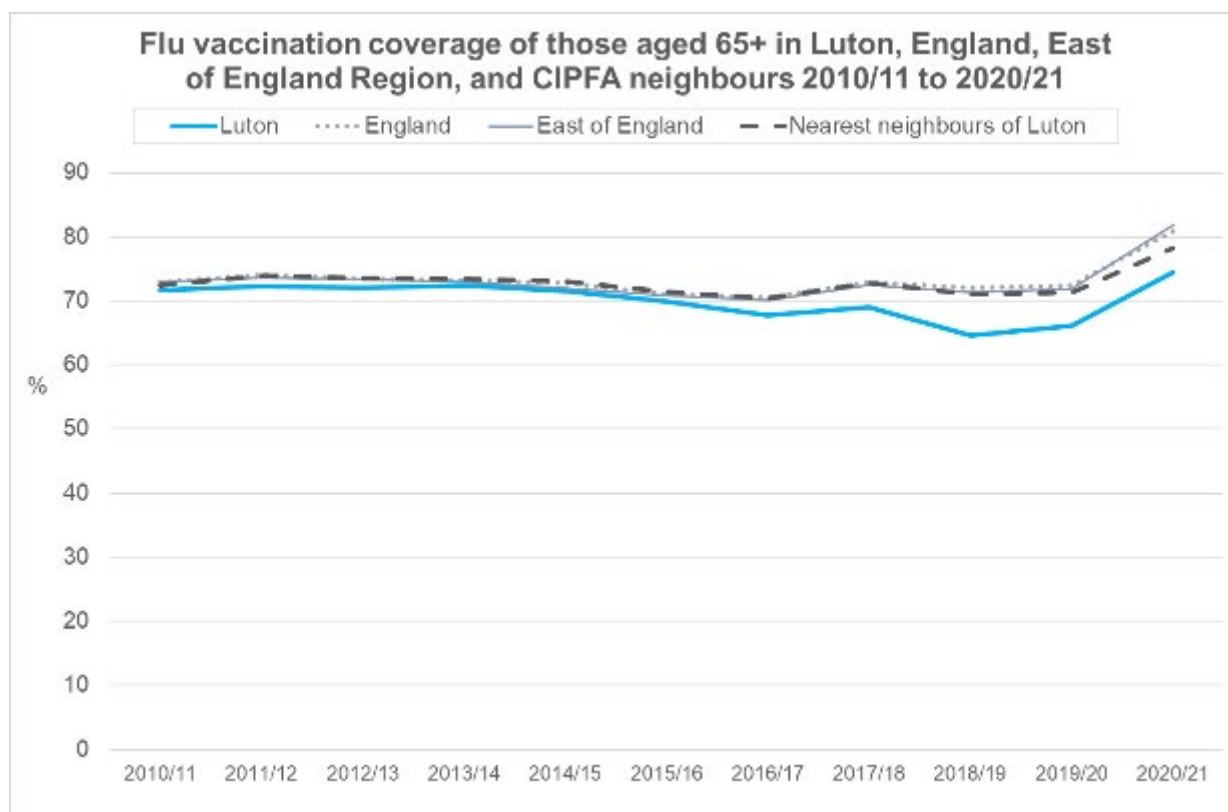
³⁰ NHS England and Public Health England - Collaborative Tuberculosis Strategy for England 2015-2020.

The flu vaccine is offered free on the NHS to those eligible and there is a WHO target of 75% for those aged 65 years and over. The government has had the most successful influenza vaccination programme ever over the last 2 seasons, exceeding the WHO target (NHS 2022³¹). This higher than usual uptake may have been partly driven by concerns about the COVID-19 pandemic and a greater understanding about the role of vaccines in preventing illness as well as the influenza vaccination being offered to eligible patients during their COVID-19 vaccination.

In 2020/21, the Luton seasonal flu vaccine coverage rate in the population aged 65 years and over was 74.4 per cent. This is close to the national target of 75 per cent but lower than the coverage for England (80.9 per cent) and the East of England (81.8 per cent) for the same year (Figure 43).

In 2020/21, the flu vaccination coverage for ages 2-3 years old in Luton was 43 per cent. This is lower than both the levels for England (56.7 per cent) and the regional level at 60.4 per cent. Luton levels are also lower than the national target of 65%.

Figure 43: Population Flu vaccination coverage (%) aged 65+ for Luton, England, East of England and CIPFA neighbours 2010/11 to 2020/21



Source: Gov.uk Vaccine uptake figures, taken from OHID Fingertips tool, PHOF (accessed May 2022)

Flu vaccination coverage in Luton has followed similar patterns to that in England, the region and its neighbours although it has remained slightly lower. There was a sharp fall in coverage in 2018 which has since rebounded in 2020/21.

³¹ [The NHS Influenza Immunisation Programme 2022 to 2023.](#)

4.15 Covid-19

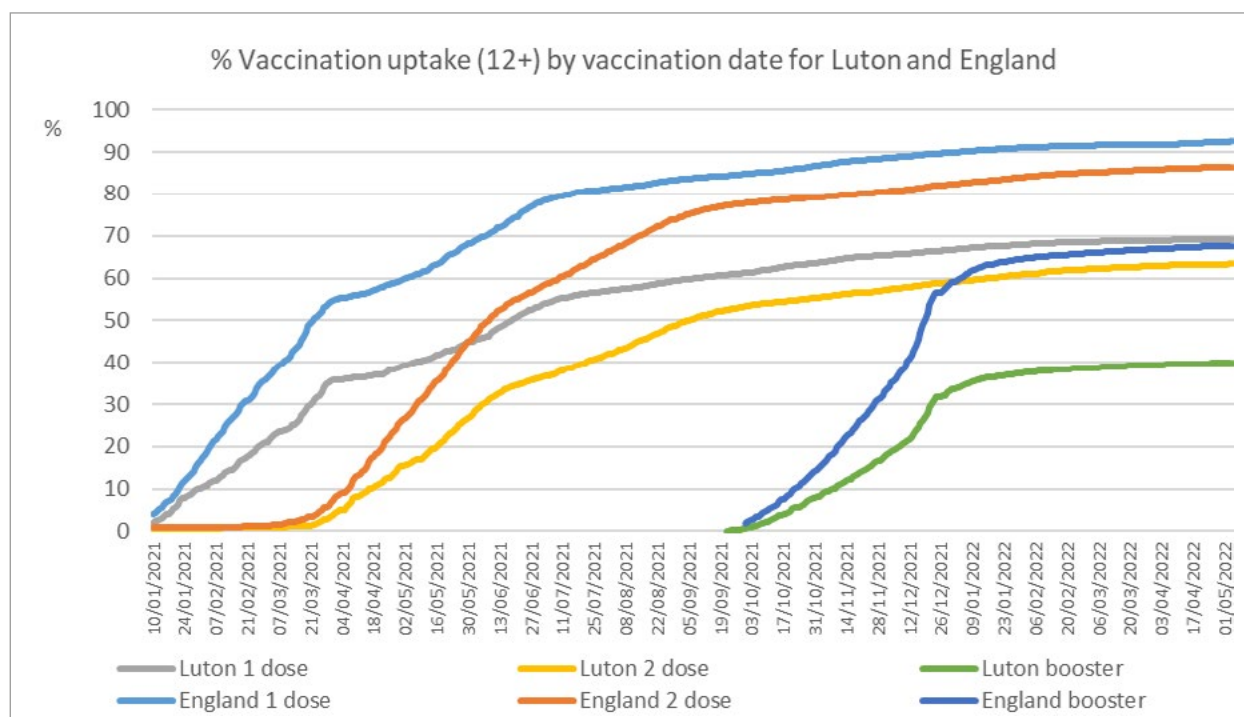
Local data analysis undertaken during the pandemic has shown that those with the highest risk of contracting COVID-19 in Luton are:

- Men over 50 years (older male population)
- People from Black, South Asian and other minority ethnic backgrounds (including those identifying as 'white other')
- Residents living in multi-occupancy/smaller dense houses, renters living in low-cost housing or transient adults
- Residents living in areas with higher deprivation

As of 4th of May 2022, there were 148,873 Luton residents aged 12 and above vaccinated with at least one dose of the Covid-19 vaccine, (69.1 per cent), 136,367 vaccinated with the second dose (63.3 per cent) and 85,798 vaccinated with their booster or third dose (39.8 per cent). This is lower than the vaccination rates nationally with the first dose coverage at 92.5 per cent, second dose 86.5 per cent and the booster dose 68.3 per cent (figure 44). Vaccine uptake has been lower than expected in Luton and residents are still being urged to receive their Covid-19 vaccinations to keep the community safe.

The full extent of the long-term impact of Covid-19 is still largely unknown, especially with related conditions such as long COVID or the impact on mental health. Therefore, this is an area that will require sustained focus to identify future needs.


Figure 44: Vaccination uptake (ages 12+) 1st, 2nd and booster doses by vaccination date for Luton and England



Source: UK Coronavirus Dashboard (Last accessed 04 May 2022)

4.15.1 Long Covid

Long-term effects of Covid-19 infection are now being recognised and investigated worldwide. "Long COVID" is an informal term that is commonly used to describe signs and symptoms that continue or develop after an acute infection of COVID. The World Health Organization (WHO) defines Long Covid as "usually 3 months from



the onset of Covid-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis.” The ONS estimates that 1.3 million people in the UK were experiencing Long Covid symptoms as of 2 January 2022 (defined as symptoms that had lasted more than four weeks from the initial infection). This amounts to just over 1 in 50 of the population (2.1 per cent). More than four in 10 (42 per cent) of those people were experiencing Long Covid symptoms more than a year after their first suspected infection and almost two thirds (63 per cent) said their symptoms had reduced their ability to carry out daily activities ³².

NHS England and NHS Improvement announced new measures in October 2020 to support patients experiencing long-term effects of COVID-19 (5-Point plan for Long COVID ³³). Your COVID Recovery platform, a tailored rehabilitation programme, and a public facing information website, was launched in July 2020 to support patients with their recovery from Long Covid and allow them to be monitored by their local rehabilitation teams. The NHS is also investing an additional £10 million this year to set up specialist post-COVID assessment services across England which will complement existing primary, community and rehabilitation care.

4.15.2 Flu and Covid-19

With the Covid-19 pandemic, there has been an increased drive by the government increased for the flu vaccine resulting in increased uptake. The flu vaccine has been offered, in some cases, to eligible patients at the time of Covid vaccination. In addition to this, there appears to be an increased awareness of the public and a need to protect themselves, fuelling an increased uptake of the vaccine. The current advice is that it is safe to take the Flu and the Covid-19 vaccines at the same time and this may provide improved protection.

Currently, most community pharmacies in Luton offer the Seasonal influenza vaccine and as of March 2022, 15 pharmacies in Luton offer the Covid-19 vaccine to those eligible.

4.16 Pneumonia

Pneumococcal infections are caused by the bacterium *Streptococcus pneumoniae* and can lead to pneumonia (inflammation of the tissue in one or both lungs), blood poisoning (sepsis) and meningitis. At their worst, they can cause permanent brain damage, or even kill. Pneumonia is more common in the autumn and winter and nationally there is an incidence rate of 8 in 1,000 people.

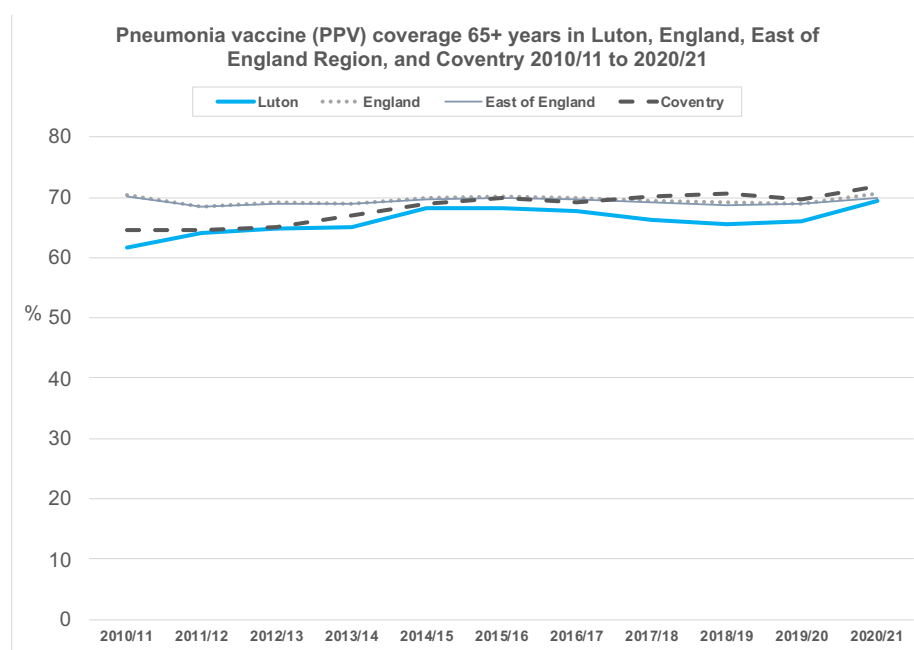
The pneumococcal vaccine (also called the pneumonia vaccine) protects against serious and potentially fatal infections. It is recommended for people who are at higher risk of getting the disease such as babies, adults aged 65 or over and people with certain long-term health conditions. There are 2 types of pneumonia vaccine. Pneumococcal conjugate vaccine (PCV) is used to vaccinate children under 2 years old at 12 weeks and 1 year of age, while Pneumococcal polysaccharide vaccine (PPV) is given to people aged 65 and over and those at high risk. It may be given as a single, one-off pneumococcal vaccination, or a vaccination every 5 years, depending on underlying health condition. The overall efficacy of the vaccine is estimated to be between 50%–70%.

In 2020/21, Luton had 85.6 per cent of the population immunised with the PCV booster by the second birthday. This is lower than the vaccination rates for England at 90.1 per cent and East of England at 92.7 per cent in the same period. In the eligible 65+ population, the proportion of Luton residents who have received the PPV vaccine in 2020/21 is 69.4 per cent which is very similar to England at 70.6 per cent and the region at 70 per cent (Figure 45).

³² [British Heart Foundation, 2022. Long Covid: The symptoms and tips for recovery.](#)

³³ [NHS England and NHS Improvement - 5-Point plan for Long COVID](#)

Figure 45: Population vaccination coverage PPV 65+ in Luton, England and East of England 2010-11 to 2020-21



Source: UK Health Security Agency (UKHSA), taken from OHID Fingertips tool, PHOF (accessed May 2022)

4.17 Hepatitis B and C

Hepatitis B is vaccine-preventable and an important health protection issue that can cause serious disease. Variation in incidence rates may reflect outbreaks, differences in underlying population (such as having a larger proportion of risk groups) or variation in uptake of vaccination by risk groups. People at higher risk include those originally from countries with a high prevalence of hepatitis B, injecting drug users and people who have unprotected sex with multiple sexual partners. High rates of acute hepatitis B should prompt a review of cases to determine underlying reasons and to identify appropriate interventions.

Hepatitis B is less common in the UK than other parts of the world as a vaccine is routinely available for all babies born in the UK and for people at high risk. In 2017 and 2018, Luton recorded no new cases of acute Hepatitis B infection. Incidence rate per 100,000 population in 2018 was 0.69 for England and 0.5 for the East of England with a CIPFA neighbour average of 0.66 per 100,000.

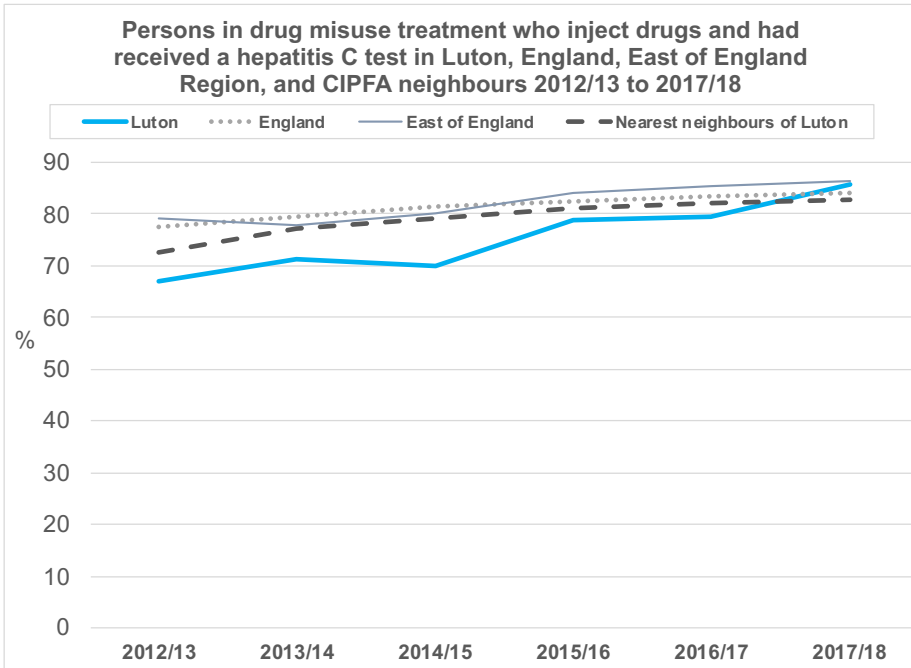
Liver disease is one of the top causes of death in England and people are dying from it at younger ages. Most liver disease is preventable, and much is influenced by the prevalence of Hepatitis B and Hepatitis C infections which are both amenable to public health interventions. Hepatitis C increases people's risk of developing serious long-term disease and about a third of people infected with Hepatitis C virus will eventually develop liver cirrhosis. It is estimated around 118,000 people in the UK had chronic hepatitis C in 2019. Hepatitis C often has no symptoms, and the virus is usually spread through blood-to-blood contact. Some groups of people are at an increased risk of hepatitis C, including:

- ex and current injected drug users
- people who received blood transfusions before September 1991 or organ or tissue transplants before 1992
- people who have lived or had medical treatment in an area where Hepatitis C is common
- babies and children whose mothers have Hepatitis C

- people who have received a tattoo or piercing where equipment may not have been properly sterilised
- sexual partners, family members and close contacts of people with Hepatitis C

It is estimated that around half of those who inject drugs have been infected with the virus and it is recommended that known drug users be tested for the virus. In 2017/18, the percentage of eligible persons in drug misuse treatment who inject drugs and have received a Hepatitis C test in Luton is 85.6 per cent (figure 46). This is close to England figures at 84.2 per cent and regional figures at 86.3 per cent.

Figure 46: Persons in drug misuse treatment who inject drugs – percentage of eligible persons who have received a hepatitis C test



Source: Public Health England, (based on National Drug Treatment Monitoring System data) taken from OHID Fingertips tool, PHOF (accessed May 2022)

Based on NHS England’s goal to eliminate the HCV by 2025, community pharmacies can now offer the Hepatitis C Antibody Testing Service for people who inject drugs who are not currently accessing community drug and alcohol treatment services. The uptake for this service is low and in Luton as of June 2022, only three pharmacies are offering this service.

Mental health

Good mental health underpins our physical health and wellbeing and is fundamental to how we live our lives through relationships, work, leisure, and in achieving our full potential. Mental health and wellbeing are influenced by many underlying factors and are widespread, at times disabling, yet often hidden. People who would go to their GP with chest pains will suffer depression or anxiety in silence.

According to a newly published report ³⁴, mental health problems cost the UK economy at least £117.9 billion annually which is equivalent to around 5 per cent of the UK’s GDP. Almost three quarters of the cost (72 per cent) is due to the lost productivity of people living with mental health conditions and costs incurred by unpaid informal carers who take on a great deal of responsibility in providing mental health support in our communities. Across the UK there were 10.3 million recorded instances of mental ill health over a one-year period, and the third most common cause of disability was depression.

³⁴ [Mental Health Foundation and the London School of Economics and Political Science \(LSE\) 2022: ‘The economic case for investing in the prevention of mental health conditions in the UK’.](#)

The NHS's Long-Term Plan - Mental Health Implementation Plan 2019/20 – 2023/24³⁵ reaffirms the government's commitment to putting mental health care on a level footing with physical health services and a renewed commitment to funding for mental health especially on children and young people's mental health services.

Table 7 below shows the most recently recorded data for mental health problems in Luton. This shows that as of 2020/21 period, there were 16,049 people living with depression in Luton.

Table 7: Common mental health disorders in Luton

Common Mental Health Disorders Luton			
	Period	Count	Value
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	31401	19.30%
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	3005	11.40%
Depression: Recorded prevalence (aged 18+)	2020/21	16049	8.80%
Depression: QOF incidence (18+) - new diagnosis	2020/21	1848	1.00%

Source: APMS, QOF and NHS Digital, taken from OHID Fingertips tool, PHOF (accessed May 2022)

Community pharmacies are ideally placed to support people with mental health problems. This could include mental health first aid training, signposting, referral to services and patient education. The pharmacy can help to increase the understanding of mental health and wellbeing and reduce stigma of mental ill health through its contact with members of the community and its staff.

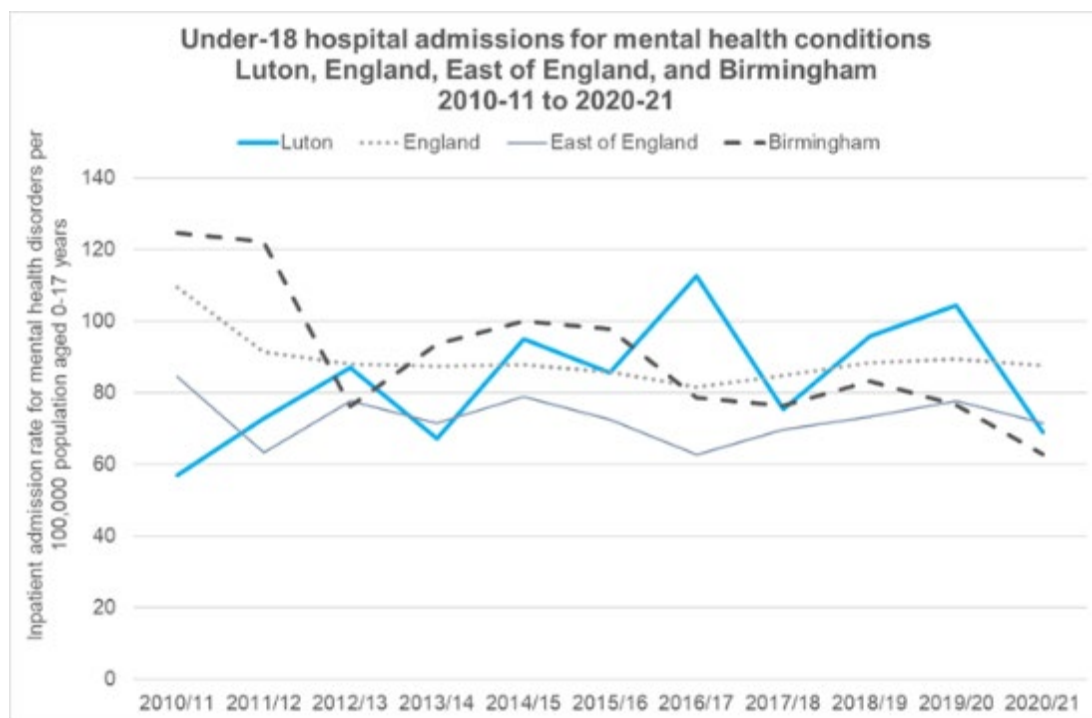
4.18 Young persons' mental health

One in ten children aged 5-16 years has a clinically diagnosable mental health problem and, of adults with long-term mental health problems, half will have experienced their first symptoms before the age of 14. Self-harming and substance abuse are known to be much more common in children and young people with mental health disorders, with ten per cent of 15 to 16-year-olds having self-harmed. Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations. Data shows that Luton has a comparable rate of admissions for mental health disorders for those aged 0-17 years.

The admission rate for mental health disorders is an indicator of mental health status in the community. Luton currently has an inpatient admission rate for mental health disorders of 68.9 per 100,000 in the population aged 0-17 years which is lower than the national average of 87.5 and regional average of 71.5 per 100,000. Figure 47 below shows a comparison of the rates between Luton, England, East of England, and Birmingham for the period 2010-11 to 2020-21.

³⁵ The NHS's Long-Term Plan - Mental Health Implementation Plan 2019/20 – 2023/24.

Figure 47: Inpatient admission rate for mental health disorders (aged 0-17 years) in Luton, England, East of England, and Birmingham 2010-11 to 2020-21



Source: Hospital Episode Statistics (HES) Copyright © 2020, Reused with the permission of The Health and Social Care Information Centre, taken from OHID Fingertips tool, Child and Maternal Health Profile (accessed November 2021)

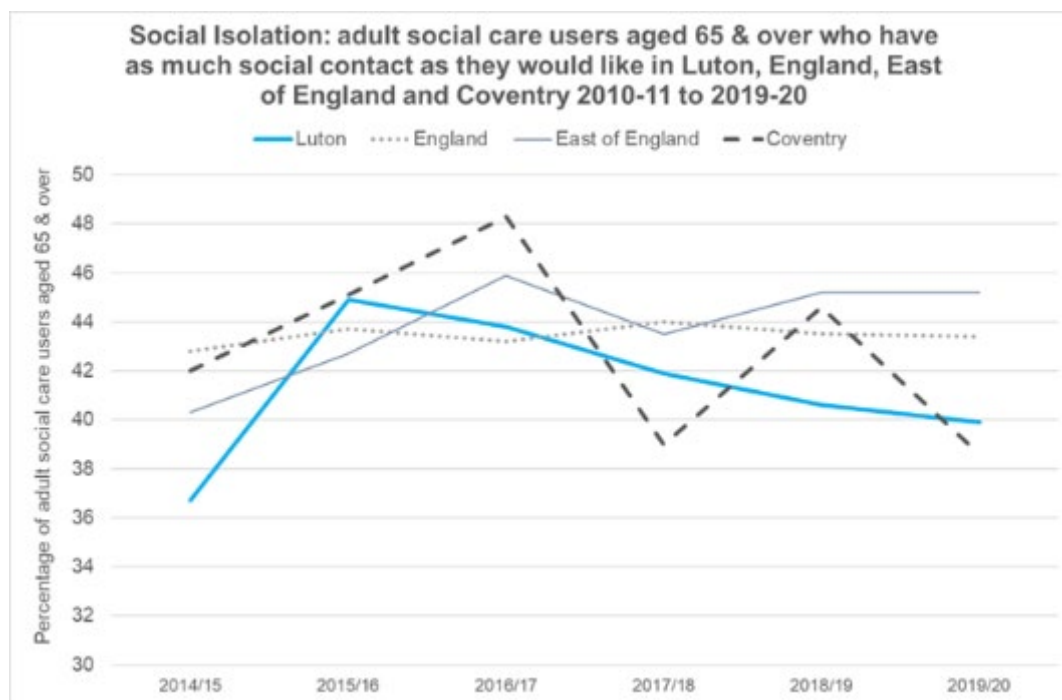
Luton’s rate is lower than that of England but similar to the region and Birmingham. Although rates had fallen in 2017, there appeared to have been a spike in 2019-20 which now seems to be reducing. The effects of the pandemic on mental health cannot be disregarded here. The fall in rates shown for 2020-21 does not appear to be in keeping with the impact of the COVID-19 pandemic on the mental health of this age group with its associated lockdowns, restrictions on socialising, and disruption to education. Further exploration may be required here to establish whether this is due to improving mental health of younger people or restrictions on access to services due to the pandemic.

4.19 Social isolation

There is a clear link between loneliness and poor mental and physical health. A key element of the Government’s vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family.

Information from the Adult Social Care Survey includes self-reported levels of social contact based on the percentage of respondents to the question “Thinking about how much contact you’ve had with people you like, which of the following statements best describes your social situation?” with the answer “I have as much social contact as I want with people I like”. This applies to those people in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need. Luton has shown a comparable rate of social isolation across the board with 39.9 per cent of adult social care users aged 65 and over reporting having as much social contact as they would like. This is similar to the national rate of 43.4 per cent and regional rate of 45.2 per cent (Figure 48).

Figure 48: Social Isolation: Percentage of adult social care users aged 65 and over who have as much social contact as they would like in Luton, England, East of England and Coventry 2010-11 to 2019-20




Source: Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Adult Social Care Survey, NHS Digital, taken from OHID Fingertips tool (accessed February 2022)

Luton has a social prescription scheme which focuses on preventing or delaying the onset of ill health and enabling self-care. GPs involved in the scheme can ‘prescribe’ options for patients that address social determinants of health and wellbeing. Social prescribing is designed to support people with a wide range of social, emotional or practical needs, and many schemes are focused on improving mental health and physical wellbeing. Those who could benefit from social prescribing schemes include people with mild or long-term mental health problems, people with complex needs, people who are socially isolated and those with multiple long-term conditions who frequently attend either primary or secondary health care.

Summary


Luton is a densely populated town with a younger than average population although forecasting suggests an increase in older age groups in future. Luton is relatively deprived with a range of related inequalities such as high levels of child poverty and unstable employment. These population characteristics contribute to the health and social care needs within the town. Reducing poverty is a priority in Luton. Further activity to reduce poverty and income inequalities through our Luton 2040 work and key public health programmes will be vital for us to continue our success in these areas

- Overall health indicators: Our life expectancy data shows life expectancy at birth in Luton for both males and females are lower in comparison to England and the Region but is better in comparison to areas with similar population. Our mortality rate shows a similar picture. Life expectancy overall in Luton has improved steadily over the last few years and it is important that we sustain this growth. Healthy life expectancy, however, presents more of a challenge especially for males with a lower healthy life expectancy in comparison and this has recently worsened. This is a challenge for us, and we will need to understand this in more detail.
- Early years: Luton is comparable to our similar areas in terms of smoking in pregnancy, dental decay, childhood obesity, the under-18’s conception rate and emotional health and wellbeing. Although there



are no specific challenges identified for us in these areas, we need to continue to monitor trends in this area to ensure the best start for our children.

- **Lifestyle:** Tobacco smoke accounted for the highest rate of deaths per 100,000 in the population, followed by high blood pressure, high blood glucose and dietary risks. Luton has seen recent increases in smoking prevalence and adult obesity, with fewer people being physically active in the last few years. These lifestyle factors are a key cause of mortality in our population and prevent adults living well into old age. Making positive changes to diet, increasing exercise and reducing tobacco use would have positive effects on the overall life expectancy for people in Luton by preventing associated cardiovascular diseases, cancers, chronic respiratory diseases and infections.
- **Long term conditions:** Luton is comparable to our similar areas in terms of diabetes and preventable mortality from respiratory disease. Cardiovascular disease, however, presents a cause for concern in Luton. Preventable deaths from CVD can often largely be reduced with a healthy lifestyle. We need to continue to emphasise efforts on prevention and treatment to ensure that there continues to be a reduction in the rate of premature mortality from CVD.
- **Cancer:** Luton has variable results in terms of cancer screening. Luton is significantly better with breast cancer screening across the board, however, this has recently worsened. Screening for cervical cancer is worse in comparison to the region and England, but like our nearest neighbours. This trend has also recently worsened and presents a challenge within Luton. Screening for bowel cancer on the other hand is worse in comparison to the region and England, but comparable to our neighbours and has recently improved.
- **Substance abuse:** Luton is better in comparison to similar areas in terms of opiate users successfully completing drug treatment but has a higher (worse) level of hospital admissions for substance misuse. Luton has also seen recent increases in hospital admissions for alcohol related conditions. Continuing our activity through key public health programmes will be important for us to consolidate our success in these areas.
- **Infectious disease:** TB has been a cause for concern in Luton as the levels have consistently been higher than national and regional levels although the incidence has fallen over time. Reducing TB incidence remains a key priority of the government. In 2020/21, the Luton seasonal flu vaccine coverage rate in the population aged 65 years and over met the national target of 75 per cent although lower than the coverage for England and the region. Pneumonia PCV booster immunisation for children and PPV for eligible 65+ population is similar to that of England and the region. Public health efforts to sustain and build on these gains must be emphasised.
- **Covid-19** recently emerged as an issue nationally and new knowledge continues to emerge about this pandemic. Current vaccination rates in Luton are lower than nationally and regionally for all 3 doses of the Covid-19 vaccine and residents are still being urged to receive their Covid-19 vaccinations to keep the community safe. The full extent of the long-term impact of Covid-19 is still largely unknown, especially with related conditions such as long COVID and the impact on mental health. This is an area that will require sustained focus to identify future needs.
- **Mental health:** Mental health in Luton is better overall than for England and the region and relatively stable in comparison with our neighbours. Although self-reported social isolation levels are lower than nationally, the figures are still significant and may indicate future demand for mental health support. The effects of the pandemic on mental health cannot be disregarded here and this is an area that requires attention. This is also a priority of the government.

- 
- Pharmacies, as a part of the primary healthcare team and often the residents' first port of call, are an essential part of the effort to improve population health and reduce inequalities in Luton. There is a recent government drive to relieve pressure on GP appointments and emergency departments by harnessing the skills and medicines knowledge of pharmacists to meet patients' needs.
 - Pharmacies are well positioned to carry out preventive measures such as screenings for high blood pressure, atrial fibrillation, high blood glucose for diabetes and blood clotting disorders. This could help in the efforts to reduce preventable mortality through early detection. Currently, pharmacies are commissioned by NHS England to provide several services which can help to improve the health of the community.
 - Pharmacies have a duty to signpost clients who need specific services which the pharmacy cannot provide. They may also be useful in combating social isolation and loneliness in addition to improving mental health in the society by being involved in the social prescribing schemes designed to support people with mental, emotional, physical and other practical needs, and many schemes are focused on improving mental health and physical wellbeing.

5 Current provision of pharmaceutical services in Luton

This section contains information on the provision of pharmaceutical services in Luton Borough Council as required by the 2013 Regulations. These include details of all essential, advanced, enhanced and locally commissioned services available in Luton, the service providers, and other information relevant to the provision of these services such as accessibility and location maps. Information provided here has been taken from several sources including but not limited to the NHS Business Services Authority (NHSBSA), NHS England and NHS Improvement (NHS E&I), Pharmaceutical Services Negotiating Committee (PSNC), OHID K-Hub and OHID Strategic Health Asset Planning and Evaluation application (SHAPE).

Service providers

'Pharmaceutical services' is a collective term for a range of services commissioned by NHS England and NHS Improvement. These include:

- Essential, advanced and enhanced services provided by **community pharmacies**
- Essential and advanced services provided by **dispensing appliance contractors**
- The dispensing service provided by some **GP practices**
- Services provided under a **local pharmaceutical services contract** that are the equivalent of essential, advanced and enhanced services.

CCGs and Local authorities can also have contracts with community services to provide services. The PNA identifies and maps the current provision of pharmaceutical services in Luton in order to assess the adequacy of provision of such services.

5.1 Community pharmacies

Community pharmacies are a part of the NHS system and play a key role in providing quality healthcare to the community. In the past, the community pharmacists were known as chemists whose function was to dispense prescriptions by doctors. This role has evolved to a much wider one as part of the public healthcare team and pharmacists can now offer a wide range of services to the public. Community pharmacists use their clinical expertise to safely manage medicines, and can advise on minor health concerns, such as coughs, colds, aches and pains as well as self-care and healthy lifestyle habits. They are also an invaluable resource for supporting public health initiatives. Pharmacists can also help you decide whether you need to see another health professional. According to the PSNC, about 1.6 million people visit a pharmacy every day in England ³⁶.

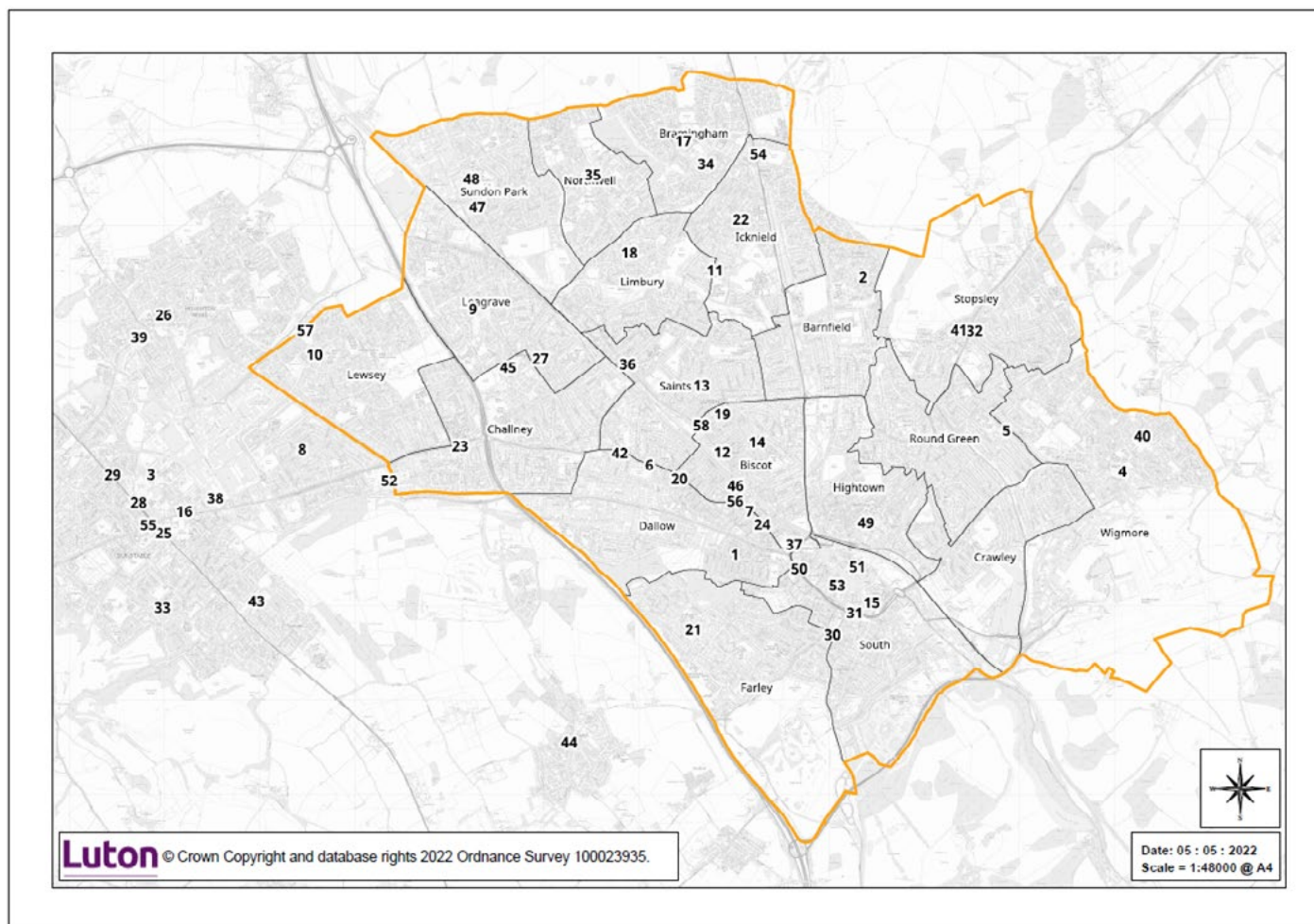
As of March 2022, there are 44 community pharmacies in Luton registered to provide pharmaceutical services under the Community pharmacy contractual framework ³⁷, providing a range of dispensing and other services. There are 7 pharmacies with 100 hours contracts (see **Appendix 1** for detailed list of pharmacies, their services and opening hours).

Figure 49 below show the locations of community pharmacies in Luton and just over the council borders.

³⁶ [Pharmaceutical Services Negotiating Committee – The value of community pharmacy.](#)

³⁷ [Department of Health and Social Care - Community Pharmacy Contractual Framework for 2019/20 to 2023/24.](#)

Figure 49: Locations of community pharmacies in and around Luton with a 3km radius



1	Acorn Pharmacy – Dallow	30	Kamson Pharmacy – Windsor St
2	Acorn Pharmacy – Bushmead	31	Kamson Pharmacy – Castle St
3	Asda Pharmacy - Dunstable	32	Krish Chemist
4	Asda Stores – Luton	33	Lloyds Pharmacy – Bramingham
5	Ashcroft Pharmacy	34	Lloyds Pharmacy – Marsh Farm
6	Avicenna Pharmacy – Dunstable Rd 1	35	Langdale Pharmacy
7	Avicenna Pharmacy – Dunstable Rd 2	36	Lloyds Pharmacy – Marsh Rd
8	Avicenna Pharmacy – Dunstable	37	Lloyds Pharmacy – Sainsburys Luton
9	Avicenna Pharmacy – Hockwell	38	Lloyds Pharmacy – Sainsburys Dunstable
10	BM & SB Patel	39	Lloyds Pharmacy – Houghton Regis
11	Birdsfoot Lane Pharmacy	40	Lloyds Pharmacy – Crawley Green
12	Biscot Pharmacy	41	Lloyds Pharmacy – Hitchin Rd
13	Bishopscote Pharmacy	42	Makan's Pharmacy
14	Blenheim Pharmacy	43	Mayfield Pharmacy
15	Boots Pharmacy – Luton	44	Medigreen Ltd
16	Boots Pharmacy – Dunstable	45	Oakley Pharmacy
17	Britannia Pharmacy	46	Rank Pharmacy
18	Calverton Pharmacy	47	Rowlands Pharmacy – Sundon Park Rd
19	Denbigh Pharmacy	48	Rowlands Pharmacy – The Parade
20	Dr Pharmacy	49	Royal Pharmacy
21	Farley Hill Chemist	50	SE Morgan
22	Featherfield Pharmacy	51	Superdrug Pharmacy
23	Halfway Chemist	52	Tesco in Store Pharmacy
24	Harris Chemist	53	The Mall Pharmacy
25	Herington (Chemists) Ltd	54	Warden Hill Chemist
26	Houghton Regis Pharmacy	55	West Street Pharmacy
27	Jardines Pharmacy	56	Westbourne Pharmacy
28	Boots Pharmacy – Quadrant	57	Wheatfield Pharmacy
29	Jhoots Pharmacy – Dunstable	58	Woodlands Chemist

Source: Luton Business Intelligence 2022

5.2 Other providers of pharmacy services

5.2.1 Dispensing practices

Some patients may have their prescriptions dispensed by their GP practice. This is often offered for patients who live within a rural environment (described as a controlled locality) and are more than 1.6km (in a straight line) from a pharmacy. GP practices may have premises within a town and still be able to dispense because some of their patients live in a controlled locality and meet the other requirements of the regulations. Dispensing practices are not required to have a pharmacist in their dispensary and their premises do not have to be registered with the General Pharmaceutical Council. As of March 2022, Luton has only 1 GP practice that can dispense from their branch practice outside of Luton – Sundon Medical Centre.

5.2.2 Dispensing Appliance Contractors (DAC)

DACs are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages, etc. There are currently no DACs in Luton.

5.2.3 CCG Pharmacists

BLMK CCG provides medicines management services which is an evidence-based approach to prescribing that balances the safety, tolerability, effectiveness, cost and simplicity of treatments. The team are also involved in the access to high-risk and high-cost medicines and working with secondary and tertiary care, mental health, and community services to ensure these medicines are prescribed appropriately and safely.

BLMK CCG commissions the End-of-Life Care Medicines service from selected community pharmacies across the county and provides medicines optimisation to Care homes.

5.2.4 Hospital pharmacy

Patients under the care of Bedfordshire Hospital Foundation Trust (BHFT, formerly Luton and Dunstable Hospital) will receive dispensing services from the hospital pharmacy. Hospital dispensing pharmacies do not provide the same services as community pharmacies. In-patients are supplied with medication whilst on admission and will receive at least 14 days' supply of medication on discharge. Out-patient services will also supply medication (or issue a prescription to be dispensed in the community) for their out-patient care. The hospital pharmacy will also dispense some medicines that are more difficult to obtain in the community pharmacy or where there are specific risks associated with medication (e.g., cytotoxic drugs for treatment of cancer).

5.2.5 Community Health Services

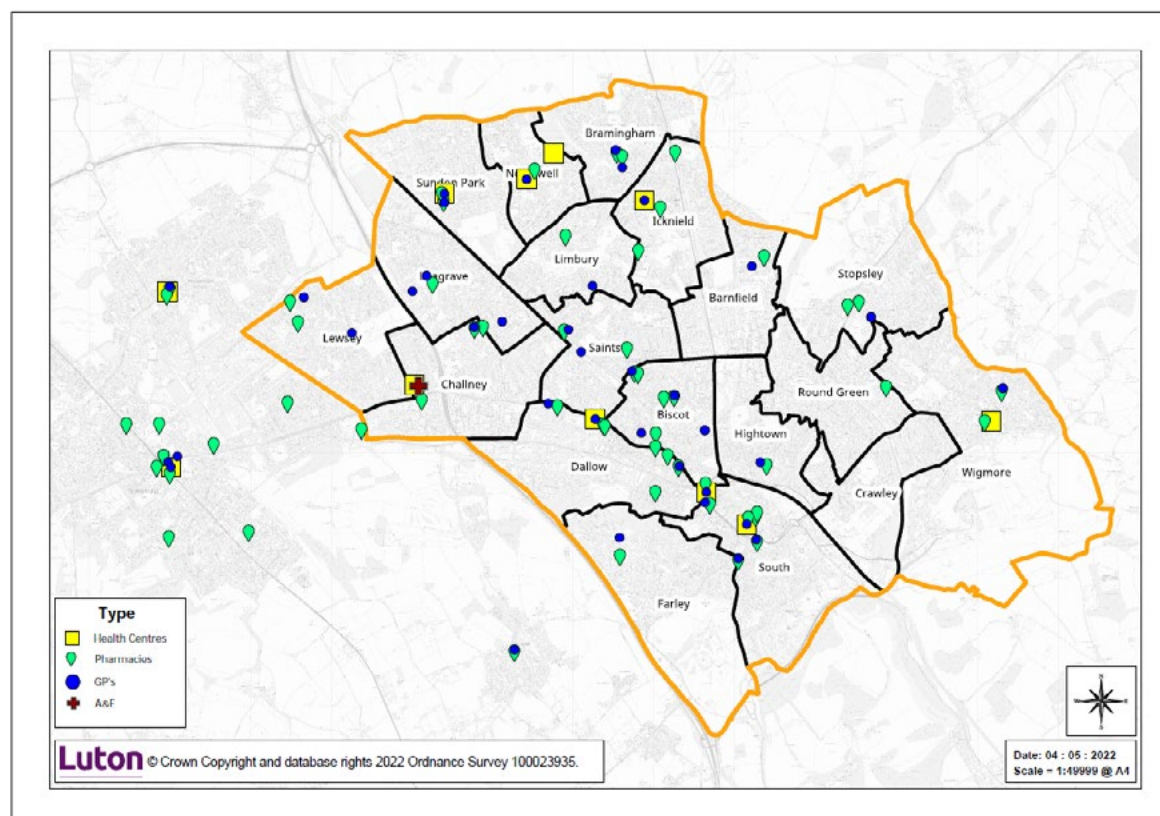
Cambridgeshire Community Service NHS Trust (CCS) provides Luton with community health services for adults and children (0 to 19 years). East London Foundation Trust (ELFT) provide the Bedfordshire and Luton mental health and wellbeing service. CCS currently have pharmacy technicians supporting community matrons to undertake medicine reviews for housebound patients and those in residential care homes if requested by the matrons. They provide specialist advice to patients, family and carers regarding their medication, explore reasons for non-compliance and develop strategies to reach concordance. They assess, plan, implement and evaluate skilled medicines management interventions for patients across the community/primary care interface, in co-operation with other members of the integrated health and social care teams. ELFT do not provide any pharmaceutical services.

5.2.6 Urgent Care Services

CCS provides urgent care services for a wide range of minor illnesses and injuries for Luton. The urgent care service provides FP10 prescriptions for patients attending the out of hours and walk in centre. Some patients may also be provided with medicines issued under Patient Group Direction (PGD) (method of healthcare professionals prescribing medication). There is also a GP-Led clinic operating at BHFT providing primary healthcare and minor illness for eligible people presenting at A&E.

The map below (figure 50) shows the relationship between pharmacy locations and other health care providers around Luton (Hospital Trust with A&E, General practices, Health centres and Walk-in centre).

Figure 50: Health Service locations in and around Luton



Source: Luton Business Intelligence 2022

Essential services

These can be found in Regulation 4 Schedule 1 of the 2013 Regulations (amended). The following services form the core service provision required of **all** pharmacies as specified by the NHS Community Pharmacy Contract 2005:

- Dispensing of prescriptions (and appliances where applicable)
- Dispensing of repeat prescriptions
- Disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting
- Support for self-care
- Discharge medicines service
- Clinical governance

5.3 Dispensing

Dispensing is the supply of medicines and devices ordered through NHS prescriptions together with information and advice to enable safe and effective use by patients. Pharmacists advise patients on how to take prescribed medication effectively and warn them of potential side effects. They can adjust their services to suit the individual needs of the patient, for example, with large print on prescription labels, easy-open tops and devices to facilitate the firing of inhalers and administration of eye drops.

96 per cent of the respondents from the public survey knew that pharmacies provided a dispensing service while 57 per cent of respondents knew that pharmacies could dispense appliances as well as medication.

The table below shows the total number of prescription items dispensed by community pharmacists in Luton as compared with national figures over the last three years. Because of the Covid-19 pandemic, activity levels for 2020/2021 are unlikely to be an accurate reflection of the level of provision that would normally be seen. Therefore, data from the two financial years of 2019/2020 and 2020/2021- and 7-months' data for 2021/2022 (up to October 2021) has been taken into consideration. Data for this has been taken from NHS BSA³⁸, OHID K-Hub data library³⁹ and most recent ONS population estimates.

Table 8: Number of prescription items dispensed by community pharmacists per annum and monthly in Luton and England

	England			Luton		
	2021/22 (7 months)	2020/21	2019/20	2021/22 (7 months)	2020/21	2019/20
Total Number of items dispensed per annum ('000s)	601,284	1,016,150	1,031,886	1,980	3,342	3,440
Prescription items dispensed per month ('000s)	85,898	84,679	85,991	283	279	287
Average monthly items per community pharmacy	7,563	7,251	7,299	6,428	6,329	6,370
Population (2018 estimate)	55,977,178			213,500		
Number of pharmacies	11,696		11,826	44	44	45
Number of pharmacies per 100,000 population	20.9			20.6		


Source: NHS BSA (data up till October 2021) and ONS mid-year population estimates

NHS BSA data reveals that the number of active community pharmacies fell from 11,826 in 2019/2020 to 11,636 in 2020/2021. This was the result of a net loss of 215 pharmacies, with 236 new pharmacies opening during 2020/2021, while 451 closed. This is the lowest number of active contractors in England in the last 5 years. One pharmacy has also closed in Luton reducing the number from 45 in 2019/20 to 44 in 2020/21. 1.02 billion prescription items were dispensed by community pharmacies and appliance contractors in England in 2020/21 which is a slight decrease from the number of items dispensed in 2019/20. The same applies for Luton with 3.3 million prescription items being dispensed in 2020/21 as compared with 3.4 million in 2019/20. However, we see a slight increase in monthly figures for 2021/22 year so far.

The number of pharmacies per 100,000 population for Luton and England are both approximately 21 (based on current mid-year population estimates ONS, 2018). The ratios for Luton (20.6) and England (20.9) are similar and pharmaceutical provision in Luton may be viewed as adequate in comparison with national figures.

³⁸ [NHS BSA General Pharmaceutical Services in England 2015/16 - 2020/21.](#)

³⁹ [OHID K-Hub PNA Methodology data library March 2022.](#)



The average number of items dispensed per community pharmacy per month may be viewed as a measure of adequacy of pharmacy provision within an area; a relatively lower number of prescriptions indicates that the pharmaceutical need of the community is adequately met by the available community pharmacies. This is not strictly the case though as business models vary by pharmacy and prescriptions may be obtained in more ways than one. Luton pharmacies each dispensed an average of 6,428 prescriptions a month as compared with 7,563 for England so far in the current financial year. In comparison with the previous 2 years, there is slight increase for the current year (considering 7 months figures only), after the fall in 2020/21 as seen with the England figures. This may reflect dispensing activity during the Covid-19 pandemic.

For the current financial year figures released so far (2021/22), as of October 2021, prescription items for patients registered with Luton GP practices were dispensed from 1,709 different pharmacies in many locations across the country. 91 per cent of these prescriptions were dispensed by Luton pharmacies.

5.4 Dispensing of repeat prescriptions

These are prescriptions which contain more than one month's supply of drugs on them. Repeat prescriptions account for approximately two thirds of all items dispensed in community pharmacies. The Repeat Dispensing service enables the pharmacist to dispense regular medicines to suitable patients who have been issued batch prescriptions without the involvement of the GP practice at the point of dispensing. Repeat prescriptions allow patients to collect their prescriptions directly from the pharmacy, reducing unnecessary visits to the surgery. Many pharmacies also offer a repeat prescription collection service for patients. This is popular but is not provided under the NHS contractual arrangements.

The public survey showed that 90 per cent of people who responded knew about the repeat prescribing services our pharmacies offer although only 62 per cent of respondents were using the service.

5.5 Disposal of unwanted medicines

Pharmacies are required to accept, from patients, unwanted medicines which require safe disposal. NHS England (who holds the responsibility for community pharmacy contracts) is obliged to put collection services in place for such waste medicines. This service excludes the disposal of sharps. Unwanted medicines may be returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.

Respondents to the public survey were generally aware of or used the disposal service (87 per cent). However, only 31 per cent of these actually used the service. Pharmacies may do more to encourage their patients to use this service and dispose of medicines safely.

5.6 Promotion of healthy lifestyles (public health)

This service includes providing advice on lifestyle and public health issues to people who appear to have conditions such as diabetes, are at risk of coronary heart disease (especially those with high blood pressure), smoke, or are overweight. In addition, every financial year, pharmacies are required to participate in up to six health campaigns at the request NHSE&I to promote public health messages to general pharmacy visitors.

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

Where requested to do so by NHSE&I, each pharmacy must record the number of people to whom information is provided as part of one of these campaigns. In addition to advice and information, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern (such as smoking cessation or substance misuse).

5.7 Signposting

The pharmacist has a duty to provide information to people visiting the pharmacy that require further support, advice, or treatment which the pharmacy cannot provide about other health and social care providers or support organisations who may be able to assist the person.

Signposting by community pharmacies will be optimised through access to a well-maintained Directory of Services (not just for pharmacy provision). This directory should contain up-to-date details of all the services including social, community, health, and mental health services for pharmacists' signposting to be effective in helping people to access the right services.

From the public survey, 53 per cent of respondents did not know what signposting meant and only 5 per cent reported having used it. This may, however, simply reflect the lack of understanding of the terminology. Community pharmacies are well positioned to signpost their customers to the relevant services and are required to do so when necessary.

5.8 Support for self-care

Done well, self-care can have a leading role in the expected direction of NHS care over the next few years by focusing on healthy living, minimising preventable ill health, enabling the self-management of long-term conditions, encouraging early diagnosis and making every contact with the NHS count. As a result, the need for acute secondary (hospital) care will be reduced. Self-care is one element activity that at one end supports people as they take individual responsibility for their daily lifestyle choices, for example, eating healthily or choosing to do exercise. Self-care can be applied to the care of minor ailments or long-term conditions where people often self-manage without intervention from a health professional. Pharmacy staff can provide advice and support to enable people to derive maximum benefit from caring for themselves and their families.

Majority of the public survey respondents reported being aware of and having received a range of self-care advice from their community pharmacy.


5.9 Discharge medicines service

The Discharge Medicines Service (DMS) became a new Essential service within the CPCF on 15th February 2021. This service aims to reduce the risk of medication problems when a person is discharged from hospital. It is estimated that 60 per cent of patients have three or more changes made to their medicines during a hospital stay. However, a lack of robust communication about these changes may result in errors being made once the person has left hospital. In summary, under this service a pharmacist will review a person's medicines on discharge and ensure that any changes are actioned accordingly. This is part of the government's 'Pharmacy First' approach to ease wider pressures on A&Es and general practice.

A recent audit of NHS hospital discharges showed that 79 per cent of patients were prescribed at least one new medication after being discharged from hospital⁴⁰. New prescriptions can sometimes cause side effects, or interact with existing treatments, potentially leading to readmission. Recent research by the University of Bradford and the National Institute for Health Research⁴¹ shows that people over 65 are less likely to be readmitted to hospital if they are given help with their medication after discharge.

⁴⁰ [Department of Health and Social Care, 2020. New pharmacy referral service to help patients avoid hospital readmission](#)

⁴¹ [National Institute for Health Research, 2020. Successful care transitions for older people: a systematic review and meta-analysis of the effects of interventions that support medication continuity.](#)



Research on local schemes implemented around the country has also demonstrated that patients who see their community pharmacist after they have been in hospital are less likely to be readmitted and will experience a shorter stay if they are. The DMS will help meet the World Health Organization's (WHO) goal to reduce severe avoidable harm from medicines by 50% by 2022.

5.10 Clinical governance

Pharmacies are required to have an identifiable clinical governance lead and achieve several clinical governance standards, including participating in clinical audit, undertaking a patient survey, having Standard Operating Procedures, training staff, having confidentiality policies in place and dealing with complaints.

5.11 Reporting

Pharmacies are asked to return data about health champion contacts with members of the public and actions taken. These are requested from participating pharmacies to help establish if the right services are available and trends in enquiries made and support and advice offered.

Advanced services

Advanced services are those services that pharmacy and dispensing appliance contractors may choose to provide if they meet the required standards. Information on these standards and the services themselves are set out in the 2013 Directions. In 2020, due to the Covid-19 pandemic, the Pharmaceutical Services (Advanced and Enhanced Services and Emergency Declaration) Directions 2020 came into force, and these introduced a few additional services due to the ongoing health situation. This was recently amended to remain valid till March 2022.

Provision of Advanced Services is discretionary and not all providers will provide all services all of the time. As of March 2022, only one pharmacy in Luton does not offer the CPCS service, the following advanced services may be provided by community pharmacies:

- New medicine service interventions
- Appliance use reviews
- Stoma appliance customisations
- Community pharmacist consultation service
- Hepatitis C Antibody Testing Service
- Seasonal influenza vaccination
- Hypertension case-finding service
- Smoking Cessation service (new)

Two pandemic related advanced services, distribution of Covid-19 Lateral Flow Devices for testing and the Pandemic delivery service were available in 2020 and 2021. Following the Prime Minister's announcement on 21st February 2022 and the publication of the Government policy document – COVID-19 Response: Living with COVID-19⁴², mass testing for Covid-19 ended from 1st April 2022. This means that pharmacies will no longer distribute the Covid-19 Lateral Flow Devices. The Pandemic delivery service has also been discontinued.

⁴² [COVID-19 Response: Living with COVID-19](#).

5.12 New medicine service interventions

A large number of people in England regularly use prescribed medicines for long-term conditions (LTC). However, reviews have shown that a large percentage of these medicines are not being taken as recommended thereby reducing the overall benefits which should be gained from using these medicines. Research has shown that pharmacists can successfully intervene when a medicine is newly prescribed to increase effective medicine taking for the treatment of a long-term condition.

The New Medicine Service (NMS) is focused on specific groups of patients with some LTCs who have been prescribed medicines for their conditions. The pharmacist can provide extra help and advice over several weeks on how best to use the medicines. This service was introduced in 2011 and was recently modified with the addition of more conditions. Community pharmacy participation in this scheme offers important benefits to patients and helps the NHS save money through a reduction in medicines wastage.

As of March 2022, 40 out of the 44 pharmacies in Luton offered the New Medicines Service. However, majority of respondents from the public survey (72 per cent) were not aware of this service.

5.13 Appliance use reviews

Appliance Use Review (AUR) was the second Advanced Service to be introduced into the CPCF. AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation, in circumstances where the conversation cannot be overheard by others (except by someone whom the patient wants to hear the conversation, for example, a carer).

AURs should improve the patient's knowledge and use of any specified appliance by:

- establishing how the patient uses the appliance and the patient's experience of such use
- identifying, discussing, and assisting in the resolution of poor or ineffective use of the appliance by the patient
- advising the patient on the safe and appropriate storage of the appliance
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

As of March 2022, only one pharmacy in Luton is offering this service.


5.14 Stoma appliance customisations

Stoma Appliance Customisation (SAC) involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. Community pharmacists who are unable to provide the service must refer the patient to another pharmacy or provider of appliances with their consent.

As of March 2022, three pharmacies in Luton provide a stoma appliance customisation service.

5.15 Community pharmacist consultation service

The Community Pharmacist Consultation Service has been available as an advanced service on the NHS since 29th October 2019 and replaced the NHS Urgent Medicine Supply Advanced Service (NUMSAS). The service takes referrals to the community pharmacy from GPs as well as NHS 111, Integrated Urgent Care Clinical Assessment Services and in some cases, patients referred via the 999 service.



The CPCS aims to relieve pressure on GP appointments and emergency departments and to harness the skills and medicines knowledge of pharmacists who can deliver a swift, convenient and effective service to meet the patient's needs. Since the CPCS was launched, an average of 10,500 patients per week are being referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP.

With the CPCS, the practice, urgent or emergency care navigator, triage nurse or NHS 111 call advisor makes a digital referral to a convenient pharmacy, where the patient will receive pharmacist advice and treatment for a range of minor illnesses, or for an urgent supply of a previously prescribed medicine.

As of March 2022, almost all of the 44 pharmacies in Luton (41) offer the CPCS service. However, only 30 per cent of public survey participants reported being aware of or having used this service. It is possible that patients could have used this service through their GP or 111 without knowing what it is called.

5.16 Hypertension case finding service

This is also referred to as the Blood Pressure Check Service and was commissioned as an advanced service from 1st October 2021. Cardiovascular disease (CVD) is one of the leading causes of premature death in England, affecting seven million people and costing the NHS approximately £9 billion per year. Hypertension is the biggest risk factor for CVD and is one of the top five risk factors for all premature death and disability in England. An estimated 5.5 million people have undiagnosed hypertension across the country, and it disproportionately affects people from the more deprived areas of England (British Heart Foundation).

Community pharmacy BP monitoring can increase the detection of hypertension within local populations and is expected to positively impact health inequalities by targeting people who do not routinely see their GP or use other NHS services.

40 per cent of respondents from the public survey reported either knowing about or having used the BP service at their local pharmacy. It should be noted, however, that some pharmacies may have offered this service privately and not as a service commissioned by the NHS. As of March 2022, 25 pharmacies in Luton have been commissioned to provide this service.

5.17 Hepatitis C antibody testing service

The Hepatitis C Antibody Testing Service is a new advanced service for community pharmacies which commenced in September 2020. Through this service, people who inject drugs who are not currently accessing community drug and alcohol treatment services, will have the opportunity to be tested for the Hepatitis C virus (HCV) at a participating pharmacy. Where individuals test positive for Hepatitis C antibodies, they will then be referred for appropriate further testing and treatment. This service is a part of NHS England's goal to eliminate the HCV by 2025, five years earlier than the World Health Organization goal. As the national Hepatitis C Programme is an elimination exercise, the service will be time limited.

Any pharmacy that meets the service requirements can provide the service, but it will be of most interest to contractors that provide a locally commissioned needle and syringe programme service, with enough clients, to make the investment in provision of the service worthwhile. In the 2021/22 financial year for Luton, only three pharmacies offered this service.

5.18 Seasonal influenza vaccination

Immunisation is one of the most successful and cost-effective health protection interventions and is a cornerstone of public health. For most healthy people, influenza is an unpleasant but usually self-limiting

disease. However, children, older people aged 65 years and over, pregnant women and those with certain underlying diseases are at particular risk of severe illness if they catch it. Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

Community pharmacies have been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations. Any community pharmacy in England can provide the service, as long as it:

- has a consultation room
- can procure the vaccination
- can meet the data recording requirements
- has appropriately trained staff

In September 2021, NHSE&I announced that frontline primary care staff are now eligible for flu vaccinations.

For the 2021/22 Flu season, 37 of the of the 44 pharmacies in Luton provided the seasonal influenza vaccination service. 91 per cent of respondents from the public survey reported being aware of or having used some form of vaccination service at their local pharmacy.

Table 9: Seasonal Flu Vaccination in Luton Pharmacies from Sep 2021 to Feb 2022

Seasonal Flu Vaccination in Luton Sep 2021 to Feb 2022	
Number of dispensing pharmacies	37
Quantity of vaccines dispensed	20,538
Drugs cost (£)	212,905.88
Fees Cost (£)	196,754.04

Source: NHS BSA Catalyst Flu Reports

5.19 Smoking cessation service (SCS)

In January 2019, the NHS Long Term Plan (LTP) was published which said that the NHS would make a significant new contribution towards making England a smoke-free society, by supporting people in contact with NHS services to quit based on a proven model, the Ottawa Model for Smoking Cessation (OMSC⁴³). The OMSC establishes the smoking status of all patients admitted to hospital followed by brief advice, personalised bedside counselling, timely nicotine replacement therapy (NRT) or pharmacotherapy, and follow-up of the patient after discharge. To achieve successful smoking cessation, collaboration and an effective transfer of care are needed between secondary and primary care for all patients supported by the OMSC. Community pharmacy contractors have the potential to deliver this primary care smoking cessation support, and to be part of this wider aim for the NHS.

In November 2020 a pilot on smoking cessation began to test a new model of working in which community pharmacies managed the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital and the SCS was commissioned as an advanced service in March 2022. The aim of the SCS is to reduce morbidity and mortality from smoking, and to reduce health inequalities associated with higher rates of smoking.

As of March 2022, 4 pharmacies in Luton have been commissioned to provide this service.

⁴³ [Ottawa Model for Smoking Cessation](#).

Table 10 below shows activity for some advanced services (quantity of items dispensed) for community pharmacies in Luton for 2019/20, 2020/21 and 7 months in 2021/22 (April to October 2021). The figures here reflect changes in service provision over the last 3 years. Some changes are due to the COVID-19 pandemic while others are a result of new services being offered or old services being decommissioned. For example, there is no Covid-19 vaccination activity in 2020/21 and 2019/20 as compared with 2021/22 years. However, there is drastically reduced MUR activity in the current financial year as this service has now been decommissioned. The CPCS is a new service offering. New medicine service activity is lower in the last 2 years than 2019/20, very likely due to the effects of the pandemic and lockdown. It should also be noted that there are now 44 community pharmacies in Luton as compared with 45 two years ago.

In addition to the above, the Covid-19 pandemic would have affected pharmacy activity in several ways. For example, face-to-face services needed to be adjusted to enable telephone consultations, referral pathways from NHS 111 and GP practices were focused on the pandemic and the increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services.

Table 10: Advanced Services activity for community pharmacies in Luton

Service Description	2021/22 (Apr-Oct 2021)	2020/21	2019/20
New Medicine Service (NMS) Activity	4,695	4,641	5,148
Appliance Use Reviews (AUR) Activity	20	0	0
Stoma Customisation (STOMA) Activity	6	10	44
Community Pharmacist Consultation Service (CPCS) Activity	1,955	1,474	376
Hepatitis C Antibody Testing Service Activity	1	0	0
Medicine Use Review and Prescription Intervention Service (MUR) Activity	16	3,720	8,647
Covid Vaccination Service Activity	80,652	0	0
Number of Community pharmacies	44	44	45

Source: NHS BSA and OHID K-Hub

Details of individual pharmacy providers of advanced services in Luton can be seen in Appendix 1.

Enhanced and Additional Services

Enhanced services are the third tier of services that pharmacies may provide and can be found in Part 4 of the 2013 Directions. They can only be commissioned by NHS England and NHS Improvement. The services that may be commissioned are listed in the Directions 2013 (as amended).

Whilst the local authority may commission public health services from pharmacies, where such is the case, they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services. However, the 2013 Directions do make provision for NHS England to commission the services below from pharmacy contractors where asked to do so by a local authority. Enhanced services may also be commissioned by the CCG.

Enhanced services which may be provided as listed in the 2013 Directions include the following:

- **Anticoagulant monitoring service:** This service is provided by Bedfordshire Hospital Foundation Trust.
- **Care home service:** This service is provided by BLMK CCG
- **Disease specific management service:** This service is provided by the BLMK CCG Medicines Management Team

- **Gluten free supply service:** BLMK CCG has been providing gluten-free foods (bread and flour) on prescription and the service was decommissioned at the end of March. Following further consultation, however, the service has been recommissioned and will again be available from the 1 July 2022 through community pharmacies to eligible patients.
- **Independent prescribing service:** Independent and employed CCG pharmacists can provide this service.
- **Home delivery service:** This is provided by Luton pharmacies in different capacities (free of charge based on the patient's needs, or as a charged service). 100 per cent of the Contractor survey respondents reported that they provide delivery of dispensed medicines free of charge on request.
- **Language access service:** This service is commissioned by NHS England and the current providers are DA Languages and Language Empire. Interpretation and translation services are available for all NHS primary care services (including pharmacy services) on request or through NHS 111. There are also several languages spoken in Luton pharmacies although this is not a specific service (see Appendix 5 - Contractor survey for details).
- **Medicines assessment and compliance support service:** This service is provided by the BLMK CCG Medicines Management Team.
- **On demand availability of specialist drugs service:** This service is available for the stocking and provision of medicines which may be required urgently. An example of this is the demand for End-of-Life medicines and the service is provided by BLMK CCG.
- **Out of hours' service:** This service is not commissioned by NHS England in Luton. However, Luton has very good timing coverage by its pharmacies.
- **Vaccination services:** Community pharmacies can provide a range of vaccination services including seasonal and pandemic influenza, travel vaccinations, Hepatitis B for at-risk groups, Human papilloma virus and Covid-19 vaccination.

5.20 Covid-19 vaccination services

The COVID-19 vaccination service was added as a local enhanced service in 2020 provided from community pharmacies and commissioned by NHSE&I. The numbers of pharmacies currently providing COVID-19 vaccination nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and the latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).

There are currently 15 pharmacies providing Covid-19 vaccination services in Luton under the BLMK CCG in addition to the vaccination site at Redgrave Children and Young People's Centre making a total of 16 Covid-19 vaccination sites in Luton. Pharmacies in Luton had provided 80,652 doses of Covid-19 vaccine as of October 2021.

5.21 Locally commissioned public health services

Locally commissioned community pharmacy services can be contracted by different commissioners including Local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams. The commissioning of the following enhanced services which were listed in the Directions 2013 transferred from PCTs to Local authorities with effect from 1 April 2013.

5.21.1 Smoking cessation service: In Luton, a Level 1 Smoking cessation service is offered by pharmacies. This consists of the provision of Stop smoking vouchers whereby clients are issued with a voucher from Total Wellbeing Luton which they take to a participating

pharmacy to be issued with the nicotine replacement therapy (NRT) that is written on the voucher. As of March 2022, 15 pharmacies are commissioned to offer Level 1 Stop smoking services in Luton

5.21.2 Community pharmacy sexual health enhanced services: Clients can access the following services as part of the sexual health service.

Emergency hormonal contraception (EHC) - The EHC service is available to all pre-menopausal women of any age who need EHC following an episode of unprotected sexual intercourse. Clients will either self-refer or may be referred by other healthcare professionals, including pharmacists not providing the service.

Free-Dom condom distribution - The target group is young men and women of 25 years of age and under. Pharmacies will act as registration points where young people can receive information about contraception and STIs and be issued with the Free-Dom Card and condoms. Young people producing a card obtained at another EAP will also be able to access condoms.

Chlamydia screening and/or treatment - The chlamydia screening service should be offered to all sexually active young people from 15 to 24 years of age whenever they access any service from the pharmacy. Kits may be offered for the woman to test themselves and for their partners. Chlamydia treatment is available for all sexually active young people from 15 to 24 years of age who have been notified by the Chlamydia Screening Office that they have tested positive for chlamydia and have been referred to the pharmacy for treatment.

As of March 2022, 25 pharmacies in Luton offer Sexual Health Enhanced Services.

5.21.3 Substance misuse services

Supervised administration - Pharmacies currently provide supervised consumption of opiate substitute for the management of drug dependency. This provision is sub-contracted to Change Grow Live (CGL) through ResoLUTiONs, the organisation that provides Luton's drug and alcohol treatment services. Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. This service aims to reduce the risk of harm to the client by over- or under-usage of drug treatment and to the local community by the inappropriate use of prescribed medicines via the illicit drug market.

Needle Exchange Service – This service aims to reduce the spread of blood-borne pathogens, e.g., Hepatitis B, Hepatitis C and HIV, and to act as a referral point for service users to other health and social care services.

As of March 2022, 32 of the 44 pharmacies in Luton are commissioned to provide the Supervised Administration Service and a further 4 out these provide the Needle Exchange Service.


Appendix 2 shows the details of community pharmacy provision of the above public health services commissioned by Luton Local Authority.

5.22 Pharmacy services commissioned by BLMK CCG

5.22.1 End of Life Care medicines service (EOLC)

End of life care is support for people who are in the last months or years of their life. It is common for people to experience symptoms towards the end of life including anxiety, pain, nausea, vomiting and noisy chest secretions. These symptoms can affect people with many different terminal illnesses and can be very distressing. Medicines to help with these symptoms can be prescribed in advance to make sure they are ready when needed. Anticipatory prescribing⁴⁴ means making sure that someone has access to medicines they will need if they develop distressing symptoms at home or in a care home. These medicines are prescribed in advance so that the person has access to them as soon as they need them.

⁴⁴ [Marie Curie - Anticipatory medicines in palliative care.](#)



A doctor or specialist nurse prescribes medicines and supplies any equipment such as needles and syringes that are needed to give the medicines. The patient is often supplied with only a few days of medicine and may need to get a refill from the pharmacy if required. Not all pharmacies stock end of life care anticipatory medicines.

Bedfordshire, Luton and Milton Keynes CCG commissions the End-of-Life Care Medicines Service from selected community pharmacies across the county. 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. Out of hours centres hold their own supplies to meet the demand outside normal pharmacy opening hours.

6 pharmacies in Luton offer the EOLC medicines (BLMK-CCG). 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.

5.22.2 Medicines optimisation

Medicines are the most frequent therapeutic healthcare intervention in the NHS. Around 15 to 20 per cent of a CCG's money is spent on medicines. The aim of medicines optimisation is to optimise the use of medicines by promoting cost effective and evidence based clinical practice and effective risk management to ensure that patients get the right choice of medicine at the right time. The CCG team works to ensure the population get the most from their medicines, take medicines correctly, avoid taking unnecessary medicines, improve medicines safety, and reduce medicines wastage. Effective medicines optimisation contributes towards:

- Improved health of individuals and the population as a whole
- Improved patient care and satisfaction
- Reducing medication-related harm
- Making best use of available resources
- Making better use of professional skills
- Delivering high quality, effective, safe healthcare

BLMK CCG Medicines Optimisation Team offers this service to care homes in Luton and surrounding neighbourhoods.

Accessibility of pharmaceutical services in Luton

5.23 Opening hours of community pharmacies

5.23.1 Core hours

All pharmacies open for at least 40 hours (minimum requirement for essential pharmacy services). Pharmacies cannot change their core hours without authorisation from NHS England. Pharmacy opening times in Luton are varied (see Appendix 1). Ten of the pharmacies are closed for either 30 minutes or an hour for lunch.

5.23.2 Supplementary hours

These are provided as an addition to the pharmacy's contracted core hours and pharmacies must state at the time of application to NHS England what the supplementary opening hours will be. Contractors can alter their supplementary hours by giving 90 days' notice of the change to NHS England. Only one pharmacy in Luton is open for only 40 hours. All the other pharmacies are open from 44 to 105 hours a week. There are seven pharmacies that are open for 100 hours or more.

5.23.3 Out of hours' service

Some pharmacies can provide access to their services during an extended period of opening to ensure that people have prompt access to medicines during the out of hours period. The Out of Hours service is commissioned by NHS England Area teams and covers timings such as 6.30pm to 8am, all day at the weekends and public holidays such as Christmas day and Easter Sunday.

Residents who need a prescription filled after their pharmacy's regular hours can use the [NHS pharmacy service search](#) to find other nearby pharmacies and their opening hours – some are open until midnight or later, even on public holidays.

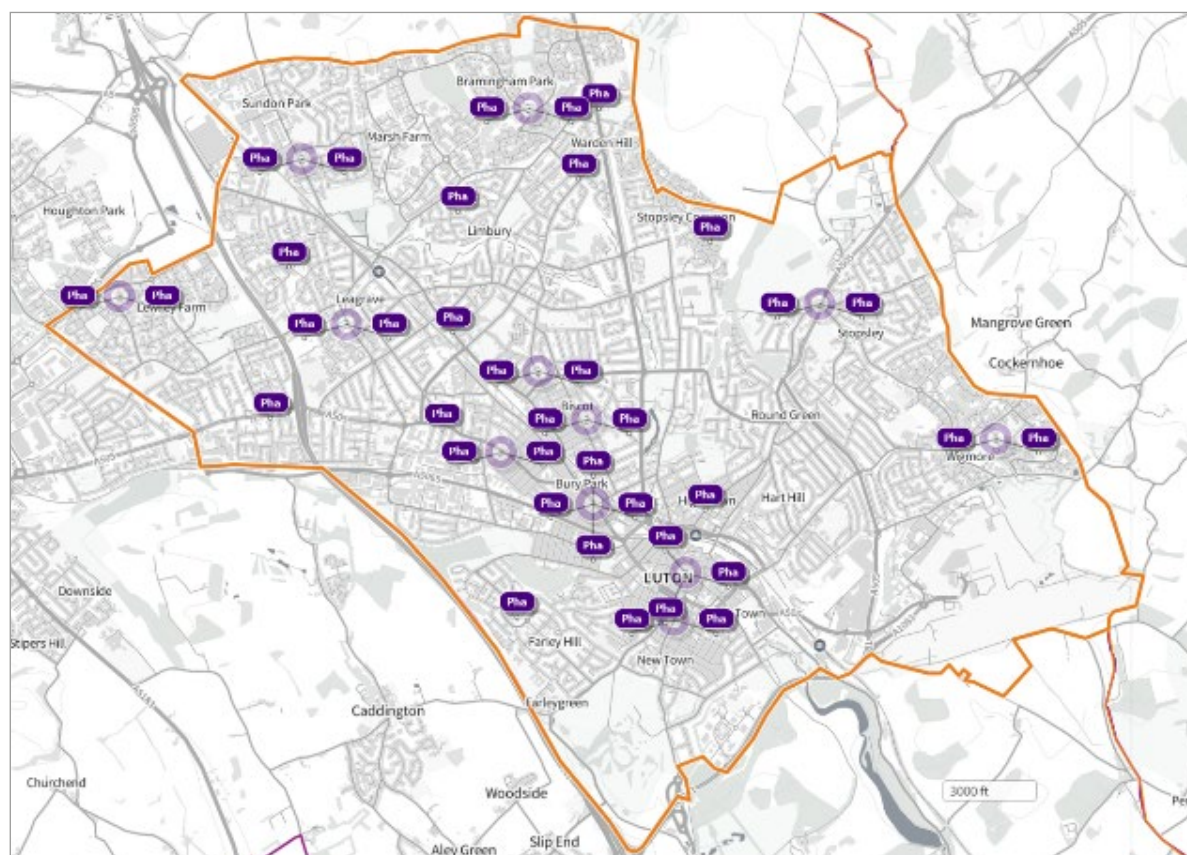
5.23.4 Weekday provision

All pharmacies are open Monday to Friday. Opening times range from 7am to midnight. Ten pharmacies close for lunch (between 1pm and 2.15pm).

5.23.5 Saturday provision

36 of the 44 pharmacies in Luton open on a Saturday between the hours of 7am and midnight. Figure 51 below shows the location of the pharmacies that are open on a Saturday.

Figure 51: Map of pharmacies open on a Saturday

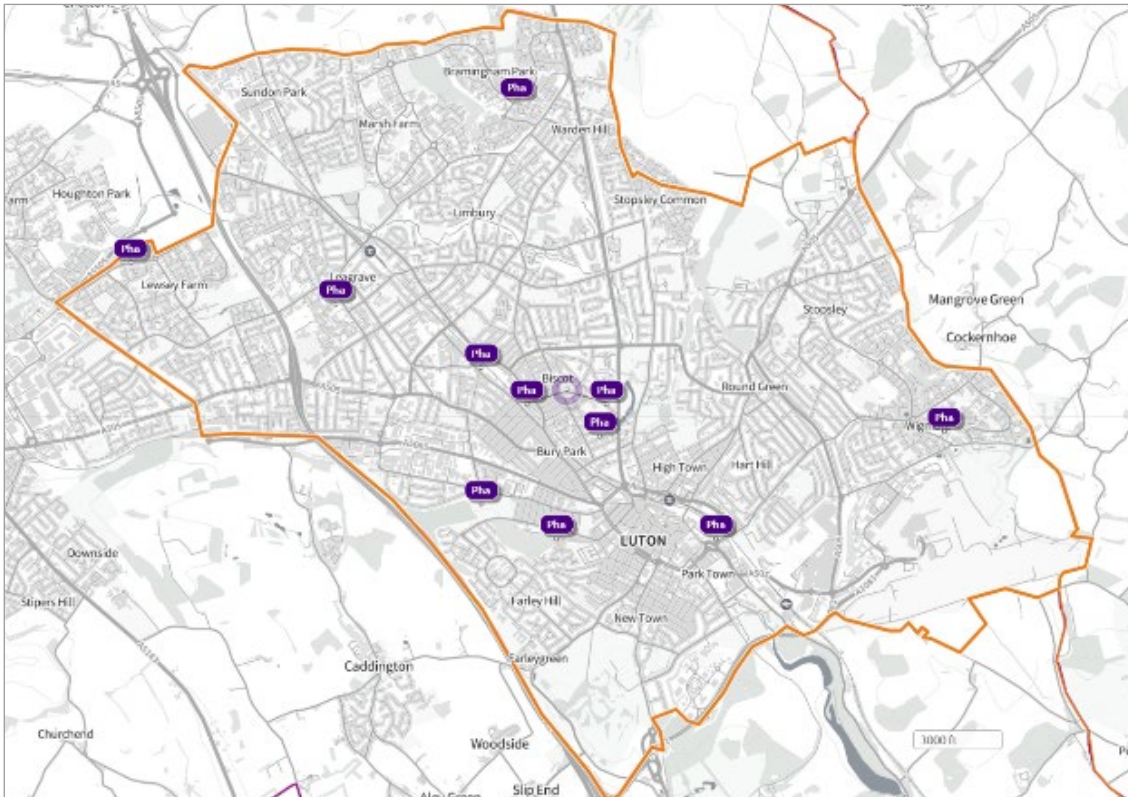


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5.23.6 Sunday provision

11 pharmacies in Luton are open on Sunday. Opening hours range from 8am to midnight. Figure 52 shows the pharmacies that are open on a Sunday.

Figure 52: Map of pharmacies open on a Sunday

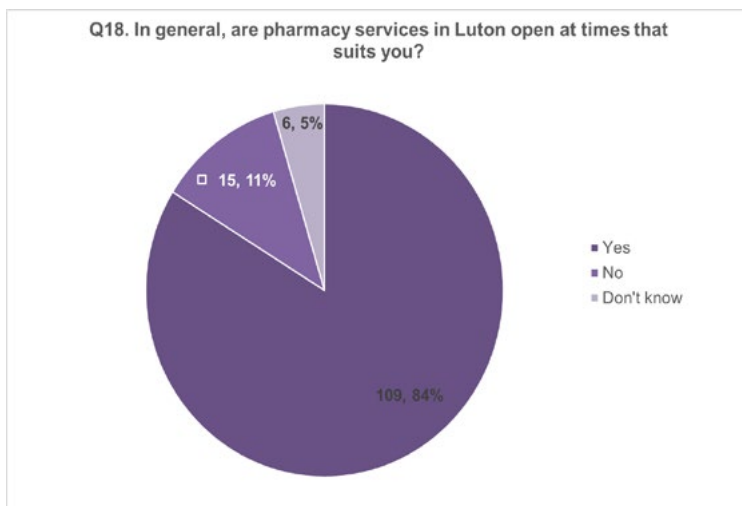


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Overall, there is good community pharmacy provision in Luton during the week as well as the weekend. Majority of respondents from the Public survey felt that opening times for pharmacies in Luton are suitable (84 per cent). However, a proportion reported that weekend opening (Saturday and Sunday), after 6.30pm and before 9am could help them in getting access to the pharmacy.

There may be a need for more communication to be made available to residents on where pharmacy timing information can be found.

Figure 53: Public survey response to question on suitability of pharmacy timings



Source: Luton PNA 2022 Survey, Luton Public Health Intelligence

5.24 Travel time to Luton pharmacies

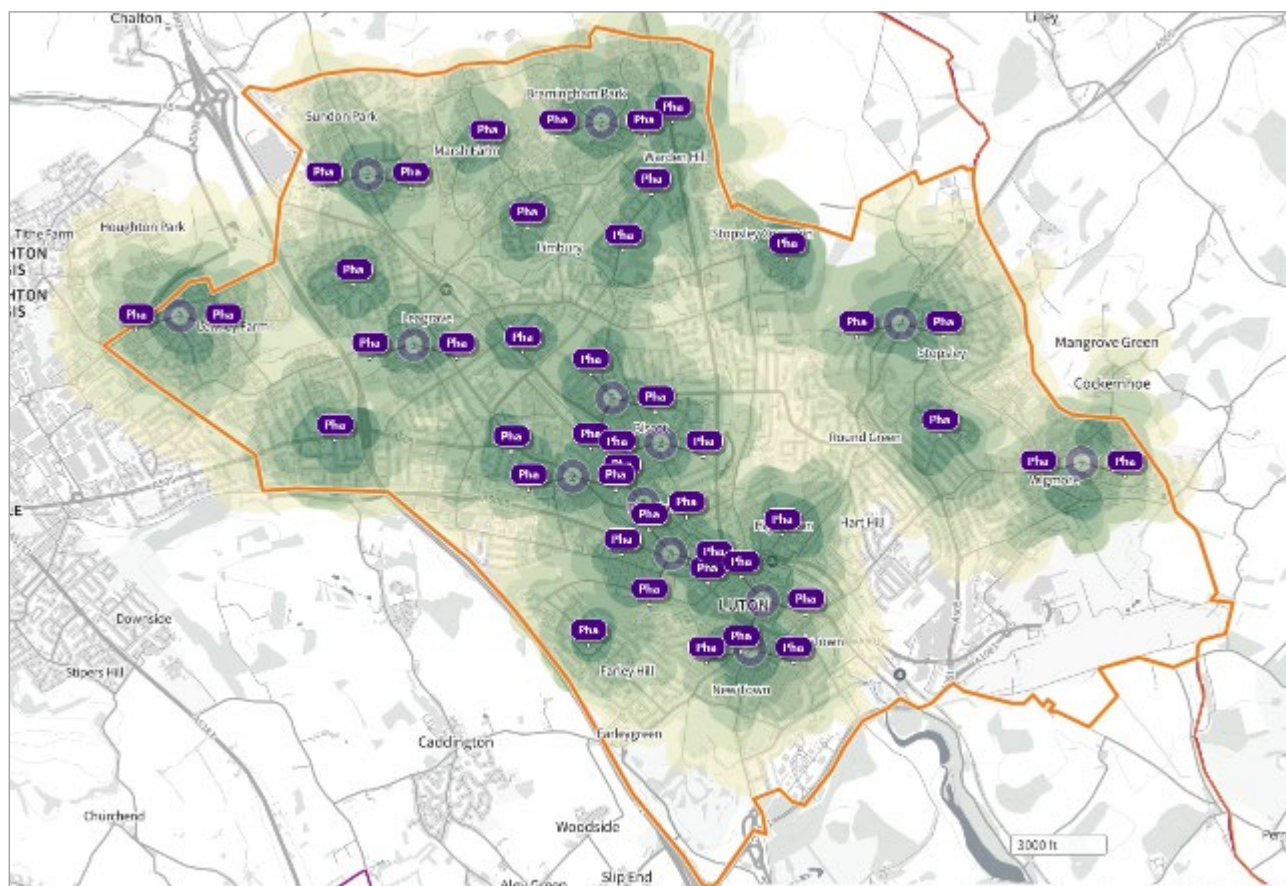
Luton is a relatively small urban area and all of Luton is accessible within 10 minutes' drive at congested urban speeds. However, accessibility by walking may be more problematic, as it varies with age and fitness of the walker and with the terrain. Various studies have shown that a fit adult typically walks at about 3mph or 5kph on a flat terrain. This is reduced by hills, congestion, and the need to take account of traffic and crossing roads. In addition, those accessing pharmacies for medication are likely to be less fit than the population average. A Department for Transport policy document on designing the urban environment to encourage active transport states: 'There are limits to the distances generally considered acceptable for utility walking and cycling. The mean average length for walking journeys is approximately 1 km (0.6 miles).

51 per cent of the public survey respondents reported accessing their pharmacy by walking while 43 per cent drive or use a motorbike. Only 6 per cent travel by public transport (taxi or bus). It must be noted though that due to the small number of respondents, these results may not be fully representative of Luton's residents.

29 per cent of survey respondents said it took them less than 5 minutes to reach their regular pharmacy while 50 per cent said it took them between 5 and 10 minutes. This means that the majority of respondents are within a 10-minute walk of a pharmacy. 13 per cent said it takes them between 10 and 20 minutes and a small percentage are under 30 minutes. This suggests that Luton is largely well served by pharmacies.

Figure 54 below shows journey times to pharmacies in Luton. The map shows walk time in minutes up to 20 minutes.

Figure 54: Walk time in minutes to Luton pharmacies



Walk: by time

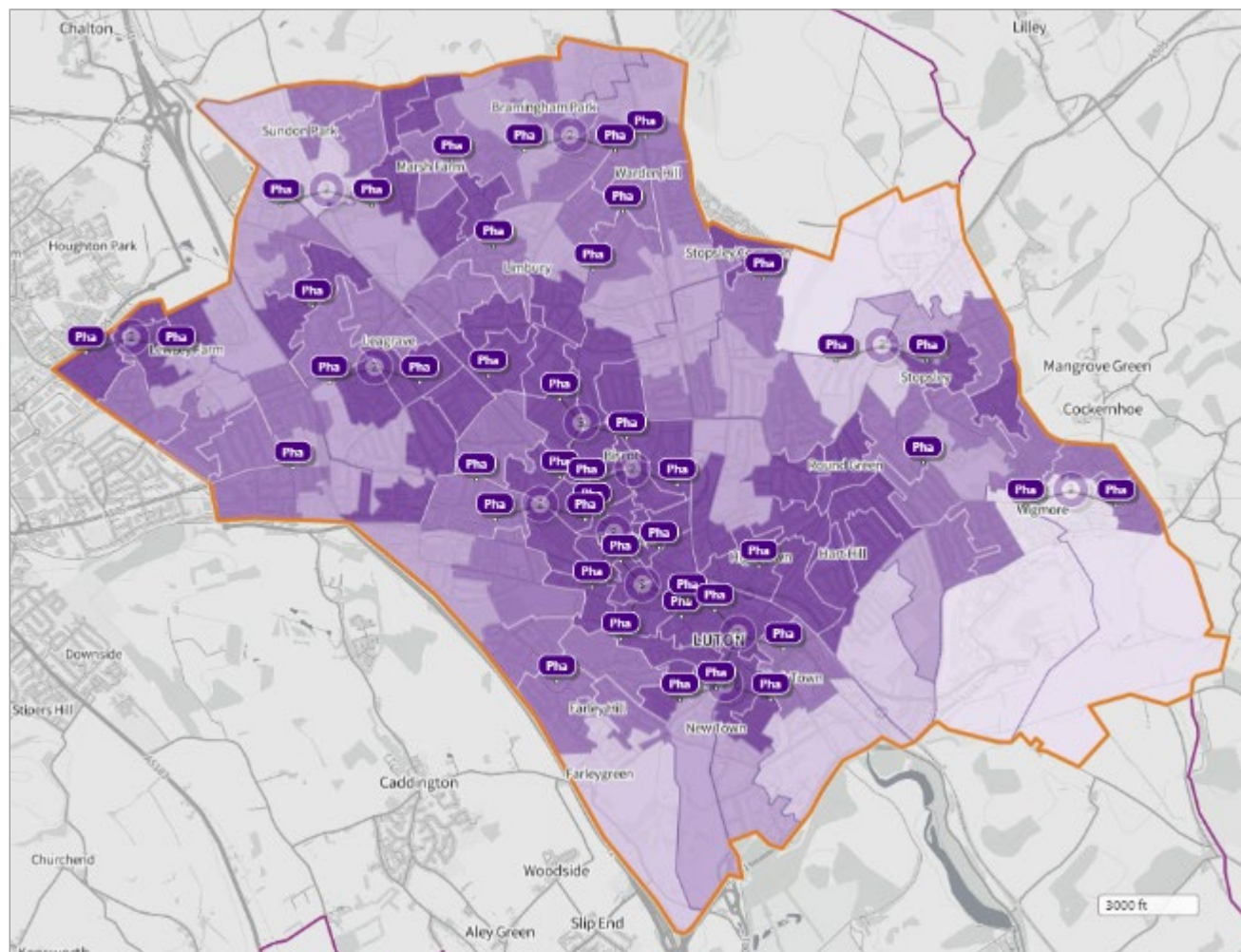
4 8 12 16 20 minutes

Source: SHAPE © Crown copyright and database rights 2022 Ordnance Survey 100016969

Most of Luton is within a 20-minute walk of a pharmacy. The South-East areas of Luton where the airport is located does not have a pharmacy within a 20-minute journey time. This area is more industrial and less densely populated than other areas of Luton.

Figure 55 below shows the locations of pharmacies in relation to population density. The most densely populated areas of Luton all have pharmacies located within a reasonable access time of 20 minutes by foot.

Figure 55: Map of pharmacies in Luton with population density

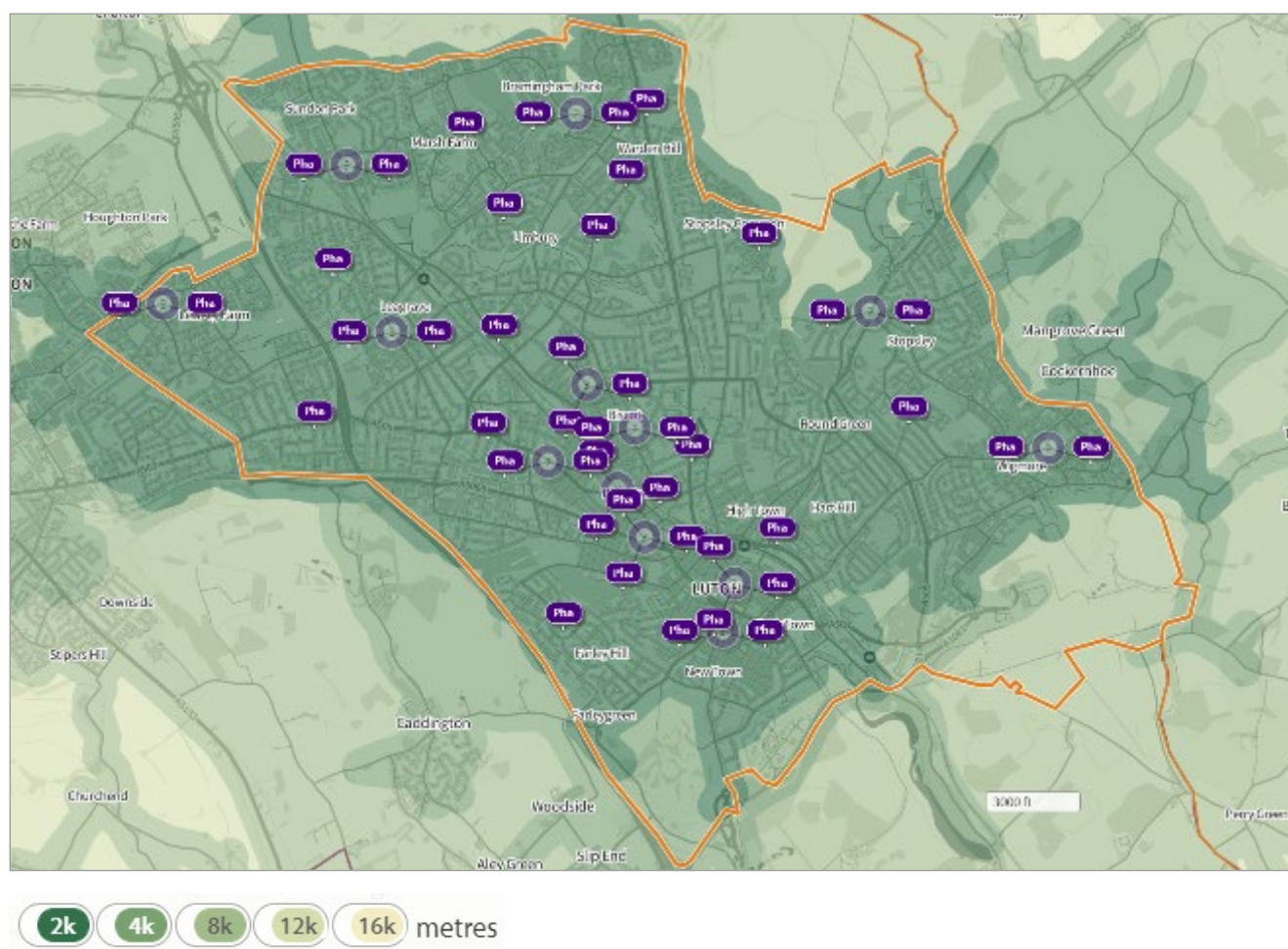


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The maps showing availability of GP practices plotted with population density, and pharmacies with level of deprivation around Luton are also shown in Appendix 3 (Maps).

Figure 56 is a map showing the driving range by distance up to 16km. The darkest green shading represents a driving range of 2km and under. Most of Luton falls within this range except for the area around the airport in the South of Luton.

Figure 56: Driving range by distance for pharmacies in Luton



Source: SHAPE Atlas © Crown copyright and database rights 2022 Ordnance Survey 100016969

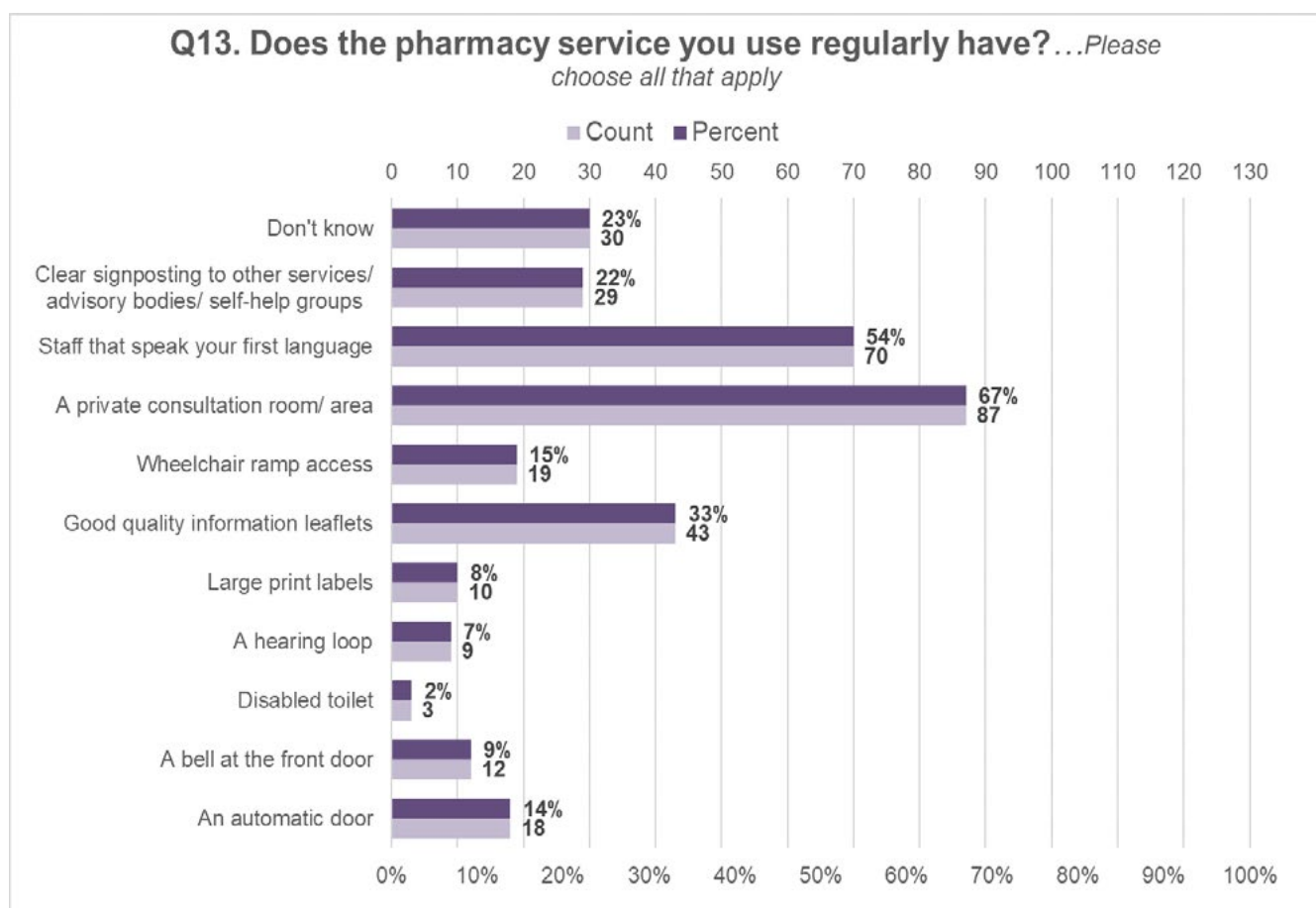
5.25 Access to people with disabilities

The Equality Act 2010 includes anti-discrimination laws that are applicable to all businesses and service providers in the UK. Under the law, service providers (including community pharmacies) are legally required to make changes to improve services for disabled customers wherever disabled customers would be at a 'substantial disadvantage' compared with non-disabled people. They must:

- make reasonable changes to the built environment – for example, making changes to a building to improve access
- provide auxiliary aids and services – for example, provide an induction loop for people with hearing aids
- make reasonable changes to the way things are done – for example, change a policy

Responses from the Public survey asking about facilities which make the pharmacy more accessible to those with disabilities showed that according to Luton residents, only 16 per cent of pharmacies have wheelchair ramp access, 15 per cent an automatic door, 10 per cent a bell at the front door, 8 per cent a hearing loop and 3 per cent a disabled toilet (figure 57). While the survey respondents' reports may not fully reflect the true picture, it does indicate that pharmacies in Luton could do more to improve access to those with disabilities and increase awareness of these facilities.

Figure 57: Accessibility features of pharmacies in Luton



Source: Luton PNA 2022 Survey, Luton Public Health Intelligence


5.26 Languages

Luton is a super-diverse community. There are more than 150 languages and dialects being spoken in Luton with English being the first language of 47 per cent of school children. For this reason, it would be expedient for customers visiting a pharmacy in Luton to have access to languages other than English and be aware how they can access this service.

All the pharmacy contractors who responded to the survey reported languages other than English being spoken in the pharmacy. Languages mentioned included Hindi, Gujarati, Urdu, Kiswahili, Bengali, Punjabi, Polish, Greek, Telugu, Albanian and Spanish.

Summary

- There are 44 pharmacies and 1 GP practice with a dispensing branch in Luton. Luton has a similar number of pharmacies per 100,000 population as England (approximately 21 each) and pharmacies in Luton dispense a lower number of items per month in comparison to England. At the time of writing the last PNA (2019), Luton had 46 pharmacies. This number has reduced by 2 (nationally there has been a net loss of 215 pharmacies). The number of pharmacies in Luton is adequate for the population.
- Luton is a small urban community and most locations in Luton are within a 20-minute walking time or 2km drive time of a pharmacy except the Southeast region which is around the airport and sparsely populated. Densely populated areas and areas with higher deprivation are well served by community pharmacies although there is a higher concentration of pharmacies around the city centre. Majority of Luton residents either walk or drive to the pharmacy.

- 
- Most respondents to our public survey believe pharmacy provision in Luton is adequate in terms of timing and provision for their specific needs. Luton has 7 pharmacies that operate 100 hours or more a week, 36 are open on Saturdays and 11 on Sundays. There is adequate timing coverage by community pharmacies, however, there is a need for this information to be made readily available to residents.
 - Pharmacies may do more to make their premises more accessible to people with disabilities. Due to the diversity of languages spoken in Luton, they may also consider having staff who speak more than one language on the premises.
 - Pharmacies could play a bigger role as part of the primary healthcare team by reducing the burden on GPs and emergency services. Residents should be encouraged to visit the pharmacy first for minor ailments and advice. The CPCS service is also in place for this purpose through referrals from the GP or by calling NHS 111.
 - There is adequate coverage for necessary pharmaceutical services in Luton. More pharmacies should be encouraged to sign up to be a part of the preventive health services (such as the Hypertension case finding service and new Smoking cessation service) to help improve the health of the community. 87 per cent of pharmacy respondents would be happy to offer more services which they feel are required in the community.

6 Conclusion and recommendations

This section defines what Luton HWB considers Necessary services and identifies the pharmaceutical services that secure improvements or have contributed towards meeting the need for pharmaceutical services in Luton. It also identifies gaps (if any) in provision of the necessary services, improvements and better access, draws relevant conclusions from the assessment and makes recommendations based on the information gathered and identified needs of the population.

6.1 Necessary services in Luton

For the purposes of the PNA, all Essential Services are considered Necessary services.

The following Advanced Services are also considered relevant services:

- Community Pharmacy Consultation Service
- New Medicine Service
- Stoma Appliance Customisation
- Appliance Use Review
- Seasonal Flu vaccination
- Hepatitis C testing service
- Hypertension case-finding service
- Stop Smoking Advanced Service

Covid-19 vaccination service is currently commissioned as a Local enhanced service, and this is also considered relevant.

6.2 Services for improvements and better access

Enhanced services are considered as pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in Luton.

Locally commissioned services are considered services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in Luton.

Gaps in provision and recommendations

The NHS Long Term Plan (LTP) and other relevant government policies have been considered in updating the PNA and identifying any gaps. Luton Vision 2020-2040 is also used to highlight the Council's ongoing response to the community's health and wellbeing needs.

The following have also been considered when assessing the provision of Necessary services in Luton.

- The population of Luton, projected population changes and ongoing housing developments
- The health needs of the population of Luton from the JNSA
- Access to community pharmacies in terms of travel, opening times, language and people with disabilities
- Locations of pharmacies within Luton
- Results of the Public and Pharmacy Contractor Surveys

6.3 Provision of necessary services

All pharmacies in Luton provide the full range of essential pharmaceutical services

There is a good geographical spread of community pharmacies across all localities in the city. All localities are within a 2km drive or 20-minute walk of a pharmacy except the area around Luton airport which is industrial and more sparsely populated. Communities with the highest population and those experiencing greatest deprivation are also covered within this range.

There are 20.6 community pharmacies per 100,000 Luton population, which is similar to the national average (20.9).

92% of the Luton public survey respondents stated that they would reach their regular pharmacy within a 20-minute journey time.

Luton has good pharmacy access through opening hours running from 7.00 am in the morning till midnight in some cases, as well as weekend opening. There are 7 pharmacies in Luton open for 100 hours or more.

All community pharmacies in Luton provide a delivery service to varying categories of residents, in some cases voluntary and in others, with a charge.

There is no current gap identified in the provision of Necessary Services during and outside normal working hours which may not be met by existing community pharmacies across Luton. Future needs may arise based on possible population change and this will need to be monitored.

Recommendations:

There are currently ongoing housing developments in Luton which may result in population growth in some areas. The ONS 2021 Census will also release new population data later this year. It might be necessary to re-examine the need for pharmaceutical services if new data becomes available within the 3 years period.

Community pharmacies should be encouraged to signpost more patients to relevant services for issues such as weight management, mental health and NHS health checks which will improve or enhance their wellbeing as required.

In the Public survey, it was noted that just over half of respondents (56 per cent) were aware that there is a safe medicines disposal service, and only 31 per cent reported having ever used this service. To encourage safer disposal of medicines, the availability of this service should also be communicated regularly to customers.

6.4 Improvements and better access

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

Enhanced Services and Locally commissioned services also help to secure improvements or better access to, or have contributed towards meeting the need for, pharmaceutical services in Luton. Services commissioned by the CCG (or ICS) are also services which contribute toward improvement in provision and access to pharmaceutical services.

6.4.1 Current and future access to Advanced Services

Advanced services are currently provided by community pharmacies across the city in different localities.

Recommendations:

There are opportunities for increased service delivery via the community pharmacy infrastructure that could positively impact the population although it is understood that not every service can be provided from every pharmacy. As applicable, all pharmacies across Luton should be encouraged to become eligible to deliver advanced services to allow more eligible patients access and benefit from these services.

When asked if there were services that they would like to provide that are not currently commissioned in their community, 87 per cent of respondents to our pharmacy contractor survey answered “yes”. Services specified include:

- Pneumonia vaccines
- Blood Clotting Clinic (INR)
- Minor ailments service
- Monitored dosage systems
- Packed medication
- Diabetes Screening (blood glucose)
- Delivery of medicines
- Smoking Cessation services
- Travel Vaccination
- Atrial Fibrillation screening

The provision of the more recently introduced advanced services such as the Hypertension case finding service, or the new Smoking cessation advanced service should be encouraged by pharmacies. In Luton, not all pharmacies provide the Discharge medicines service and the Seasonal influenza vaccine. If possible, these are advanced services which should be provided by all community pharmacies in Luton.

The Community Pharmacy Consultation Service should be emphasised, and residents should be further encouraged to use this service in line with the NHS Long Term Plan.


The Hepatitis C Antibody Testing Service for people who inject drugs is provided by three pharmacies in Luton. All pharmacies which provide substance misuse services should also provide this service to help towards achieving the government goal of eliminating HCV by 2025.

6.4.2 Current and future access to Enhanced Services

Currently, community pharmacies in Luton provide the Covid-19 local enhanced service. There are 15 pharmacies in Luton providing this service as of March 2022.

Recommendations

In Luton, Covid-19 vaccination uptake is still lagging behind that of the rest of the country and the region. More pharmacies may be supported to provide the Covid-19 as the availability of this in all localities may encourage more residents to take the vaccine. Some pharmacy respondents in the contractor survey expressed a wish to provide this service if allowed to do so.



Out of hours service for bank holidays and early hours is not currently available from any Luton community pharmacy although there is very good timing coverage by pharmacies in Luton. This may be considered to ensure that there is always access to medicines by patients as required. The information on pharmacy timings should also be well communicated to residents.

6.4.3 Current and future access to locally commissioned services

Locally Commissioned Services are provided by several pharmacies in Luton. These are services which enhance and provide improvements to the health of the Luton population. These services are discussed in section 5.23 and include Sexual health services and Substance misuse services.

Recommendations

There are opportunities for community pharmacies to positively impact public health outcomes in Luton based on the health needs of Luton residents (discussed in section 4).

The current provision of some locally commissioned services, such as the Stop smoking service and Sexual health services, may be expanded. Currently there are only 15 pharmacies in Luton providing the Level 1 Stop smoking services. Tobacco use was the highest contributor to deaths in Luton in the last measured period (2019) and this shows how important smoking cessation services are in Luton.

Certain diseases and risk factors for poor health are of priority in Luton including:

- Cardiovascular diseases (hypertension, stroke, ischemic heart disease)
- Diabetes (high fasting plasma glucose)
- Tuberculosis
- Tobacco use
- Overweight or obesity (high BMI)
- Low physical activity

These provide opportunities for community pharmacy involvement in improving the health of the public and should be considered in the future.

6.5 Conclusions

Although the pharmacies in Luton are adequate for the provision of necessary services and improvements to the health of the population, their services may be further enhanced by:

- Emphasising to the public the services that are currently available from community pharmacies and how to access and them.
- Encouraging and enabling more existing pharmacies to provide advanced, enhanced and locally commissioned services.
- Consider the provision of more locally commissioned public health services by community pharmacies to meet specific health needs in Luton.

Acknowledgements

Special thanks go to all members of the PNA steering group (names marked with an asterisk *) for their valuable input into the PNA process.

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	Austin Sanderson	ResoLUTiONs CGL	Service Manager
	Claire Peng	Civica Involve	Customer Success Manager
	Jane Robinson		

Appendices

Appendix 1: Luton community pharmacies and their opening times

Information in this table is from data provided by NHS England and Bedfordshire LPC, and is correct as of May 2022 (services marked * only updated as of September 2022).

REF	PHARMACY	CODE	POSTCODE	NMS	AUR	STOMA	CPCS	HEP C	FLU	COVID VACC	HCFS*	SCS*	100 HOURS	OPENING TIMES
1	ACORN PHARMACY	FNW05	LU2 7SF	Yes	No	No	Yes	No	Yes	No	No	No	No	M-F 09.00-18.00
														Sat 09.00 - 13.00
														Sun Closed
														Lunch 13.00-14.00
2	ACORN PHARMACY	FPY65	LU1 1NE	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	M-F 09.00-18.00
														Sat Closed
														Sun Closed
3	ASDA STORES LTD LUTON	FF737	LU2 9TA	Yes	No	No	Yes	No	Yes	No	Yes	Yes	Yes	Mon 08.00-23.00
														T-F 07.00-23.00
														Sat 07.00-22.00
														Sun 10.00-16.00
4	ASHCROFT PHARMACY LTD	FP458	LU2 9AB	Yes	No	No	Yes	No	Yes	No	No	No	No	M-F 09.00-18.00
														Sat Closed
														Sun Closed
														Lunch 13.00-14.00

5	AVICENNA PHARMACY	FF600	LU4 8BY	Yes	No	No	Yes	No	Yes	No	Yes	No	No	M-F 09.00-20.00
														Sat 09.00-13.00
														Sun Closed
6	AVICENNA PHARMACY	FH997	LU4 8BN	Yes	No	No	Yes	No	Yes	Yes	Yes	No	No	M-F 09.00-19.00
														Sat 09.00-17.00
														Sun Closed
7	AVICENNA PHARMACY	FQX43	LU4 9PG	Yes	No	No	Yes	No	Yes	Yes	Yes	No	No	M-F 09.00-18.00
														Sat 09.00-13.00
														Sun Closed
8	BIRDSFOOT LANE PHARMACY	FNN18	LU3 2HX	Yes	No	No	Yes	Yes	Yes	No	No	No	No	M-F 09.00-18.30
														Sat Closed
														Sun Closed
9	BISCOT PHARMACY	FQQ05	LU3 1AW	Yes	No	No	Yes	No	Yes	No	Yes	No	Yes	M-S 08.00-22.30
														Sun 08.00-21.00
10	BISHOPSCOTE CHEMIST	FWE99	LU3 1PB	Yes	No	No	Yes	No	Yes	No	Yes	No	No	M-F 09.00-18.30
														Sat 09.00-18.00
														Sun Closed
11	BLENHHEIM PHARMACY	FL863	LU3 1HA	No	No	No	Yes	No	Yes	Yes	No	No	Yes	M-F 08.00-23.59
														Sat 09.00-19.00
														Sun 09.00-19.00

12	BM & SB PATEL	FQG21	LU4 0UN	Yes	No	No	Yes	No	Yes	No	Yes	No	No	M-F 09.00-18.00
														Sat 09.00 - 13.00
														Sun Closed
														Lunch 13.00-14.00
13	BOOTS PHARMACY	FEE99	LU1 2BG	Yes	No	No	Yes	No	No	Yes	Yes	No	No	M,T,W,F,S
														08.00-18.00
														Thur 08.00-19.00
														Sun 11.00-17.00
14	BRITANNIA PHARMACY	FNN46	LU3 4AD	Yes	No	No	Yes	No	Yes	No	Yes	Yes	No	M-T 08.45-19.00
														Fri 08.45-18.15
														Sat 08.45-13.00
														Sun Closed
15	CALVERTON PHARMACY	FD082	LU3 2SZ	Yes	No	No	Yes	No	Yes	Yes	Yes	No	No	M-F 09.00-18.00
														Sat 09.00 - 17.00
														Sun Closed
16	DENBIGH PHARMACY	FHT66	LU3 1NR	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No	M-S 09.00-19.00
														Sun 10.00 - 16.00
														Lunch 13.00-14.00
17	DR PHARMACY	FA660	LU4 8BY	Yes	No	No	No	No	No	No	No	No	Yes	Mon-Sun
														09.00-23.59
18	FARLEY HILL CHEMIST	FLM05	LU1 5RD	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	No	M-T 09.00-18.00
														Fri 09.00-19.00
														Sat 09.00 - 13.00
														Sun Closed

19	FEATHERFIELD PHARMACY	FN441	LU3 2DQ	No	No	No	Yes	No	Yes	No	No	No	No	M-F 09.00-18.00
														Sat 09.00 - 13.00
														Sun Closed
														Lunch 13.00-14.00
20	HALFWAY CHEMIST	FJK37	LU4 0DU	Yes	No	No	Yes	No	Yes	Yes	No	No	No	M-F 09.00-18.00
														Sat 09.00 - 17.00
														Sun Closed
21	HARRIS CHEMIST	FDD52	LU1 1BW	Yes	No	No	Yes	No	Yes	Yes	Yes	No	No	M-F 09.00-19.00
														Sat 09.00 - 13.00
														Sun Closed
														Lunch 13.00-14.00
22	JARDINES PHARMACY	FA466	LU4 9QD	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	No	M-F 09.00-18.30
														Sat 09.00 - 13.00
														Sun Closed
														Lunch 13.00-14.00
23	KAMSONS PHARMACY	FMG05	LU1 3UA	Yes	No	No	Yes	No	Yes	No	Yes	No	No	M-F 08.30-18.30
														Sat 09.00 - 13.00
														Sun Closed
24	KAMSONS PHARMACY	FWE65	LU1 3AG	Yes	No	No	Yes	No	Yes	No	Yes	No	No	M-F 08.30-18.30
														Sat 09.00 - 13.00
														Sun Closed
25	KRISH CHEMIST	FFH29	LU2 7XH	No	No	No	Yes	No	No	No	Yes	No	No	M-F 09.00-18.30
														Sat 09.00 - 13.00
														Sun Closed

26	LLOYDS PHARMACY	FCJ64	LU3 4AB	Yes	No	No	Yes	No	Yes	No	Yes	No	Yes	M-F 07.00-23.00
														Sat 07.00 - 22.00
														Sun 10.00-16.00
27	LLOYDS PHARMACY	FER71	LU3 3FH	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	No	M-F 09.00-18.00
														Sat Closed
														Sun Closed
28	LLOYDS PHARMACY	FH471	LU3 2NJ	Yes	No	No	Yes	No	Yes	No	Yes	No	No	M-F 08.00-18.30
														Sat 09.00 - 14.00
														Sun Closed
29	LLOYDS PHARMACY	FKP69	LU1 1DY	Yes	No	No	Yes	No	Yes	No	Yes	No	No	Mon-Sat
														08.00-20.00
														Sun 11.00-17.00
30	LLOYDS PHARMACY	FX107	LU2 9SB	Yes	No	Yes	Yes	No	Yes	No	Yes	No	No	M-F 08.00-18.30
														Sat 09.00 - 13.00
														Sun Closed
31	LLOYDS PHARMACY	FX357	LU2 7UR	Yes	No	Yes	Yes	No	Yes	No	Yes	No	No	M-F 09.00-18.00
														Sat 09.00 - 17.00
														Sun Closed
32	MAKAN'S PHARMACY	FK587	LU4 8DE	Yes	No	No	Yes	No	Yes	Yes	Yes	No	No	M-F 09.00-19.00
														Sat Closed
														Sun Closed
														Lunch 13.15-14.15

33	OAKLEY PHARMACY	FDR63	LU4 9FJ	Yes	No	No	Yes	No	No	No	No	No	Yes	Mon-Sat
														07.30-22.00
														Sun 09.00-22.00
34	RANK PHARMACY	FEP39	LU4 8HX	Yes	No	No	Yes	No	No	No	No	No	No	M-F 09.00-19.00
														Sat Closed
														Sun Closed
35	ROWLANDS PHARMACY	FJK07	LU3 3AH	Yes	No	No	Yes	No	Yes	Yes	No	Yes	No	M-F 09.00-18.15
														Sat 09.00 - 12.30
														Sun Closed
														Lunch 13.00-13.20
36	ROWLANDS PHARMACY	FVG06	LU3 3BJ	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No	M-F 09.00-18.00
														Sat 08.00 - 12.00
														Sun Closed
														Lunch 13.30-13.50
37	ROYAL PHARMACY	FJ538	LU2 0BW	Yes	No	No	Yes	No	Yes	No	No	No	No	M-F 09.00-18.30
														Sat 09.00 - 13.00
														Sun Closed
38	SE MORGAN	FV943	LU1 1DY	Yes	No	No	Yes	No	No	No	No	No	No	M-F 09.00-18.15
														Sat Closed
														Sun Closed
39	SUPERDRUG PHARMACY	FY542	LU1 2TJ	Yes	No	No	Yes	No	Yes	No	Yes	No	No	M-W 08.30-17.30
														T-F 08.30-18.00
														Sat 09.00 - 17.30
														Sun Closed

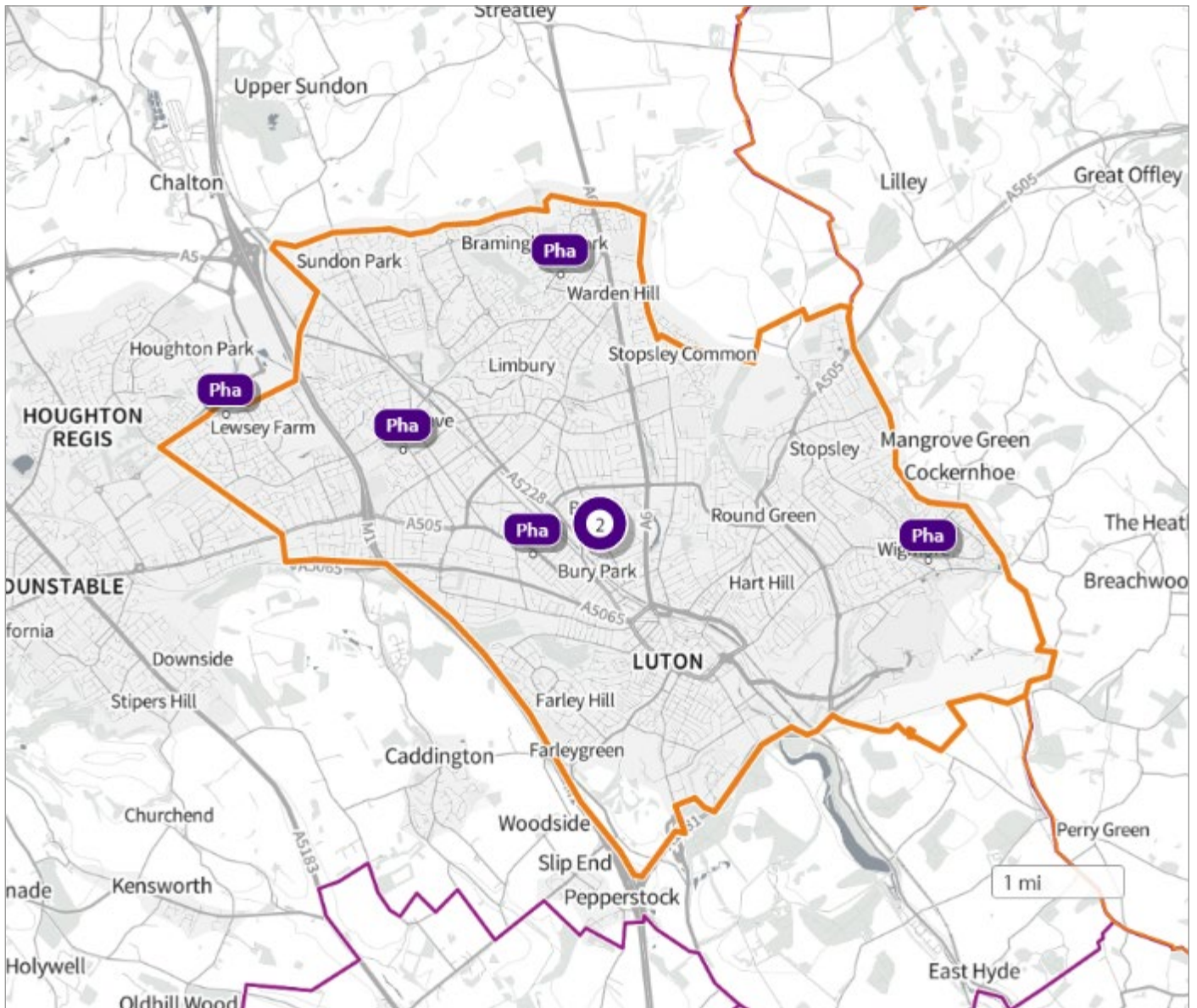
40	THE MALL PHARMACY	FG421	LU1 2AZ	Yes	No	No	Yes	No	Yes	No	Yes	No	No	M-F 08.30-17.30
														Sat 08.30 - 12.00
														Sun Closed
41	WARDEN HILL CHEMIST	FK403	LU3 2BE	Yes	No	No	Yes	No	Yes	Yes	No	No	No	M-F 09.00-18.30
														Sat 09.00 - 14.00
														Sun Closed
42	WESTBOURNE PHARMACY	FGF20	LU4 8JJ	Yes	No	No	Yes	No	Yes	No	No	No	No	Mon-Sun
														09.00-21.00
43	WHEATFIELD PHARMACY	FDN16	LU4 0TR	Yes	No	No	Yes	No	No	Yes	No	No	Yes	M-F 07.00-23.00
														Sat 07.00-21.00
														Sun 10.00-16.00
44	WOODLANDS CHEMIST	FDL94	LU3 1NX	Yes	No	No	Yes	No	Yes	No	Yes	No	No	M-F 09.00-19.00
														Sat Closed
														Sun Closed
TOTALS:				40	1	3	43	3	37	15	28	8	7	

Appendix 2: Luton community pharmacies – locally commissioned health services

REF	PHARMACY	CODE	POSTCODE	EHC	CHLAMYDIA SCREENING	STOP SMOKING	SUPERVISED ADMIN	NEEDLE EXCHANGE
1	ACORN PHARMACY	FNW05	LU2 7SF			Yes	Yes	
2	ACORN PHARMACY	FPY65	LU1 1NE	Yes	Yes		Yes	Yes
3	ASDA STORES LTD LUTON	FF737	LU2 9TA			Yes		
4	ASHCROFT PHARMACY LTD	FP458	LU2 9AB				Yes	
5	AVICENNA PHARMACY	FF600	LU4 8BY	Yes	Yes			
6	AVICENNA PHARMACY	FH997	LU4 8BN	Yes	Yes			
7	AVICENNA PHARMACY	FQX43	LU4 9PG			Yes	Yes	
8	BIRDSFOOT LANE PHARMACY	FNN18	LU3 2HX	Yes	Yes	Yes	Yes	
9	BISCOT PHARMACY	FQQ05	LU3 1AW	Yes	Yes		Yes	
10	BISHOPSCOTE CHEMIST	FWE99	LU3 1PB	Yes	Yes	Yes	Yes	
11	BLENHEIM PHARMACY	FL863	LU3 1HA			Yes	Yes	
12	BM & SB PATEL	FQG21	LU4 0UN	Yes	Yes		Yes	Yes
13	BOOTS PHARMACY	FEE99	LU1 2BG				Yes	
14	BRITANNIA PHARMACY	FNN46	LU3 4AD				Yes	
15	CALVERTON PHARMACY	FD082	LU3 2SZ	Yes	Yes		Yes	
16	DENBIGH PHARMACY	FHT66	LU3 1NR	Yes	Yes			
17	DR PHARMACY	FA660	LU4 8BY				Yes	
18	FARLEY HILL CHEMIST	FLM05	LU1 5RD	Yes	Yes		Yes	
19	FEATHERFIELD PHARMACY	FN441	LU3 2DQ			Yes	Yes	
20	HALFWAY CHEMIST	FJK37	LU4 0DU	Yes	Yes	Yes	Yes	
21	HARRIS CHEMIST	FDD52	LU1 1BW	Yes	Yes	Yes	Yes	Yes
22	JARDINES PHARMACY	FA466	LU4 9QD				Yes	
23	KAMSONS PHARMACY	FMG05	LU1 3UA			Yes	Yes	
24	KAMSONS PHARMACY	FWE65	LU1 3AG	Yes	Yes		Yes	
25	KRISH CHEMIST	FFH29	LU2 7XH	Yes	Yes		Yes	
26	LLOYDSPHARMACY	FCJ64	LU3 4AB	Yes	Yes			
27	LLOYDSPHARMACY	FER71	LU3 3FH				Yes	
28	LLOYDSPHARMACY	FH471	LU3 2NJ			Yes		
29	LLOYDSPHARMACY	FKP69	LU1 1DY					
30	LLOYDSPHARMACY	FX107	LU2 9SB	Yes	Yes		Yes	
31	LLOYDSPHARMACY	FX357	LU2 7UR	Yes	Yes		Yes	
32	MAKAN'S PHARMACY	FK587	LU4 8DE	Yes	Yes			
33	OAKLEY PHARMACY	FDR63	LU4 9FJ	Yes	Yes		Yes	
34	RANK PHARMACY	FEP39	LU4 8HX					
35	ROWLANDS PHARMACY	FJK07	LU3 3AH				Yes	
36	ROWLANDS PHARMACY	FVG06	LU3 3BJ					
37	ROYAL PHARMACY	FJ538	LU2 0BW	Yes	Yes	Yes	Yes	
38	SE MORGAN	FV943	LU1 1DY			Yes	Yes	
39	SUPERDRUG PHARMACY	FY542	LU1 2TJ	Yes	Yes		Yes	
40	THE MALL PHARMACY	FG421	LU1 2AZ	Yes	Yes		Yes	
41	WARDEN HILL CHEMIST	FK403	LU3 2BE	Yes	Yes			
42	WESTBOURNE PHARMACY	FGF20	LU4 8JJ	Yes	Yes	Yes	Yes	Yes
43	WHEATFIELD PHARMACY	FDN16	LU4 0TR					
44	WOODLANDS CHEMIST	FDL94	LU3 1NX	Yes	Yes	Yes	Yes	
	TOTALS:			25	25	15	32	4

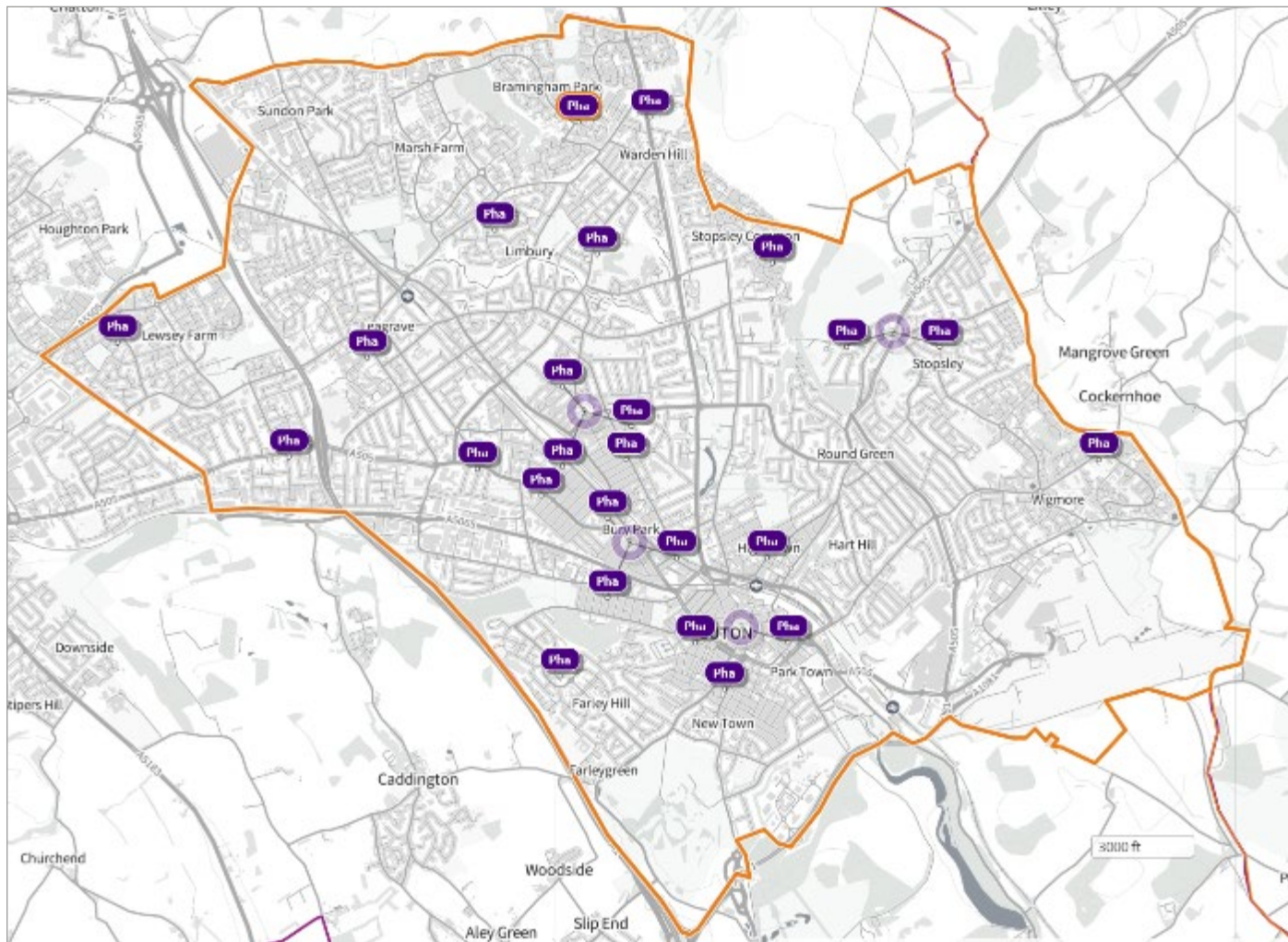
Appendix 3: Additional Maps

Location of pharmacies open for 100 hours or more in Luton



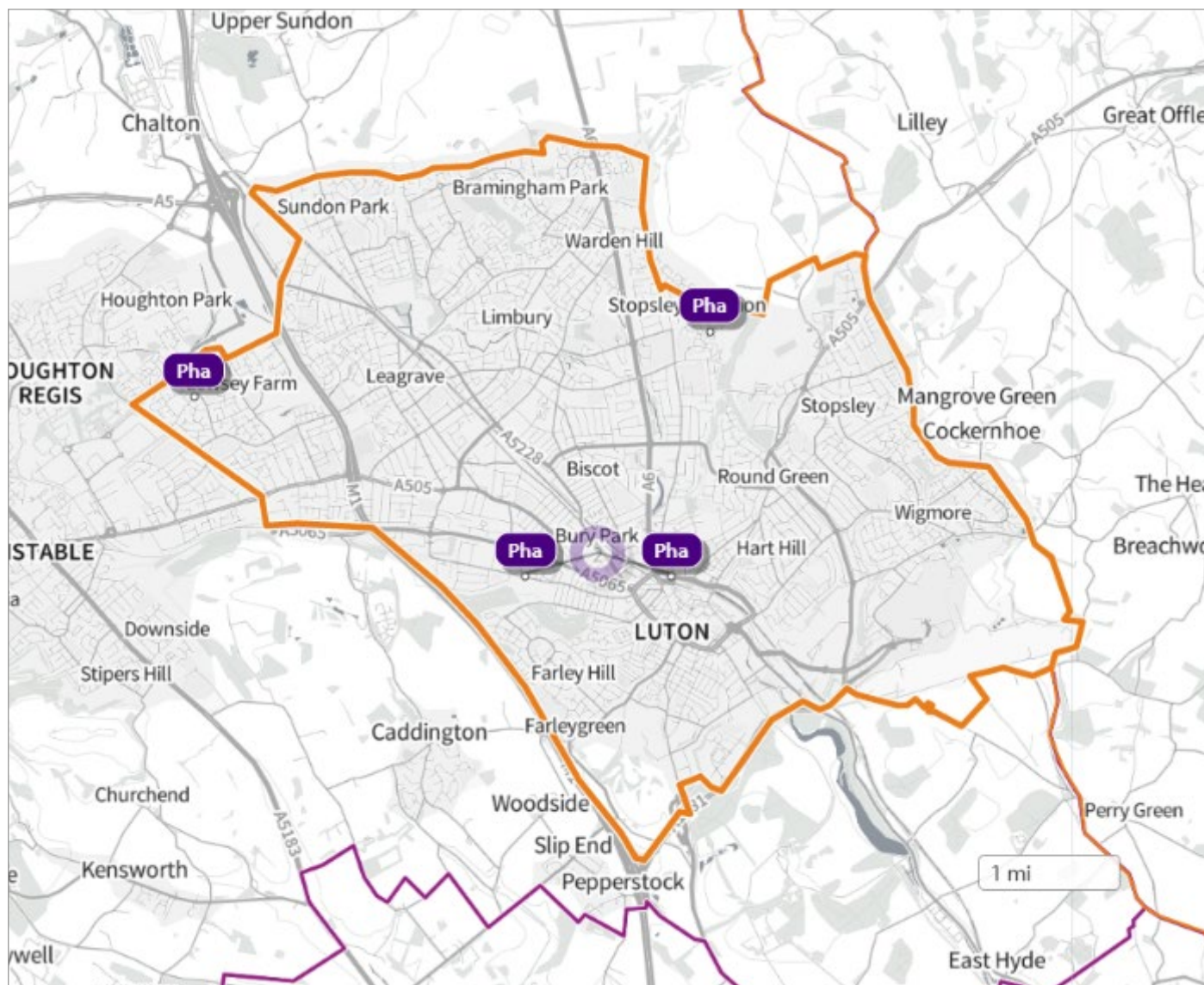
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Location of pharmacies providing emergency hormonal contraception services and chlamydia screening in Luton



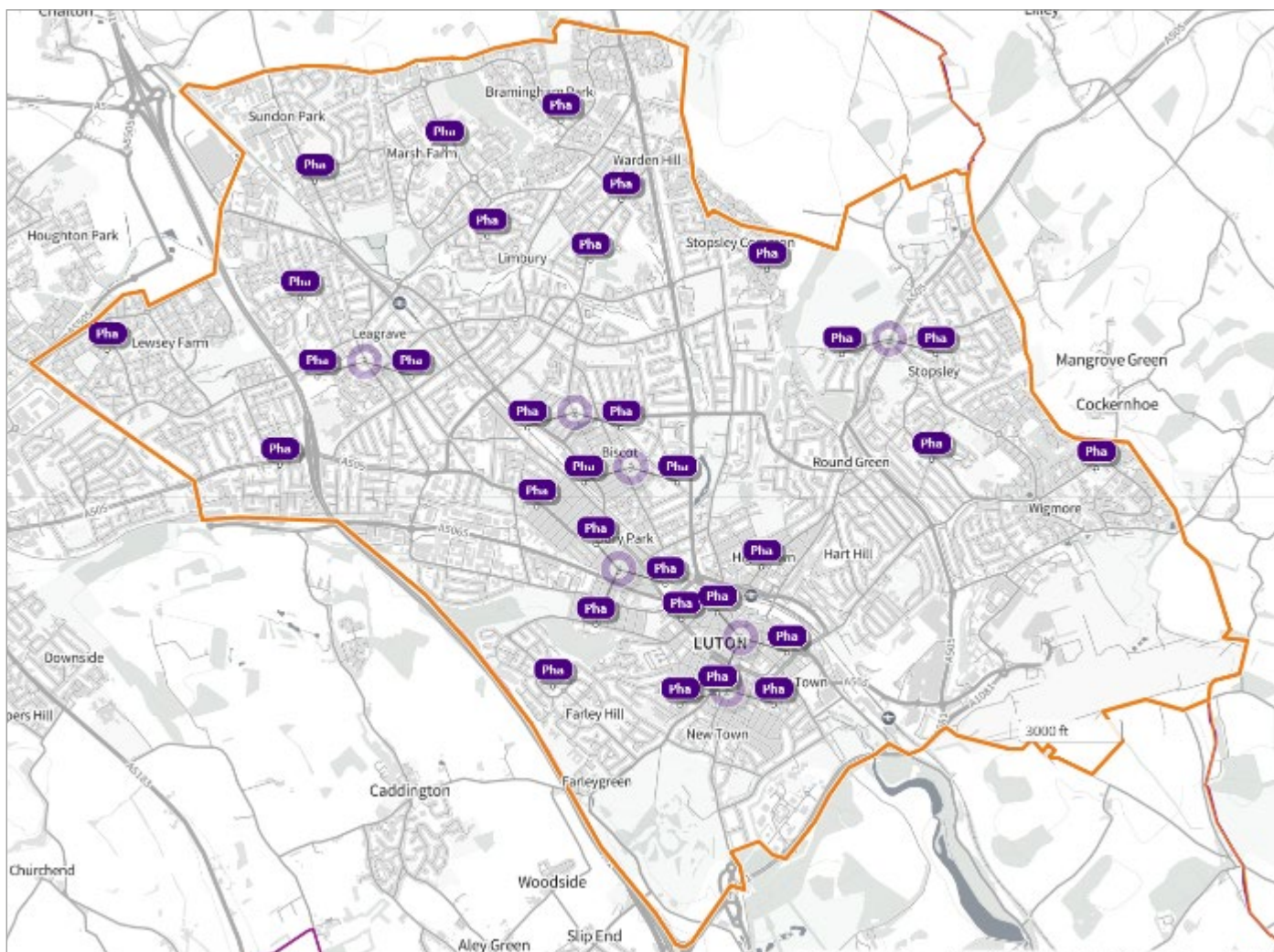
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Location of pharmacies providing needle exchange services in Luton



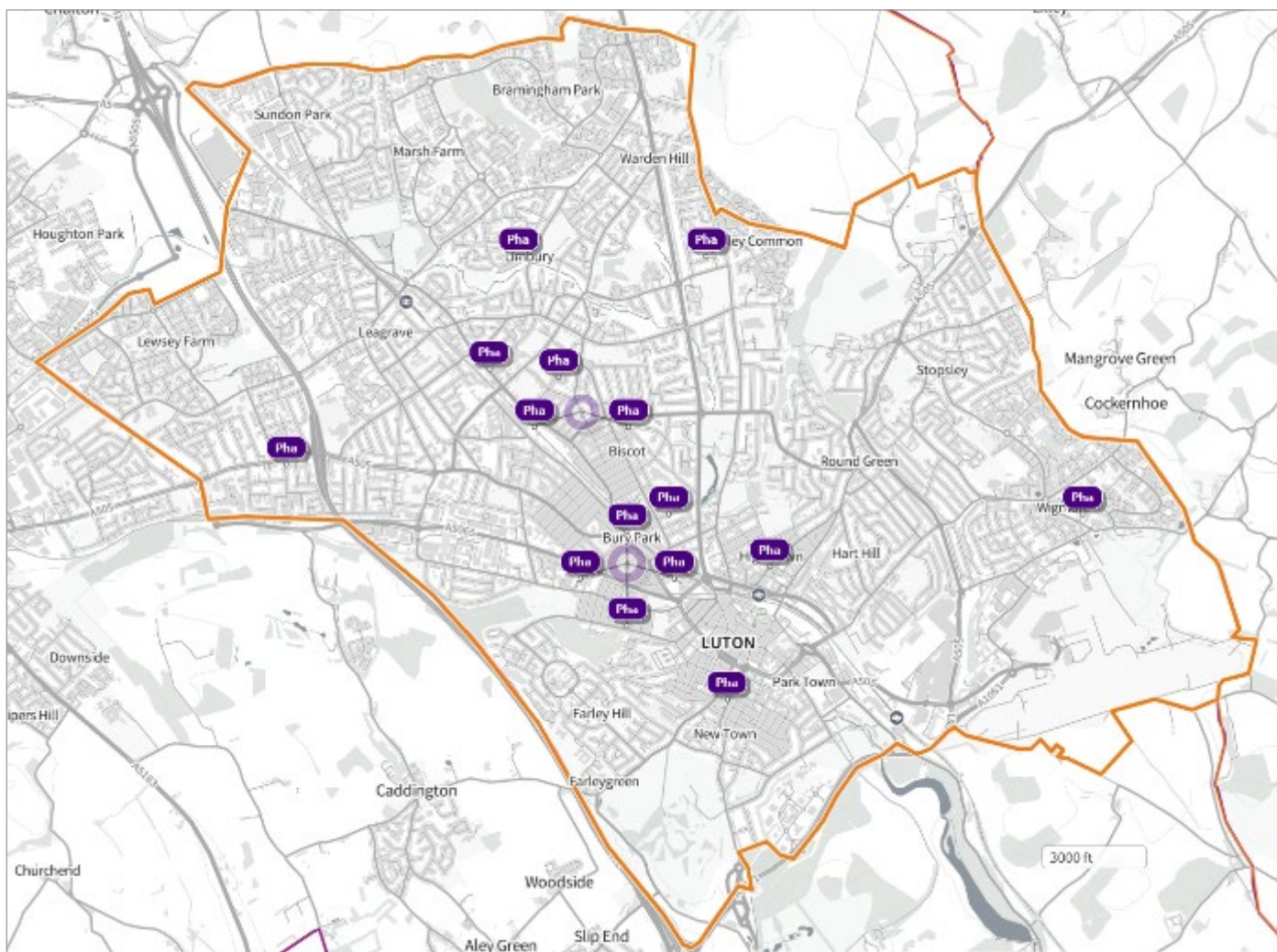
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Location of pharmacies providing supervised administration of opiate substitute in Luton



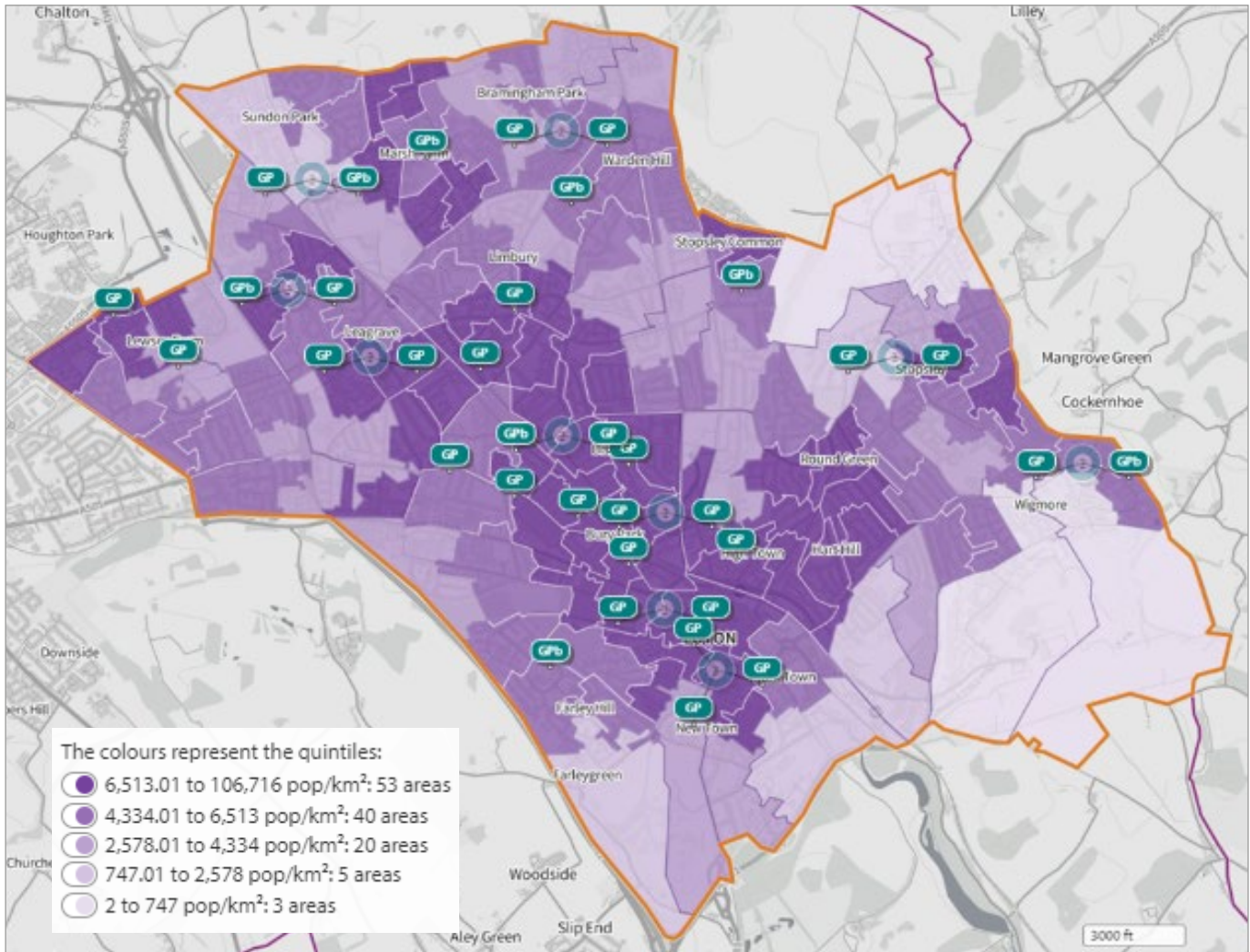
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Location of pharmacies providing Level 1 smoking cessation services in Luton



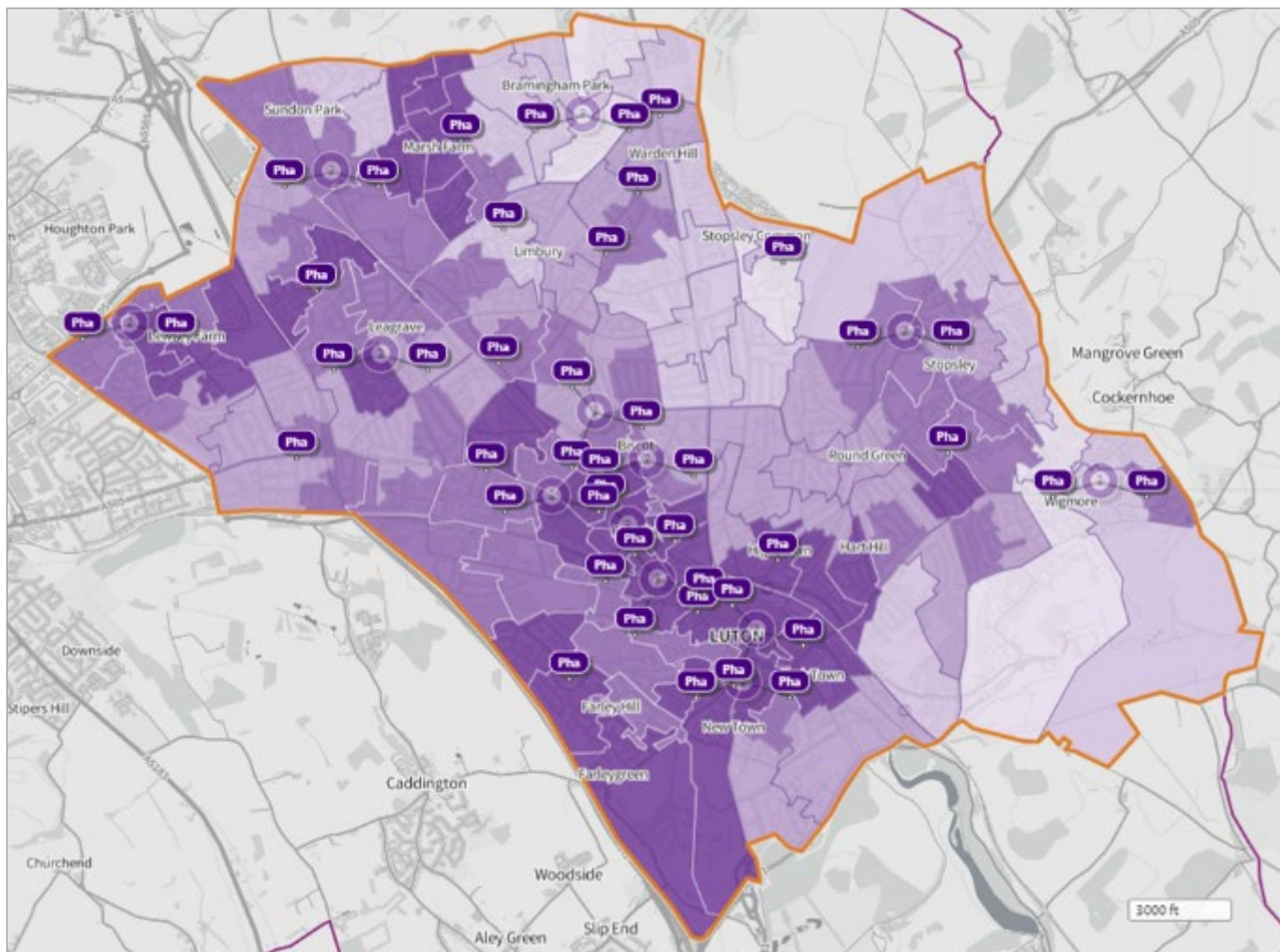
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Map of GP locations in Luton with population density



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Map of pharmacies in Luton with deprivation levels



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Appendix 4: Vision for Luton 2020-2040 Summary

Luton 2020 - 2040 A place to thrive

Our strategies to achieve the Luton 2020-2040 vision, by building an inclusive economy and enhancing the wellbeing of our population so that Luton is a healthy, fair and sustainable town where everyone can thrive and no-one has to live in poverty.

INCLUSIVE ECONOMY STRATEGY

Driven by partners through the Inclusive Economy Board, this strategy will work to secure a strong economic recovery from COVID-19 and to reform our local economy so that everyone can benefit from future growth.

SUSTAINING ECONOMIC GROWTH

- Growth and resilience of key sectors
- Continued investment into Luton
- More high value, well-paid jobs

SKILLS FOR THE FUTURE

- An upskilled workforce
- Increased job readiness
- Career pathways to meet employer needs

LOCAL WEALTH BUILDING

- Increased local spend by public sector and anchor institutions
- Increased social value providing real benefits to residents

A THRIVING TOWN CENTRE

- The right mix of retail, leisure and residential
- A safer town centre
- More sustainable travel

A REAL LIVING WAGE TOWN

- More workers earning the real living wage and the Luton living wage
- Increasing job security and back-to-work support
- Supporting flexible working and access to employment

TRANSFORMING LIVES THROUGH ARTS, CULTURE AND HERITAGE

- Continued growth of creative industries in Luton
- Greater participation in arts, culture and heritage
- Increased tourism opportunities and visitor numbers

GROWING THE AIRPORT

- Maximising passenger numbers
- Increasing airport jobs and economic output
- Becoming the UK's most sustainable airport
- Contributing more to the local voluntary and community sector

POPULATION WELLBEING STRATEGY

Driven by partners through the Health and Wellbeing Board, this strategy will focus on improving quality of life for all our residents, as well as reducing health and educational inequalities to enable everyone to reach their full potential.

STARTING AND DEVELOPING WELL

- Reduced inequalities from birth across Luton
- Good educational attainment from early years
- More children at a healthy weight
- Greater support for mental wellbeing for young people

LIVING AND WORKING WELL

- Increased physical activity and lower obesity rates in adults
- Better mental wellbeing
- Increasing screening and detection of serious conditions
- Reduced drug and alcohol related harm

AGEING AND DYING WELL

- Reducing social isolation
- Ensuring elderly residents are living in decent housing
- Tackling fuel poverty and pensioner poverty
- Enabling more people to remain in their own home in old age

QUALITY EDUCATION FOR ALL

- More good and outstanding schools in Luton
- Higher educational attainment
- SEND provision and measures to tackle educational inequalities
- Increased access to adult education and lifelong learning

SAFE AND COHESIVE COMMUNITY

- Lower crime and reoffending rates including fewer cases of domestic abuse, exploitation and serious youth violence
- Protecting the most vulnerable
- Increased capacity and resilience in our community

QUALITY AND AFFORDABLE HOUSING

- More affordable homes for families in Luton
- Reducing homelessness and temporary accommodation
- Ensuring more housing is decent, safe and secure

COMMITMENTS AT THE HEART OF OUR STRATEGIES FOR LUTON 2020 - 2040

Each strategy will be underpinned by three underlying commitments. These commitments will be to ensure that Luton is both a carbon neutral and child-friendly town, as well as ensuring that it is a town built on fairness and social justice, where everyone has the opportunity to reach their full potential.

A CARBON NEUTRAL TOWN

Working together to achieve our commitment to be a carbon neutral town by 2040, by growing our economy in a sustainable way and enhancing our natural environment.

- Achieving net-zero carbon emissions by 2040
- Supporting clean growth and the growth of green businesses and social enterprises
- Improving air quality and the natural environment throughout Luton
- Enhancing digital connectivity, and green infrastructure – including the greenest airport in the UK – and increasing active and sustainable travel



A TOWN BUILT ON FAIRNESS AND SOCIAL JUSTICE

Working together to ensure that everyone in Luton has the opportunity to reach their full potential by eliminating all forms of discrimination and overcoming structural barriers that lead to inequality.

- Promoting a cohesive and inclusive society
- Tackling prejudice, discrimination and hate in all its forms
- Achieving equitable outcomes for all who are disadvantaged or at risk of disadvantage
- Making Luton a disability friendly town
- Ensuring our community has influence, voice and respect in shaping the vision and priorities for Luton 2020 - 2040 and the future of the town



A CHILD-FRIENDLY TOWN

Working together to make Luton a child-friendly town, where young people grow up feeling safe and secure, with a voice that matters and the opportunities they need to thrive.

- Ensuring all children and young people can access their basic needs and essential services
- Making sure children and young people grow up feeling safe and secure
- Reducing educational and health inequalities for children and young people in Luton
- Ensuring that children and young people with SEND have the same access to opportunities, activities and quality of life as other young people
- Enabling our young people to have a voice that is heard and that matters



Appendix 5: Pharmacy Contractor Survey Results

The questionnaire for pharmacies was made available through the Luton Council consultation portal. All pharmacies were invited to complete the questionnaire. The questionnaire was made available from 25 January to 28 February 2022 and 15 of the 44 pharmacies in Luton completed the questionnaire.

The results of the survey are summarised below. Additional comments are shown in boxes where relevant.

1. Contractor code (ODS Code)

15 responses received

2. Name of contractor (name of individual, partnership or company owning the pharmacy business)

15 responses received

3. Trading name

15 responses received

4. Address of contractor pharmacy

15 responses received

5. Does the pharmacy dispense appliances?

Yes – All types (8)		53.3%
Yes, just dressings (3)		20.0%
Yes, excluding stoma appliances (2)		13.3%
Yes, excluding stoma and incontinence appliances (2)		13.3%

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

No (8)		53%
Yes (7)		47%

Blood glucose check	Blood pressure monitoring
Smoking cessation	Substance misuse
EHC	Anticoagulant clinic
Travel vaccinations	Checking for atrial fibrillation
Minor ailments	Delivery of medicines

7. Does the pharmacy provide collection of prescriptions from GP practices?

Yes (14)		93%
No (1)		7%

8. Does the pharmacy provide delivery of dispensed medicines free of charge on request?

Yes (15)		100%
No (0)		0%

9. Does the pharmacy provide delivery of dispensed medicines with charge?



10. Does the pharmacy provide delivery of dispensed medicines to selected patient groups?



11. Does the pharmacy provide delivery of dispensed medicines to selected areas?



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



Pneumonia vaccines	Blood Clotting Clinic (INR)
Minor ailments service	Monitored dosage system
Diabetes Screening	Delivery of medicines
Smoking Cessation	Packed medication
Travel Vaccination	Atrial Fibrillation screening

13. Languages spoken in the Pharmacy (in addition to English)

15 responses received

[Hindi, Gujarati, Urdu, Kiswahili, Bengali, Punjabi, Polish, Greek, Telugu, Albanian, Spanish]

14. Contact name of person completing questionnaire on behalf of the contractor if questions arise

15 responses received

15. Contact telephone number

15 responses received

Appendix 6: Public Survey Results

The questionnaire for public survey was also made available online through the Luton Council consultation portal. The questionnaire was made available from 25 January to 28 February 2022. Promotional activities were carried out by Luton Council Communications and marketing team to encourage the public to participate in the survey. Key stakeholders and health partners were engaged to help in spreading the message.

133 responses were received for the public survey. The results of the survey are summarised below (where additional comments were optional in the survey these have not been shown. For more information, please contact Luton Council). It should be noted that percentages may not always add up to a 100 per cent and they reflect the total of respondents each question (not all respondents have answered each question and some questions allow multiple choices).


1. Do you live and/or work in Luton?

Yes, I live in Luton (76)		57%
Yes, I live and work in Luton (57)		43%






2. Have you visited a pharmacy in Luton in the last 12 months?

Yes (130)		98%
No (3)		2%





3. Do you have a preferred pharmacy that you use regularly?

Yes (125)		96%
No (5)		4%

4. Have you taken prescribed medication in the last 12 months (regular medicines or one-off for specific illnesses)?

Yes, regular medicines (88)		68%
Yes, regular medicines and one-off illnesses (23)		18%
Yes, for one-off illnesses (9)		7%
No (9)		7%
Not sure (1)		1%

5. Do you have a carer or another person who helps you with your medication?

No, I do not need support with taking and arranging my medication (118)		91%
Yes, for giving and arranging my medication (6)		5%
Other (4)		3%
Yes, for arranging my medication (2)		2%

6. Do you pay for your NHS prescriptions?

No (90)		69%
Yes (40)		31%

7. Do you use the pharmacy services mainly for yourself?



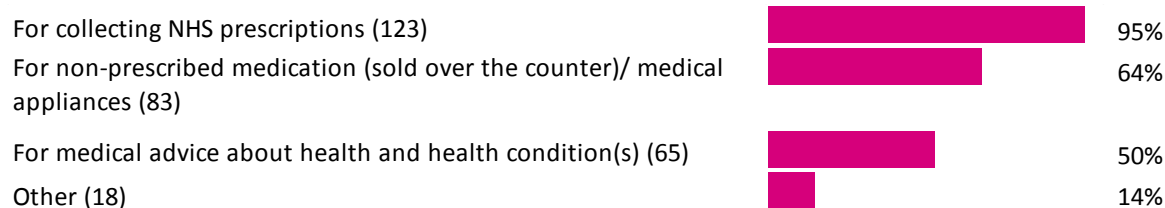
8. Do you use the pharmacy services mainly for someone else that you help/support with care?



9. Do you use the pharmacy services mainly both for yourself and someone else that you help/support with care?



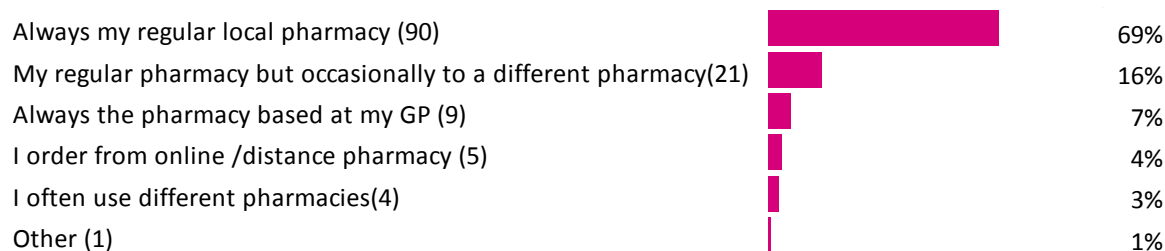
10. Do you use the pharmacy ?



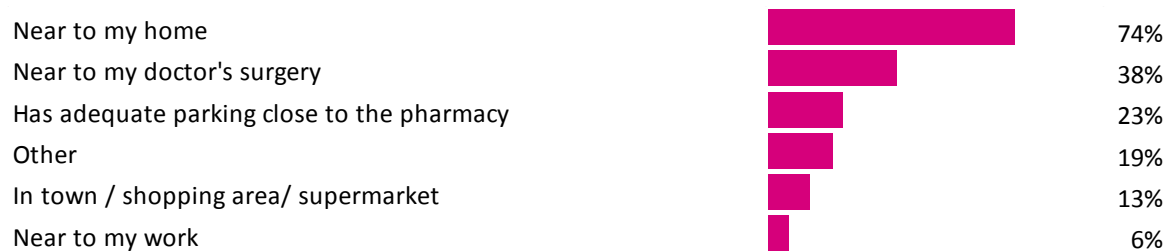
11. How do you usually obtain your medicines?



12. When you have an NHS prescription from your GP, where do you/your carer get your medicine or medical appliance from?



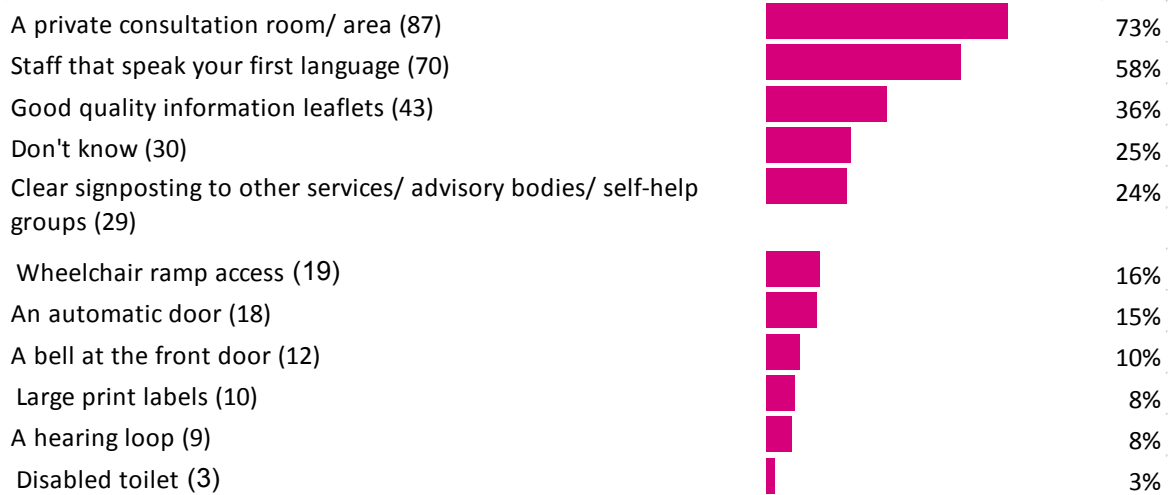
13. Thinking of the location, do you use your regular pharmacy because it is ?



14. In terms of staff and services, why do you use this pharmacy regularly?



15. Does the pharmacy service you use regularly have ...?



16. How do you usually travel to the pharmacy that you use most often?



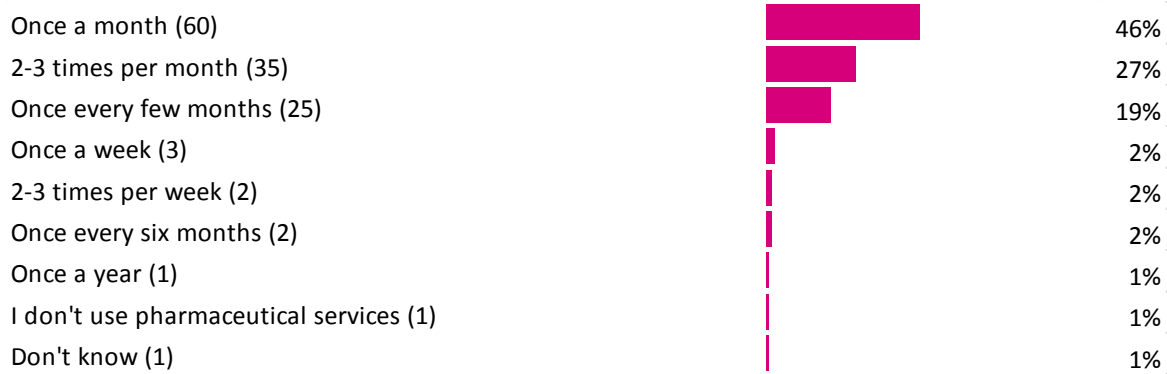
17. On average, how long does it take you to get there?



18. What (one thing) do you value most about the pharmacy service you use most often?

113 comments received

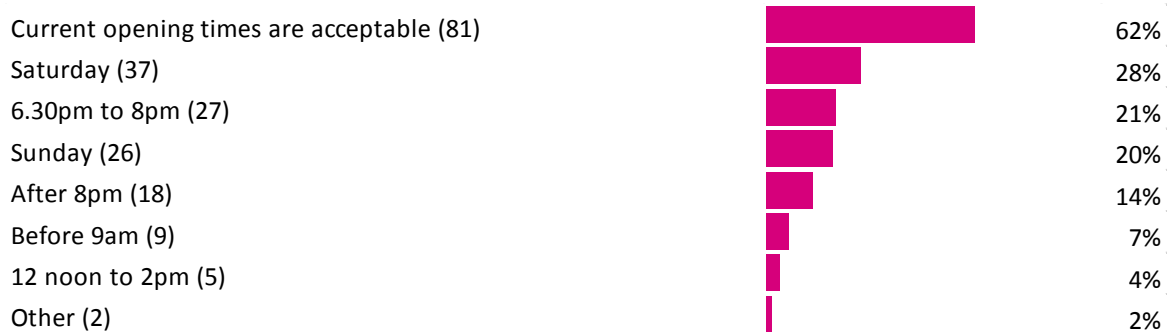
19. How often have you/ your carer used pharmacy services over the last 12 months?



20. In general, are pharmacy services in Luton open at times that suits you?



21. Would any of these opening times make it easier for you to get to the pharmacy?



22. Do current pharmacy services in Luton meet your specific needs?



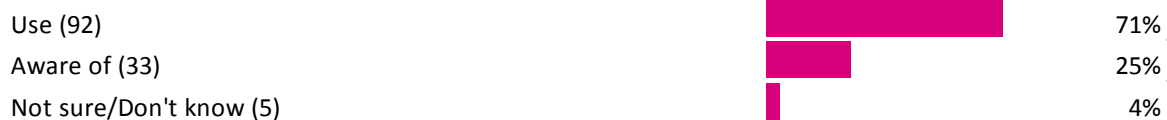
23. Do you have any other comments or suggestions on how pharmacy services could be improved in Luton?

53 comments received

24. Which of these services available at your local pharmacy do you use or are you aware of?

Dispensing

Dispensing medication



Dispensing appliances



Repeat dispensing

Use (79)		62%
Aware of (35)		28%
Not sure/Don't know (13)		10%

Disposal of unwanted or out-of- date medicines

Aware of (70)		56%
Use (39)		31%
Not sure/Don't know (17)		13%

Independent prescribing by pharmacists

Not sure/Don't know (90)		70%
Aware of (36)		28%
Use (2)		2%

Community Pharmacy Consultation Service – CPCS

Not sure/Don't know (90)		70%
Aware of (34)		27%
Use (4)		3%

New medicine service

Not sure/Don't know (92)		72%
Aware of (30)		23%
Use (6)		5%

Medicines use reviews

Not sure/ Don't know (62)		48%
Aware of (47)		37%
Use (19)		15%

Home delivery of medicines and appliances, and prescription collection services

Aware of (73)		57%
Not sure/Don't know (36)		28%
Use (19)		15%

Specialist advice regarding taking controlled drugs

Not sure/Don't know (65)		51%
Aware of (48)		38%
Use (14)		11%

Preparing dosage systems

Not sure/Don't know (69)		54%
Aware of (53)		42%
Use (5)		4%

Self-care

Advice on treatment of minor health concerns and healthy living

Aware of (85)		66%
Use (21)		16%
Not sure/Don't know (22)		17%

Advice on best way to take medication

Aware of (71)		55%
Use (33)		26%
Not sure/Don't know (25)		19%

Buying over the counter medication

Use (79)		61%
Aware of (44)		34%
Not sure/Don't know (6)		5%

Support for carers

Not sure/Don't know (96)		77%
Aware of (27)		22%
Use (2)		2%

Getting vaccinations - Flu, Covid, others

Aware of (60)		46%
Use (59)		45%
Not sure/Don't know (11)		8%

Covid lateral flow tests

Aware of (68)		53%
Use (40)		31%
Not sure/Don't know (20)		16%

Clear signposting to other services/advisory bodies/self-help groups


Not sure/Don't know (68)		53%
Aware of (53)		41%
Use (7)		5%

Lifestyle


Advice on alcohol consumption

Not sure/Don't know (88)		68%
Aware of (40)		31%
Use (1)		1%

Advice on healthy lifestyle

Not sure/Don't know (74)		57%
Aware of (54)		42%
Use (1)		1%


Stop smoking services

Aware of (69)		53%
Not sure/Don't know (60)		47%
Use (0)		0%

Stop smoking voucher service

Not sure/Don't know (100)		78%
Aware of (29)		22%
Use (0)		0%


Chlamydia screening and treatment service

Not sure/Don't know (100)		78%
Aware of (27)		21%
Use (1)		1%

Condom supply service

Not sure/Don't know (99)		77%
Aware of (29)		23%
Use (0)		0%

Emergency hormonal contraception service

Not sure/Don't know (83)		65%
Aware of (43)		34%
Use (1)		1%

Emergency supply of prescription medicines

Not sure/Don't know (77)		60%
Aware of (45)		35%
Use (7)		5%

Pregnancy testing

Not sure/Don't know (80)		63%
Aware of (47)		37%
Use (0)		0%

Supervised consumption of prescribed medicines

Not sure/Don't know (101)		79%
Aware of (25)		20%
Use (2)		2%

Needle and syringe exchange service

Not sure/Don't know (100)		78%
Aware of (27)		21%
Use (1)		1%

Blood pressure service

Not sure/Don't know (77)		60%
Aware of (46)		36%
Use (5)		4%

Is there any other service? Please specify.

1 comment received

About you

25. Are you ...

Female (88)		68%
Male (39)		30%
Prefer not to say (1)		1%
Other (1)		1%

26. Which one of the following best describes your sexuality?

Heterosexual (108)		84%
Prefer not to say (13)		10%
Gay man (3)		2%
Lesbian (1)		1%
Bi-sexual (1)		1%
Transgender (1)		1%
Other (1)		1%

27. Which age group do you belong to?

65 - 74 (34)		27%
55 - 64 (27)		21%
45 - 54 (26)		20%
35 - 44 (17)		13%
74 - 84 (8)		6%
25 - 34 (6)		5%
85 and over (4)		3%
18 - 24 (3)		2%
Prefer not to say (2)		2%

28. Do you have /or are you classed as having a disability?

No (98)		75%
Yes (32)		24%
Prefer not to say (1)		1%

29. If yes, please state which of the following best describes your disability

Physical (17)		39%
Emotional/mental health (10)		23%
Hearing impaired/ deaf (8)		18%
Other (6)		14%
Learning (2)		5%
Visually impaired/ blind (1)		2%

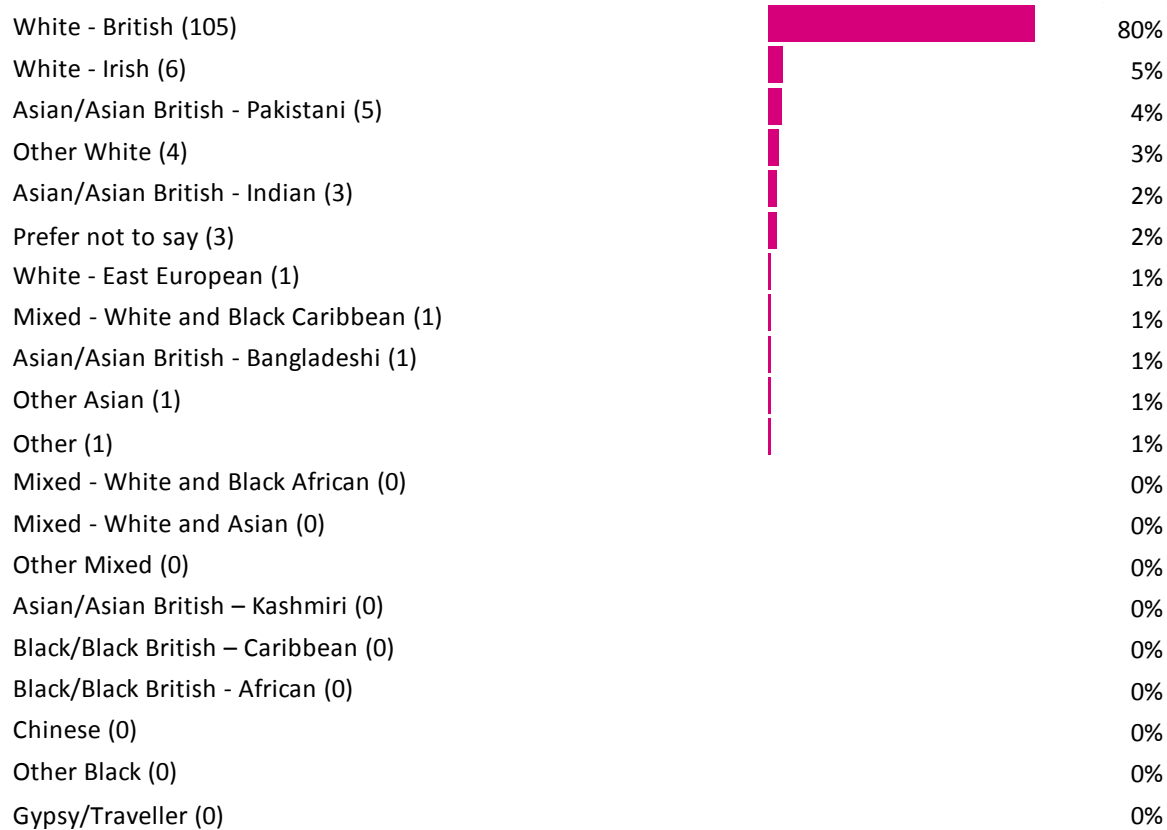
30. What is your current employment/education status?

In employment (full or part time) (57)		43%
Retired (55)		42%
Other (7)		5%
Self-employed (full or part time) (4)		3%
In education (full time or part time) (3)		2%
Stay at home parent/carer or similar (3)		2%
Prefer not to say (3)		2%

31. Please indicate your religion/faith/belief

Christian (68)		52%
None (35)		27%
Prefer not to say (14)		11%
Muslim (7)		5%
Hindu (4)		3%
Any other religion/faith/belief (4)		3%
Buddhist (0)		0%
Jewish (0)		0%
Sikh (0)		0%

32. Which of the following groups best describes you?



Appendix 7: Consultation Report for Luton Pharmaceutical Needs Assessment 2022

Introduction

Health and Wellbeing Boards are legally required to publish a Pharmaceutical Needs Assessment (PNA) for their local area and provide updated versions every 3 years. A PNA is an assessment of the need for pharmaceutical services of the population within the HWB's area and may be used by NHS England, Luton Borough Council and other commissioning groups in Luton to make decisions when applications for new pharmacies are received, and for the commissioning of other services that could be delivered by community pharmacies and other providers.


As part of the PNA development process, the HWB is required to consult a specified list of organisations, local stakeholders and the general public for a minimum of 60 days through a formal consultation process. The consultation for the Luton PNA 2022 draft report ran from 27 June to 29 August 2022 during which the views of the general public and other interested stakeholders were received.

This report describes the process through which the formal consultation of Luton's draft PNA was undertaken, summarises the responses received and identifies areas of interest through the feedback and comments received during the consultation period.

Consultation Process

Following review by the PNA Steering Group, the final Draft PNA report, separate Executive summary and a short survey questionnaire were published online via the Council's consultation portal for 9 weeks. In line with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, the following local organisations and key stakeholders were advised of the launch and specifically invited by email to respond to the consultation for Luton's PNA 2022.

- Bedfordshire Local Pharmaceutical Committee
- Bedfordshire Local Medical Committee
- Central Bedfordshire Health and Wellbeing Board
- Bedford Borough Health and Wellbeing Board
- Milton Keynes Health and Wellbeing Board
- Cambridgeshire Community Services
- East London Foundation Trust
- Healthwatch Luton
- Bedfordshire Hospital Foundation Trust (formerly Luton and Dunstable Hospital)
- BLMK Clinical Commissioning Group (now ICS)
- NHS England and NHS Improvement East of England
- ResoLUTiONs (CGL)
- Turning Point
- All Luton pharmacy contractors (44) and Dispensing GP practice (1)



The Bedfordshire LPC shared the survey notice and link with all member pharmacies in Luton and sent repeated reminders by email for them to participate in the survey. The general public was also made aware of the consultation process through a number of promotional activities. The option to complete a paper copy of the consultation survey was made available with details about how to request a copy of the report included on the survey notice. However, all responses were received online. In addition, respondents could also contact the Luton Public Health Intelligence Team by email or phone to make any comments. The online survey included 11 questions (not including optional questions on demography) with the opportunity to provide further comments and suggestions. The full survey questions and results can be seen at the end of this report.

Promotional activities

The Communications and Marketing team at Luton Council supported the awareness of the draft PNA being out to consultation. Prior to the start of the consultation, a press release was issued to all local media and published in Luton News informing the public of the consultation. Paper posters including the survey link and QR code were sent to local pharmacies and libraries for display in their premises. Regular social media posts on Facebook and Twitter informed the public about the consultation. In addition, adverts were posted on Facebook and Twitter twice to increase public awareness. Comments on social media posts were responded to and feedback was actioned. Information about the consultation was published in e-Luton, the Council's newsletter which is delivered to over 30,000 local residents weekly, the Intranet for council staff and the communities' team newsletter. BLMK CCG (now ICS) were provided with graphics with details of the survey to be placed on local GP screens. An advert was created for the large screen in the Inspire: Luton Sports Village Centre which was updated every 2 weeks as well as on the council's town hall screens in the customer service centre. In addition, Luton Healthwatch and other partner agencies (ELFT, CCG, CCS, Bedfordshire Hospitals, CGL and Total Wellbeing Luton) were sent details of the consultation requesting that they raise awareness of the consultation with their networks. Digital poster and social media graphics were distributed to Luton Council of Faiths to share with places of worship.

Survey response

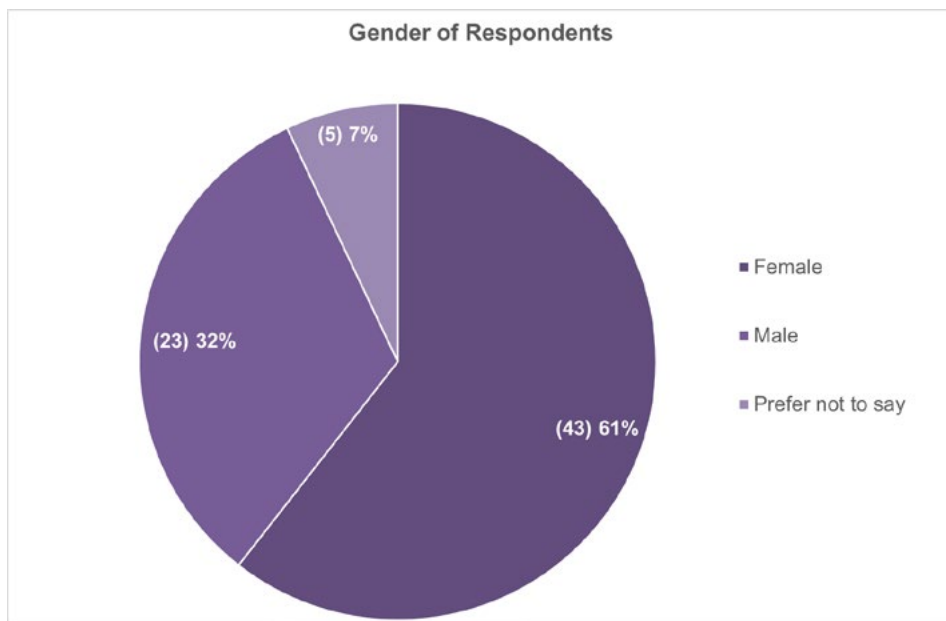
Respondents were required to read the draft report before completing the survey. A total of 146 people started the survey, however, only 75 respondents (just over half) read some or all of the draft and therefore completed the survey. Out of the 75 valid responses, 70 were from members of the public (93 per cent), 4 were from pharmacists and only one identified as representing a business. However, the organisation name was not disclosed.

Percentages included through this report are a proportion of the number of respondents per question. All survey questions and results can be seen at the end of this report. All comments were reviewed and have been incorporated into this report where relevant.

Socio-demographic profile of the respondents is as follows:

Gender: 43 were female (61 per cent), 23 were male (32 per cent) and 5 (7 per cent) preferred not to say (Figure 1). No respondents identified as "other" or "transgender". Females were more represented in the survey than males.

Figure 1: Gender of respondents



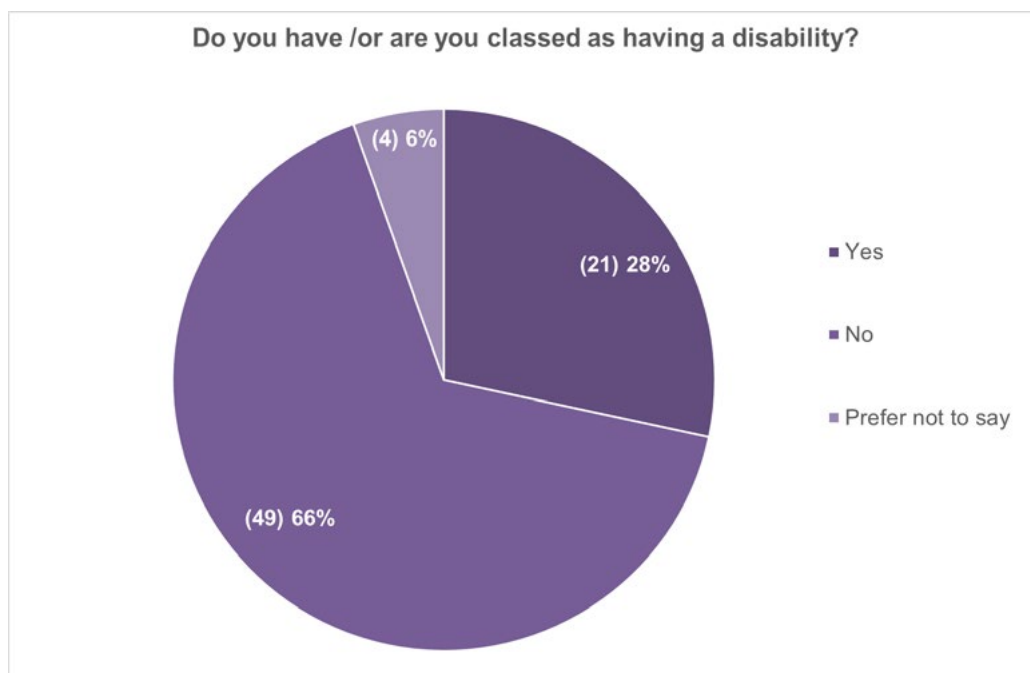
Age: 4 were aged 25 to 34 years, (5 per cent), 7 were aged 35 to 44 years (9 per cent), 8 were aged 45 to 54 years (11 per cent), 16 were aged 55 to 64 years (22 per cent), 21 were aged 65 to 74 years (28 per cent), 9 were aged 75 to 84 years (12 per cent) and 3 were aged 85 and over (4 per cent).

There were no respondents between 18 to 24 years and 6 respondents preferred not to say. Majority of the respondents were in the older age groups with 66 per cent being 55 and over. While this may not be representative of Luton’s population as a whole, it may reflect the predominant population of pharmacy users

Ethnicity: A large proportion of the respondents (80 per cent) were from White ethnic groups, other ethnic groups made up 13 per cent while 7 per cent preferred not to say. Considering the ethnic diversity of Luton, the white ethnic group was over-represented while other ethnicities were not as well-represented.

Disability: When asked about disability, 49 (66 per cent) reported no disability, 21 (28 per cent) reported a disability, while 4 (5 per cent) preferred not to say (Figure 2). When asked to describe their disability, however, 25 responded as having some form of disability with physical disability being the majority at 56 per cent.

Figure 2: Do you or are you classed as having a disability?



Employment or Education status: 34 respondents were retired (46 per cent), 26 in some form of employment (35 per cent), 3 were unemployed (4 per cent) and 2 each were either self-employed, in education or stay at home carers (3 per cent each). 5 preferred not to disclose their employment status.

Postcodes: The largest number of responses came from the LU2 7 sector of Luton, followed by LU2 9, LU3 2 and LU3 3 areas. The lowest numbers were from LU1 1, LU3 4 and LU4 9 areas with only 1 respondent from each of these post-code areas. Three respondents did not include their post-codes. Most postcode areas in Luton were represented in the survey (see Table 1 below).

Table 1: Survey participants' postcode representation

Postcode	Count	Percent	Areas covered
LU1 1	1	1%	Dallow, South, Biscot
LU1 3	4	5%	South, Farley
LU1 5	4	5%	South, Farley
LU2 0	5	7%	High Town, Crawley, Round Green
LU2 7	12	16%	High town, Barnfield, Round Green, Icknield, Stopsley
LU2 8	5	7%	Wigmore, Stopsley
LU2 9	9	12%	Wigmore, Round Green, Crawley
LU3 1	5	7%	Biscot, Saints, Barnfield
LU3 2	8	11%	Limbury, Icknield, Saints
LU3 3	7	9%	Sundon, North, Bramingham
LU3 4	1	1%	Bramingham
LU4 0	8	11%	Lewsey, Challney
LU4 8	2	3%	Dallow, Saints, Challney, Biscot
LU4 9	1	1%	Leagrave, Challney
Unknown	3	4%	
Total	75	100%	

Summary of results

Below are summaries of responses from the main questions asked during the consultation. Total number of respondents for each question is 75. A full breakdown of results have been included at the end of this report.

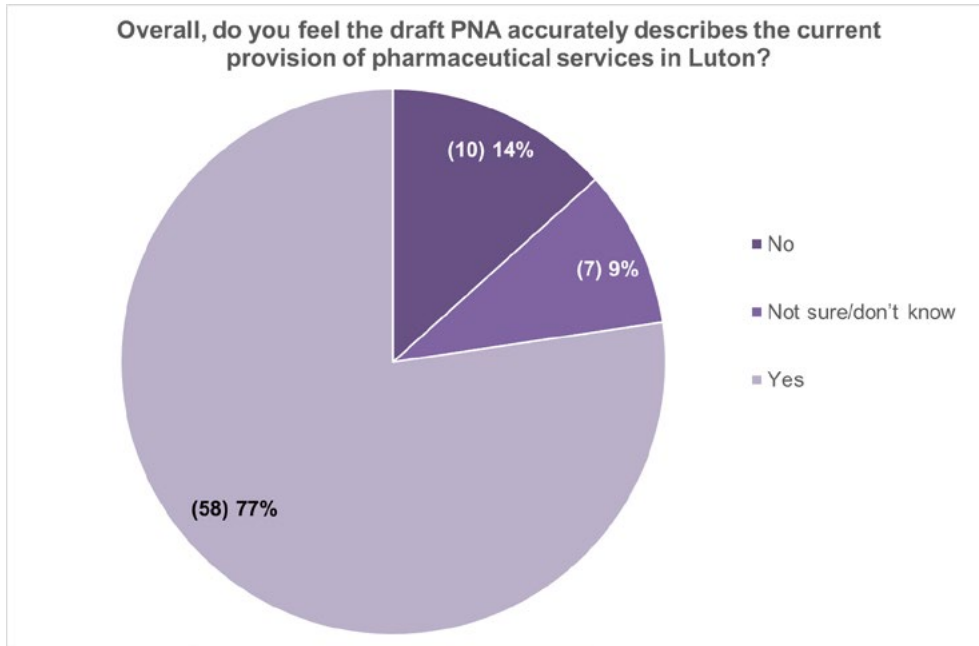
Q.2: Is the purpose of the pharmaceutical needs assessment clear to you?

Out of 75 respondents, 64 (85 per cent) said the purpose of the PNA was clear to them, 6 (8 per cent) said the purpose was not clear while 5 (7 per cent) were not sure. Of those who responded "no" or "not sure", a few mentioned the complexity of the document to be the reason while one respondent mentioned a few concerns about pharmacy services which they felt have not been considered in the document (specific areas of concern are further discussed below).

Q. 5: Overall, do you feel the draft PNA accurately describes the current provision of pharmaceutical services in Luton?

77 per cent of respondents (58 respondents) felt that the PNA accurately described the current provision of pharmaceutical services in Luton (Figure 3). 14 per cent did not believe so (10 respondents) and 9 per cent were not sure (7 respondents). All those who responded "no" were members of the public with reasons given including perceived pharmacy staffing shortages, inadequate opening times and not enough pharmacy provision in Luton.

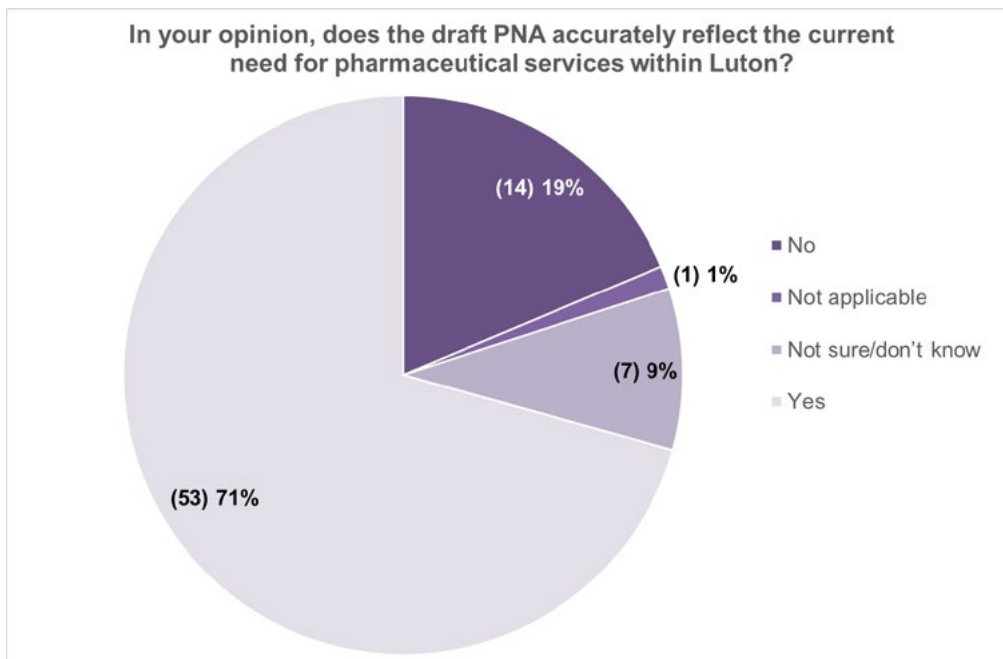
Figure 3: Overall, do you feel the draft PNA accurately describes the current provision of pharmaceutical services in Luton?



Q.6: In your opinion, does the draft PNA accurately reflect the current need for pharmaceutical services within Luton?

Majority of respondents (71 per cent) felt that the PNA accurately reflects the current need for pharmaceutical services within Luton. 19 per cent of respondents felt that it didn't while 9 per cent were not sure (see figure 4). Inadequate pharmacy opening times and pharmacy staffing shortages were the most common reasons cited for the disagreement, while lack of pharmacies within walking distance and supply shortages were other reasons given.

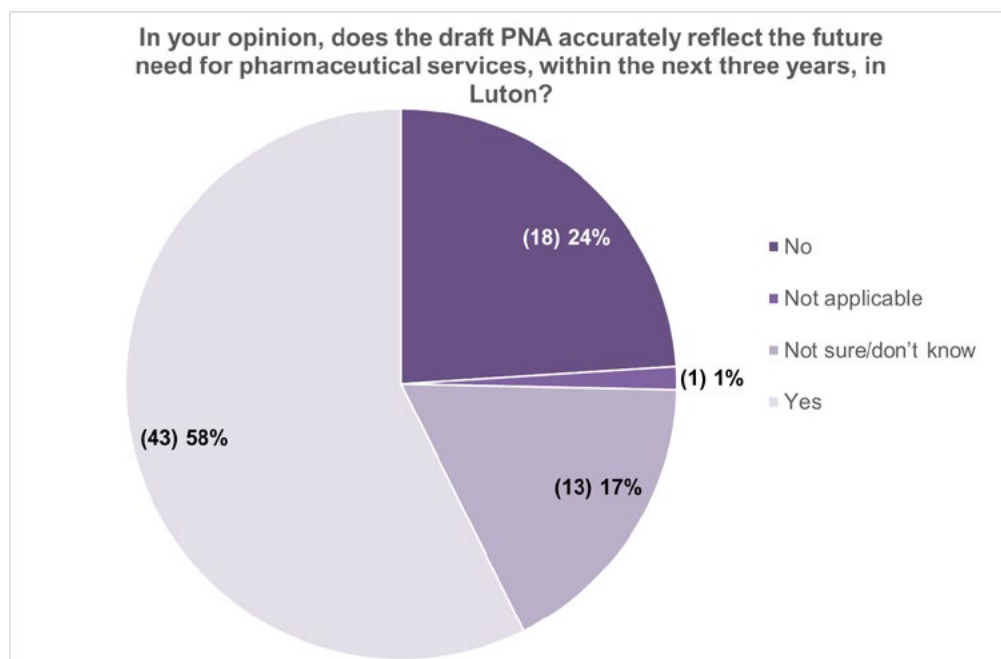
Figure 4: In your opinion, does the draft PNA accurately reflect the current need for pharmaceutical services within Luton?



Q.7: In your opinion, does the draft PNA accurately reflect the future need for pharmaceutical services, within the next three years, in Luton?

When asked about future need for pharmaceutical services, 43 respondents (57 per cent) agreed that the draft PNA reflects the need within the next 3 years. 18 respondents (24 per cent) did not agree and 13 respondents (17 per cent) were not sure (Figure 5). All respondents that disagreed were members of the public and the most common reason given for this was the perceived population increase due to the ongoing housing developments in and around Luton possibly causing the current provision to become inadequate. The increasing ageing population was another reason.

Figure 5: In your opinion, does the draft PNA accurately reflect the future need for pharmaceutical services, within the next three years, in Luton?

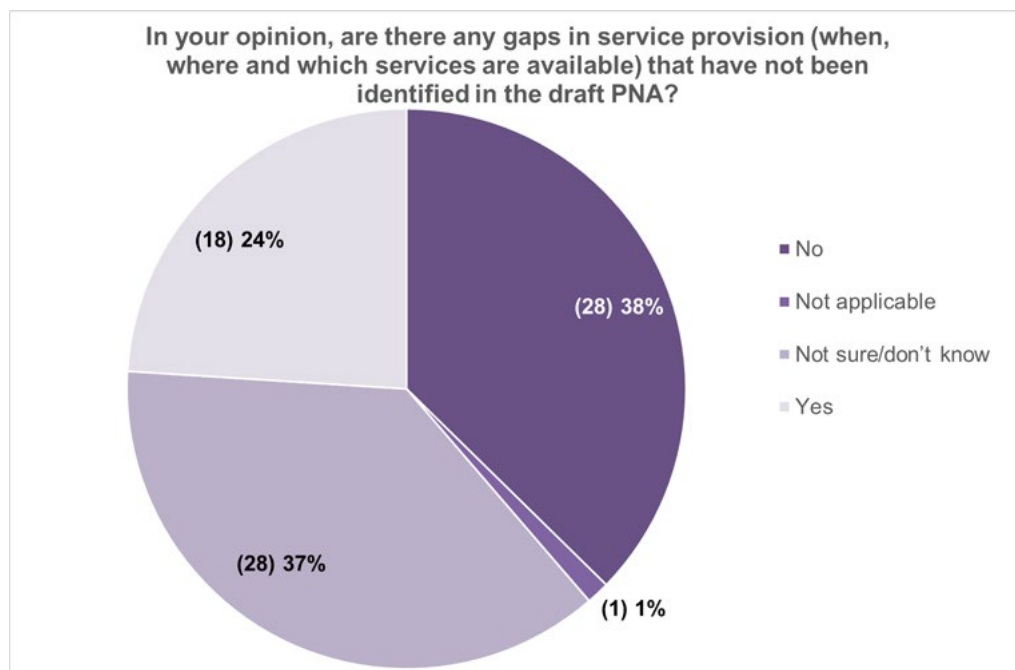


Q.8: In your opinion, are there any gaps in service provision (when, where and which services are available) that have not been identified in the draft PNA?

In response to the question on unidentified gaps, only 37 per cent said they did not think there were any gaps. 24 per cent thought there were some unidentified gaps while another 37 per cent were not quite sure (Figure 6). One respondent chose “not applicable”. Gaps suggested by respondents included an absence of services targeting the youth, although it was not clear what these services are. Inadequate timing, travel time for an ageing population, staffing shortages, a disconnect between GP and pharmacy services leading to incorrect prescription services and a lack of awareness by the public of all the services offered by the pharmacies were other perceived gaps.

With regard to post-codes, LU2 8 and LU4 0 had the highest number of respondents choosing “yes”. However, there was no single common theme emerging from these responses.

Figure 6: In your opinion, are there any gaps in service provision (when, where and which services are available) that have not been identified in the draft PNA?



Q.9: Is there anything in this draft PNA that you feel may have an impact on you due to any of the following?

Survey participants were asked if they felt there would be any impact on them based on their age, gender, religion or belief, marriage and civil partnership, pregnancy and maternity, gender reassignment, sexual orientation, ethnicity or disability. Majority of respondents said there would be no impact. However, for:

- Age – 17 per cent positive impact, 19 per cent negative.
- Gender – 13 per cent positive and 10 per cent negative.
- Religion/belief - 4 per cent positive and 8 per cent negative.
- Marriage and civil partnership – 3 per cent positive, 4 per cent negative
- Pregnancy and maternity - 1 per cent positive, 3 per cent negative
- Gender reassignment – 3 per cent negative
- Sexual orientation - 1 per cent positive, 4 per cent negative
- Race/ethnicity - 3 per cent positive, 10 per cent negative.
- Disability – 13 per cent positive and 6 per cent negative.

The highest negative impact recorded was for age (most comments related to impacts from increasing age), while the highest positive impacts were for disability and gender at 13 per cent each. Reasons for positive impacts were, however, not made obvious from the comments (see some comments below).

“Senior citizens with mobility issues require a local service which they can access using mobility scooters for example. The G.P health centre informs me on many occasions I have to access my pharmacist in the first instance if I have a health issue before I can book an appointment with them. With massive queues of people going out of the door of the pharmacy how is it then possible to access a consultation with a pharmacist. This situation does not put the health of the population at the forefront.”

“I am over 90 years of age and have serious mobility and health problems.”

“I’m an older person with unseen disabilities that will get progressively worse with age. Any impact (especially for a privatisation nature) will impact on me.”

“I think the report reflects the diversity considerations of the community. I have been served well and based my answer on experiences of services.”

Q.10: Please indicate if you agree or disagree with the conclusions in the draft PNA document?

Nearly half of the respondents agreed with the conclusions of the PNA document (n= 37, 49 per cent). 9 respondents disagreed (12 per cent), 21 neither agreed nor disagreed (28 per cent), while 8 said they were not sure (11 per cent). All 4 pharmacists and one business organisation representative agreed with the conclusions. Of those who were unsure or disagreed, shortage of skilled pharmacy staff, product shortage, lack of digital services, inadequate number of pharmacies and the opinion that the PNA did not represent all of Luton’s population were cited as reasons.

Emerging themes and comments from the consultation on the draft PNA:


Comments from respondents were analysed thematically to identify any emerging areas of concern raised by respondents. Below are the themes which emerged from the consultation feedback and the frequency with which they

Code	Theme	Count
1	Shortage of skilled pharmacy staff	12
2	Inadequate timing for pharmacies	10
3	Ageing population concerns (mobility, health needs, walking distance, delivery service)	9
4	Pharmacy services inadequate (varying reasons)	9
5	Increased future need due to population increase from ongoing development	7
6	Product supply shortage	5
7	Pharmacies and GPs disconnected leading to poor pharmacy services	4
8	General public unaware of available services	4
9	Too many services being offered	3
10	Access to pharmacies within reasonable walking distance	3
11	Inadequate number of pharmacies	3
12	Inadequate provision for disabled customers (autism, hearing impaired, wheelchair access)	3
13	Too much technical jargon in report	3
14	Adequate number of pharmacies in total but not well located	3
15	Lack of digital services	2
16	No services targeted towards the youth	1

Below is a brief discussion of the most popular emerging themes (count of 5 and above).

Shortage of skilled pharmacy staff: This was a recurring theme as many respondents felt the pharmacies did not often have enough staff to attend to customers, leading to increased waiting times and frequent pharmacy closures.

“We have had recent experience of a shortage of qualified pharmacists within the provision, so difficulties with dispensing prescriptions.”



“It does not reflect what i have been experiencing when I access my pharmacy. Sometimes the workers are totally overwhelmed by the amount of people trying to access the service.”

Timing: Most respondents felt that although there was an adequate number of pharmacies, they were not open after working hours and many were closed for lunch and at weekends.

“Improved timings and Sunday operational hours should be available to all.”

“They need to be open longer for those of us that work.”

“We need more out-of-hours pharmacies and better stocked ones.”

Needs of the ageing population: Many respondents mentioned that as they were growing older, they would prefer pharmacies within reasonable walking distance and no need for transport (5-10 minutes). They also felt their medical needs would increase and due to reduced mobility, they would prefer home delivery services.

“My age is such that a local medical advice service would be of benefit to me.”

“I am 74 and not in good health and although have no additional needs at the moment, I may do in the future.”

“Considering an ageing population is to be expected a 2k radius to get to the next pharmacy is quite a wide net. Definitely delivery options are a must then.”

Population growth: Due to transient population and ongoing housing developments in and around Luton, there was concern that the future need for pharmaceutical services may not have been adequately captured and may need to be revisited.

“Luton is continuing to grow and most services are insufficient and sometimes out dated.”

“Housing development is ongoing, therefore the population will continue to grow and there may not be enough services to meet the demand.”

“Transitory population and large developments on the borders means many pharmacies are overstretched... and do not open on Sundays for fear of shortages of staff due to overwork.”


Product supply shortage: Shortage of or delay with supply of pharmaceutical products to the pharmacies was raised as a concern by a number of respondents. These are thought to have a negative impact on the customers.

“The future needs require a(n) overhaul over access to local pharmacies i.e. a radius of eligibility to enable customers who are residents in the local postcode to obtain an efficient service in a timely manner and may reduce issues of product shortages.”

“It doesn’t reflect the difficulties some pharmacies seem to have with their supply network which has a consequent impact on their customers.”

“I feel I am inconvenienced enough presently due to lack of stock/supply probably through no fault of the pharmacy I use.”

Number of pharmacies (themes 11 and 14): A number of respondents felt there are not enough pharmacies in Luton, while a few mentioned that although there are a reasonable number of pharmacies, they were not well located. Some areas have a high number of pharmacies while others do not have any within close walking distance.



“Due to local population demographic, the services do seem aimed and focused at a very particular demographic of people and not at the whole population of Luton. Services are more focused in some areas instead of across Luton equally based on number of people.”

“We need more pharmacies.”

“There are sufficient pharmacies but they’re not all conveniently located in urban concentrations. Some areas have two within yards of each other while some have none. I am concerned about the ability to get to a pharmacy as one becomes more infirm or perhaps no longer able to drive.”

Response from the PNA Steering Group and HWB:

There are 7 pharmacies in Luton open for 100 hours a week or more. Residents who need a prescription filled after their pharmacy’s regular hours can use the [NHS pharmacy service search](#) to find other nearby pharmacies and their opening hours – some are open until midnight or later, even on public holidays.

Other concerns raised such as shortage of skilled pharmacy staff and stock supply are well-documented issues which are out of the pharmacy contractors’ control. The BLMK ICB and PSNC offer as much support as they can to the pharmacies to reduce the negative impact of stock shortages to the customer. However, these are factors which are outside of the remit of the PNA.

The total number of pharmacies in Luton remains adequate for the population and there is a pharmacy within reasonable commute time in each locality, including those considered densely populated. Improvements may be made to the services on offer by increasing the availability of preventive health services in all pharmacies throughout the community and encouraging patients to visit their pharmacist for minor illnesses and health advice in the first instance.

The possible future impact of Luton’s increasing and ageing population on local pharmaceutical services has been highlighted throughout the PNA report. We believe any such impact on local need for services will be adequately captured by the time of the next pharmaceutical needs assessment.

What we learned from the consultation process:

Consideration will be given to producing a less technical, easy read version for the general public and employing additional methods in future to increase the public engagement and capture as many segments of Luton’s diverse population as possible with regard to age, gender, ethnicity and religion.

While all feedback from the consultation is important and has been considered in the final PNA report, it should be noted that the consultation response is from a very small portion of the total Luton population and should not be considered fully representative of the views of the whole.

Conclusion

The PNA consultation process was effective in receiving feedback for the PNA from the general public. We received more robust feedback from the formal consultation than the public survey held earlier in the PNA process. We did not receive any feedback from pharmacy contractors but have incorporated the feedback from the contractor survey held earlier in the PNA process. We also did not receive formal feedback from the notified organisations, however, most of these have been well represented in the Steering group and were integral to the PNA development.

All comments were gratefully received and have been used to improve the accuracy and quality of the PNA.

We specially thank all members of the PNA steering group for their time and valuable input into the PNA process.

Survey questions and results

1. Have you read the draft PNA document?

No, not at all (71)		49%
Yes, some of it (52)		36%
Yes, all of it (23)		16%

2. Is the purpose of the pharmaceutical needs assessment clear to you?

Yes		85%
No		8%
Not sure/Don't know		7%

6 comments received

3. Please tell us the first 4 digits of your postcode

74 responses received

4. Are you mainly responding as?

A member of the public		93%
A pharmacist		5%
A business		1%

5. Overall, do you feel the draft PNA accurately describes the current provision of pharmaceutical services in Luton?

Yes		77%
No		14%
Not sure/Don't know		9%

If you chose no, please state your reasons below:

9 comments received

6. In your opinion, does the draft PNA accurately reflect the current need for pharmaceutical services within Luton?

Yes		71%
No		19%
Not sure/Don't know		9%
Not applicable		1%

If you chose no, please state your reasons below

11 comments received

7. In your opinion, does the draft PNA accurately reflect the future need for pharmaceutical services, within the next three years, in Luton?



If you chose no, please state your reasons below

15 comments received

8. In your opinion, are there any gaps in service provision (when, where and which services are available) that have not been identified in the draft PNA?



If you chose yes, please state your reasons below

13 comments received

9. Is there anything in this draft PNA that you feel may have an impact on you due to any of the following?

Age



Sex (gender)



Religion or belief



Marriage and civil partnership



Pregnancy and maternity



Gender reassignment



Sexual orientation



Race (ethnicity)



Disability



Please explain further the reasons for your choice in Question 9 above.

44 comments received

10. Please indicate if you agree or disagree with the conclusions in the draft PNA document?



If you disagree, please state your reasons below

10 comments received

11. Do you have any other comments on what you feel should be contained in the PNA or about any pharmaceutical services in Luton?



If you chose yes, please explain below

18 comments received

12. Are you...?

Female		61%
Male		32%
Prefer not to say		7%
Other		0%

13. Which one of the following best describes your sexuality?


Heterosexual		78%
Prefer not to say		18%
Bi-sexual		3%
Other		1%
Lesbian		0%
Gay man		0%
Transgender		0%

If other, please specify


14. Which age group do you belong to?

65 - 74		28%
55 - 64		22%
75 - 84		12%
45 - 54		11%
35 - 44		9%
Prefer not to say		8%
25 - 34		5%
85 and over		4%
18 - 24		0%

15. Do you have /or are you classed as having a disability?

No		66%
Yes		28%
Prefer not to say		5%

16. Please state which of the following best describes your disability.

Physical		56%
Emotional/mental health		20%
Other		12%
Hearing impaired/ deaf		8%
Visually impaired/ blind		4%
Learning		0%

If other, please specify

Dementia of the Alzheimer's variety, Medical, Epilepsy

17. What is your current employment/education status?

Retired	46%
In employment (full or part time)	35%
Prefer not to say	7%
Unemployed	4%
Self-employed (full or part time)	3%
In education (full time or part time)	3%
Stay at home parent/carer or similar	3%
Other	0%

18. Please indicate your religion/faith/belief?

Christian	51%
None	27%
Prefer not to say	15%
Hindu	3%
Any other religion/faith/belief	3%
Muslim	1%
Buddhist (0)	0%
Jewish (0)	0%
Sikh (0)	0%

19. Which of the following groups best describes you?

White - British	71%
Prefer not to say	7%
Other White	5%
Asian/Asian British - Indian	4%
Black/Black British – Caribbean (0)	4%
White - East European	3%
Other	3%
White - Irish	1%
Asian/Asian British - Pakistani	1%
Other Mixed	1%
Mixed - White and Black Caribbean	0%
Asian/Asian British - Bangladeshi	0%
Other Asian	0%
Mixed - White and Black African (0)	0%
Mixed - White and Asian (0)	0%
Asian/Asian British – Kashmiri (0)	0%
Black/Black British - African (0)	0%
Chinese (0)	0%
Other Black (0)	0%
Gypsy/Traveller	0%

Appendix 8: Census 2021 Supplementary information

The first batch of new data from the 2021 Census was published by the Office for National Statistics (ONS) on the 28th of June. Figures for population by age and gender and a household count were released at local authority levels.

The population of Luton is currently 225,300, an increase of 22,200 people (11 per cent) since the last census in 2011. By comparison over the same period, the population increased nationally by 6 per cent and regionally by 8.3 per cent (East of England). This is also an increase of 11,800 people (about 6 per cent) from the ONS projected estimates used throughout this report (213,500). Luton now has a population density of 52 people per hectare, greater than some London boroughs.

Population breakdown by age and gender

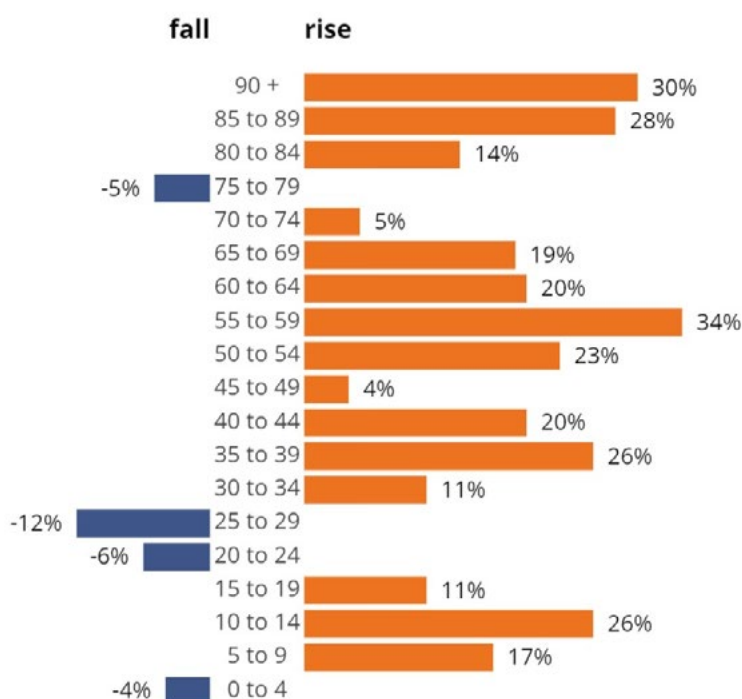
Luton's population is made up of 112,900 males and 112,400 females with a younger than average population. Below is the age breakdown of Luton's population by age group as compared with England.

Age group	Luton population (per cent)	England population (per cent)
Under 15	21.9	17.4
15 to 64	66.3	64.2
65 and over	11.8	18.4

The chart below shows the changes in Luton's population by age group since 2011. The largest changes can be seen with the 55-59 and the 90+ age groups (34 per cent and 30 per cent respectively). The largest decrease was in the 25-29 age group with a 12 per cent reduction in population.

There are currently 78,900 households in Luton, an increase of 6 per cent between 2011 and 2021. In comparison, population growth was 11 per cent indicating that Luton is getting more overcrowded.

Population percentage change by age group in Luton from 2011 to 2021





Implications for pharmaceutical services

Current Impact

While the population of Luton has increased, there is still adequate coverage of pharmaceutical services across Luton's communities. With 44 pharmacies available in Luton, the average number of pharmacies per 100,000 population for Luton would be 19.5 (earlier estimate is 20.6 per 100,000), and there are pharmacies within reasonable commuting distance of each Luton locality (20-minute walk).

Future impact

The significant growth in population within the older age groups may increase the perceived need for pharmaceutical services within Luton as this is the age group which often requires regular pharmacy services for long term health conditions. The ongoing housing developments in and around Luton may also result in further population growth in those areas. Any changes in the need for pharmaceutical services resulting from these factors will be addressed by the next PNA update.

Further information on Luton's Census 2021 may be found on the Council website at [2021 Census population figures](#) and ONS [How the population changed in Luton: Census 2021](#).